Abstracts for Theme Papers, Symposia and Posters
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**Note**
References are as supplied by authors
Papers included are those attending the conference at time of going to press
Blended Learning

Tuesday 8 September
First Group of Theme Sessions
Student views on the use of e-learning as a teaching strategy for the Essential Skills Cluster

Robert Muirhead, Lecturer in Nursing (Child); Michelle Roxburgh, Lecturer in Nursing, University of Dundee, UK

Background
Nurse education is extensively influenced by both professional and political bodies which have influenced and encouraged undergraduate nurse education to embrace modern teaching strategies (Maton, 2005). The University of Dundee uses a tool called MyDundee to deliver e-learning. The development of e-learning as a teaching strategy in nurse education has implications relating to student nurses learning the knowledge and skills that will prepare them for practice. The appropriate education and preparation for students to practise has been recognised and commented on in current policy documents by the NMC (2007, Consultation: A review of pre-registration nursing education; Essential Skills Cluster). However, do students think that e-learning can deliver the skills and knowledge of the Essential Skills Cluster they require in order to become Fit for Practice?

Methods
Cross-sectional convenience samples of all three years and all branches of students currently studying on an undergraduate nursing programme in one Scottish HEI were invited to complete a questionnaire. An information leaflet and self-administered questionnaire were distributed by hand to the students. Sample size was calculated using the Raosoft survey sample size calculation package. The population at time of sampling was 395. The response rate was 52% (n= 206). This ensured a 5% margin of error with 95% confidence in the results.

Results
Students were questioned on the contribution that MyDundee would, in their opinion, contribute to learning the ESC (table 1 and table 2). On care and compassion 19% agreed that e-learning does contribute to the learning of this skill whereas 62% disagreed with e-learning having a contribution to learning the ESC. As the students progress from first through to the second and into the third year they start to display some recognition that e-learning can contribute to the development of these skills, Pearsons Chi Square and linear by linear association p<0.05. This change in opinion about e-learning is also identified when questioned on communication and medicines administration with identical statistical significance. When questioned on infection prevention, organisational aspects, and nutrition and fluid no linear by linear associated or statistical significance was identified.

<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care and compassion</td>
<td>70.1% N67 n47</td>
<td>61.5% N52 n32</td>
<td>55.9% N84 n47</td>
</tr>
<tr>
<td>Communication</td>
<td>49.2% N67 n33</td>
<td>32.7% N52 n17</td>
<td>30.9% N84 n26</td>
</tr>
<tr>
<td>Infection prevention</td>
<td>25.4% N67 n17</td>
<td>30.8% N52 n16</td>
<td>27.4% N84 n23</td>
</tr>
<tr>
<td>Organisational aspects</td>
<td>28.4% N67 n19</td>
<td>32.7% N52 n14</td>
<td>38.1% N84 n25</td>
</tr>
<tr>
<td>Nutrition and fluid</td>
<td>47.8% N67 n32</td>
<td>23.1% N52 n20</td>
<td>27.4% N84 n32</td>
</tr>
<tr>
<td>Medicine admin</td>
<td>53.7% N67 n36</td>
<td>26.9% N52 n19</td>
<td>33.4% N84 n34</td>
</tr>
</tbody>
</table>
Table 2
Do you think MyDundee contributes to the development of these nursing skills
Strongly agree/agree

<table>
<thead>
<tr>
<th></th>
<th>Care and compassion</th>
<th>Communication</th>
<th>Infection prevention</th>
<th>Organisational aspects</th>
<th>Nutrition and fluid</th>
<th>Medicines admin</th>
</tr>
</thead>
<tbody>
<tr>
<td>All years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>19.1% N204</td>
<td>34.3% N204</td>
<td>47.1% N204</td>
<td>33.3% N204</td>
<td>23.5% N204</td>
<td>24.5% N204</td>
</tr>
<tr>
<td></td>
<td>n39</td>
<td>n70</td>
<td>n96</td>
<td>n68</td>
<td>n48</td>
<td>n50</td>
</tr>
<tr>
<td>Year 1</td>
<td>9% N67</td>
<td>19.4% N67</td>
<td>37.3% N67</td>
<td>28.4% N67</td>
<td>19.4% N67</td>
<td>11.9% N67</td>
</tr>
<tr>
<td></td>
<td>n6</td>
<td>n13</td>
<td>n25</td>
<td>n19</td>
<td>n13</td>
<td>n8</td>
</tr>
<tr>
<td>Year 2</td>
<td>25% N52</td>
<td>40.4% N52</td>
<td>46.2% N52</td>
<td>32.7% N52</td>
<td>23.1% N52</td>
<td>26.9% N52</td>
</tr>
<tr>
<td></td>
<td>N13</td>
<td>N21</td>
<td>N24</td>
<td>N17</td>
<td>N12</td>
<td>N14</td>
</tr>
<tr>
<td>Year 3</td>
<td>23.8% N84</td>
<td>41.7% N84</td>
<td>54.8% N84</td>
<td>38.1% N84</td>
<td>27.4% N84</td>
<td>33.4% N84</td>
</tr>
<tr>
<td></td>
<td>n20</td>
<td>n35</td>
<td>n46</td>
<td>n32</td>
<td>n23</td>
<td>n28</td>
</tr>
</tbody>
</table>

Students were then asked the question ‘do you think MyDundee contributes to your nurse education’ (table 3). Column A identified that support for e-learning was consistent across the three years of students at 40.9 - 43.1%. There was no statistical difference between cohorts. First year students are more neutral about the contribution of e-learning than third year students. Column B and C identified a 10% difference in opinion from first to third students (chi squared test p=0.045). This move from the neutral to the negative may express an opinion that e-learning does not provide a contribution to nurse education.

Table 3
Do you think MyDundee contributes to your nurse education?

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly agree/agree</td>
<td>About 50/50</td>
<td>Strongly disagree/disagree</td>
</tr>
<tr>
<td></td>
<td>that e-learning</td>
<td></td>
<td>that e-learning</td>
</tr>
<tr>
<td></td>
<td>contributes to nurse</td>
<td></td>
<td>contributes to nurse</td>
</tr>
<tr>
<td></td>
<td>education</td>
<td></td>
<td>education</td>
</tr>
<tr>
<td>All years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>41.6% N84</td>
<td>33.7% n68</td>
<td>24.7% n50</td>
</tr>
<tr>
<td>N202</td>
<td>n35</td>
<td>n46</td>
<td>n23</td>
</tr>
<tr>
<td>Year 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>40.9% n27</td>
<td>41% n27</td>
<td>18.1% n12</td>
</tr>
<tr>
<td>N66</td>
<td>n27</td>
<td>n27</td>
<td>n12</td>
</tr>
<tr>
<td>Year 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>43.1% n22</td>
<td>31.5% n26</td>
<td>25.4% n13</td>
</tr>
<tr>
<td>N51</td>
<td>n22</td>
<td>n26</td>
<td>n13</td>
</tr>
<tr>
<td>Year 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>41.7% n35</td>
<td>29.7% n25</td>
<td>28.6% n24</td>
</tr>
<tr>
<td>N84</td>
<td>n35</td>
<td>n25</td>
<td>n24</td>
</tr>
</tbody>
</table>

Discussion and conclusions
This study has identified a contradiction in the views expressed by students about the contribution that e-learning can bring to their education. Tables 2 and 3 identify an understanding that subjects can be delivered and contribute to their teaching and learning. Table 3 then identifies that students consider that e-learning does not have the educational impact first identified. When considering the ESC of care and compassion, communication, and medicines administration students may initially consider that these subjects cannot be taught by using technology but as they progress through the programme they recognise that e-learning can deliver the theory related to these subjects. Infection prevention, organisational aspects, and nutrition and fluid may be subjects that they consider are relevant to be taught using e-learning. The percentage figures suggest that students would prefer that these are taught in a more traditional manner. Less than half of the students questioned thought that these subjects should be taught by e-learning.
The education of nursing students in an electronic nursing records system by e-learning: the impact on job satisfaction in nursing

Christophe Jolie, Staff Member of Nursing Department; Sem Vanbelleghem, Staff Member of Nursing Department; Dries Myrny, Staff Member of Nursing Department; Filip Demeyere, Nursing Director, University Hospital Ghent, Belgium

Summary
Recently, nursing students have begun to receive training by means of an e-learning course via the electronic nursing records system (ENRS) of the university hospital of Ghent.

As a result ward nurses report better trained nursing students in comparison with those trained by traditional courses. In addition, ward nurses can focus on the mentor-student relationship and pass on their clinical experience. They can pay less attention to the transfer of digital knowledge. This contributes to the higher job satisfaction of the ward nurses.

Introduction
The application of information technology in education has a varied nomenclature: for example, on-line learning, e-learning and web-based learned. It is commonly agreed that the use of technology in education does not merely refer to disseminating lecture information and content through the internet (Chapman, 2000). In the following abstract we will mainly use the term e-learning.

Four years ago the university hospital of Ghent started the implementation of an ENRS (which is part of a larger electronic patient records system). At the moment more than half of the nursing units are computerised, using a wireless network (Fiers et al., 2004). The ENRS consists of the following modules: care planning, the registration of observations and the registration of medication. Each nurse is educated for four to six hours. The lessons are taught ex-cathedra by two staff members of the nursing department. The number of training hours depends on the nurses’ knowledge of computers before the implementation of the ENRS.

Nursing students do not receive the same training as ward nurses. Until last year nursing students were educated by the school mentors. Each year school mentors were re-trained by the staff members of the nursing department. Afterwards they became responsible for the education of the nursing students in using the ENRS by the principle of train-the-trainer. However, we noticed that more and more students did not have any thorough knowledge about the functionalities of the ENRS. There were many reasons for the lack of information between school mentors and nursing students: software perceived as not user-friendly, continuously changing content and software modifications, a high turn-over of students and the fact that the potential number of students is increasing as more wards are being implemented with the ENRS. It became very frustrating for ward nurses to work with nursing students with a poor knowledge of the ENRS.

To resolve this problem an e-learning course was developed by the staff members of the nursing department; using the software Adobe Captivate®. The homepage of the hospital ensures access to the e-learning course for students. Nowadays, students successfully learn how to use the ENRS by on-line learning. The theory is thoroughly explained in the e-course and students can practise immediately what they have learned. Each student is required to follow this e-learning course before they do their teaching practice. Only after a test on the mandatory course do they receive a username and password which is necessary to access the ENRS during their teaching practice.

Several studies document the implementation of web-based courses in nursing programmes highlighting the advantages in e-learning or discussing the factors affecting students’ satisfaction with e-learning (Sit et al., 2004).
How ward nurses experience working with nursing students trained in ENRS by e-learning, however, has not yet been examined. This article reports the preliminary results.

Materials and methods
Since 2004 more than 20 nursing wards have been computerised. In 2006 a discussion group was set up by the staff of the nursing department. Every nursing ward delegates a key-user to this panel. A key-user is defined as an advanced user of the ENR-system.

This expert panel assembles once a month to discuss topics concerning content and technological issues with regard to the ENR-system.

This expert panel was asked to fill in a questionnaire with the intention of answering the following hypotheses:

- Nursing students have a better knowledge of the ENRS when they have been taught by an e-learning course
- Nurses are feeling more comfortable when working with students who passed the e-learning test.

Results
The questionnaire was given to 20 nurses. Three men and sixteen women responded to the questionnaire, resulting in a response rate of 95%. All of them were under 40 and all but one worked full time.

Main results
The study revealed that 85% of the nurses are convinced that students have a better knowledge of the ENRS with the e-learning course, compared with the previous way of teaching. Fifteen percent did not mention a difference.

Key-users are particularly enthusiastic about the new method. Students can now register observations in the ENRS from day one. There is less frustration about the lack of software knowledge. A key-user stated that: ‘We don’t need to put extra energy in information handover about the ENRS while there is so much to learn about patient care. We can focus on the clinical experience of the students.’

Beside that major advantage, a ward nurse mentioned an unexpected disadvantage to his/her key-user: ‘Some of the students work better with the ENRS than I do. This is rather frustrating. I still think I’m a competent nurse, but I don’t feel as comfortable as before with students due to the ENRS. In addition, some students seem to be more interested in the computer than in nursing. They should keep in mind that the human interaction is the main activity of a nurse.

Conclusion
It is clear that the key-users are proponents of an e-learning course in the ENRS for nursing students. Based on the preliminary results of this study, further research should use an extended questionnaire to gain more information about the feelings of the nurse working with a well-trained student.

References


T3
The use of interactive questions for learning and assessing knowledge and understanding of anatomy, physiology and medicine calculations
Lesley Holland, Staff Tutor, The Open University in the East of England, Cambridge; Victoria Anne Arrowsmith, Senior Lecturer Adult Nursing, The Open University, Milton Keynes, UK

This presentation will discuss and demonstrate the interactive computer programme used by The Open University Pre-Registration Nursing Programme for both formative and summative assessment. It will demonstrate a variety of question types and offer participants the opportunity to try out the programme.

The Open University Pre-Registration Nursing Programme (OUPRNP) is a part-time, work-based, distance learning programme of preparation for registration with the Nursing and Midwifery Council (NMC). This
programme, the first of its kind in the United Kingdom, began in 2002 and the first students graduated in 2006. Students are healthcare support workers; usually healthcare assistants sponsored by their employers and based in the workplace throughout the programme. Theoretical elements of the programme are studied through distance learning materials sent to each student individually. University lecturers provide support for academic learning, and mentors employed by sponsoring organisations support students in the workplace. Nursing students apply the theory they learn in the course materials to the care they deliver in their workplace. In addition they undertake targeted complementary practice experiences.

The learning materials students access contain a variety of activities that require students to extend and revise their thinking about being a nurse. For example, learning activities include working with patients, consulting with colleagues, and developing knowledge for practice. This includes searching the internet and The Open University (OU) electronic library with its extensive range of e-journals, books and databases. This blended approach to learning integrates a variety of learning styles (Koohang, 2009) which have long been identified as important (Honey and Mumford, 1995, 2006; Gibbs, 1988).

Like many other pre-registration nursing programmes, a considerable challenge exists for the OU in supporting students in the development of skills associated with medicines calculations, as well as acquiring knowledge of anatomy and physiology (A&P) relevant to nursing practice (Pentin and Smith, 2006). Whilst skills associated with practice are taught and assessed in the workplace, the issue of assessing knowledge and understanding of A&P and medicines calculations, including numeracy skills, are now identified by the NMC as requiring rehearsal, practice and assessment within University teaching systems. To address this the OU PRNP since 2007 has utilised computer systems to develop a series of interactive questions (IAQ) to test learning both formatively and summatively in these subject areas.

Students are first directed to a range of course materials including printed texts, DVDS, the internet and e-journals to develop their knowledge of the subject areas. They then test their understanding and knowledge using the IAQ programme via the OU computer networks.

An interactive programme enables students to access practice questions (formative assessment) before summative assessments occur. This approach uses IAQ as both a teaching and assessment tool. It allows students to rehearse and gain familiarity with the question types and to gain mastery of the subject area. Specific feedback directs students to strengths and weaknesses in their leaning. The summative IAQ assessment offers a similar model to the formative IAQ, but students' answers are submitted as computer-marked assessments (CMA). From this they gain marks that contribute towards their overall continuous assessment grade.

The IAQs take a variety of forms: some require selection of the correct term/numerical amount into a sentence or box or a drag-and-drop process, others may require students to calculate fluid intake and output and type in the correct amount using their keyboard. The formative questions provide feedback to students and they are given three attempts to submit correct answers. Feedback is given at each stage and if students get a question wrong after the third attempt, they are directed to the course materials, highlighting the relevant underpinning knowledge. For each summative question students also have three attempts to provide the correct answer. Marks awarded depend on which attempt they submit the correct answer, with most marks awarded when the first attempt is correct. However, feedback on the first and second attempts indicates only a right or wrong answer has been submitted. Only after the third or a correct attempt has been submitted is an indication given where the relevant teaching materials are found.

This assessment ensures that all students are offered similar experiences in rehearsing and submitting questions for assessment. This is important in all PRNP but considered of particular importance in the OU PRNP where students study in a wide variety of geographical locations across the United Kingdom. To prevent collusion in the summative assessment, a number of permutations for each question are developed and these are randomised so that individual students are highly unlikely to see the same version of the question as their close colleagues.

Informal evaluation of the IAQ indicates students favour this form of teaching and learning and find it an enjoyable, positive and supportive experience. Formal evaluation is currently in process and will be reviewed and incorporated into the presentation.

References
The ACCESS project

Mandy Motley, Lecturer Practitioner; Juljun Ryan, E-learning Support Advisor, Sheffield Hallam University, UK

Nationally and internationally, aspects of educational experiences are increasingly technology-mediated. Like many institutions, Sheffield Hallam University utilises a Virtual Learning Environment (VLE). Our institution-wide VLE facilitates the delivery of learning, teaching and assessment resources and opportunities on-line on a modular basis in a blended learning context.

From both a staff and student perspective levels of engagement with the VLE are high. However, challenges persist in the form of effectively updating, managing, identifying and sharing content and resources centrally. This can have a dual bearing on both staff and student experiences of clinical skills resources available in teaching and learning.

The ACCESS project has been set up to address some of these issues and to explore the impact, challenges, benefits and opportunities that arise. It does this through use of an integrated repository system that aims to share best practice and high quality clinical skills resources using on-line tools and interprofessional collaboration in the development and use of these tools. ACCESS stands for ‘Active Collaborative Content to Enhance Student Clinical Skills’ and is a Digital Fluency project by Mandy Motley and Juljun Ryan, awarded £3000 funding in November 2008. The project defines Clinical Skills as any action performed by all staff involved in direct patient care which impacts on clinical outcome in a measurable way. These include:

- Cognitive or ‘thinking’ skills (such as clinical reasoning and decision making)
- Non-technical skills (such as team-working and communication)
- Technical skills (such as clinical examination and invasive procedures).

Definition adapted from NHS (Yorkshire and Humber) (2008).

Working in the Faculty of Health and Wellbeing with approximately 7,200 students and 462 teaching staff where a host of mixed professions and disciplines come together to create a learning forum for budding healthcare professionals, one would perhaps expect that the sharing of electronic resources among this vast interprofessional community might not be a simple process. In a local context, interprofessional education takes place in an academic environment where a host of professions and disciplines come together to create a learning forum for health and social care professionals. Health and Wellbeing is a large faculty with many subject groups, multiple intakes of cohorts per year and a strong interprofessional emphasis embedded within Allied Health Professions’ curricula.

Interprofessional education is high on both academic and health agendas with current underpinning healthcare policy drivers stipulating the importance of interprofessional collaboration, better use of the workforce and improvements in productivity (DH, 2008a, 2008b; NCEPOD, 2005). Lessons have also been learnt from government enquiries such as the Victoria Climbié Enquiry (Laming, 2003). However, many areas of practice find this can be difficult practically and logistically. The ACCESS project aims to bridge this gap making interprofessional collaboration and access to skills resources increasingly simple.

How do we do this and how do we motivate people to use the chosen method? The problem statement to this work is ‘How do we enhance digital fluency through sharing best practice in clinical skills?’ The above issue was particularly highlighted in the area of clinical skills. When one of the authors began working in clinical skills it was apparent that a repetition of work on the same subject areas was occurring throughout the institution. This is a problem that, after discussion with colleagues from varying institutions, is common. This author envisaged that a way of sharing information and embedding best practice within clinical skills would be to collaborate interprofessionally throughout the use of a clinical skills website.

After sharing these thoughts the authors decided to tackle the problem and enhance both student learning and interprofessional collaboration by creating an interactive space that can be used both as a repository and interactive work space. This approach was seen as favourable to a website and the advantages and disadvantages of this approach will be discussed.

It is believed the authors are in a strong position to act in accordance with the University’s digital fluency agenda by combining their skills to develop a resource for both staff and students to share best practice in clinical skills, collaborate interprofessionally and give guidance to students on the resources they access. It is foreseen that by sharing this initiative nationally the fluency of sharing and developing clinical resources in a multi-professional manner can become fluent in daily practice. As a result of this both students and staff will have the access to critiqued, copyright considered resources that have been considered and given an opinion on by staff from a multitude of disciplines.
References
Curriculum Innovations

Tuesday 8 September
First Group of Theme Sessions
T5

Integrating HIV/Aids into mainstream curricula

Hilda Vember, Lecturer, Cape Peninsula University of Technology, Cape Town, South Africa

Background

Higher education institutions (HEIs) were charged by the then Minister of Education, Prof. Kader Asmal to make HIV/AIDS activities a priority. Three priority areas were identified namely policy formulation, peer education and curriculum integration. At our institution, we decided to focus on integrating HIV/AIDS. We embarked on a pilot project in our Information Technology Department in the Business Faculty.

Objectives

To make HIV/AIDS an accredited module; to develop entrepreneurial skills, as well as reading and writing skills and to bring about behaviour change.

Presentation content

This presentation will give an overview of the curriculum content, based on two models, that was developed to meet the objectives of literacy, reading, entrepreneurship as well as community participation and outreach. This was a very innovative and creative way to integrate HIV/AIDS into the curricula. We also developed our own textbook and various other resources on campus for the use of our students.

Methods

I applied both quantitative and qualitative methods. I developed a questionnaire which was completed by the first year students registered in information technology. With the questionnaire I aimed to find out general sexuality issues with respect to dating, sexually transmitted diseases as well as HIV/AIDS. I also focused on issues that were included into the curriculum. I did extensive focus group interviews with 139 students. These same students completed the questionnaire.

Results

Students were eager to learn more and wanted to have much more information including information about HIV/AIDS. Students also expressed a need to be much better informed with respect to basic sexuality, sexually transmitted diseases and relationship issues. Students became actively involved with their own communities as a result of the community outreach component that was attached to the module.

Conclusion

Higher education institutions have a major role to play in bringing about behaviour change in young people. Students worked hard and attended regularly because it was an accredited module. All lecturing staff have to stay abreast with knowledge and new information with respect to the endemic. Students develop social entrepreneurial skills that they described as invaluable.

T6

Simulation and practice learning: future implications for all pre-registration nursing curriculum

Clair Merriman, Head of Professional Practice Skills; Barry Ricketts, Senior Lecturer, Oxford Brookes University, UK

In an attempt to bridge the theory-practice gap, and respond to criticisms that newly qualified nursing staff lacked clinical skills universities which train nurses are developing skills laboratories or centres. These are seen to provide a safe environment for learning and assessment of clinical and communication skills (Scott, 2001; Nicol and Freeth, 1998; du Boulay and Medway, 1997).

The laboratory method has been further developed by the use of simulation, which contextualises clinical practice (McCallum, 2006; Haigh, 2007).

Evaluation of this method of skill acquisition is that laboratories and simulation could not replace the clinical experience but could complement it (Hallal and Welch, 1984; Gomez and Gomez 1987; Love, et al., 1989; McAdams, et al., 1989; Jeffries, et al., 2002; Morgan, 2006). The laboratory setting and simulation provide a more controlled environment for familiarisation with clinical skills than the clinical setting. Therefore many academics and HCP see clinical skills laboratories and simulation of practice an important component of nurse training. Many students express concerns regarding linking theoretical university sessions with the realities of practice. Any additional discrepancies experienced between taught clinical skills and observations by students can cause them extra stress. Oxford Brookes University was fortunate to be one of the pilot sites in a study carried out by the NMC from September 2006 to January 2007 with an aim to set standards for safe and effective use of simulation for practice learning. The findings of the study reported that simulated learning provides a hybrid form of learning which combines both theory and practice. This has implications for the pre-registration nursing curriculum because it is not feasible to categorise simulated learning as belonging entirely to the practice learning setting (NMC, 2007).
Following publication of these results in December 2007 (NMC, 2007) there were two main recommendations that were implemented into the pre-registration nursing curriculum at Oxford Brookes University from September 2008:

1. Simulated learning opportunities within an audited simulated practice learning environment were incorporated across all four branches of the pre-registration undergraduate nursing programmes
2. Simulation and practice learning can now be used to provide clinical training in support of providing direct care in the practice setting. A maximum of up to 300 hours of simulated and practice learning hours can be used in support of direct care hours during the three year nursing programme.

This presentation will share with the audience how Oxford Brookes University has achieved the following five principles and associated indicators for learning in simulated practice (NMC 2007):

- Maintaining partnerships for simulated practice learning
- Managing simulated practice learning safely and effectively
- Promoting competence through simulated practice learning
- Learning through simulated practice
- Enhancing quality of simulated practice learning.

Current developments include:

- Shared learning across all pre-registration nursing programmes
- Small group working with ratios 1:10
- Revised documentation to guide objective setting and provide evidence to support assessment of clinical competence
- On-line and interactive clinical skills work books
- Virtual learning resources
- Increased use of information technology and feedback facilities
- Partnership working to include team teaching and mentor feedback
- The support of competence assessment using simulated practice learning opportunities, formative assessment and student reflection.

The opportunity to evaluate these developments with our practice partners, students and academic peers have offered a unique opportunity to share new learning and teaching strategies along with quality enhancements to improve the simulated learning experience to ensure it is positive outcome for students, practice areas and clients.

References


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A comprehensive approach to skills development in medicines management and non-medical prescribing across pre- and post-registration nursing curricula: a medicines skills escalator

Sarah Burden, Senior Lecturer/University Teacher Fellow; Andrew McEwan, Senior Lecturer, Leeds Metropolitan University, UK

The aim of this paper is to outline the development of a medicines management module for pre-registration nurses. The paper is based on the experiences of academic, practice staff and students involved in the initial delivery of the ‘Introduction to Non-medical Prescribing’ module at Leeds Metropolitan University. Delivery and evaluation of the module has resulted in the identification of core elements of an infrastructure to support medicines management education from pre-registration through to full non-medical prescribing. The outline for this Skills Escalator will be presented.

Background

The prescribing of medicines is a key intervention in most healthcare systems; the cost of medicines accounts for more than 15% of NHS revenue per year in the United Kingdom (Shepherd, 2002). However medication errors are a persistent problem in today’s NHS, a problem globally (Banning, 2006; Glaister, 2007; Page and McKinney, 2007; WHO, 2007), with nurses making a key contribution to ensuring medication safety (DH 2004, Kazaoka et al., 2007). The role of education to prepare healthcare professionals for safe medicines practice is extensively discussed in the literature, with a range of educational interventions reviewed across a range of professional groups. These include exercises in clinical accuracy checking (Cavanagh and Eggleton, 2002), different approaches to facilitate the development of medication dosage calculations skills (Glaister, 2007; Scobie et al., 2003; Wright, 2007), and the development of pharmacological knowledge in an undergraduate curriculum (Manias and Bullock, 2002; Page and McKinney, 2007). Specifically for nursing there are clear expectations articulated at the point of entry to the professional register, with respect to medicines management (NMC, 2007), and indeed standards for medicines management (NMC, 2008) exist to clarify professional expectations of practice for all registrants. Furthermore, clear competency standards exist to support differing levels and aspects of engagement in non-medical prescribing (e.g. NPC Plus, 2007), and ensure Fitness for Practice.

Policy drivers impacting on the curriculum

Nationally, the introduction of Essential Skills Clusters by the Nursing and Midwifery Council (2007), with a specific cluster focusing on medicines management, provides clear guidance on curriculum content and associated assessments, specifically at the point of entry to the professional register. Locally, at the most recent validation of the pre-registration nursing curriculum at Leeds Metropolitan University, education commissioners requested that the programme incorporate not only the full range of principles supporting medicines management practice, but also a consideration of, and exposure to, key skills underpinning non-medical prescribing. Most recently the Strategic Health Authority, together with local NHS Trusts, have identified the need to provide continuing professional development (CPD) to support safe and effective practice in medicines management, during and beyond a preceptorship period for qualified nursing staff.

The developed curriculum at pre-registration

In September 2008 the pre-registration module for final year nursing students, ‘Introduction to Non-medical Prescribing’ commenced. The module content and assessment strategy was determined not only with respect to the literature, but also national standards. In addition discussions were held with a senior nurse responsible for medicines management in a local NHS Trust. Three components to the assessment of the module were developed: a pharmacology exam, a medicines calculations exam and a practice assessment of essential competencies. Student evaluations of the overall module were complemented by a specific evaluation of personal learning and actions for practice, arising from a simulation activity focusing on medicine errors. Practitioner engagement with the practice assessment strategy has been reviewed in conjunction with local practice partners.

The next steps: A medicine skills escalator

Locally, the need has been identified for a continuing professional development (CPD) module with the core objective of producing competent, confident and safe practitioners whose first and last instinct is to engage in justifiable and defensible decision making with respect to medicines management. Reviews of the literature and professional standards, together with a review of local medicine errors reports indicate areas to address within any such developed curriculum. In addition two practice partners have already developed competency frameworks for assessment of practice which are consistent with the practice assessment strategy utilised at pre-registration. Our experience of delivering medicines education within pre-registration education and Non-medical Prescribing courses (V100 and V300), has led us to propose a framework for supporting the development and maintenance of skills at all levels of nursing engagement in the field of medicines management. The proposed framework addresses placement provider concerns, and incorporates learning activities and assessment strategies that are evidence based, and are understood and deliverable within local practice environments. Work is currently in progress and the proposed Skills Escalator will be presented for discussion. It is to be hoped that the Escalator will support lifelong learning within medicines management, and will demonstrate the benefits of a consistent approach to medicines management learning and assessment across pre- and post-registration curricula.
T8

A collaborative experience working with a community to integrate an education experience in community-based participatory research for undergraduates and doctorate in nursing practice students

Jacqueline Miller, Assistant Professor; Corliss Derrick, Assistant Professor and Clinical Coordinator, Medical College of Georgia, Georgia, USA

Community-based participatory research (CBPR) is a partnership between community members and researchers that enhances the capacity of residents to address health risks and sustain culturally relevant, community-based programmes (Israel, Checkoway, Schultz, and Zimmerman, 1994; Wallerstein and Duran, 2003). Any attempt at true community participatory research requires the ability of the researchers to empower, inform, and value the contribution of the community (Chess, Hance, and Sandman1991). The process of CBPR promotes a collaborative decision-making relationship between researchers and community members which allows all parties to move forward with trust building, power dynamics, and accommodation of conflict at every stage of the research process (Viswanathan, Ammerman and Eng, 2004). Community advisory boards are a vital component of successful CBPR (Quigley, Handy, Goble, Sanchez, and George, 2000).

Students in some undergraduate nursing programmes may have limited opportunities to experience community-based participatory research and to have an actual opportunity to work on a pilot research project. This paper will describe an innovative approach that integrated the curriculum of an undergraduate community course with the pilot research of two Doctorate of Nursing practice students.
It was the desire of two faculty members (also graduate students in a Doctorate of Nursing Practice (DNP) programme), to work with undergraduate baccalaureate nursing students and experience a community-based participatory research (CBPR) initiative in a public housing neighbourhood. The purpose of this project was to evaluate the collaboration of undergraduate students, faculty (DNP students), and community members in a CBPR.

**Methods**
A descriptive design was used. Ten senior baccalaureate-nursing students volunteered to participate with the CBPR for one semester during their community-nursing course. These students successfully completed the Institutional Review Board’s credentialing process and assisted with the study (from planning, engagement with the community, data collection, intervention implementation, and evaluation). In addition to the faculty researchers, a 10-member neighbourhood advisory board and four community participants (outreach workers) were partners in the CBPR. Qualitative and process evaluation methods were used to evaluate the experiences of the students, faculty, and community members.

**Results**
Students verbalised the positive benefits of partnering with community partners and faculty in a real-world research experience. Undergraduate student involvement added richness and positive learning experiences for all. As a result of their participation, undergraduate students indicated high interest in pursuing graduate education. Community members gave positive feedback regarding the experience of partnering with students.

Challenges for the project were the time constraints, particularly for the undergraduate students who graduated before the evaluation phase of the project. Another challenge was the sporadic attendance at the Community Advisory Board meetings.

**Implications for nursing practice**
Faculty should consider including undergraduate students in CBPR and other academic-community partnership initiatives. This can be an important socialisation process for future clinicians and researchers to engage with community members to address health disparities in marginalised populations.

**References**


**T9**

**End of life care: what are we doing?**
Moira Attree, Senior Lecturer in Nursing, University of Manchester; Ian Jones, Senior Lecturer in Nursing; Martin Johnson, Professor in Nursing, University of Salford, UK

**Background**
People want to be involved in decisions about their care at the end of life; evidence exists that links increased involvement with improved outcomes (Hockley, 2006). However, the Picker Institute (2005) and Healthcare Commission Patient Surveys 2002-2006 identified that people are still not involved as much as they would like in care decisions. Many factors affect patient involvement: staff attitudes and structures that affect opportunities for patient involvement in decision-making are critical (Elwyn et al., 2001).

We will all die, and most people would prefer to receive end-of-life care at home, or in their long-term care home; less than one in five achieve this and most die in hospital. The NHS End of Life Care Programme aims to extend palliative care so more people can die in their preferred place. Frameworks exist for achieving this aim; however,
these are not widely or consistently used in pre-registration nursing education in the UK. Collaborative care planning is a means of increasing involvement in care decisions; improving the quality care and increasing satisfaction with care quality. Hockley (2006) and Thomas (2003 have, in different ways, both shown that collaborative care planning reduced the number of residents admitted as emergencies to acute NHS hospitals and increased the number achieving their preferred place of end-of-life care.

**Aims of the presentation**

- Synthesis of literature on End of Life Care in the curriculum
- Identify the challenges to improving End of Life and Palliative Care in nursing and wider health professional education
- Illustrate the analysis with reference to research that aims to improve the quality of end-of-life care for care home residents by providing systematic education both in the university and external settings.

**Methods**

As part of a study of End of Life Care Education funded by the Burdett Trust for Nursing, a case study of training for nursing and care home staff and undertaken by NHS facilitators was conceived, together with field work in three care homes at differing stages of implementation of the ‘Gold Standards Framework’ of End of Life Care Education (Thomas, 2003). The study draws on field notes, interviews, focus groups and some descriptive quantitative data. The study was approved by the relevant ethics and governance machinery. Current work also includes analysis of pre-registration curricula. A previous UK national survey of School of Nursing managers presented a rather optimistic picture of curricula claiming a national average of 44 hours’ ‘teaching’ in End of Life and Palliative Care (Dickinson et al., 2008) However, this seems to be in a range of related areas and whether a consistent and programmatic approach such as the Gold Standards Framework is firmly in the repertoire of those qualifying remains to be seen.

**Findings**

Outcomes of the study are wide ranging. They include the complexity presented by the current workforce in the nursing/care home sector in terms of background, ability and attitude to these changes. Turnover is rapid and workload high, so education and training have variable priority even with good management support. Even with implementation of sound End of Life Care planning, external factors such as the reliability of medical out of hour’s services can lead to breakdown in plans and failure of adherence to patient choices.

**Implications**

Increasing people’s involvement in care decisions will enable health and social care practitioners to improve the quality of, and increase satisfaction with, care quality. University departments will need to develop clear strategies for the development of relevant knowledge, skills and attitudes that newly qualified nurses will need. The reality that increasing numbers of newly qualified nurses will work in the care home sector needs to be faced and that they will need a higher standard of preparation in both planning processes and communication skills than may yet be widely available.

**References**


T10

Developing skills for integrated service improvement in tomorrow’s practitioners: curriculum innovation and spread, using a Higher Education/Practice partnership model

Gillian Janes, Teaching Fellow/Learning and Teaching Consultant, University of Teesside; Barbara Broadbent, Organisation Development Manager, Health Commissioning Organisations in Teesside; Laura Serrant-Green, Professor of Community and Public Health Nursing, University of Lincoln (formerly University of Wolverhampton); Alison Chambers, Head of School of Public Health and Clinical Sciences; Ivan McGlen, Senior Lecturer, University of Central Lancashire; Pat Watson, Senior Research Fellow, University of Teesside, UK

This paper explores the development and spread of a curriculum innovation to ensure tomorrow’s healthcare practitioners have the confidence and key skills required to fulfil effectively their quality improvement role in practice.

Background

Health and social care provision globally continues a process of radical reform to address the challenge of delivering safe and effective (WHO, 2008; DH, 2006), client and family centred services (DH, 2005) fit for the 21st century. Contemporary health and social care policy drives the development of service improvement capability and activity at all levels of organisations that is required if the necessary service transformation is to become a reality (DH, 2004a; DH 2004b). Most recently, Darzi (DH, 2008) reiterated the need for changes which improve the quality of care for patients to be led by frontline staff.

One of the challenges this presents is to spread and sustain the development of a ‘mindset for service improvement’ (NHfSI, 2007) in all staff along with the skills to apply this in the workplace. Much has been done to achieve this goal with some excellent examples of education innovation and good practice in this field. However, this has predominantly been at the post-qualification level, with service improvement not previously a core element of initial clinical education programmes for healthcare professionals.

Response

This paper explores the experiences of practice/education consortia led by University of Teesside, University of Wolverhampton and University of Central Lancashire, commissioned by the NHS Institute for Innovation and Improvement since 2006 to develop, pilot and test the transferability of service improvement learning for undergraduate healthcare profession students from all disciplines, using a mentorship/cluster model.

The paper will explore the:

- Context and rationale for the project
- Practical innovation e.g. service user contribution, use of interprofessional and work-based learning
- Medium- and long-term sustainability e.g. staff development – practice and academic, developing a receptive practice context, the role of assessment, dissemination of learning
- Underpinning practice-education partnership model
- Independent evaluation study findings in respect of the impact of this innovation on students, other key stakeholders and practice outcomes (Watson et al., 2007)
- International perspective – the contribution of this project to global developments in this field
- Next steps/further developments.

Conclusion

This paper addresses a key contemporary issue for the education of new healthcare practitioners to ensure they are Fit for Practice in the 21st century by exploring the implementation and evaluation of a collaborative curriculum innovation. The new conversations and relationships not only between professionals in the workplace, but also between commissioners, healthcare providers and educational institutions evidenced in this paper represent a proactive response to the changing context of healthcare education today. Current trends in strategic health and higher education policy present key opportunities for healthcare educators to contribute to the transformation of tomorrow’s healthcare services through the effective preparation of today’s healthcare students.

References


Developing Teachers

Tuesday 8 September
First Group of Theme Sessions
Teacher training as a student exchange: experiences of intercultural teaching in nursing education

Asta Taskinen, MNSc; Niina Eklöf, MNSc; Leena Salminen, Senior Lecturer, University of Turku, Finland

The purpose of this paper is to describe intercultural teacher training and its significance for developing teacherhood.

Introduction
Rapid globalisation results in a need for culturally adaptable employees and creates pressure for the internationalisation of education (Kitsantas, 2004). The internationalisation of education is guided, except nationally, also by European Union, OECD and United Nations. One way to implement the internationalisation of education is a student exchange which provided the possibility to explore new cultures and for the student to develop personally and professionally.

Significance of the student exchange
A student exchange improves cultural abilities and cross-cultural competence and widens the student’s worldview. It improves student resilience, flexibility, open-mindedness, perceptiveness and independence (Kitsantas, 2004). Students also develop personal and professional skills (Button et al., 2004). The learning of cross-cultural competence and sensibility can be seen as personal growth (Duffy et al., 2001). The most important advantage of the student exchange for student teachers of healthcare is to learn cultural differences in general, but especially in healthcare systems and clinical practices (Button et al., 2004).

Preparation for the student exchange
Before the exchange, students should get training of different cultures to understand the meaning of cultural differences (Lee, 2004). Goals for the learning in exchange should set carefully to enhance and support the studies (Kitsantas, 2004) and to improve the cultural sensitivity (Duffy, 2001). Preparation for the student exchange should also involve the guidance presented by the previous exchange students, because the exchange includes also the social life and the exchange student is a representative for his/her country, institution and profession.

Student exchange in teacher education
Cultural competence is emphasised in student exchange of the student teachers. One should pay attention to the differences in everyday practices and religion as well as in institutions, teaching methods, students and their expectations and learning abilities. Knowing the cultural differences facilitates teaching abroad. Especially in nursing education the student teacher in exchange should take the differences in nursing practices and hierarchy into consideration very carefully as they have effect on the teaching (Khalil, 2006). In teaching, carefully set goals are essential. Knowing the cultural background helps in setting the goals for learning in lessons. Students consider teaching methods as most important if the teaching takes place in a foreign language. Utilities such as slides and power point shows help the learning. Repetition of the most important facts supports the understanding. Teachers' role is considered more significant if the teaching takes place in a foreign language as well as a positive and encouraging attitude. (Haussler et al., 2003.)

Experiences of the student exchange in teacher training
Student exchange and teacher training took place in Klaipeda Medical College, Lithuania in spring 2008. In preparation for the exchange, teacher students provided information of the history and culture of Lithuania in general, but especially concentrating in nursing and education and healthcare and education systems and nursing practices. They also provided information about Finland, as they were representatives of their country, institution and profession. Becoming acquainted to their own culture and healthcare and education systems helped in realising the cultural differences and in planning the lessons to be held. Knowing the differences in the culture and in the healthcare and education systems also helped in setting the goals, not only for the student exchange but also for the teaching and the learning of the nurse students.

Diversity in teaching methods and utilities was carried out to help nurse students in understanding and learning. Especially photographs, examples and repeating information were experienced as supportive in learning.

Student teachers see that experience in student exchange was strengthening their cultural competence and flexibility to act as teachers in multicultural nursing education.

References

A pilot study to evaluate the effectiveness of a triadic peer-support model

Kim Sargeant, Nursing Lecturer; Pauline Walsh, Director of Pre-Registration Programmes; Julie Green, Nursing Lecturer; Cath Hill, Clinical Skills Lecturer, Keele University, UK

Introduction
Peer observation has been used within higher education for over a decade and much has been written about its value (Berk et al., 2004; Hammersley-Fletcher and Orsmond, 2004). Peer observations are often used summatively as part of a staff development process for assessment of performance, the results of those observations then used as a factor for promotion or securing of tenure. However, when used in a more formative manner peer observation is used to support and encourage staff to reassess their skills continually and develop and improve their effectiveness. Yet one argument of this approach is that without the rigid format and consequences-based approach of summative observation staff fail to engage fully with the process or gain sufficiently from it.

The issue of who should be responsible for undertaking peer observations is often debated. Whilst it is common in some institutions for observations to be carried out by senior staff Hammersley-Fletcher and Orsmond (2004) argue that a valuable learning experience can be lost if staff are not themselves engaged in performing the observations of their peers. They suggest that staff can gain as much from observing their colleagues as they can from being observed themselves. Peel (2005) argues that peer observation alone is not sufficient to encourage staff to evaluate their practice and this needs to be combined with reflection and academic discourse if practice is to be enhanced. This approach of incorporating reflection into the process to encourage reflective practice can enable staff to demonstrate the professional body requirements of reflective practice and on-going professional development (Nursing and Midwifery Council, 2006).

Local initiative
A triadic strategy has been established within the School of Nursing and Midwifery, Keele University. Staffordshire, UK to enhance learning and teaching through academic debate using a humanistic rather than a mechanistic approach to peer review. Through the use of small peer group learning sets, staff are encouraged to participate in peer observation of teaching, one-to-one reflective practice sessions and small peer support group discussions. Staff are encouraged to meet once per trimester to encourage academic debate and understanding of each other’s subject areas and development needs, and all staff are expected to engage in a minimum of one peer observation of teaching and one-to-one reflective practice session per year.

Aim of the paper
The paper will introduce the triadic strategy; present the on-going research into evaluation of the Peer Support Model with particular focus on the model’s effectiveness in supporting professional development and reflection; discuss strengths and weaknesses that have been identified with this model; examine its potential impact on student learning and its contribution to best practice.

Cosh (1998) argues that experienced staff are more likely to become defensive to suggestions of change rather than stimulated to improve their performance and as a result peer observation does not encourage professional development. Through analysis of feedback from staff involved in this project it is anticipated that the research findings will refute this argument and support the views of Peel (2005), that when combined with reflection and discussion, observation can be a useful tool in assisting staff to develop insight into their own performance to enable them to enhance their teaching practice.

Research method
Qualitative methods will be used to explore staff experiences of the triadic strategy model. Questionnaires will be distributed to all staff (N=51) to elicit initial key learning from this project. Four focus groups will then be conducted to test out the identified themes and to identify further advantages and disadvantages in the process. It is anticipated that data collection and analysis will be completed by late summer 2009 with initial finding available for discussion by September 2009. Through evaluation of the pilot study staff will consider their teaching and development needs as well as identification of areas of good practice to share throughout the school.


Who would benefit from attending
This research should prove valuable to new and experienced lecturers alike. It aims to encourage discourse into the value of peer support, review and observation. It is predicted that evidence from this research will give insight into techniques that can encourage staff to develop and enhance their teaching practice in an informal and non-threatening environment.

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**T13**

**NEO nursing faculty corps: a community approach to the nurse educator workforce**

John Clochesy, Independence Foundation Professor of Nursing Education, Case Western Reserve University, Cleveland, USA

This project grew out of the community’s recognition that the nursing workforce shortage in north-east Ohio will not be dealt with adequately until the current and impending nursing faculty shortage is addressed. The North-East Ohio Nursing Initiative (NEONI), a consortium of more than 50 organisations, partnered with the Frances Payne Bolton School of Nursing at Case Western Reserve University and the Mt. Sinai Skills & Simulation Centre to seek funding for this initiative to increase both the number and capacity of nurse educators, thus enabling the schools of nursing to enrol a greater number of students to meet workforce demands.

This project is funded as part of the national Partners Investing in Nursing’s Future by three foundations, one national and two local: the Robert Wood Johnson Foundation, The Mt. Sinai Health Care Foundation, and the M.E. and F.J. Callahan Foundation.

The project focuses on four strategies to achieve its objectives. They are:

1. Supporting registered nurses’ exploration of nursing education as an additional role or a future focus of their practice
2. Providing career mentorship, including identifying available educational options for those interested in nursing education
3. Providing opportunities where nurses can increase their knowledge and skill about educational practices, and
4. Increasing the knowledge and skill among all nurse educators in the region related to the use of state-of-the-art and emerging technologies to support learning.

A 90-minute presentation ‘Exploring a Career in Nursing Education’ is offered at hospitals throughout the region. Many of those who have attended have moved on to participating in other project activities and have agreed to serve as clinical faculty members for local schools of nursing.

Mentoring is accomplished by providing a consolidated information source on the project website and by a ‘shadowing’ programme where nurses interested in the nurse educator role can spend time with nurse educators both in the clinical and classroom settings.

The Nurse Faculty Academy offers a series of daylong workshops that include:

- Civility
- Integrating quality and safety education for nurses
- Diversity of learners and learning styles
- Exam preparation and item writing
- Using simulation in nursing education
- Supporting transition from student to practicing nurse
- Providing feedback
- Clinical instruction in nursing.

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The Advanced Learning Collaboratory focuses on the use of state-of-the-art and emerging technologies in nursing education. The team consists of nurse educators, simulation experts, and computer scientists/electrical engineers at the forefront of gaming technologies. Participants start with an intensive three-day workshop, followed by web-based training, culminating with an integrative workshop where they design something ‘new’ for use in their nursing education programme.

On-going involvement of the community is maintained through the use of large group methods in service of changing the ‘preferred future’ (Lippitt, 1998). Day-long sessions have been held at six-month intervals to harness the expertise of the community and to keep everyone engaged. These day-long sessions have been based on Open Space Technology (Owen, 2008) and the common ground principles of Future Search (Weisbord and Janoff, 2000).

The community is currently devising strategies to sustain the efforts and achieve project goals once the generous foundation support ends.

References

T14
Tutoring on-line, a new way of thinking?
Sally Underwood, Lecturer; Jan Maw, Lecturer; Gary Albutt, Director of Teaching and Learning, University of Sheffield, UK

The School of Nursing and Midwifery at the University of Sheffield has a hard-won track record in e-learning with the successful Master of Midwifery (MMid). However, despite some of our colleagues having such depth of knowledge in leading these programmes, this teaching medium remains relatively new to many of us within the school. This paper relates to our experiences as novice on-line nursing lecturers and the sharing of our own professional learning curve as we develop materials and deliver the first modules of our new MMedSci in Advanced Nursing Studies and MMedSci in Occupational Health Nursing, and as we stand poised to expand many more of our traditional ‘face to face’ classroom based programmes into blended learning approaches.

E-learning is now seen as mainstream and no longer as radical or new and, along with other higher education establishments, we have embraced this concept that can offer such flexibility to participants, as well as the opportunity for us to increase engagement of international students and thereby offer a truly global perspective of nursing within our programmes. However, we have recognised the steep learning curve that we recently encountered and the experiences involved in moving from novice to expert in this medium.

There is much written about the skills needed by on-line teachers and the competencies required to successfully offer programmes on-line, and to conduct on-line teaching, and there are many courses offering that preparation to teachers. However, there is less discussion on how teachers understand the experience that on-line tuition offers, or how they seek to navigate the unfamiliar landscapes of on-line teaching. The focus seems to be on the students’, rather than the teachers’, experiences of e-learning. We wanted the opportunity to reflect on our own, and our colleagues’, experiences and use this information to help us understand the process of transferring skills from classroom to the on-line medium, and to share this with our professional peers. Ultimately, the aim is to create better designed interventions that will improve on-line teaching quality. We are also conscious of the findings from Feldstein (2004) that successful experience as a distance learning teacher results in a better classroom teacher.

A great deal of time and effort has been spent on the design, development and teaching of our on-line courses and this has offered the opportunity for reflection on the ways that teachers engage with the programme, the way they think about the concept of facilitating learning and also teachers’ understanding of themselves as learners. Once articulated and conscious, we feel that this knowledge enables a new level of skill and control, both on-line and within the classroom.

On-line instruction does not simply entail mimicking what happens in class but requires consideration about how to create the special learning interaction and spontaneity that often occurs in class. Davidson and Pai (2004) have argued that change of any sort often begins with the mapping of old habits onto new circumstances. We would agree that to start with we used our prior ideas of technology and prior ideas of teaching in order to try and make sense of this new medium.
Initially we thought that we would need greater technological expertise, but this was not the case. In fact there was a tendency at the beginning for the technology to direct the nature of the teaching and learning which not only puts a constraint on the teacher, but also the teaching material. We quickly realised that our initial fears of the technology needed to be overcome in order that the learning remained embedded in pedagogy. Only moderate technological competence is needed in order to deliver innovative teaching on-line. Good teaching, with or without software, stems from a clear idea of pedagogical principles, sensitivity to teaching opportunities and a willingness to experiment with the media.

Techniques for enabling students to reflect and self-analyse were essential to create the lifelong learners we seek to facilitate and the supportive self-directed techniques necessary for Masters level. There are numerous new opportunities to create a vibrant learning environment, but also challenges regarding how best to create a sense of class community; how to create an environment whereby the teacher can get to know the students; how to meet individual students’ learning styles; and how to ensure quality interaction and feedback. However, the greatest realisation was how to blend the use of technology with teaching theories and techniques, and the time that it took us to achieve this despite prior preparation from completing the LeTTOL course (Learning to Teach On-line – Sheffield College).

We will present the results of localised focus groups conducted to address the experiences of novice on-line teachers and will explore how best to prepare future teachers. We aim to understand more fully how to maintain pedagogic principles when designing programmes and supporting students undertaking them. This will help educators make on-line learning a valuable, rewarding experience that contributes to the concept of lifelong learning for both their students and themselves.

References


T15
Promoting the PhD by publication as a prospective and retrospective award for nurses teachers: a rational response to the ever-changing demands of HEIs in the 21st century
Ruth Davies, Senior Lecturer; Gary Rolfe, Professor of Nursing, Swansea University, UK
Nursing within the UK and most of the developed world is now firmly embedded within higher education institutions (HEIs), but the number of nurse teachers with a doctorate remains relatively small in comparison to other academic disciplines. The focus of this presentation is on how promotion of the PhD by publication via the prospective and retrospective route may help develop nurse teachers within their own organisations and enhance the reputation and standing of nursing as an academic discipline.

The dearth of doctorates held by nurse teachers within HEIs is due to a number of factors. Few enter HEI with one, and most undertake doctoral studies on a part-time basis resulting in few achieving this award before the age of 35 (McKenna, 2005). The majority, reflecting nursing as a whole, are likely to be female, with considerable clinical experience behind them before they enter HEI, and therefore begin and/or complete their doctorate in middle age. This does not compare well with other disciplines where the average student is likely to undertake and complete a full-time doctorate in their early twenties (McKenna, 2005). For nurse teachers, juggling the demands of teaching, student support and part-time doctoral study alongside family responsibilities is demanding. Understandably, an attrition rate of 50% has been reported for those who undertake doctoral programmes (Redman and Chenoweth, 2005).

Davies and Rolfe (2009) have called upon the need to refocus on the original purpose of a doctorate as a preparation for teaching and general scholarly activity. Achieving a doctorate by publication either by the retrospective or prospective route may, as this presentation will argue, address these important issues and in the process develop nurse teachers. The PhD by publication has been defined as that awarded:

To a candidate whose thesis consists of entirely or predominantly of refereed and published articles in journals or books which are already in the public domain.

(UKCGE, 1996)
Under this route the candidate submits an established body of peer-reviewed and published work which comprises the thesis together with a 5-10,000 word critical appraisal to set it in context. The candidate also has to defend their thesis in a private or, as in the case of some European countries, a public viva voce. In the UK the PhD by publication has a long and honourable tradition with the philosopher Ludwig Wittgenstein and the mathematician Florence Nightingale David being amongst the first recipients of these awards from Cambridge University and University College, London in 1929 and 1935 respectively. Whilst a number of Universities in the UK have regulations in place to enable current members of staff to attain a PhD by publication the practice is far more widespread in Europe (UKCGE, 1998).

Davies and Rolfe (2009) suggest that it would be beneficial to promote the prospective route to a PhD by publication for nurse teachers based on innovative and well-established programmes available in countries such as Scandinavia (Hamrin, 1997), Holland and Australia (Courtney et al., 2005). Under this route the candidate forward plans a coherent programme of work which is submitted for peer-reviewed publication. The publications may be based on each phase of the research and selected ones form part of the thesis. As with the retrospective route, the candidate must also provide a critical appraisal and defend their thesis at a viva voce. As Courtney et al. (2005) note the critical appraisal from blinded journal referees throughout the research process lends itself to a stronger body of research.

As Davies and Rolfe (2009) argue, the prospective route in particular, offers a number of advantages to the nurse teacher, their organisation and the discipline of nursing. Firstly, it solves the problem of candidates not having the time to publish or disseminate from their theses. Secondly, HEIs benefit from a number of publications which not only enhances the standing of their organisation, but may also be entered for the Research Exercise Framework (UK); or equivalents in other countries such as Australia and New Zealand. Lastly, the discipline of nursing is enhanced by an increase in the number of nurse teachers who successfully complete their PhD and in the process disseminate their findings in a timely manner. This route also has the potential to lead to a closer engagement with practice than is possible with the traditional monolithic PhD. For example, the candidate could begin with theoretical work, move on to one or more empirical studies and finish with applied or evaluative work related to practice.

For some the PhD by publication challenges traditional notions of ‘doctorateness’. However, this paper proposes that these routes, and in particular the prospective one, should be promoted as an effective way of developing nursing teachers, their organisations and the discipline of nursing to meet the ever changing demands of HEIs in the 21st century.

References


Education in Clinical Practice

Tuesday 8 September
First Group of Theme Sessions
Meeting the educational needs of newly qualified nurses

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Qualified nurses have a professional responsibility under the Nursing and Midwifery Council (NMC, 2008) to ‘have the knowledge and skills for safe and effective practice when working without direct supervision’ (p.4). The NMC (2002) is clear that pre-registration nursing programmes prepare students for practice up to the point of qualification, and that further learning after this point is the responsibility of the newly qualified nurse. While absolutely necessary, this further learning is not without potential difficulties and barriers. This paper will thus explore the literature regarding the educational needs of newly qualified nurses, and will reflect on the author’s personal experience of these educational issues and how they can be addressed through a structured educational programme.

The transition from student to newly qualified nurse has long been identified as a difficult process (Kramer, 1974), although Gerrish (2000) found that nurses now find the process less difficult than previous generations. Lofmark et al., (2006) found that experienced nurses rated newly qualified nurses as competent in communicating, providing patient care and utilising knowledge. However, newly qualified nurses themselves found the process of qualifying to be daunting (Leigh et al., 2005). Competence is a complex concept, that reflects knowledge, understanding and judgement, skills (cognitive, technical, psychomotor and interpersonal) and personal attributes and attitudes (Redfern et al., 2002, Alexander and Runciman, 2003). Thus competence is a complex phenomenon which is particularly challenging for newly qualified nurses, who are consolidating their pre-registration learning, while also developing the specific knowledge and skills associated with their clinical area.

The NMC (2008) stipulates nurses must ‘take part in appropriate learning and practice activities that maintain and develop your competence and performance’ (p.4); however, the clinical environment is not always conducive to learning. From personal experience of being a newly qualified nurse since September 2008 there can be barriers to learning in practice following registration. These include lack of staff, time constraints on the ward and lack of resources, as well as the stress associated with caring for acutely ill people and dealing with distressing situations. If studying at home after work, barriers include exhaustion, lack of time due to other responsibilities, lack of direction and the daunting nature of how much there is to learn. The NMC (2002) recommended a period of formal preceptorship, where the newly qualified nurse works closely with a named experienced practitioner who is able to offer advice, support and guidance – they recommend this for around four months. However, this type of preceptorship has been found to be time-consuming and does not necessarily improve newly qualified nurses’ competence (Leigh et al., 2005), so preceptorship of newly qualified nurses may not be straightforward in practice.

At the author’s NHS Trust, the Nurse Education Department is running a one-year programme consisting of regular study days (approximately one per month) for all newly qualified nurses in the Trust. The study days aim to support newly qualified nurses through personal and group reflection and sharing experiences, as well as providing further information and supporting knowledge and skills development. Topics include local and national health policies and acts, exploration of professional, legal and ethical issues relating to newly qualified nurses, and medicines management, including use of intravenous infusion pumps and intravenous medicines administration. Workbooks completed between study days further support learning and the programme therefore provides a wealth of information, practical ideas and support, from the experienced Trust educators and fellow newly qualified nurses. Participants maintain a record of learning and development and an assigned workplace mentor verifies practice achievements. As our group of newly qualified nurses continue to develop as practitioners, the programme facilitates our reflection upon issues and events from practice; we learn together from these experiences, and then apply new ideas back into our practice – thus implementing Kolb’s (1993) experiential learning cycle.

While qualifying as a nurse has been a difficult and daunting process, attending the programme for newly qualified nurses has facilitated the experience, particularly through structured learning and reflection. The course also shares the responsibility for developing newly qualified nurses between the ward and the hospital, and encourages newly qualified nurses to take a more proactive approach to learning. Developing competency and confidence will continue to be a challenge after registration, but structured educational programmes can support newly qualified nurses in the transition.

References


T17

Theorising practice and practising theory: supporting mental health student nurses in the practice setting

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This abstract will detail an innovative plan to support pre-registration mental health student nurses in the practice setting on the Isle of Man. The Isle of Man has delivered pre-registration nurse education for the adult branch for the past decade as part of its collaborative partnership arrangement with the University of Chester. From September 2009 the mental health branch will also be delivered. This opportunity has allowed nurse educators, mental health practitioners and service users to consider what would be the best way of supporting mental health student nurses in practice. We are in the unusual position of having a blank canvas on which to create a model of best practice in supporting student nurses. It is within this context that the role of Practice Guide has been developed. Practice based learning is central to pre-registration nursing curricula and the Nursing and Midwifery Council (2004) stipulate that 50% of the students’ learning should be in the practice area. The key role of the Practice Guide is to maximise the learning within the practice area and to support mental health mentors.

A review of current literature regarding the facilitation of learning in practice reveals a number of different but related terms. These include:

- Clinical skills facilitator
- Lecturer practitioner
- Clinical educator
- Practice educator
- Clinical guide.

There are key differences in these roles. A clinical skills facilitator works in practice with student nurses or preceptors to develop clinical skills (Brennan et al., 2001). The lecturer practitioner tends to be a joint appointment between service and higher education institutions (HEI) and retains clinical competence and credibility through a continued role in practice (Leigh et al., 2005). The clinical educator or practice educator is a more recent term and involves the jobholder undertaking a strategic role co-ordinating clinical and operational issues working with practice staff and students (Pollard et al., 2007). The practice educator is an educationalist, based solely within the practice area taking responsibility for the co-ordination of the student experience and the preparation and support of mentors (Malik et al., 2005). The clinical guide works with students to provide on-going support around practice issues and acts as a professional role model (Andrews et al., 2003). The clinical guide supports the student throughout the entire programme. A feature of the literature is the lack of evidence for these roles in a mental health setting.

The roles discussed all have strengths and limitations when applied to mental health nurse education. In view of this some of these roles have been amalgamated to create the role of Practice Guide. The title ‘Practice Guide’ reflects the emphasis of practice within the role and the importance of enabling students to navigate through practice. The role will incorporate three key aspects:

- Formalised facilitation of reflection on practice through structured group supervision
- Teaching mental health specific skills
- Supporting mentors and practice areas.
The Practice Guide will be of benefit to students in a number of ways. The student is supported throughout the entire length of the three-year programme by the same person. The support is largely centred around the facilitation of structured group supervision sessions with an emphasis on reflecting on practice issues. The Chief Nursing Officer’s Review of Mental Health Nursing (2006) highlights the importance of the skills of reflection through effective clinical supervision. This model will embed clinical supervision and person-centred development as an important aspect of contemporary mental health practice and endeavours to establish links between theory and practice. These sessions will also enhance the support of the named mentor who will continue to take responsibility for the assessment of student competence.

A further important aspect of the role is to teach fundamental caring skills to mental health and adult student nurses and mental health specific skills to mental health students. The Chief Nursing Officer’s Review (2006) emphasises the need for mental health nurses to be cognisant with common physical health problems and the detection of these problems.

The final aspect of the role will involve the post holder supporting mentors and practice staff with issues regarding pre-registration students. This role will support the role of the link lecturer. The post holder takes responsibility for ensuring that educational audits are completed and, along with the link lecturer, ensuring that support is available.

The Practice Guide has been welcomed by mental health practitioners, service users and mental health lecturers. Mental health services on the Isle of Man have fully supported this venture and have released a practitioner to work two days as a Practice Guide and the remaining time within their substantive post. The implementation of this role will be fully evaluated, taking into account the impact of the role on students, practitioners, educators and service users.

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T18
A model for a theory-based clinical practice in nursing education at the University of Akureyri, Iceland
Hafdis Skuladottir, Lecturer; Margret Svavarisdottir, Lecturer, University of Akureyri, Iceland

The University of Akureyri is located in north Iceland. The University has built a reputation for academic excellence since 1987, with accreditation for a higher education institution within the field of health sciences from 2007 (Accreditation report: Field of Health Science, University of Akureyri, 2008). The university is also known for its quality on-campus and distance education.

The main objective of the nursing programme at the Faculty of Health Sciences at the University of Akureyri is to educate individuals in the basic subjects of the health sciences in accordance with the needs of society at the time. The nursing programme accounts for 240 ECTS divided over four years and leads to completion of a BSc. degree.

The nursing theory, nursing as professional caring, constructed by professor Sigridur Halldorsdottir (1996) provides the framework for the nursing programme. The main threads in the theory are caring, professional competence, professional wisdom, empowering communication and connection, self-knowledge and self-development.
The clinical field study in the nursing programme comprises 47 hours in the school nursing laboratory and 24 weeks in supervised clinical fieldwork in two, three or four week periods. In addition to this a three month nursing work placement is required.

Due to short periods of clinical fieldwork in the nursing programme the nursing lecturers at the University of Akureyri have developed a model for a theory-based clinical practice in nursing education that aims to maximise the efficiency of the clinical field study. The main themes are connecting theory to practice, clinical competence, assessment and evaluation, clinical supervision, teamwork and communication.

A theoretical nursing practice is introduced to the students followed by laboratory exercises. Clinical competence evaluated by multiple choice tests and peer evaluation is mandatory for participation in clinical field study. Other evaluation methods are, for example, written examinations, assignments and group discussions. Formal assessment in the clinical field study is performed in the middle and at the end of the period. Theory-based assessment tools have been developed. The assessment formats are set up in rubrics which are defined as a scoring tool that lists the criteria for a piece of work. Generally rubrics specify the level of performance expected for several levels of quality (Baker et al., 1993; Isaacson and Stacy, 2008).

Integrated in the model is a team of nursing educators. Great emphasis is placed on good cooperation and communication between the University (e.g. lecturers, clinical coordinator, clinical teachers) and the health institutions (e.g. director of nursing educator, clinical supervisors and ward nurses).

A Masters course of clinical mentorship was developed based on English common advisory standards for mentors and mentorship (Fulton et al., 2007). In the course the curriculum and the nursing theory, nursing as professional caring, is introduced. The two main themes are reflection and clinical learning environment. Other themes are, for example, learning, roles of the mentor, communication, professionalism, evidence-based practice, evaluation and assessment. Qualified clinical nurses who work as clinical supervisors are encouraged to attend to the course to be better prepared for supervising nursing students.

The model for the theory-based clinical practice is in constant development based on assessment at the end of each school semester. The model has proved to be efficient and successful in preparing nursing students for their future as professionals. The model and its utility will be presented.

References

**T19**

**Fitness for practice is everyone’s business: the reality of failing to fail a student nurse**

Abbie Franklin Barnes, Lecturer, Keele University and Nursing Midwifery Council Fitness to Practice Investigating Committee Registrant Panelist, Telford, UK

The Nursing Midwifery Council Fitness to Practice Annual Report in 2007/2008 alerted to 1,487 potential new cases against nurses and midwives. Anyone can make a complaint, but in practice over 50% come from employers, many in association with disciplinary proceedings at the workplace. The Nursing Midwifery Council Fitness to Practice panel will decide whether a registrant’s fitness to practise is impaired by reason of:

- Misconduct
- Lack of competence
- A criminal offence
- Mental or physical health
- A determination by a health professions body in the UK that fitness to practise is impaired.
The Conduct and Competence Committee has a range of powers. In relation to its final sanction, it can decide to:

- Strike off the practitioner’s name from the register
- Suspend the practitioner’s registration for a specified period not to exceed one year
- Impose conditions of practice for a specified period not to exceed three years
- Issue a caution for a specified period of between one and five years
- Conclude that the case is not well founded and therefore take no further action
- Decide, taking into account all the circumstances of the case, it is not appropriate to take further action.

These registrants have at some point entered the register as competent and meeting the essential criteria to be a registered practitioner. Kathleen Duffy received a UKCC scholarship in 2001 to study the issue of failing students. The study highlighted how failing students are given the benefit of the doubt and the dilemmas mentors have in practice about failing students.

Passing students in hope that they will improve later in the course or as a newly qualified nurse has serious consequences for patients, students and future mentors. Passing students who should have failed does not protect the interests of the public and puts the patients who are under their care at risk. The reality of mentorship is challenging, complex and a demanding role. The clinical environment can provide numerous learning experiences. Student nurses highly value clinical practice and the possibilities if offers in the process of becoming a nurse and, moreover, a professional. Nevertheless, the clinical environment is unpredictable and constantly changing, making it difficult to plan an optimal clinical learning environment for students. Add in the issue of a problematic underachieving student and it can be overwhelming for the mentor.

With the rise of complaints to the Nursing Midwifery Council regarding fitness to practice ranging from newly qualified nurses to experienced qualified nurses, failing to fail student nurses needs to be acknowledged and debated in a professional forum (Refer to Model 1): to discuss and critically appraise the nature of a high achieving student nurse, a moderate achieving student nurse and an underachieving student nurse and whether giving the student the benefit of the doubt encourages the student nurse to excel and develop into a competent qualified nurse, or whether the underachieving student nurse continues to be an underachieving qualified nurse (Refer to Model 2) and, moreover, to analyse critically the relationship between the student nurse’s level of competence and their future fitness to practice as a qualified nurse.

Case study 1
A junior staff nurse dismissed by a NHS Trust for gross misconduct and incompetence was reported to the NMC by the nursing sister on the ward who originally signed the registrants practice documents on her final placement as a student nurse as competent and fit for practice.

Case study 2
The Nursing Midwifery Council is investigating a senior staff nurse for alcohol misuse and impaired practice as a qualified nurse. The Nursing Midwifery Council received excellent references when the registrant was a student nurse.

Recommendations for future practice and areas of debate:

- Initial mentorship preparation programmes (NMC, 2007)
- Sign off mentorship (NMC, 2007)
- Highlighting issues of accountability (Duffy, 2004)
- Mentor forums highlighting the emotional impact of failing students (Duffy, 2004)
- Practical aspects of the process (Duffy, 2004)
- Extra support when a mentor is faced with a failing student (Duffy, 2004)
- Help from experienced mentors and lecturers (Duffy, 2004)
- Strong line management support (Duffy, 2004)
- On-going record of achievement (NMC, 2007).

There has to be a clear recognition that some students need to fail in the programme in order to consider the best interests of the patients, the student, future mentors and the profession as a whole. The ultimate consequence of failing to fail a student spirals to a weak student nurse, leading to a weak qualified nurse, resulting in a weak mentor and the cycle escalates. It is everyone’s business to eliminate this destructive cycle to safeguard the general public and in our nursing profession we have strived for decades to build, and to generate substantive evidence to sustain this discussion.
Model 1: Student - registered nurse - Model

- High Student Nurse Achiever
- Moderate Student Nurse Achiever
- Student Nurse Under Achiever

Mentor

Registered Nurse

Employment

Model 2: Student – registered nurse – impaired practice model

- High Student Nurse Achiever
- Moderate Student Nurse Achiever
- Student Nurse Under Achiever

Mentor

Registered Nurse

Employment

Impaired Practice / Misconduct

References


An evaluation of nursing and midwifery mentors and academic staffs’ understanding of the ‘sign off mentor’ role

Nickey Rooke, Senior Lecturer; Shelagh Wallace, Senior Lecturer, University Campus Suffolk, Ipswich, UK

Rationale
Nursing and midwifery pre-registration programmes require registered nurses and midwives to assess the clinical proficiency of students prior to their potential admission to the Nursing and Midwifery Council (NMC) professional register.

The Nursing and Midwifery Council’s ‘Standards to support teaching and assessment in practice’ (NMC, 2006) introduces a new concept of ‘sign off’ mentor, who will now be responsible for ensuring students have met the required NMC proficiencies for registration (NMC, 2004a, 2004b).

All potential sign off mentors must meet set criteria which include:

- Currency and capability in the field of practice the student is being assessed in
- Has a working knowledge of the students’ programme and practice assessment requirements
- Has an in-depth understanding of their accountability to the NMC for their assessment decisions.

Currently there is no literature available exploring the introduction of this extended mentor role or its potential impact on the practitioner, student or the practice setting. However, research has been produced which examines the challenges and benefits of mentorship, as well as the difficulties practitioners face when assessing pre-registration students’ proficiency to join the professional register (Beecroft et al., 2006; Duffy, 2004).

This evaluation project examined the types of benefits and challenges prospective ‘sign off’ mentors see within the role and to explore how the challenges maybe overcome.

Aim and objectives

Aim:

- To evaluate nursing and midwifery mentors and and HEI academic staffs’ understanding of the Nursing and Midwifery Council ‘sign-off’ mentor role.

Objectives:

- Examine mentors knowledge of ‘sign-off’ mentor role and standards (NMC, 2004)
- Explore the perceived benefits and challenges of the ‘sign-off’ mentor role
- Determine mentors solutions to the perceived challenges of the ‘sign off’ mentor role.

Evaluation design and methods

This study has a survey design.

Data collection

Data was collected using a questionnaire with quantitative and qualitative items derived from the literature and feedback from mentors attending the ‘sign-off’ mentor initial preparation sessions. Approval for the evaluation project was gained from the institution.

Sampling

The project adopted a purposive sampling strategy. The sample was chosen to elicit a true and relevant representation of mentors (nurses and midwives) and personal tutors/link lecturers.

Participants

The project recruited participants from students enrolled on a Preparation for Mentorship (Hons) module and evaluation data from nurses and midwives who completed pre-existing ‘Sign off’ Mentor Preparation study sessions. The other participants will be all academic staff who act as personal tutor and/or link teachers to pre-registration nursing and midwifery students.

Data analysis

Numerical data is presented as descriptive statistics. Thematic analysis was used to analyse qualitative responses.
Findings
Potential Benefits of ‘Sign off’ Mentors:

- Public protection
- Ensuring students have met NMC proficiencies to register
- Learners may feel more supported
- Promotes professional standards
- Improved mentoring in practice
- Can increase student competence and confidence
- Continuity of mentorship in practice
- A fairer assessment of student development.

Potential Challenges:

- Protected time in practice to undertake the role
- Perceived increase in responsibility for assessment decisions
- Failing students – the process and emotions
- Support from line managers and HEI
- Increased stress due to a perceived increase in accountability
- Increased workload

Possible solutions:

- Support from Trusts for the role
- Use of co-mentors in practice
- Closer communication between HEI staff and practice
- Allocated time on off duty rosters
- Individual mentors reviewing their own practice to ensure they keep updated
- Managers’ recognition of the demands of the role
- Tripartite grading with link lecturers/personal tutors

Conclusion
This evaluation project highlights the need for increased partnership between universities and practice in order to support the introduction of sign off mentors in practice. Currently there is an element of the fear of the unknown; however, the challenges of the sign off mentor role are actually no different to those already identified in other mentoring relationships.

Varying levels of understanding of the new role were also found which suggests that further work needs to be done to ensure that managers as well as nursing and midwifery practitioners understand the purpose of the role, so that the importance and demands of declaring student competence at the end of pre-registration programmes is recognised by all parties.

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Nursing and Midwifery Council (2006) Standards to Support Learning and Assessment in Practice, London: NMC.
Effects of nursing experience on hand hygiene practices

Toshie Tsuchida, Lecturer; Chisako Takeda, Professor; Nobuko Mizuno, Lecturer; Machiko Ogino, Instructor; Tomohiro Tsuchiya, Instructor, Hyogo University of Health Sciences, Kobe; Kaoru Ichiki, Head Nurse; Kazuko Tawada, Head Nurse, Hyogo College of Medicine Hospital Nishinoiya, Japan

Background
Hand hygiene (HH) has been considered one of the most important infection control practices for preventing healthcare-associated infection. However, studies have shown that compliance with HH among healthcare workers is low (Jenner et al., 2006; Novoa et al., 2007). To improve HH compliance, various educational programmes have been introduced into clinical settings (Whitby et al., 2008; Gould et al., 2008). Our study sought to clarify if nursing experience is related to compliance with HH in nursing practices in order to develop a more effective educational programme.

Methods
A study of 13 nurses performing routine nursing duties between 9 a.m. and noon at a university hospital's Coronary Care Unit (CCU) was carried out from July to September 2009. The frequency and skill level of HH activities was directly observed by researchers monitoring the subjects. HH activity data was recorded before and after nursing activities, including contact with a patient's environment, contact with a patient, patient examinations, and aseptic techniques. Ratios of actual HH activities versus HH opportunities for each subject were calculated. Subjects were divided into three groups: more than three years' experience in the CCU ('veteran'), less than three years' experience in the CCU but with several years' experience in other hospital units ('new-experience'), and less than three years' experience in the CCU without any other experience ('new-graduate').

Results
In total, 186 HH activities were directly observed: veterans=76, new-experiences=72, new-graduates=38. HH durations for veterans were significantly longer than other groups (34 sec for hand washing; P=.044 and 20 sec for hand-rubbing; P=.048). A high HH compliance during nursing activities (80%) was observed in all groups for the following self-protective activities: wearing gloves before cleaning patients' rooms, HH after disposal of nursing equipment following patient care, and wearing gloves before meatal cleansing. HH compliance by veterans after procedures involving contact with patients ranged from 50% to 73%, whereas compliance by new-experiences was less than 19% and new-graduates less than 33%. HH compliance before manipulating infusion lines/pumps, before the preparation of injections, and after touching their own hair/those was less than 50% in all groups. None of the new-graduates practiced HH before contact with patients.

Conclusions
The results of our study showed a relation between years of nursing experience and HH duration and compliance with HH. We will continue evaluating the factors of nursing experience related to HH practice and develop an educational programme taking advantage of applicable nursing experience to help improve nurses' HH practices.

References


Global Challenges in Healthcare Education

Tuesday 8 September
First Group of Theme Sessions
**T22**

**Trans-cultural nurse education in China: the challenges**

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Five years ago Northumbria University established links with Shanghai University of Traditional Medicine (TCM) with the remit of delivering a new style of teaching to Chinese student nurses. David visited for the first time in November 2008 and Julie returned for the second time after visiting for the first time in 2007.

Our remit for the 2008 visit was to introduce the concept of enquiry-based learning to second and third year nursing students. This method of teaching has shown to be more effective in enhancing skills such as communication, team work and self-directed learning (Savin-Baden and Wilkie, 2004). This style of teaching appears to be lacking within the Chinese education as most teaching is delivered by lecture (Chan, Wong and Yeung, 2000). The Chinese students had varying abilities in their understanding of English as a second language but in addition to the hurdle of modifying the teaching style and language to achieve our goal, several other challenges quickly become evident.

As any lecturer is aware introducing new teaching styles can be a steep learning curve (Dutch, Groh, and Allen 2001) but being away from familiar territory became an even greater challenge for us. The environment was set up in a traditional lecture room style. This could be considered eminently suitable for current teaching methodologies adopted in China, but could we make it conducive for problem based learning (PBL) and enquiry based learning (EBL). The Chinese students had only ever been taught via lectures and had no concept of student-centred learning. In addition we did not have the benefit of insight into the curriculum or the entry ability of students.

Male students produced their own specific challenge. In China nursing is not viewed as a worthwhile career with nurses being underpaid and undervalued. Male students in particular appear to have a difficult time with this and therefore at times demonstrated reluctance to engage with the programme.

For EBL/PBL to be effective it requires that all students must engage in the learning activity (Savin-Baden and Wilkie, 2004). Our challenge was how to engage individuals in an unfamiliar educational process when they perhaps saw little value not only in the learning, but also in themselves. Evidence also suggests that a history of inadequately prepared nurses is hindering the development of China’s healthcare reforms, (Anders and Harrigan, 2002). Over the years a medical model has been shown to dominate the nursing curriculum in China with a lot of influence from physicians who lack a nursing perspective on patient care (Anders and Harrigan, 2002).

EBL posed a major challenge as it tends to oppose the somewhat reserved and passive approach of Chinese nursing students who are generally not used to exploring issues or articulating their views. (Chan and Wong, 1999). Xu, Xu and Zhang, (2000) also support this view as they found that student nurses were predominantly from a one child family where they had been overprotected and leaving many of them lacking the skills necessary to resolve conflict, take part in decision making, delegate and develop leadership skills. Chinese nursing students openly admit that their primary source of information is from their lecturers (Wong, Chan and Yeung, 2000) and that they would not question their authority or knowledge. It was essential that without undermining their familiar and accepted system we were able to support and guide the students from their comfort zone of passivity and move them towards the adult learner approach of questioning and discovery of facts. EBL/PBL relies heavily on research-based practice (Savin-Baden and Wilkie, 2004). The Chinese nursing students had no concept of this philosophy and consequently did not understand the significance of research. Practice was rarely, if ever questioned and teaching the concept of applied evidence-based practice was yet another area without their prior experience.

In the UK cheating in assignments or examinations is a serious academic offence. However, at SU of TCM it was not unusual for students to share information either written or verbally during an examination. An additional part of our remit was to introduce students to various UK assessment styles, including academic writing. Our challenge was to facilitate UK style assessment techniques while showing sensitivity towards the students’ prior experiences of assessment.

A further challenge to delivering a quality programme lay with the physical problems of large class sizes, the number of Chinese lecturers observing and the constant video recording of all teaching sessions by the University. In order to achieve our teaching goal and achieve student satisfaction we were required to adopt a dynamic, proactive and flexible approach to programme delivery the elements of which we feel would benefit healthcare educators who find themselves in similar situations when teaching on the international platform.

**References**


Before you get burnt: peer education street intervention

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The peer-education model is an effective tool in planning, implementing, and evaluating learning experiences for nursing students. The goal of this model is to develop not only the explicit knowledge, relationship skills and critical thinking processes of nursing students, but also the required process of cognition, meta-cognition and culture to the profession.

Before you get burnt is a research and intervention project in community context, culturally adapted and designed round the message: ‘Do it responsibly, before you get burnt’. It consists of diagnosis, information and street intervention actions with peer educators (mainly nursing students). This street intervention (peer-to-peer counselling and safe transportation) aims to reduce alcohol consumption and increase compliance with protective measures (safe sex and road safety), seeking the reduction in damage or injuries relating to alcohol abuse among the students who participate in Coimbra’s academic festivities. Also, the authors use a peer-education case study to illustrate how this voluntary experience can be applied to optimise learning experiences in nursing students and how nursing teachers improve this peer-education learning experience.

It involves a partnership with several public entities: health services, local authorities and nightlife industries. In May 2008, after a 50-hour training course (extracurricular-schedule), 71 peer-educators (83.1% nursing students) undertake peer-to-peer counselling, with the evaluation of blood alcohol level, and handing out condoms to the students participating in academic festivities (Queima das Fitas Coimbra, 2008). They also delivered first aid to students with alcohol problems. They were supervised by 25 collaborators (68.0% nursing teachers).

This intervention was planned, delivered and evaluated by the peer-educators group, based on the SMART model and Freire awareness model. Pilot tests were done in 2007. For the peer-educators the expectations of participating in this intervention are the acquisition of knowledge and competences for street intervention and the reduction in alcoholic consumption.

The medium participation in the training course was of 38.9h±9.8 and in street intervention 14.5h±3.4 (expected 15h). During nine night parties 1412 peer-to-peer counselling, accomplished for about 20 peer-educators by night.

This intervention allowed developing learning experiences in several domains:
1. Explicit knowledge
2. Relationship skills
3. Critical thinking process
4. Process of cognition and metacognition
5. Cultural competence.

Nursing teachers could improve this peer-education learning experiences because they are involved in a participatory learning: students become educators.

The use of this evidence in pedagogic practice could provide a useful opportunity for the materialization of Bologna’s Conference (credits attribution) and a new perspective for students’ clinical practice.
T24

Nursing and Midwifery Council review of pre-registration nursing education

Garth Long, Professional Advisor for Education; Jan Goldsmith, Professional Advisor for Education, Nursing and Midwifery Council, London, UK

Overall Aim of Paper
To set out the emerging new framework for pre-registration nursing education in the UK.

Introduction
The Nursing and Midwifery Council, the regulator for nurses and midwives in the UK, is undertaking a review of pre-registration nursing education in response to changes in policy and the delivery of healthcare. The review focuses on the future and how nursing programmes across the UK need to change in order to enable future nurses to meet the needs of patients safely and effectively. The review is part of the UK Government’s Modernising Nursing Careers initiative (DH, 2006) and also meets the recommendations of the Post Commission Development Group’s Fitness for Practice and Purpose (UKCC, 2001). In addition, it aims to address issues around interprofessional regulation and new and emerging roles as identified in the white paper, Trust, Assurance and Safety – the Regulation of Health Professionals in the 21st Century (DH, 2007). Nursing: towards 2015, commissioned by the NMC (2007) to inform the debate on the future of pre-registration nurse education, provided the background to the review.

The review is a two-stage process and initially focused on the principles for a future framework for pre-registration nursing education across the UK. These principles were confirmed by Council at their meeting in September 2008 following a consultation in which over 3000 individuals and organisations from around the UK shared their views. The principles pave the way for the introduction of degree only programmes and whilst the fields of adult, children’s, learning disability and mental health nursing will continue, programmes will be modernised to fit with future healthcare delivery and career frameworks.

The second stage of the review commenced in January 2008 and aims to build on the agreed principles and develop and publish new standards of proficiency for pre-registration nursing education by the autumn of 2010. This will include the development of generic and field specific competencies and an assessment framework which will increase opportunities for interprofessional learning.

It is anticipated that by September 2009 the majority of the work to develop the competencies, assessment framework and structure for new programmes will have been completed. This paper will consider some of the challenges associated with the work and report on progress towards the publication of new programme standards of proficiency for pre-registration nursing education in the UK.

Learning outcomes
- Outline the context within which the NMC review of pre-registration nursing has been undertaken
- Identify and provide a rationale for the principles underpinning a future NMC framework for pre-registration nursing education in the UK
- Reflect on the issues, and challenges faced in the development of new NMC Standards for pre-registration nursing programmes.

References


T25

On-line masters’ programmes facilitate cross-cultural learning

Tony Blackett, Senior Lecturer; James Little, E-learning Support Officer, University of Sheffield, UK

The growth in influence of the internet, bringing effortless long-range communication and information access, has brought with it perceptions of a shrinking world. Within nursing and midwifery it has begun to show signs of being instrumental in eroding national and cultural barriers - accelerating the process of forging a global healthcare community.

Nurses and midwives around the world are currently being expected to extend their knowledge and skills beyond basic levels to develop their practice further. The consequent burgeoning demand for postgraduate qualifications is both a challenge and an opportunity for those institutions planning to deliver tomorrow’s healthcare education.

The University of Sheffield School of Nursing and Midwifery has adopted a strategy of addressing this demand via the medium of the internet now that infrastructural performance and technical familiarity are waning issues. Its first entirely on-line course - The Master of Midwifery - launched in 2004. The success of this programme and its widespread perception as a highly effective model of international postgraduate education has now led to an expansion of provision, with new Masters degrees in Advanced Nursing Studies and Occupational Health Nursing coming on line in 2008. Future courses building on the effective structural framework are under consideration, possibly including an on-line doctoral programme.

The programmes are designed to be flexible but are, by default, followed part-time over three years. They are completely self-contained, with all learning materials and facilities provided via the virtual learning environment. There is no expectation whatsoever that a student should buy a textbook or access a local library, so no-one is disenfranchised by being located far from a centre of academic excellence. The flexibility benefits both students, who are able to use their free time productively whenever it occurs and also staff, who can add links and tweak resources at short notice to respond to current situations or particular student requirements.

The programmes are truly international. Exactly 50% of registered students have been based within the UK, the others being based in 19 different countries worldwide. This mix of backgrounds and experiences has proved a key element in the success of the programmes as any lapse into parochialism is instantly swept away. Students are guided to learn in an academically rigorous way through the set curriculum but are also encouraged to contribute freely from their own knowledge and experience. This leads to surprising learning opportunities and unpredictable discussions on topics often far removed from most participants’ everyday work.

Distance learning is often seen as a lonely and isolated activity but by encouraging frequent social intercourse through the Café discussion group and live chat facility we have observed genuine group bonding and friendship formation. This subsequently pays dividends in academic areas of discussion as information flows freely and individual students go out of their way to assist others who are perceived as friends rather than merely anonymous individuals attached to the other end of an internet connection.

The first of our on-line students graduated in 2007 after successfully completing their research dissertations, for which supervision at a distance proved effective due to projects related to students’ individual work experience and regular email supervision. Course evaluations have been overwhelmingly positive. Students particularly appreciate the flexibility of on-line learning, affording them the opportunity to gain otherwise unattainable qualifications. Forming part of a virtual yet vibrant learning community with colleagues around the world is also a feature which is highly valued.

Aside from adjusting to the intervening computer interface and inherent temporal discontinuities, teaching on-line requires many of the same skills as more traditional forms of education. Established academic staff have proved both willing and able to make the necessary cultural shift once initial trepidation was overcome.

This is a model of global healthcare education at postgraduate level which would prove equally effective in other areas of practice and is destined to play an increasingly important part in tomorrow’s healthcare education.
T26
Diploma nursing programmes: resourceful or wasteful?
Maria Navarro; Maria Cassar, University of Malta, Malta

Most countries are moving towards an all degree qualified nursing profession. There appears to be three main strata across the spectrum in pre-registration nurse education programmes worldwide:

1. Countries offering only diploma programmes
2. Countries offering both diploma and degree programmes
3. Countries offering only degree programmes.

Moreover, many countries have now introduced the educational opportunity for diplomate nurses to top-up to a degree qualification (Fig.1). Hence against a backdrop of (i) a significant impetus towards an all degree qualified nurse population, and (ii) significant efforts to top-up diplomate nurses to degree level, the aptness of the diploma programme is challenged: Are such diploma programmes wasteful in today’s world?

On the other hand one may argue that against a backdrop of a current global acute shortage of qualified nurses, educational diploma programmes are an indispensable asset in today’s world. Arguably, such programmes provide an apt vehicle for securing a supply of qualified nurses, particularly in contexts where recruitment to degree programmes in nursing is problematic. Thus such programmes should perhaps be maintained. Such claims question the notion that diploma programmes may be wasteful: indeed, such programmes are resourceful!

This paper seeks to present the different facets of the debate arising around the aptness and, moreover, the future of diploma programmes in pre-registration nurse education in the specific context of Malta. The story of a nation is presented in an attempt to share the challenges, initiatives and caution being taken in addressing the questions arising around the future of diploma programmes with countries which are possibly experiencing similar circumstances.

Figure 1
The different pre-registration programmes currently being offered in different countries

<table>
<thead>
<tr>
<th>Diploma programmes</th>
<th>Diploma and Degree programmes</th>
<th>Degree programmes</th>
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T27
Bringing the lecturer to the student: UK-based lecturers’ international experience of facilitating learning
Ray Hayes, Senior Lecturer; Anna Walsh, Senior Lecturer, Northumbria University, Newcastle upon Tyne, UK

There has been increasing emphasis placed on the recruitment and provision of education for overseas students within the HE sector in the UK. Northumbria University has welcomed this development and experienced a rapid internationalisation of its provision within a variety of overseas settings. Within the School of Health Community and Education Studies (SHCES) there is a significant cohort of international students, accessing a wide range of programmes, both in the UK and in their home country.

Whilst teaching in China we were exposed to an intense combination of academic, communication and cultural experiences (Cortazzi and Jin, 1997). This provoked significant reflection on the part of the researchers, both in and on action (Schon, 1991). This initial phase of clarifying and making sense then led to informal discussions with relevant colleagues and peers about their own experiences of teaching international students ‘off campus’. In doing so, an opportunity for further research presented itself, specifically in terms of exploring the lecturers’ experience of teaching whilst overseas. This paper will provide an account of the research and professional debates generated by academic staff who have taught health-related subjects overseas.

A phenomenological approach, specifically hermeneutic phenomenology (Chadderton, 2004; Rapport, 2005) was adopted, so that in-depth exploration of the teaching experience could be facilitated. As the participants belong to an informal community of practice (Andrew and Ferguson, 2008), many of whom are our peers, the initial sample was purposive (Higginbottom, 2004; McEvoy, 2001). However, in order to ensure that the widest possible sample
was generated, the initial participants were asked to make reference to anyone else of their acquaintance who they thought should be approached (Tuckett, 2004). Participants were offered a choice of data collection methods – interview or focus group. This provoked a methodological debate regarding purist and pragmatic approaches to research within what is essentially a teaching orientated department (Avis, 2003; Freeman, 2006). Data analysis was based on Speziale and Carpenter’s (2003) interpretation of Ricoeur’s (1979) approach.

Our initial reading and interpretation of this teaching experience has suggested several interesting themes which are worthy of further consideration:

**Presence and the use of self**

The freedom to use one’s personality, or presence, whilst teaching; in conceptualising this strategy, Kornelson (2006) suggests that teaching with presence entails three elements that embrace teaching in a way that facilitates the presence not only of the teacher but that of the learner and the subject-content as well. In facilitating this presence, he goes on to suggest that the teacher needs to demonstrate certain qualities, such as a commitment to teaching, self-confidence, a sense of freedom and, perhaps more interestingly in terms of this research, the ability to accept and embrace the chaos that inevitably arises as a result of meaningful student participation within the classroom. In accepting this messiness, the teacher with ‘presence’ concerns him or herself more with the well being of the students and the integrity of the subject-content rather than adhering to a prescribed teaching template, thereby energising the learning environment. A consistent theme emerging from participant’s contributions was the need for flexibility or adaptability.

**Teaching and learning styles**

In exploring the epistemological views of teachers in relation to their teaching practices, Olafson and Schraw (2006) refer to the work of previous researchers in identifying three distinct beliefs about the nature and acquisition of knowledge. The ‘realist’ believes that there is a fixed, core body of knowledge that is passed on to a passive student recipient, via transmission and reconstruction, by experts in that particular field. ‘Contextualists’ are less concerned with the type of knowledge transmitted than the process by which it is constructed by the student, believing that students must construct their shared understandings within a supportive context that is facilitated by the teacher. Teachers with a ‘relativist’ view prefer to deny the primacy of their own knowledge base, instead emphasising their role in creating an environment where their students can learn to think independently, constructing their own individual knowledge base that is different from, but equal to, that of other students and teachers.

**Cultural influences**

It is evident that international teaching is complex for all concerned, requiring a large degree of flexibility and sophistication (Basch, 1999) and an understanding of cultural differences such as language, lifestyle, and health, economic and political systems (Traynor and Rafferty, 1999), all of which may impact upon a teacher’s perception of how they plan to interact and relate to a group of international students. Professional (clinical) culture, professionalisation and status have emerged within our local data.

This paper will discuss the above and contextualise our findings in relation to the implications for higher education, the ever expanding overseas market in healthcare education and, more importantly, for those who teach in such challenging environments.

**References**


Humanising Healthcare Education

Tuesday 8 September
First Group of Theme Sessions
End-of-life simulation combining a standardised family member and a high fidelity mannequin

Priscilla Carver Davis, Instructor; Michele Steinhauser, Instructor; Julia Ball, Dean and Associate Professor of Nursing, University of South Carolina Aiken, USA

Abstract Content Area:
- Trends in aging: Effects on nursing education
- Innovations in geriatric nursing education
- Preparing the new nursing workforce in geriatric nursing education
- Integrating simulation and other technologies into geriatric nursing curriculum.

The American Association of Colleges of Nursing (AACN) has founded the Geriatric Nurse Educator Consortium (GNEC). Two of the authors for this abstract submission attended one of the GNEC consortiums. The purpose of this consortium is to enhance geriatric content in senior level undergraduate courses. The University of South Carolina Aiken School of Nursing has implemented this initiative in various different ways over the past year. Our newest project involves threading gerontological nursing concepts with a high-fidelity simulation mannequin lab and the last semester senior level course entitled Care of the Client with Complex Health Needs. The students have already taken the course entitled Gerontological Nursing during the first semester of their senior year.

Beginning in the fall of 2008 the Care of the Client with Complex Health Needs course added a simulation module to the existing acute care experiences in area hospitals. One of the simulations is that of an adult involved in an automobile accident. The patient suffered a closed head injury leaving him brain dead. The concepts of gerontology and end of life fall into this scenario when the next-of-kin, a live-in girlfriend, is contacted and comes to the hospital. The physician, begins the discussion of end-of-life issues, but is interrupted when another patient becomes critically ill. The live-in girlfriend, in the denial state of grieving, is left with many questions for the nursing staff. The objectives for the students during this segment of the clinical scenario are as follows:

- Demonstrate healthcare provider's role in identifying an appropriate decision maker if a healthcare power of attorney does not exist
- Discuss code status with client's next of kin
- Provide therapeutic communication techniques with family members of end-of-life patients. Be able to recall therapeutic communication techniques when managing the care of a client at the end of life
- Discuss organ donation with client's next of kin
- Identify comments throughout scenario and correlate them with the various stage(s) of grief
- Discuss advanced directives and/or power of attorney.

Humanising healthcare education: an evolving theory

Sigridur Halldorsdottir, Professor and Director of Graduate Studies, University of Akureyri, Iceland

Ever since Keller’s (1968) article ‘Good-buy teacher’ was published there has been an on-going dialogue within education about the real influence of teachers upon students and their studies at all levels of education. Some have doubted that teachers can strongly influence students in spite of the fact that studies on the quality of teaching have consistently confirmed the importance of a competent and caring teacher (Stronge, 2002).

The aim of education

Ideas differ regarding the aims of education and which ways should be chosen to reach those aims. Neil Noddings (1999) has been untiring in emphasising caring within education and claims that the goal of all education is to educate caring, virtuous human beings and that the basis for such education is that the teacher really cares for his or her students, is able to communicate and connect with them and is able to teach them through positive communication and positive feedback.

The aim of healthcare

The aim of all healthcare is to increase the health and well-being of its recipients and most of those who write about healthcare ethics agree that beneficence and nonmaleficence towards clients should be emphasised (Gillon, 1994). Even if students within healthcare enter their studies with their own ideology, values and norms, their teachers endeavour to mould them to behave in a certain way towards clients and try to influence their attitude towards what they are doing, just as Young (1994) points out.
The challenge of healthcare education
The challenge of all healthcare education is to unite the aims of education and the aims of healthcare by humanising healthcare education. Even if many studies have been conducted regarding what is most important regarding a good teacher, few scholars have attempted to synthesise the various factors involved into one whole within healthcare education. The aim of this presentation is to introduce an evolving theory where that is attempted.

Method for the theory construction
The method used is theory synthesis and has been described by Walker and Avant (2004) and has three main steps.

Results
The main findings include a description of the healthcare teacher who manages to humanise healthcare education through professionalism involving competence, wisdom, caring, communication and connection as well as self-development and self-knowledge.

The healthcare teacher’s professional competence
The teacher is competent in empowering students and evaluating them; is a critical and creative thinker and bases his/her own teaching on evidenced-based practice – conscious of the importance of research; is disciplined and accurate; knows how to evoke interests of student and to teach them what they need to know; knows how to organise and lead teaching so that students are empowered and strengthened as individuals and as students.

The healthcare teacher’s professional wisdom
The teacher has the necessary knowledge and understanding of the human being; has discernment and insight and is aware of how culture influences the student; is open and critical of new ideas; has abstract thinking, insight and intuition; has the ability to reflect on his/her own work and reactions; and consciously develops the art of teaching.

The healthcare teacher’s caring
The teacher genuinely cares for students; is warm, open and perceptive of others; is morally responsible and respective of self and others; is conscious and considerate of the cultural background of the student and his or her uniqueness.

The healthcare teacher’s professional communication and connection
The teacher is able to initiate communications and contact with others; is able to connect with students (able to build bridges with communication and dialogue); is willing and able to co-operate with others.

The healthcare teacher’s personal and professional self-development and self-knowledge
The teacher has clear self-identity and a healthy self-image and self-confidence; has a clear professional identity; is aware of own beliefs, norms, feelings and emotions; knows own strengths, weaknesses and limitations; is professionally independent and creative; is attentive to own self, as a person and as a health professional; knows how to manage own stress; has developed own ways to prevent burn-out; keeps up own professionalism e.g. is aware of the on-going knowledge development and is therefore active in continual education; is able to resolve difficult emotions and situations and knows how to make use of help and guidance from others when needed.

The consequences
Healthcare education given by such a professional healthcare teacher, who has this competence, this wisdom, this caring, this ability to communicate and connect with the student and who knows and develops his or her own self, is greatly empowering for the student, increases student learning both implicitly and explicitly and moves the student closer to the goal of all healthcare education – making the student a good health professional.

References
T30

**Emotional labour in nursing and midwifery students: an undervalued skill?**

*Sandra Leggetter, Senior Lecturer; Gail Kinman, Reader in Occupational Health Psychology, University of Bedfordshire, Luton, UK*

Comforting, listening, being reassuring and showing sympathy are essential skills in nursing and midwifery (Small, 1995). Nurses and midwives are frequently required to boost the spirits of patients, reassure those experiencing pain, fear, anxiety and panic as well as comfort the bereaved. Hence, emotional labour, defined as ‘management of feeling to create publicly observable facial and bodily display’ (Hochschild, 1983, p.7), is believed to be a fundamental requirement for healthcare professionals. Despite caring being the essence of nursing, the emotional labour of nurses is generally unrecognised. Bolton (2000) asserts that the emotional labour of nursing is hard and productive work and should be valued in the same way as physical labour.

There is objective evidence for the level of emotional demand faced by nursing staff compared with other professional groups. A survey of work and employment in the Netherlands reports that healthcare workers experience the highest levels of emotional demand of all occupations (Ybema and Smulders, 2002). It has been recognised that emotional labour performed by nurses and midwives is unacknowledged and undervalued and can be an important source of stress (Hunter and Deery, 2005). However, emotion work may not necessarily be damaging; it has been argued that it is part of the ‘gift relationship’ freely given to patients/clients and might be ‘genuinely therapeutic in itself’ (Phillips, 1996, p.141).

A need for enhanced training and support in coping with the emotional demands in nursing and midwifery students has been highlighted (Huynh et al., 2008; John and Parsons, 2006; Freshwater and Stickley, 2004; McQueen, 2004). As yet, however, the available research tends to be based on phenomenological studies utilising small samples. The impact of emotional labour, or the factors that might protect healthcare students from its negative impact, has not yet been systematically investigated.

This cross-sectional study investigates relationships between the emotional demands of nursing and midwifery and burnout (emotional exhaustion, depersonalisation/cynicism and feelings of personal accomplishment). It further examines the role played by demographic, motivational, specific individual differences, and the perception of emotional support in student well being. Two hundred and ninety-four student nurses and midwives (92% female) participated in the study. Ages ranged from 18 to 55 with a mean of 30.50 (SD=9.36). Participants completed a series of self-report questionnaires. Demographic factors were age, ethnic origin and level of study. Previous experience in a caring role and current caring responsibilities outside the training environment were also measured. The extent of extrinsic and intrinsic motivation for a career in nursing/midwifery and motivation strength was assessed. The emotional demands of the caring role were examined by a measure developed for the purposes of this study. Individual difference factors examined in this study were emotional intelligence (Schutte et al., 1998), empathy (Davis; 1983), resilience (Wagnild and Young, 1993) and reflective ability (adapted by Aukes et al., 2007). Burnout was assessed using the Maslach Burnout Inventory (Maslach and Jackson, 1986).

Findings revealed that emotional labour was significantly associated with all three components of burnout. Student nurses and midwives who perceived more emotional demands as part of the job role tended to report higher levels of emotional exhaustion and depersonalisation / cynicism of patients/clients. Interestingly, however, they also reported stronger feelings of personal accomplishment. A series of hierarchical multiple regression analyses indicated that age, ethnic origin, level of study, intrinsic motivation, empathy and resilience were important predictors of the variance in burnout symptoms beyond that explained by emotional demands. The models accounted for between 19% and 40% of the variance in burnout dimensions. Evidence was also found that student nurses/midwives who perceived less emotional support from fellow students, mentors, clinical staff and tutors tended to report higher levels of emotional exhaustion and lower levels of personal accomplishment relating to job performance.

The findings of this study highlight the need to recognise and value the emotional demands of caring. Training to enhance emotion management skills should be incorporated into the curriculum. More research is required into how this may be successfully accomplished using innovative methods. As emotional support from a range of sources was found to be an important resource in managing the emotional demands of caring, it is vital that adequate support is provided and students feel sufficiently empowered to avail themselves of this. A number of individual difference factors, such as emotional intelligence and resilience, may also be important in protecting healthcare students’ emotional well being. It is likely, therefore, that training in more effective management of emotional encounters in the workplace and enhancing the emotional resilience of this student population will improve working life for healthcare professionals and enhance patient care.

**References**


End-of-life education in pre-registration nursing curricula: issues from the literature
Joyce Cavaye, Senior Lecturer, The Open University in Scotland, Edinburgh; Jacqueline Watts, Lecturer, The Open University in London, UK

As the population ages, there is increasing concern about the quality of end-of-life care in clinical settings. A number of policy documents (DoH, 2000) and the national service frameworks for heart disease, cancer and older people have identified end-of-life care as a vital and integral part of patient care. Nurses at all grades, have an important role to play in the delivery of end-of-life care. They are the healthcare providers that are most often with individuals at the end of their lives.

Although the needs of some patients are best met by those with specialist knowledge and qualifications, for the majority of patients this is not necessary. What is required is the palliative and holistic approach to care. Nurses, therefore, need to be competent in end-of-life care and knowledgeable about the palliation of symptoms (Williams and Field, 2002).

The pre-registration nursing curriculum has traditionally had a limited emphasis on end-of-life care (Doyle, 1987; Field and Kitson, 1986; Dickenson, 2007). While there have been significant developments in nurse education and end-of-life care in the last decade, it is claimed that the amount of end-of-life content in nurse education remains minimal (Ferrall et al., 1999; Williams and Field, 2002; Walsh and Hogan, 2003; Downe-Wambolt and Tamlyn, 1997). Indeed, a number of studies have suggested that the current pre-registration nurse education is unlikely to equip students with the skills required to deal adequately with end-of-life care (White et al., 2001; Mallory, 2003; Allchin, 2006; Dickenson et al., 2008). If these reports are accurate, this situation has important implications for the quality of care provided and for the future of nurse education.

Drawing on literature mainly from the UK and the USA, this review explores the type and quality of end-of-life education within pre-registration nurse education. It considers how this provision is delivered to, and perceived by, nurses. It reviews the research evidence to determine whether or not newly qualified nurses are adequately...
prepared to deal with patients at the end of their lives. It will demonstrate that despite numerous calls in recent years for a greater emphasis on end-of-life care in nurse training (Allchin, 2006), these calls have gone unheeded.

References


T32

Humanising patient participation

Kristin Thorarinsdottir, Assistant Professor, University of Akureyri, Iceland

Patient participation is a major issue in contemporary healthcare. Accordingly, it has been argued that a participatory worldview is emerging that ‘places human persons and communities as a part of their world, both human and more than human—embodied in their world, co-creating their world’ (Reason and Bradbury, 2000, p.7).

A concern for the phenomenon of patient participation can traced to the social movements in the 1960s and 1970s and a criticism of the former social hierarchies in favour of the autonomy of the individual (Rothman, 2001). The clear effect of these social movements is reflected in the legislation of many western countries which emphasise the patients’ right to influence and direct their own care (WHO, 1994). Furthermore, there has been a shift from acute illness to the dominance of chronic illnesses which requires continuous management and thereby patient participation (Allen, 2000). Accordingly, the World Health Organisation considers participation not only as a right but a desirable social, economic, and technical necessity (Waterworth and Luker, 1990). Of interest, however, is that this statement is formulated as a fixed standard which does not address patients’ rights; but focuses instead on an economical concern for the cost of healthcare which can be reduced by patient participation.

It can be argued that a hint of paternalism is hidden in those healthcare reforms which direct patients to conform to the standard of being active, responsible participants in their care whether they wish to or not. The reason for this hidden paternalism in contemporary healthcare policies is presumably related to the fact that patient

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participation, on the whole has, been determined by the perspectives of the healthcare professionals and policy makers and not those of the patients.

With reference to the contradictions regarding patient participation outlined above, a constructive understanding of patient participation from the patients’ perspective is needed. Thus an analysis of the concept of patient participation from the patients’ point of view was conducted by an extensive literature review according to Broome (2000).

The analysis focused on conceptual characteristics as definitions, attributes, antecedents, consequences, and issues relating to and contrary to the concept to be analysed (Walker and Avant, 1995). Included in the sampled literature of concept analysis were qualitative interdisciplinary studies which focused on patient participation from the patients’ point of view. Relevant healthcare databases were searched to select these studies. The search was limited to searching for specific words and limited to peer-reviewed qualitative research articles published between 1997 and 2008.

The main result of the concept analysis was that two features of patient participation emerged: on the one hand person-centred participation; and on the other hand non-patient-centred participation. In addition, data regarding non-patient participation was revealed and was applied to clarify the two earlier mentioned features of patient participation.

In this paper the main focus will be on the term patient-centred participation which will also be referred to as humanistic participation. This term will be clarified and compared with non-patient centred participation and non-patient participation.

Data for person-centred participation was based to a large extent on qualitative interviews with patients with respect to patient participation; participation in decision making; patient involvement; or client-centred care. It appeared that in those interviews patients most often described their positive experiences of participation or participation according to their personal wishes, needs or preferences. (Rebeiro, 2000; Sainio et al., 2001; Blank, 2004; Eldh et al., 2004; Eldh et al., 2006; Larsson, 2007; Thompson, 2007; Bastiaens et al., 2007; Cott, 2004; Entwistle et al., 2008). Thus this kind of participation is referred to as person-centred participation, or humanistic participation. However, data pertaining to such participation was also retrieved from studies using participant observation as a data collection method (Allen, 2000; Henderson, 2003; Millard et al., 2006; Schoot et al., 2005).

Humanistic participation appeared in three interconnected phases in which respect and equality in interactions between patients and healthcare providers were intertwined. In the first phase, the human connection phase, a human connection between patients and healthcare providers was developed in which patients perceived respect and recognition for them as persons and equal human beings. Without this human connection patients could not enter the second phase, the phase of information procession. In this second phase patients exchanged information with healthcare professionals thereby constructing and acquiring meaningful practical knowledge by means of the human connection which could gradually develop into partnership. In some cases patient participation did not advance further. If patients so chose or their condition allowed, their participation advanced further into the third phase, the action phase, in which patients applied their knowledge by making inferences and/or influencing or managing self-care.

In this paper it will be proposed and discussed how healthcare professional should be prepared in meeting the patients’ needs in each of the three stages of humanistic participation addressed above. Actually, such participation seems to be inherent in the emerging participatory paradigm addressed by Reason and Bradbury (2000).

References


Innovative Approaches to Assessment

Tuesday 8 September
First Group of Theme Sessions
T33

An evaluation of an assessment strategy used to grade the practice of pre-registration undergraduate nursing students in the United Kingdom: identifying and responding to the challenges

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Historically, theory and practice have been assessed separately on pre-qualifying nursing programmes within the United Kingdom (Girot, 2000). Effective strategies for assessing the practice of pre-registration undergraduate nursing students remain elusive, with few universities finding a way of awarding marks and academic credit (Fordham 2005). Difficulties such as subjectivity and observer bias have been noted (Clemow, 2007, Calman et al., 2002). The process of assessing nursing students in the workplace in order to ensure that they are competent, analytical individuals, able to respond to change, is recognised as worthy of scrutiny (Girot, 2000).

Ensuring that student nurses become competent and are deemed fit to practice is central to all pre-registration nursing programmes in the United Kingdom (NMC 2008). Competence is vital to ensure the safe and effective delivery of patient care by nurses who are able to work professionally and autonomously (Fordham, 2005). Measuring competence, however, can present a challenge to nurse educators writing programmes, and assessors working with students on a day-to-day basis. It is widely known in the United Kingdom that assessors in practice do not always feel confident to fail a student (Duffy, 2004).

Aim
Representing Phase two of the evaluation, this paper seeks to examine the effectiveness of a grading of practice tool introduced for pre-qualifying nursing students in a university in southwest England.

Methods
Using a survey approach to data collection, a 98-item questionnaire was distributed to a range of practice assessors (n=129). Another 56-item questionnaire was distributed to students (n=210) in the third year of a pre-registration nursing programme. Students studying Adult, Mental Health, Child Health and Learning Disability nursing at the same university, were targeted. Purposive sampling was used to ensure inclusivity of all branches and to capture experiences in different service provider organisations. Data was collected between June-October 2008.

Analysis
Quantitative data was analysed using Statistical Package for the Social Sciences version 15 and qualitative data was analysed using a thematic analysis.

Results
Building upon the conclusions and recommendations of Phase 1, this paper will discuss the findings of Phase two of this evaluation study. Quantitative data was analysed between November 2008-January 2009 and findings revealed detailed information about how Practice Assessors responded to preparation for the role, their on-going support, and their views and experiences of using the Practice Assessment Tool. Results focused on how the tool enabled Practice Assessors to grade students and fail them when necessary. Students revealed their experiences of being assessed and graded on their practice. This included issues regarding second marking and the quality of feedback given by assessors. Qualitative data will be analysed between January and March 2009 and the findings used to inform curriculum development and further refinement to the practice assessment tool.

Conclusion
It is anticipated that the findings will provide an insight into the complexities of second marking and moderation strategies used in assessing and grading practice. These pose a considerable challenge to nurse educators but are essential to unpack in order to strengthen quality assurance systems and thus enhance confidence in the measures of competence utilised in judging practice in undergraduate nurse learners in the United Kingdom. It is anticipated that this evaluation will reveal ways of meeting this challenge.

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Our experiences of using videoed role play as an assessment strategy for mental health nursing students

Alan Baillie, Senior Lecturer in Mental Health, Buckinghamshire New University, Chalfont St Giles, UK; Katja Laurilla, Senior Lecturer in Mental Health, Pirkanmaa University of Applied Science, Tampere, Finland

This presentation will consider our experiences of utilising videoed role-play as an assessment strategy with second year mental health students. Specific consideration will be given to the validity, transparency and relevance of this form of assessment strategy particularly in relationship to transferable skills in clinical practice. The presentation will consider how the assessment is planned, how the students are prepared to undertake the role-play and their experiences of the role-play. Some ethical considerations will be addressed as will issues to consider when using assessed videoed role-plays.

The assessment takes place near the end of a second year module entitled ‘Principles of mental health nursing’. The assessment strategy aims to assess the students’ knowledge of the Stepped Care Approach to Depression (National Institute of Health and Clinical Excellence, 2004), their therapeutic use of self (Whittington and McLaughlin, 2000) and especially their verbal and non-verbal communication skills (Berry, 2007). The assessment is conducted jointly by mental health lecturers and experienced mental health nurses, who assess students in practice. In a closed room, each student is videoed while they role-play an interview with a ‘client’ who has depression. The role of the ‘client’ is taken by one of the practitioners and the interview is observed by mental health lecturers and other practitioners in another room through a video link.

At the end of the role-play, the students, while still being videoed, verbally reflect on what has occurred, self-evaluate their performance, and explain the rationale and evidence base underpinning how they conducted the interview. Immediately following the assessment, the mark is agreed collaboratively by the ‘client’ and the observing practitioners and mental health lecturers, using pre-set criteria. The advantages of video-recording the assessment include that the assessors can ‘revisit’ the ‘client’ interview, enabling them to provide the student with detailed feedback. In addition, the video-recordings can be used for internal moderation purposes and can be sent to the external examiners thus enhancing transparency (Race, 2001).

During the semester, the students are prepared for the assessment through weekly practice using role-play to develop their skills, with at least one session which includes the opportunity to be videoed in the classroom. Jenkins and Turick Gibson (1999) state that role-playing requires the student to participate actively in the learning process and that through simulation of a ‘real life’ situation, the student has an opportunity to apply knowledge, solve problems, and live the experience of another. Their views certainly reflect our experience of utilising role-play in seminars, as we have observed how students’ communication and interviewing skills develop over the semester in readiness for their assessment and subsequent application of these skills in their practice placements.

Race (2001) suggests that a valid assessment is one which measures that which it purports to measure. Great care was taken to align the assessment strategy constructively with the specific modular learning outcomes, and the module’s teaching and learning strategy (Biggs, 1999). Race and Brown (2001) consider that content validity is ensured when the learning objectives for the course are closely related to the desirable outcomes of a successful student. The importance of mental health students having highly developed communication skills is highlighted by the Nursing and Midwifery Council (NMC) (2005, 2007) and the Department of Health (DH) (2006). Recent work on the assessment of clinical competence also indicates that a review of videotaped consultations is likely to provide a valid and reliable tool to assess aspects of clinical competence (Royal College of General Practitioners, 2005).
The presentation will address issues to consider when utilising videoed role-play, including the preparation of the students, and the practitioners and lecturers who will be role-playing and assessing. The presentation will discuss the practical aspects of the assessment including the pre-planning needed as well as the organisation of the assessments on the day. In our experience students can find this assessment strategy stressful. While preparation of students is important in reducing stress, ways in which the environment can control to reduce stress will also be highlighted. Resource issues in undertaking the assessments, including the involvement of clinical staff in the assessment process, are another major consideration.

Issues relating to informed consent are far from straightforward (Alderson and Goodey, 1998) and the presentation will address how informed consent is sought from the students and other participants prior to the role-play. The presentation will explain why consent forms are signed and illuminate considerations about who views the tapes and what happens to them after they are returned from external examiners. The presentation will conclude by presenting students' experiences of undertaking the assessment, based on their written evaluations, and how these have informed how the assessment has developed.

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T35

Innovation in numeracy assessment for undergraduate student nurses

Agi Holland, Lecturer; Nahida Hanif, Lecturer, Edinburgh Napier University, Edinburgh, UK

The aim of the undergraduate nursing programme at Napier University is to ensure that the student achieves a standard of proficiency in the practice of adult nursing which meets the requirements of the Nursing and Midwifery Council (NMC) (2004). In order to gain access to the nursing register, the student must demonstrate a number of key outcomes-based competencies to evidence the achievement of both higher order intellectual skills and the ability to transfer these to practice (Moore, 2005).

One of the key skills identified is competency and accuracy in the use of numbers relevant to adult nursing (NMC, 2007). This presents a challenge to nurse educators as to the nature and content of health-related numerical assessment in the practice setting. The challenge of developing and assessing numeracy competence amongst nursing students is not unique to the UK with similar issues having been identified in an international setting (Elliot and Joyce, 2004; Rainboth and Demasi, 2006).

Skills for Practice is a core year one module of the undergraduate nursing programme. A component of the module assessment strategy is a numeracy exam that was previously conducted as an invigilated paper completed under exam conditions. The module team undertook a review of this approach and sought to develop a new, innovative, evidence-based assessment that would be more relevant in meeting the requirements of both the students and professional standards (NMC, 2005, 2007).
Das (1988) identified that arithmetical competence comprises of computation and problem solving abilities. In a nursing context, computation involves operations such as addition, subtraction, multiplication, division and conversions between units, integers and decimals as identified in seminal work by Pirie (1987). According to Weeks, Lyne and Torrance (2000), problem solving involves understanding the logic of a problem and applying processes to interpret the information, synthesising it into a meaningful whole. Further work by Lave (1988) highlighted the necessity of the relationship between computation skill and problem solving ability that is reliant on the specific circumstances in which the arithmetical competence is relevant. Therefore, if an assessment of numeracy skill is to be valid and fit for purpose (Brown and Knight, 2004), it must be able to assess a student’s ability in both computation and problem solving within the context of nursing practice.

Commonly, numeracy skill within the context of nursing practice is viewed as the ability to perform drug calculations and medication dosages. However, this perception does not accurately reflect the diversity of the practice setting, nor recognise the breadth of application of numeracy in nursing (Chapelhow and Crouch, 2007). For the purposes of the Skills for Practice assessment, it was fundamental to consider numeracy in relation to patient observations, nutrition, fluid and medicines management in order to acknowledge this diversity and to meet professional standards (NMC, 2007). The MCQ format was selected as an assessment method as it would allow for both timely and efficient assessment of a wide range of content and would be reliable for a large intake (n=156) of students (Tarrant and Ware, 2008; McCoubrie, 2004).

Using technology for the management of assessment information can enable the assessment to be presented in varying ways to meet the needs of the student as well as the aims and objectives of the content being assessed (Mogey and Watt, 1996). An on-line assessment also allows students to receive timely feedback on performance whilst enabling staff to track the performance of individual students (Cantillon, Irish and Sales, 2004). As a result of such advantages, the module team developed the numeracy assessment for on-line delivery.

Although much has been written on the use of the on-line format for learning in higher education, it has been highlighted that there is little empirical evidence or evaluative research in the area of computer assisted assessment (Lee and Weerakoon, 2001; Bull, 1999). In recognition of this, a statistical analysis of cohort results was incorporated as part of the evaluation strategy of the on-line numeracy assessment for the Skills for Practice module.

The overall aim of the presentation will be to present and evaluate critically the educational principles and evidence base behind the development of the on-line numeracy test and disseminate the experience of the authors in the development and use of this assessment format. Quantitative analysis of anonymised student results will also be presented to enable critical analysis of both student and test performance. Participants will have the opportunity to engage in the on-line assessment as part of the interactive presentation, and it is anticipated that this will provide a context for an in-depth group discussion which will set the scene for the theme session of ‘Innovative Approaches to Assessment’.

References


Assessing learning for healthcare practice using an on-line interactive tool

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One of the challenges facing educators of healthcare professionals worldwide is to enable students to develop skills and to assess their competence without compromising patient safety (Koh, 2002; Ravert, 2002). In many instances assessments are undertaken through Objective Structured Clinical Examinations (OSCEs) using simulated patients or actors. However, these can be costly and students may have limited opportunities for practice or formative assessment. Indeed, there is much current debate about assessment for learning within higher education and the provision of timely, high quality feedback which as REAP (2007) notes can take time to generate.

Use of eLearning technology can lead to increased opportunities for assessment and many eAssessment assignments in higher education use objective question types, in particular multiple choice (Sclater et al., 2007). However, these question types alone may be limited when assessing the application of learning in complex professional situations, such as healthcare practitioners making decisions regarding patients’ health. These clinical decisions require sound theoretical knowledge and good decision-making skills; however, they are also strongly influenced by their context - as the complexity of decision tasks increases so context-specific knowledge determines the effectiveness of decision-making (Botti and Reeve, 2003).

To enhance skills development through practice-based learning, we have taken an experiential (Kolb, 1984) approach within our curriculum and used virtual environments to introduce students to the complexities and challenges of practice, using examples from real practice to ensure validity and mimic reality (Cioffi, 2001). This pilot study enhances this approach to develop and assess students’ decision-making skills using a context-driven decision maze tool that draws on their prior learning within the curriculum, is situated in practice and mimics reality. It builds on Laurillard (2002), who suggests that: ‘Traditional modes of assessment of knowledge are seen as inadequate because they fail to assess students’ capability in the authentic activities of their discipline.’

This approach enables students to engage with the complexity of practice, in which they need to seek information from a variety of sources to inform their decisions, and to rehearse skills before taking them into practice. In addition, through a reflective log of their decision-making, it provides an alternative to mentor-led assessment which can bring its own problems due to the tension between nurturing and judgement (Yorke, 2005). The tool delivers instant high-quality feedback so that students can monitor their progress and self-assess their performance to enable improvement.

The tool is currently being piloted with volunteer nursing students, who complete an on-line evaluative quantitative and qualitative questionnaire. In addition, each decision is scored and the results amalgamated to provide an objective evaluation of students’ progress. A recent review by Cook et al. (2008) of research in eLearning in medical education has shown only 13% of studies undertaken in this area are evaluated, so the completed evaluation will contribute to knowledge in this field.

The findings to date (n=11) suggest students’ decision-making skills improve across two attempts of the tool (73%), and that students find the tool valuable for self-assessment (87%) and feel better prepared for practice (87%). The findings also provide evidence to support Boud and Prosser’s (2002) principles for fostering high quality learning in higher education.

Use of this tool allows assessment to occur in context, over time and at a distance, and provides an innovative approach to assessing complexity in professional practice. It is student-led, enabling students to engage multiple times if desired, encouraging self-assessment and self-monitoring of progress. Furthermore, it demonstrates that virtual environments are an effective learning tool which can be tailored to meet the needs of different students in
a variety of settings, making them valuable resources in education provision for healthcare professionals worldwide.

References


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**T37**

**Measuring mental health of students in Islamic Azad University, Uremia Branch in Iran**

**Mostafa Sheikhzade, Assistant Professor, Islamic Azad University of Iran in Uremia Branch, Head of the Teacher Education Department, Iran**

It has been claimed that health-related quality of life (HRQL) assessments should provide information about capabilities and wellbeing and their relevance to the individual concerned. The purpose of this study is to investigate mental health in Iranian adolescents, particularly in Uremia. Students from different majors at Azad University, Uremia were compared on a self-report measure of mental health. A sample of 300 girls and boys was selected from different majors at Uremia University by a stratified cluster random sampling method. They were investigated by means of the 12-item General Health Questionnaire (GHQ-12) in a cross-sectional study.

Results show that 40 (13.4 %) achieved a GHQ-12 score above the threshold. Significantly more girls (21.1%) than boys (17.8%) had GHQ-12 scores indicating some psychiatric morbidity. On average, 23-year-old adolescents reported a higher level of mental health problems compared with 19-year-old adolescents in the same academic year. A considerable proportion of university students experience mental disorders, with girls experiencing such disorders more frequently than boys. Periodic mental health surveys in high schools are proposed to identify students in need of counselling or treatment to improve their coping skills and problem-solving abilities.

**Introduction**

Measures of disease status such as morbidity and mortality rates alone are insufficient to describe individuals’ health status. Quality of life factors, such as physical and social functioning, depressed mood, and the individual’s own perception of ‘the good life’ must also be considered (Muldoon, Barger, Flory, Manuck, 1998; Saigal, Feeny, Rosenbaum, Furlong, Burrows, Stoskopf, 1996). It has been claimed that health-related quality of life (HRQL) assessments should provide information about capabilities and well-being and their relevance to the individual concerned (Testa, Simonson, 1996). Quality of life is a concept beyond direct manifestation of lack of illness and the individuals’ morbidity that affects daily life and life satisfaction (Muldoon, Barger, Flory, Manuck, 1998). It is a multi-dimensional concept that encompasses the physical, emotional, and social components associated with health, illness, or treatment (Testa, Simonson, 1996; Aaronson, 1988; Revicki, 1989).

**Results**

The study sample comprised 331 subjects. A total of 31 students decided not to participate. In all, 300 students were excluded from the data analysis because they were 19 to 23 years old.
The exploratory factor analysis suggested the unidimensionality of the GHQ-12 items by means of the scree-plot criteria. This global mental health factor has an Eigenvalue of 3.7 and explained 33.1% of the variance in the data with loadings of the items between .41 and .52. Cronbach’s - of the GHQ-12 was .72 with corrected item total correlations between .37 and .57.

There was a slight tendency for mental health problems to be more prevalent in 23-year-old than in 19-year-old students based on the trend found exclusively among girls (χ² = 2.71; Fisher’s exact test (one-sided) p = .055). We could not find a substantial difference in the percentage of individuals above the cut-off score of the GHQ-12 between students (Pearson χ² test: χ² (5) = 9.17; p = .103).

However, of the 20.2% of adolescents who evaluated their quality of life as ‘very good,’ 10.8% showed mental health problems above the cut-off score, whereas 78.0% of those with ‘very bad’ quality of life (2.1%) were above the cut-off. Students who evaluated themselves as ‘more physically active’ than their friends reported lower GHQ-12 scores than those who evaluated themselves as ‘less active’.

**Discussion**

The interpretation of our findings is somewhat limited because of the particularly selective nature of the investigated sample which is only representative of third-year university students aged between 19 and 21. However, comparing our data with other studies in Iran that were performed on selective samples, we found a high score of probable mental disorders confirming our hypothesis. One reason for these high GHQ-12 scores could be the particular age group of the study sample. From a developmental psychology point of view, adolescence is a stressful period of growth. This period poses many challenges to the adolescent such as finding identity and values [23,24], respect for self and others, taking increasing responsibility for him- or herself, and an increase in problem-solving skills.

The Tehran University students in Rostami’s and Bahranian’s (Montazeri, Harirchi, Shariati, 2003) study were already in a period of consolidation because they had successfully passed the entrance examination and thus had become students at the most prestigious university in Iran. Nevertheless, they reported a high prevalence of mental disorders in their study population, supporting the high rate of mental problems reported in Iranian adolescents and young adults. According to the gender distribution, girls were more likely than boys to have a high GHQ-12 score, confirming our hypothesis. The higher risk of mental disorders among girls has been found internationally in many investigations (Yousefi, Yousefi, 1999).

**References**


Learning and Teaching Strategies

Tuesday 8 September
First Group of Theme Sessions
An inquiry into the role of the PBL facilitator within nurse education

Martin Earley, Senior Lecturer, University of Central Lancashire, UK

Aim
To determine the role of the PBL facilitator in nurse education and what preparation do they require in order to fulfil this role?

Objectives
• Explore the role of the PBL facilitator as defined in the literature
• Explore the implications of being a subject expert versus process expert as a method of facilitating PBL groups
• Discuss the dynamic process of PBL facilitation in aiding the students’ learning
• Explore the various issues relating to preparation for the PBL facilitator role.

Background
PBL is a major teaching and learning methodology within nurse education today, used to encourage critical thinking, and aims to produce learners that are stimulated to question their existing knowledge (Andrew and Jones, 1996; Maudsley, 2002; Savin Baden, 2003). A key requisite for successful PBL is an enthusiastic, knowledgeable facilitator. Depending on how the facilitator functions can either make the PBL experience an extremely valuable one for the student or a ‘toxic role’ can lead to a negative experience for both the facilitator and student (Wilkie, 2004).

From the literature there appears to be some debate on what facilitation is, who should undertake the role and what skills are required in order to perform the role effectively. The training and preparation for lecturers who take on the role of PBL facilitator appears to be a salient point of discussion within the literature (Griffiths, 2003).

Aims and objectives
The aim of this study was to determine the role of the PBL facilitator in nurse education and what preparation they required in order to fulfil this role? The objectives were to explore the dynamic process relating to the role of the PBL facilitator as defined in the literature. Also, to look at the implications of being a subject expert versus process expert as a method of facilitating PBL groups. Finally, the researcher wanted to explore and describe the preparation of lecturers for the role of PBL facilitator and how this can vary from different HE institutions.

Method
A qualitative study using semi-structured interviews was adopted and followed the theoretical perspective of the interpretivist (Charmaz, 2006). Seven lecturers in children’s nursing who were all based within the researcher’s place of work, and who act as PBL facilitators were interviewed. All interviews were transcribed verbatim, from which five themes emerged.

Findings
The data revealed five emergent themes:
• Role and skills of the PBL facilitator
• The need to intervene
• Subject expert versus the PBL process expert
• Cognitive dissonance
• Training/preparation

It was interesting to note that the findings bear similarities to many of the major sources of literature already published on PBL. Participants generally felt less secure about using PBL compared to traditional teaching methods. Additionally, they felt there was a lack of preparation and guidance when new to using PBL, and there was no on-going professional supervision for staff in order to measure how effective they are when more experienced at PBL. This again, is reflected in much of the literature published about PBL. Whilst this was very reassuring for the researcher to realise that the team he works express similar feelings to those in the major research available, and mainly experience similar feelings and views about PBL, this still appears to be an on-going problem.

Conclusion
Participants generally felt less secure about using PBL compared to traditional teaching methods. Additionally, they felt there was a lack of preparation and guidance when new to using PBL, and there was no on-going professional supervision for staff in order to measure how effective they are when more experienced at PBL. Three recommendations are offered in order to help provide some insight into the role of the PBL facilitator and determine what preparation should be given in order for nursing lecturers to take on this role effectively.
Peer observation of PBL
From this study it is clear that there are some lecturers who feel that they do not really know whether they are doing a good job when acting as a PBL facilitator, because there is no-one there to tell them. Therefore there should be peer observation during a PBL session.

Mandatory preparation for lecturers
The researcher recommends that in order to show how important PBL is as a teaching and learning method skills workshops in PBL facilitation should be made mandatory for all new lecturers to HE, and for those new starters who have no experience of using it.

Further research
It seems a logical progression to undertake a larger investigation and study the whole of the academic staff within the department of nursing in the researcher’s place of work who act as PBL facilitators. It is only by having clear evidence from further research that changes can be made to the formal preparation and support currently offered to PBL facilitators.

References

Supporting the development of competence in numeracy skills in pre-registration nursing programmes at Middlesex University, London
Charmagne Barnes, Director of the Pre-registration and Undergraduate Nursing Framework; Marion Taylor, Director of Programmes for Interprofessional Health and Recruitment, Middlesex University, London, UK

Applicants for places on pre-registration nursing courses are required to provide evidence of competence in basic mathematical skills. Despite this requirement there is considerable evidence (Sabin, 2002) that many students and registered nurses are not, in fact, capable of performing the calculations necessary for nursing practice with any degree of reliability or confidence.

In this project we have set out to develop an integrated, incremental approach, based on on-line material delivered through OASIS plus (VLE at Middlesex University), incorporating tutorial monitoring and support, to developing nursing students’ mathematical skills, specifically in relation to drug calculations for clinical practice.

Starting with an on-line self-assessment or screening test in Year one of the programme, students have the opportunity to practise, through OASIS plus, some of the basic skills they may once have learned and then forgotten. This self-assessment and revision material provides students with useful information about their learning needs and encourages them to seek help if necessary. Such self-monitoring is considered good training for efficient learning (Taras, 2001).

The self-assessment and revision material is provided for students as a development tool and is not mandatory. Students are, however, required to provide recorded evidence of their competence by taking, as many times as they wish but at least once, a standard OASIS quiz before the end of Year one. The results are recorded and monitored by the module leaders, and students who, by the end of the year, have not achieved a grade of six out of ten, will be referred for further structured numeracy support within Year two of the programme. The professional development tutor is also informed so as to provide consistent monitoring of progress and support for development of the skill.
Rehearsal and application is further supported in clinical practice, within the Practice Learning Document (PLD-Middlesex University). This is advocated by Sabin (2002) who recommends that experiential learning in clinical practice should be supported by linking specific clinical activities with calculation learning and practice. This approach is consistent with the requirements of the NMC (Essential Skills Clusters, NMC, 2007) which now stipulates that student nurses must demonstrate a 100% pass rate in their abilities to calculate drug dosages in practice before they can pass their programme and register as qualified nurses.

The model used in Year one, has been used to develop the strategy for Years two and three of the programme, allowing students to rehearse mathematical skills required for application to branch specific, drug calculation. The approach also allows links to a software package (drug calculations for healthcare professionals) to allow for further rehearsal of applied numeracy skills through the three years of the programme.

It is envisaged that this approach with respect to the development of competence in numeracy skills, will form the basis of a structured framework for the learning, teaching and assessment of application of these skills, in clinical practice. The presentation will address the progress, challenges and impact of this strategy to date with implications for continuing development of this vital skill within pre-registration nursing programmes.

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T40

Vital skills for all: a multidisciplinary approach to the development, implementation and evaluation of vital observation teaching, incorporating high fidelity simulation

Alan Platt, Senior Lecturer; Jayne Cornforth, Senior Lecturer, Northumbria University, Newcastle upon Tyne, UK

Staff caring for patients in acute hospital settings should have the education and training to ensure that they have the competencies to monitor, measure, interpret and respond promptly and appropriately for the level of care they are providing to the acutely ill patient (National Institute for Health and Clinical Excellence, 2007). This abstract outlines a learning strategy used to develop vital sign observational skills in undergraduate students accessing a multi-professional module. The module is shared by a range of professional groups that include operating department practitioners, midwives, physiotherapists, occupational therapists and nurses from the following branches: learning disability and mental health, child and adult. The module is central to a suite of programmes that have been developed in response to recent changes within the healthcare climate. The drivers for this included such documents as ‘Working Together, Learning Together’ (Department of Health, 2001) which called for a more flexible and adaptive workforce to meet the current demands for quality healthcare.

Planning a practical lesson to teach the skills needed to observe vital signs in a multiprofessional module was challenging in its early stage of development. The challenge centred on contextualising the content to each professional sphere of practice. In response, a model was designed to conceptualise the process of interprofessional planning and context specific application of theory. The main stages of development included ‘lesson planning’, ‘staff development’, and ‘teaching skills’. Lesson planning focused on interprofessional learning at lecturer level by combining knowledge and experience. This ensured consensus in the delivery of practical teaching whilst ensuring best practice was adopted. The following observations were chosen as the focus for the practical sessions: manual blood pressure recording, pulse, respiratory rate and temperature measurement. Staff development and communication proved essential to ensure ownership between the professional groups and consistent delivery of the practical content. Teaching skills involved applying theory across a continuum of contexts ranging from appreciation and awareness to assessment and monitoring. This continuum is supported by clinical judgment and action. See the diagram below:
Designing a practical to teach skills in vital sign observation

To implement this continuum and provide the students with the opportunity to develop their skills in providing safe and effective care (Nursing and Midwifery Council, 2009), two practical lessons were developed each of two hours’ duration. To maintain the multiprofessional teaching ethos of the module each session was facilitated by a lecturer from one of the professional groups within the undergraduate programme. The first practical was delivered prior to the students’ clinical placement and was aimed at developing psychomotor and cognitive skills in assessing the identified vital observations. This was achieved through skill demonstration and low fidelity rehearsal by the students. The practical lesson was further supported by an on-line directed learning package that was designed to develop underpinning physiological knowledge and reinforce understanding of ‘normal’ physiological parameters.

The second practical was delivered following the students’ clinical placement and was designed to refine their psychomotor skills and encourage them to link theory to practice through simulation (Nursing and Midwifery Council, 2009). This was achieved through the introduction of scenario-based simulation which focused on ‘abnormal’ physiological parameters, utilising the high fidelity simulator Mega-Code Kelly™. It was envisaged that this would also act as an introduction to simulation and help prepare the students for future more complex simulated teaching and learning activities (Nursing and Midwifery Council, 2007).

The aim of this paper is to discuss the development, implementation and evaluation of this multi-professional approach to teaching vital observation skills, utilising high fidelity simulation.

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Enhancing employability skills of 3rd year student nurses by engaging them in a co-mentor role

Kathy Wilson, Head of Practice-based Learning; Louise Bradley, Senior Lecturer, Middlesex University, London, UK

As members of the practice-based learning team at Middlesex University one of our key objectives is to explore new ways of enhancing the student experience of practice and the development of knowledge and skills that will make them fit for purpose and practice.

This project, funded by the Centre for Excellence in Professional Placement Learning, University of Plymouth, utilised an action research approach for the development and evaluation of a ‘co-mentor’ system to promote both learning and employability skills in year three nursing students and facilitate learning in year one students.

Within the pre-qualifying programme at Middlesex University year one adult branch students and year three are now in practice during the same period of time and so this excellent opportunity to promote knowledge and skill development in both groups of students has just recently arisen.

Within this project it is intended that third year students will develop their graduate and transferable skills such as; effective learning, communication and teamwork through providing support for the first year students in a co-mentor role. This role is in addition to the already assigned mentor and co-mentor role by qualified staff members in line with the NMC standards. The year three students have key objectives related to the achievement of the above skills written into their individual learning contracts and are being supported on the achievement of these by their allocated mentor and project team.

This system has been put in place during the students’ final 12-week placement which is a continuous experience in a ward environment. The first year students who are allocated in the second half of this placement which is their final experience of year one, are the target group. This allows the year three students to focus on their clinical knowledge and skill development within the first six weeks as well as becoming familiar with the ward environment and ward team. They are then required to orientate their allocated year one student to the area and negotiate their learning needs in liaison with the student’s mentor. The year three students then take responsibility for supporting the student in achieving two of their learning objectives and providing general pastoral support whilst in practice. The third year students are then supported in critically reflecting on this experience through person diaries and focus groups.

This study has some parallels to a programme described by Aston and Molassiotis (2003) from Nottingham University. Their system focused on the provision of peer support for first year students by more senior students because of identified problems with providing effective mentorship. The junior students generally viewed the support and input positively and there was also an added bonus of helping the senior students increase their confidence and reflect upon their own learning, though they did report that they lacked support from their mentors. Within this study the emphasis is very much upon the skills development in the senior students so the focus is on preparing and supporting them and evaluating the effectiveness of this approach. It is then hoped that this initiative will be implemented more widely across the school and become an integral part of one of the year three modules as well as the students’ professional portfolio. The first group of students to undertake this year three practice learning experience is January/February 2009 and the second group will undertake practice in May/June 2009. This is being introduced in an incremental fashion and the findings from the first two groups of students will be presented for discussion as a theme paper.

Reference


Blended learning: challenges, pitfalls and successes across a range of postgraduate programmes

Siobhan Smyth, Lecturer; Adeline Cooney, Senior Lecturer; Dympha Casey, Senior Lecturer; Catherine Houghton, Lecturer, National University of Ireland, Galway, Ireland

The purpose of this presentation is to share our experiences and research findings on introducing blended learning across seven postgraduate programmes in a School of Nursing and Midwifery. Blended learning may refer to (1) mixing modes of web-based technology, (2) combining any form of instructional technology with direct contact teaching, (3) combining pedagogical approaches, (4) combining instructional technology with job tasks (Driscoll, 2001).
The internet has become very popular as an information source and has grown considerably (Monahan et al., 2008). Most learners are accustomed to using the internet and consequently are comfortable with the concept of on-line learning. On-line programmes can be as much a social experience as a learning experience and their flexibility has been shown to meet the needs of diverse learners. The importance of communication and the usefulness of collaboration in on-line learning have been given a lot of attention in the literature (Hamburg, et al., 2003; Preece, 2000; Salmon, 2002; Thurmond and Wambach, 2004). There are many advantages to delivering material on-line. The learners can access this material and study at their own pace in an environment of their choice. Course work can be submitted to the lecturer using email, and likewise learners experiencing problems may contact lecturers in this way. However, only learning on-line may limit learners’ learning of, for example, team working and problem-solving which are key skills for nurses. Therefore, we choose to blend experiential workshops with on-line learning.

Learning is optimised when varied approaches (large group, didactic, small group discussion and CAL) are blended (Barbian, 2002), facilitating a range of learning styles. In this paper we will share our rationale for our approach: how we introduced blended learning, the challenges we encountered and our successes. It was critical for the learners that the content was interesting, stimulating and motivating so that they could engage and enjoy being part of a supportive learning environment. Salmon (2000) maintains that socialising on-line is essential if learners are to engage in learning. We will give examples of our strategies for achieving this, our mistakes and what we learnt. We use the Blackboard course management system (CMS) to support learning and learners had access to course material and were encouraged to participate in learning activities through the use of discussion boards. This was a new learning environment for lecturers as well as learners.

An evaluation was undertaken following the completion of all the modules on-line and at the end of the workshops. Focus group interviews, a well established qualitative method, were used to collect the data from the learners. The evaluation results suggest that integrating e-learning and face-to-face contact in the classroom was a positive experience for the learners, suggesting that this is a useful approach in nurse education. We found that learners sharing their professional knowledge across the various nursing groups and specialisms showed potential for enhancing their learning, exposing them to a diversity of views and stimulating critical analysis. The lecturers support and guidance were important to the process of obtaining new knowledge, but the learners own motivation and commitment to learn was central.

References

T43

An exploration of the complexities of incorporating clinical supervision into pre-registration nurse education

Anne Felton, Lecturer Mental Health and Social Care; Gemma Stacey, Lecturer Mental Health and Social Care, University of Nottingham, UK

Background
This paper will report on the complexities encountered when attempting to embed group clinical supervision into the pre-registration mental health branch curriculum within one institution in the UK. It will also outline the strategies adopted to address these issues. Clinical supervision is described as regular, protected time for
facilitated, in-depth reflection on clinical practice. It aims to enable the supervisee to achieve, sustain and develop creatively a high quality of practice (Bond and Holland, 1998). The value of clinical supervision in nursing practice has been well established. It is recognised to enhance the quality of care provided through promoting critical reflection, supporting theory to practice links and aiding personal and professional development (Sloan 1999; Jones, 2006). The benefits of clinical supervision also include decreasing levels of burnout and stress. Despite this its uptake within clinical practice remains variable (Butterworth. et al., 2008)

There is a growing argument for the importance of clinical supervision as a key pedagogical tool in pre-registration nurse education (Lindgren et al., 2004, Carver, et al., 2007). In addition to the established benefits of supervision it can also enable students to develop an understanding of the role of the supervisee and embed the skills required to make effective use of supervision as qualified practitioners (Carver, et al., 2007). Despite the overwhelming support for such an initiative the complexities of implementing clinical supervision in pre-registration nurse education suggest a need to adopt a clear framework which harnesses the benefits of supervision whilst acknowledging the unique needs of the group.

Implementation of group clinical supervision into the pre-registration mental health branch curriculum

The clinical supervision was regularly provided throughout the students’ clinical placement, structured by a reflective process and guided by the group’s own agenda. Proctor’s Tripartite Model of Clinical Supervision (1991) informed the facilitators approach. A supervision contract and learning outcomes were collaboratively agreed upon by the students and facilitator at the start. This defined roles and expectations and identified the conditions required for the students to feel safe to explore their clinical experiences. Supervision was consistently attended and students evaluated the experience extremely positively. The supportive nature of the environment was particularly valued, along with the benefits of sharing experiences and advice with each other.

There were, however, a number of issues which arose during the running of the clinical supervision groups which are the focus of this paper. These complexities related to:

- The practicalities of implementation, such as larger than ideal group sizes and a limited number of lecturers with the skills or will to adopt the role of facilitator
- Distinguishing the role of facilitator from the role of teacher in situations which, in a traditional teaching session, might require direction or control to be taken by the teacher
- Responding to scenarios which involved questionable standards of professional practice within clinical areas.

The complexities identified were challenging because the facilitators were reluctant to revert to a didactic stance as this may undermine the students’ development as a novice practitioner and contravene the agreed role of group facilitator, as well as signifying a move away from a supervision model. They also required sensitive management in order to maintain the group’s Trust and contend with the dilemmas between confidentiality and respect for the students and their own professional accountability.

Despite these complexities the value of clinical supervision for pre-registration nursing students is clear (Ashmore and Carver, 2000). However, within a crowded curriculum there is inevitable competition for priority. This places clinical supervision in a vulnerable position which reflects the tendency within clinical practice for professional supervision to be subsumed by other demands, despite an established evidence base for its benefits for both practitioners and service users. Within pre-registration education this vulnerability may be enhanced by its very flexibility. Supervision does not fit neatly into a box; it is neither purely theory nor practice but rather offers a valuable bridge for students between the two. The tenuous position of this important educational forum is also enhanced by the complexity of the ethical and professional dilemmas that facilitators may face.

Conclusion

As a result of these issues a more flexible model of group clinical supervision for pre-registration nursing students is suggested. This model acknowledges the students’ personal resources and skills but also recognises their developing level of application. It will involve the facilitator adopting the additional role of a questioning voice whereby students are encouraged to consider their own and others’ practice through the use of searching prompts. The issues identified emphasise the importance of reflective practice for lecturers and acknowledge a need for a forum where facilitators are able to process arising complexities, supporting their own professional development.

References


Partnership Working

Tuesday 8 September
First Group of Theme Sessions
A partnership approach to improving oral health outcomes for mental health clients

Amanda Kenny, Associate Professor of Rural and Regional Nursing and Director of the Faculty of Health Sciences; Susan Kidd, Joint Appointment in Mental Health Nursing; Mark Gussy, Associate Professor Oral Health; Carol McKinstry, Senior Lecturer; Ben Keith, Senior Lecturer; Albert Chan, Medical Practitioner; Melanie Bish, Senior Research Officer, La Trobe University, Bendigo, Australia

In Australia, the National Oral Health Plan (National Advisory Committee on Oral Health, 2004) provides evidence of some improvement in the oral health status of the broader community. However, the plan identifies that the ‘gap between the oral health status of the advantaged and the disadvantaged is substantial and increasing’. Mental health clients are identified in this plan as one of the major disadvantaged groups facing significant issues around declining oral health.

Key Australian and international reports (National Rural Health Policy Forum and National Rural Health Alliance, 1999; Griffiths, Jones et al., 2000; Friedlander and Marder, 2002; National Advisory Committee on Oral Health, 2004) have identified the major issues that impact on improved oral health for mental health clients. These factors include the type of mental illness, client motivation and self esteem, dental phobias, understanding of the importance of oral health, socio-economic factors, lack of understanding of how to access dental services, and the impact of pharmacology used in psychiatry. It has been argued that the impact of poor oral health amongst mental health clients extends well beyond dental issues and is a major contributor to a mental health client's self esteem and social acceptance (Davies, Bedi et al., 2000; Mirza, Day et al., 2001; Tang, Sun et al., 2004).

Oral health knowledge and attitudes of health professionals, and dental professional’s attitudes and knowledge of mental health problems have been identified as major mitigating factors that impede improved oral health outcomes for mental health clients (Griffiths, Jones et al., 2000; National Advisory Committee on Oral Health, 2004).

Using an action research approach, this study involved nurses, allied health professionals, medical professionals, dental professionals, peak mental health and dental organisations and mental health consumers as members of a critical group that guided the project.

Underpinned by principles of partnership, community development and participation, the group worked together developing shared understandings of the oral health issues faced by mental health clients. Knowledge and skill of oral health and mental health developed within the group as expertise and learning was shared. Through a cyclic process of sourcing information, planning and action, an interprofessional and consumer education programme was developed by the group to strengthen knowledge, skill and understanding of oral health issues as they relate to mental health. A full-day workshop was conducted to share the learning from the project with a wider group of health professionals, peak bodies, and consumers and carers.

The project demonstrates how the evidence of poor oral health outcomes for mental health clients can be translated to a practical, evidence-based, interprofessional educational programme designed to improve attitudes and knowledge related to mental health and oral health. It illustrates the far-reaching impact of research that involves strong partnerships. Health professionals, key professional bodies and health consumers worked closely together as ‘experts’, bringing their unique perspectives to this important project.

References


Who, what, when and where? Information mentors would like about students going on clinical placement

Fiona Bates, Project Manager, Practice Placement Quality Assurance Project, funded by NHS Yorkshire and the Humber; Jan Porter, Midwifery Lecturer/Placement Co-ordinator, University of Bradford; Rachel Belcher, Practice Learning Facilitator, The Mid-Yorkshire Hospitals NHS Trust; Jim Brierley, Senior Administrator, University of Leeds; Migaela Scorah, Senior Administrator, Leeds Metropolitan University, UK

Healthcare students are required to access clinical placement experience wherever they train in the world, and in the UK there are specific standards applied as to how clinical staff should support and assess learners in practice (NMC, 2008). However, the information sent to the clinical placement areas about the students they are to support varies widely in different localities and professions. This was a concern as, due to the high number of students requiring clinical placements, it was anticipated that they would need to move away from traditional clinical placements supported by their local higher education institution (HEI) and move further in the wider health authority region to access relevant clinical placements.

In late 2007 a group was formed by the Yorkshire and Humber Strategic Health Authority Quality Placement Group to ascertain what information was currently sent out and how, to see if there was a need to standardise the information. The ultimate goal was to assess the quality of placement information and ascertain whether a common on-line allocation system would be of benefit to the HEI’s and service areas.

Of the limited relevant papers on the subject, three were found that were of significance. A report from Australia (Henderson et al., 2007) was the only one retrieved that detailed the importance of timely, accurate information to be sent from the HEI to the clinical area. Turner (2001) detailed the work of a clinical support unit based at a university in central England and the use of a web-based allocation system but did not state if the clinical areas received the information in this way. Hall (2006) highlights the scarcity of clinical placements and how the shorter length of stay for patients, staff shortages, large casual workforce and increased working hours complicate the efforts of nurses in supporting learners. Coupled with constant technological and administrative changes this creates disincentives for accepting student placements. As Hall is based in Canada, this illustrates that these are worldwide issues that are likely to resonate with all healthcare professionals.

The first step in the process was to contact all stakeholders to identify the current information received and if this was appropriate for their needs. A cross-section of disciplines was identified, and this included; podiatry, nursing, radiography, midwifery, audiology, clinical physiology, operating department practitioner, dietetics, physiotherapy, and occupational therapy.

After much discussion and debate an audit questionnaire was developed as the appropriate methodology to glean the relevant information from as many people as possible in a short timescale. This was disseminated via the Practice Learning Facilitators (PLF’s) network via either e-mail or hard copy.

155 questionnaires were returned from mentors or managers across the professions and their responses collated and subdivided amongst profession and role. The majority of staff at that time received information from the HEI in paper form within one month of students commencing their allocation. Most would in fact prefer to receive the information within three months and by e-mail with a paper copy to back this up. Many also thought that it would be useful to put information on the internet but due to access difficulties would also want a paper copy.

The information they would like to receive was ranked in order of preference from a list of ten options including student name, dates on placement, whether they were a car driver, any personal details, year of study, name of personal tutor and any special needs of the student. Additional comments were received that one of the main things placement staff would like is a student telephone contact number, but others questioned student confidentiality if personal details were made available.

The work highlighted tensions that exist for clinicians trying to juggle a demanding clinical workload plus supporting learners. It highlighted the need for HEIs to do all they can to make the flow of information as easy and timely as possible to relieve some of the burden on clinicians by providing them with the information that they would like in the way that they would like to access it and at the correct time.

A development from this information is a possible centralised clinical allocations unit for all healthcare professions across the Yorkshire and Humber region. This is currently achieved for physiotherapy, radiography and dietetics and is to be trialled for midwifery in 2009. This would give clinicians a ‘one stop shop’ for all student allocation issues. In this time of shortages of clinical capacity, the drive to take increasing numbers of healthcare students, and the heavy workloads of clinical staff, this is thought to be a step in the right direction for nurse education tomorrow.
A catalyst for change: a preliminary evaluation of an action research approach to education for prison nurses

Clare Bennett, Senior Lecturer in Primary Care Nursing; Jane Perry, Senior Lecturer in Primary Care Nursing, University of Worcester; Trish Cerrone, Primary Healthcare Manager/Professional Practice Facilitator, Prison Nursing, HMP Hewell; Tracy Lapworth, Senior Lecturer in Advanced Clinical Practice, University of Worcester, UK

Since April 2006 commissioning responsibility for healthcare services in prisons has been fully devolved to NHS Primary Care Trusts, with the expectation that offenders will have access to the same range and quality of health services available to the wider population (DH, 2006). This goal is set against a context of caring for a population characterised by significant health inequalities (Condon et al., 2007); a high incidence of mental health issues (Watson et al., 2004); overcrowding in prisons (Prison Reform Trust, 2005) and the constraints set by a custodial regime.

There is a growing body of research concerning prisoners’ health; yet, there is a significant paucity of literature which examines methods of tackling the complex health inequalities that are unique to the prison population. There is also a significant lack of literature which examines the role of the prison nurse in promoting the health of the prison population. Furthermore, despite the diverse and challenging nature of prison nursing, historically there has been a significant shortage of educational provision to support the role of the prison nurse across a range of skills that encompass both the primary and secondary care interface.

In January 2008 a Primary Care Trust and a university established a partnership which utilised an action research approach to address the lack of educational provision for prison nurses and to begin to address some of the deficits in the literature. The action research approach was deemed appropriate due to its cyclical approach in addressing the instigation of a change intervention and its collaborative nature (Sanders and Waterman, 2005). The aim of the project was for the Primary Care Trust, university and the prison nurses themselves to develop, instigate and evaluate a bespoke educational programme for nurses working in the prison healthcare service. The overall objective of the project was to support cultural change and advancement of nursing care within prisons. It was also envisaged that the programme would make a significant contribution to achieving the DH’s (2006) goal of equality of healthcare provision.

This paper will examine the contribution that an action research approach to education for prison nurses can offer. It will be argued that through analysing the strengths and weaknesses of the course and refining the programme there will be a direct impact on the health of prisoners and society as a whole, since the majority of offenders will, at some point, leave the prison setting.

The paper will outline the processes involved in the first cycle of the action research project. It will outline the processes involved in establishing effective partnership working, defining the initial action research question and selection of participants. It will outline the first cycle of data collection which utilised pre- and post-intervention questionnaires and pre- and post-intervention focus groups with course participants to determine the developmental needs and career concerns of the prison nurses and the impact of this innovation on the knowledge, skills and attitudes of course participants. Semi-structured interviews with the course participants’ nurse managers and professional development leads, and the module leader were also carried out to provide triangulation. The paper will outline the results of thematic analysis that was applied to the qualitative data, and descriptive statistics which were applied to the quantitative data.

The paper will conclude with an overview of the next cycle of the project and the implications that this has for partnership working. Modifications to the intervention will be discussed and the next stage in its evaluation will be outlined.

References
Learning to lead in practice: a partnership approach

Lindsay Brigham, Associate Dean, The Open University in the North; Ann Smith, Research Consultant, The Open University; Michelle Hall, Assistant Director of Nursing, Northumberland Tyne and Wear NHS Trust, UK

This paper explores ways in which lead nursing practitioners interact to form a community of practice. Participants in this study had a role in leading on the development of practice and improvement in patient care in response to professional directives. The investigative study was supported by the Professional and Practice Based Learning Centre for Excellence in Teaching and Learning at the Open University and Northumberland Tyne and Wear NHS Trust.

This partnership model arose out of a long-standing working relationship between the OU and the Trust. The key researchers (see above) worked together to set up a model of practitioner/academic interactive action research within the workplace. The process involved a dialogue between Trust and OU representatives to construct a set of investigative questions that reflected policy drivers impacting on the Trust which were then put into broader academic perspectives and frameworks.

Lave and Wenger’s notion of ‘situated learning’ provided a useful starting point (Lave and Wenger, 1991). This relates to a social theory of learning where learning is at the centre of our lived experience and participation in the world. As such, ‘informal learning’ that occurs in engagement in practice is privileged as a site of analysis rather than ‘formal academic learning’. In this study the nursing practitioner leads were given the opportunity to share their informal learning within a community of practice as they implemented changes which they thought would improve the quality of care for patients.

Approaching the questions of leadership, change and improvement in quality of care from communities of practice framework has shifted the emphasis from individual leadership qualities and capabilities (DH, 2006) to specific organisational structures and configurations that can promote vibrant and active communities of practice where learning and development occur. In other words, such structures that foster meaningful participation could be said to promote individual, collective and organisational learning. (Wenger, 1998, p.4).

The investigation (in process) includes group observation, focus group, and individual interviews. Data is being recorded, transcribed and analysed using a qualitative approach.

The areas under investigation include how nursing practitioner leads identify, share and develop good practice to improve the quality of care in key areas of practice e.g. compassion, dignity, respect, safety, reducing hospital acquired infection (Darzi, 2008). This also encompasses how benchmarks derived from policy e.g. Essence of Care (DH, 2001) are interpreted and given meaning in the workplace and translated into practice.

An outcome of the research, that will be included in the presentation, will be to identify dimensions of leadership explicitly demonstrated by nursing practitioner leads in their situated contexts and the extent to which these relate to the Leadership Qualities Framework (DH, 2006). The analysis will include a discussion about the most effective ways of promoting the development of these qualities and capabilities.

The presentation will illustrate the benefits and challenges of partnership working for all parties. From a Trust perspective policy-based issues and directives are put within an academic investigative framework which can clarify, inform and influence development of policy and practice based on evidence. A key issue in learning beyond registration is the extent to which academic knowledge is translated into, and impacts on, practice (Cook

 References


and Brown, 1999). From a university perspective, the partnership can lead to a greater understanding of learning in practice which can influence pedagogy underpinning curriculum for continuing professional development.

References

T48

Partnership working: the challenges from a practice education facilitator's perspective
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The role of Practice Education Facilitators is now well established within Scotland. The final report into the Practice Education Facilitator Project supports the continuation of the role, seeing it as crucial to strengthening practice education. This is achieved through the enhancement of the clinical learning experience by means of supporting mentors, facilitating practice learning in conjunction with enriching the learning environment (NHS Education for Scotland, Aug 2008). The multifaceted nature of the Practice Education Facilitators role which focuses on co-ordination, facilitation and support, is a complex set of interactions which require high level communication skills to provide an effective link between stakeholders.

Stakeholders can be described as those with a vested interest in an issue, in this case quality practice education. This is demonstrated at macro level such as Government, NHS (both national and local health boards), Professional and Regulatory bodies and higher education institutions. However, this equally features internally at micro level, within organisations, with numerous stakeholders, each viewing practice education from their own perspective. The challenges that these relationships bring are considerable. Whilst it is hoped the overall philosophy and ethos that stakeholders have contain the same overarching objectives, the priorities can compete, even conflict, giving rise to the challenges for those in a 'linking role'.

Partnership working is the term frequently used when referring to cross organisational working. It has a positive connotation and suggests joint working with shared responsibility, possibly shared burden, working together in pursuit of a common goal. The utilisation of differing skills and resources across organisations brings an undeniable richness as well as being economic and pragmatic, particularly in the current climate. Consequently, this positive ethos is unlikely to be contradicted; nevertheless, understanding the notion more fully gives rise to a better awareness of the advantages, yet limitations, of this concept. In reality, partnership working, a description of to how roles interface, is a process. This is supported by Thislethwaite (2006) who describes it as a means to an end, not as an end in themselves (Cook et al., 2007). Unfortunately the process is frequently implicit rather than explicit in its functionality, assuming an understanding of roles and responsibilities of the key stakeholders.

Clarity of differing 'drivers', competing agendas, along with a greater understanding of the mechanics of real partnership working is essential to be effective. Breakdown in the process is frequently due to poorly established practices or the process not being maintained in a healthy manner.

Much of the literature referring to partnership working is in the health and social care context. However, the model described by Lester et al., 2008, as 'the partnership lifecycle' (Lowndes and Skelcher,1998) is constructive and reflects key elements and differing stages which are important to the development and maintenance of effective relationships and partnership working. It is imperative that the concept of partnership working is fully embraced and understood and is not just paid lip-service.

In practical terms this is a key feature which impacts on the Practice Education Facilitators role and provides the ubiquitous challenge for facilitating quality practice placements. Managing placements with competing agendas from various stakeholders, each with differing perceived value or authority, requires experience to distil relevant priorities yet maintain standards and meet objectives in a timely fashion.
These challenges can be turned into learning opportunities with skilled practitioners being supported appropriately. Negotiating the often rapidly changing priorities from within, and perceived remote, organisations is commonplace for nurses today. In practice situations direct patient care invariably takes precedence. Few would argue the appropriateness of this; however, factors which indirectly enhance patient care can be equally positive if individuals are able to take a broader view and reflect objectively.

The Practice Education Facilitators function is seen as one of ‘enhancing relationships and communication’ (NHS Education for Scotland, Aug 2008). It is acknowledged as a linking role; however, it cannot be a panacea for the breakdown in quality partnership working across organisational, educational or practice arenas. The definition of facilitation is to enable and bring about an outcome. However, it should not be imposed or done on behalf of others.

The challenge, therefore, is for everyone to understand the complexity and value healthy partnership working to facilitate the outcome of a positive learning experience in practice for all students and enhance patient care.

References

T49
A partnership to build local education capacity in the management of HIV/AIDS in Kenya
Geraldine Main, Director of Quality Enhancement and Practice Learning, University of Manchester; Catherine O’Keefe, Executive Director of Programmes, Mildmay International; Andrew Main, Education Advisor to the Charity, Mildmay International, London, UK; Mabel Wendo, Senior Education Technical Advisor, Mildmay International, Kenya

Background
Building a national capacity in the fight against HIV/AIDS is fundamental to Mildmay International’s mission. As part of this work Mildmay has worked in partnership with the Kenya Medical Training College (KMTC) to develop and deliver their own diploma in Community Health Sciences and HIV/AIDS, based on the level II curriculum of Mildmay’s BSc (Hons): A health systems approach to HIV/AIDS care and management, validated by the University of Manchester. The first ‘local’ diploma started in 2006 in one of the KMTC colleges.

Aims
This paper, based on two follow-up reviews in May 2006 and October 2008 demonstrates:

- How the capacity of KMTC to offer the course has grown and how it can be further strengthened
- The development of teaching and learning strategies
- The extent to which the programme meets the needs of the stakeholders
- How individual students have developed
- The strengths, good practice and areas for improvement of the programme and
- How the programme can be developed to act as a feeder course to level III of the Mildmay degree.

Methods
The reviews were undertaken using a qualitative evaluation approach with open-ended questionnaires and focus groups for students and staff and interviews with stakeholders to assess:

- Curriculum design
- The learning outcomes and their relevance, and
- The teaching and learning strategies.

To ensure that they meet the requirements of the programme the student handbook was also reviewed. The combination of review methods ensured reliability and validity of the information.
Findings
Students are supported to develop an individualised approach to care in their communities. They develop community support groups and contribute to the development of colleagues through care based on a community, social care model rather than a medical model. The course facilitates therapeutic communications, holistic approaches to care and the application of theory to practice. Placements have to meet the standards to enable students to achieve learning outcomes. Some areas require additional support from lecturers to achieve the standards.

Approaches to learning at the KMTC have been pedagogic with less well-developed quality assurance mechanisms. Many of the lecturers graduated through the Mildmay degree programme which uses andragogic principles, and others have benefited from workshops to facilitate these approaches for the new KMTC diploma. As a result the students have developed skills of reflection and analysis and the lecturers have applied transferable skills such as teamwork, communication skills and the use of technology such as PowerPoint presentations to other courses.

Student support mechanisms, based on the Mildmay approach, are excellent and appreciated by students and lecturers. Course units are evaluated formally and informally, and staff student meetings enable issues raised by students to be considered and acted upon appropriately. The academic regulations for the programme are clear and are found within an excellent student handbook.

Library and internet resources are limited which presents challenges to both students and lecturers.

Assignments relate theory to practice and there is a robust marking and moderating system involving external examiners. This approach has now been incorporated into the standards of all Kisumu MTC programmes.

The aims and learning outcomes of the programme are well defined, current and clear for the students although in need of some attention to ensure they are at advanced diploma level. This is important when considering progression to level III.

Stakeholders interviewed are satisfied with the programme and the Nursing Council are considering including elements of the programme in their pre-registration syllabus.

Conclusion
The development of the lecturers has impacted not only on this programme but also on other programmes with which they are involved. They have developed a programme that meets the current needs of the clients and has many areas of good practice. However, to keep its unique edge it must be responsive to changing national and donor strategies so that it can continues to do so.

There is a rich source of learning in multidisciplinary groups, and this is capitalised on within the programme and it enhances the students practice by learning in this way. The student-centred approach helps promote lifelong learning and the quality assurance systems ensure a high standard programme.

The practice component which not only develops individual practice, but also promotes best practice in placement areas in turn impacts directly on the lives of PLWHA.

References


Research in Healthcare Education

Tuesday 8 September
First Group of Theme Sessions
Challenges of Delphi methodology: keeping participants through the rounds of Delphi using electronic media

Evelyn McElhinney, Lecturer Post-registration Nursing, Glasgow Caledonian University, UK

Background
The Delphi technique is a research method which is favoured by researchers who wish to gain reliable consensus of a group of experts on a particular issue. This is achieved by gathering information through a series of questionnaires until ‘group’ consensus is achieved (Beretta, 1996). This methodology has recently been used more frequently in nursing research (Keeney et al., 2006). One way to conduct a Delphi is through the use of technology such as email, and this can contribute to quicker returns, coverage of a larger geographical area and cost effectiveness (Marsden, et al., 2003). Indeed, many researchers are now using technology to undertake their studies, and the use of web-based surveys and email has increased greatly over the last ten years (Shih and Fan, 2008). However, these media require a level of technological ‘know how’ from both the researcher and the participants (Crawford, 2002). Participants can also be suspicious of web-based surveys with respect to data protection, and this can affect response rates (Manfreda et al., 2001). The iterative nature of Delphi rounds can also contribute to respondent fatigue and reduce response rates between rounds (Keeney et al., 2006).

Aim
The main aim of the study was to investigate what factors influence nurse practitioners’ ability to practice physical examination skills in the clinical area following successful completion of a degree level programme using Delphi methodology. A further aim was to identify areas which may require to be modified in either the education component or within the clinical area.

Methodology
The Delphi technique usually begins by using a qualitative approach to enable the ‘panel’ of experts to identify a wide range of views (Keeney et al., 2006). This is achieved by presenting the experts with an open-ended question or questions to seek their opinion of a specific issue. The subsequent ‘round’ questionnaire is quantitative and is developed based on the responses to the first questions. Iterative rounds of data collection give feedback to the individuals on the collective responses of the group. This gives the individual the opportunity to modify their response on receipt of this new information. The process is continued until consensus is reached (McKenna, 1994; Beretta, 1996). The identity of the panel members is not disclosed within the group in order to minimise bias (Clayton, 1997).

Method
A three round Delphi study using blind copy email was conducted in order to determine the views of an expert panel. The panel included a purposive sample of 21 nurses from ten clinical areas who had completed a degree level programme in physical examination. Content analysis and descriptive statistics were used to analyse the data. Consensus was reached when 75% agreement on an item was achieved. Consensus agreement was sought on the top five factors which helped, and the top five factors which hindered, the nurses’ ability to practice physical examination in the clinical area.

Results
This study highlighted a number of factors that can help or hinder the ability of nurses to practice physical examination in the clinical area. Thirteen helping factors and five hindering factors reached consensus.

An unforeseen result of this research was the maintenance of all participants through all three rounds of the Delphi. It was anticipated that some participants would be lost between rounds. This is a common problem in Delphi and can be associated with participant fatigue (Keeney et al., 2006). However, several techniques were used by the researcher to maximise returns and maintain participants through the rounds.

Conclusion
The aim of this paper is to discuss undertaking a Delphi using blind copy email and to share the techniques used by the researcher to maintain participants through the rounds of a Delphi. This will be of interest to researchers and academics wishing to use this method in the future and has some transferability into e-learning.

References
T51
The use of stories created by student nurses as a basis for understanding experience and learning

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The research aims to uncover the experiential learning embedded in clinical practice. The research uses primary data gained by accessing students written stories about a clinical practice experience. These are a student nurses' previous experiences of working as a nurse in a particular practical environment and their personal or private ideas about what they have learned from their experientially based experiences.

Following ethics committee’s approval stories were collected from pre-registration and post-registration student nurses who agreed to participate and provide written evidence of their experiences, practices and their learning from them. Sabin (2004) points out the effect stories can have on others and how this can change a person. By giving my students' stories their own space, without a layer of interpretation, I have noticed how the stories affect me in the same way, giving the experiences additional meaning, and aid my learning to understand about the value of story for my research.

The research reveals the importance of participants (Reason, 1994) in the research, learning from their own practical experiences that potentially continue to develop and contribute to their professional life. This identity of being a part of the research forms a basis for the participants continuing in the profession to use their own stories of clinical practice to inform their learning and knowledge.

This narrative research is about student learning from clinical practice and outlines, at different times throughout the text, the tensions experienced by the researcher. It details the struggles of participants in their narratives of everyday practice. The analysis of the narratives used themes developed from the previous work by the researcher (Edwards 2002) and the formation of patterns in the themes recommended by Leiblich et al (1998).

The theme analysis revealed that students learn assorted phenomena and happenings from their practice. The students seek out other healthcare professional colleagues to support them in their professional endeavours. They engage in professional learning using higher level thinking skills in the form of critical and creative thinking, questioning and challenge. Through their practice students gain a strong sense of self and their own personal development as evidenced through interaction with others, reflection, reflexivity, emotional development and cultural values. The patterns revealed distinctly outlined multiple connections between them. Significantly, the students integrate all of this into caring for the patient on which their story was originally based.

Further analysis used Clandinin and Connelly’s (2000) notions of the three dimensional space. This analysis gave me a more detailed understanding of the areas of learning in the context of nursing and enlightened the researcher to the peripheral and surrounding issues related to the stories told by students. A combination of the analysis was used to support a framework for the identification of experiential learning.

Finally, the research advocates the use of the framework in a number of areas. It suggests that narrative and story can be integrated into the lifelong learning of the student from his/her practice and considers how the concept of narrative could be developed further as a valid and valued teaching and learning method that could form the basis for curriculum development.

References

This paper explores the use of web associated with eradicated and data can be collated in considerably less time as opposed to manual or postal data collection. Individual recruitment, minimising the time required to complete the questionnaire as written responses may be in computer and web workplace. Professional Practice Environment Scale (PPE) were included in the survey. These data elements describe the phenomenon of nurse educator practice. A mixed method approach to research design was chosen to demonstrate a multidimensional view of the phenomenon of nurse educator practice. (Johnson and Onwuegbuzie, 2004). The study comprised four discrete, interrelated investigations including a web-based survey. The Australian Nurse Educator Survey aimed to determine nurse educator's perception of education and practice performance. The study also identifies the impact of the nursing role on patient outcomes and the inherent relationship between scope of practice and performance standards of nurse educators within acute care hospitals in Australia. The delineation between the academic and clinical setting. As a consequence of role ambiguity, the potential exists for the nurse educator role to become invisible not merely in scholarly discourse, but also within the clinical arena.

This paper discusses a mixed-method study conducted to investigate, critically analyse and document the role, scope of practice and performance standards of nurse educators within acute care hospitals in Australia. The study also identifies the impact of the nursing role on patient outcomes and the inherent relationship between education and practice performance. The study aimed to generate insight into the role of the nurse educator in Australian acute care hospitals that will guide the collaborative design of competency standards and a model for nurse educator practice to support nurses to provide safe, quality patient care.

A mixed method approach to research design was chosen to demonstrate a multidimensional view of the phenomenon of nurse educator practice. (Johnson and Onwuegbuzie, 2004). The study comprised four discrete, interrelated investigations including a web-based survey. The Australian Nurse Educator Survey aimed to determine nurse educator's perception of their role and the barriers and facilitators to role enactment.

One of the study phases was conducted using an on-line survey (Jones, et al., 2008; Dillman, 2007; vanSelm and Jankowski, 2006) using an electronic survey software package (SurveyMonkey, LLC. Available from: www.SurveyMonkey.com). Item generation primarily comprised structured, close-ended questions and was informed by findings from an integrative literature, key informant issues and through employing the theoretical framework of role theory. Role theory describes the interaction between an individual and social structure. In particular, role theory relates to the expectations placed on the individual by others. Hardy (1988) describes the history and development of role theory as encompassing three major theoretical perspectives: (i) social structuralism; (ii) symbolic interactionism, and (iii) the dramaturgical perspective. These perspectives are useful in interpreting how individuals interact in social and professional situations. Therefore the use of role theory to inform item generation in the survey is appropriate.

In addition data elements from standardised measures such as the Nurse Retention Index (NRI) and the Professional Practice Environment Scale (PPE) were included in the survey. These data elements describe the workplace milieu and the impact of workplace characteristics on the nurse educator role.

The value of questionnaires over other methods of data collection is well accepted (Jones, 2008). With advances in computer and web-based technology the propensity for the delivery of web-based questionnaires has increased exponentially as a greater pool of participants can be readily accessed rather than the need for individual recruitment, minimising the time required to complete the questionnaire as written responses may be eradicated and data can be collated in considerable less time as opposed to manual or postal data collection associated with written surveys (Jones, 2008).

This paper explores the use of web-based surveys as a research methodology in nurse education, and provides insight into 'findings from the field' through data collection with 'birds on the wire'.


Judging nursing information on the www: a theoretical perspective
Raffik Cader, Senior Lecturer, Northumbria University, Newcastle upon Tyne, UK

The role for ensuring the quality of information in print has always rested with authors, editors and publishers (Dougherty, 1999). In a world wide web (www) context, the blending of these roles has made quality control very difficult. Tod et al. (2003) identified that the level of www skills and confidence as being low among qualified nurses. Yet, nurses have identified the www as a popular source of information for knowledge acquisition to support practice (Estabrooks et al., 2005; Gilmour et al., 2007). Therefore, this paper reports on a qualitative study providing the theoretical understanding of how nurses judge the relevance and reliability of www information related to practice.

Since the validation www information is context specific, web users have a crucial role to play in this process. Therefore, the judging of www information related to nursing practice seems to rest with nurse users. For this reason, the study focused on how qualified nurses judge the quality of www information related to nursing practice. The aim of this study was to understand this process which was grounded within the construct of nurses interpreting the information from the www environment. Therefore, to elicit the judgement process employed by nurses, the interpretive component of the qualitative paradigm was utilised. A grounded theory approach was deemed appropriate as this study was seeking to understand the process by which professional nurses evaluate www information. Using semi-structured interviews and focus groups, data was collected from 20 post-registration student nurses undertaking a graduate course at a local university and 13 qualified nurses from a local hospital.

Following data analysis, a theoretical framework emerged providing an insight into the judgement process nurses utilise when evaluating information in a www context. Due to the complexity of the judgement process, the findings indicate that the nurses have divided the process into specific tasks. These tasks relate to assessing user friendliness, outlook and authority of websites and their relationship to practice, applying crosschecking strategies and appraising the nature of evidence. To undertake these tasks, the participants use tacit, process and propositional knowledge underpinned by intuitive, quasi-rational and analytical modes of cognition. The judgement process was dependent on the level of www information cues, the time available and the nurses’ critical skills.

Evidence suggests that inadequate internet validation skills among nurses (Russell and Alpay, 2000; Bond, 2004) and the unreliability of www health information (de Lusignan, 2003; Scott et al., 2008) have prevented nurse practitioners from exploiting the full potential of a powerful publication medium that nursing cannot afford to ignore in an information society. The findings from this study have the potential to remedy this situation as they can have implications for nurses, nurse educators and web publishers of nursing information. These findings provide the opportunity to conceptualise the process of judging the quality of information on the www in a way that differs from existing knowledge. Since the focus of the study was nursing information, the theoretical framework provides an understanding of how nurses and their educators can develop more effective methods and strategies in engaging with www information related to nursing practice. In addition, the framework should also guide web publishers on the inclusion of relevant metadata in the publication process in order to assist nurses in the judgement process.

Although the challenge of validating web information seems to demand a multiple approach strategy, the different initiatives share a common goal; that of protecting www users from potentially harmful information (Risk and Dzenowagis, 2001). The findings from this study simply add to this aim by addressing the issue of quality and reliability associated with information on the www from a nursing perspective. With the growing impact of the www on healthcare, this issue is a contemporary challenge to which the nursing profession has to respond in order to ensure that nursing information can be validated in real time to inform evidence-based practice.

References


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**T54**

**An evaluation of student nurse perceptions and experiences of e-learning: informing future healthcare education**

**Andrew Walsh, Senior Lecturer, Mental Health Nursing; Kirsty Wedgbury, Senior Lecturer, Clinical Skills, Birmingham City University, UK**

**Introduction**

This abstract will discuss the issues relating to healthcare students experience of using e-learning resources. E-learning has become an increasingly important part of healthcare education curricula. This paper presents evidence that engagement with e-learning is increasing. As a faculty we can demonstrate that the great majority of students are accessing these resources. However, what we are less certain about is the effect that this is having on both the quality and learning outcomes of student learning experience.

Following discussion amongst teaching colleagues it was agreed that we needed a more detailed consideration of students’ involvement with e-learning processes. The intention of this paper is to present this initial discussion, and the existing evidence base. A brief discussion of existing evidence and initial conclusions will be followed by study details. A significant aim of this exercise is to incorporate ideas arising from critical discussion with colleagues from other institutions.

**E-learning**

Recent years have seen increased demand for higher education (Bach et al., 2007). In 2002, for example, an average of 29.6% of people aged between 25 and 64 worldwide achieved higher education qualifications, an increase of 13% over the previous ten years (OECD, 2008). This increased focus on the availability of higher education is partly influenced by an international consensus that higher education is an important driver of economic competitiveness (OECD 2008). To enable increasing numbers of people to access higher education, many universities are employing e-learning strategies.

The Higher Education Funding Council for England (HEFCE) launched a ten-year strategy on e-learning (HEFCE 2005) in which it acknowledged that many institutions were struggling with the implementation of e-learning and how this was related to pedagogy. Similarly, at Birmingham City University (BCU) we are debating how best to manage and develop our use of e-learning resources.

The university learning and teaching strategy (BCU, 2008) highlights the importance of encouraging and empowering staff to innovate in the use of e-learning resources. Across BCU, Moodle use has increased to an average 50,000 transactions a day in 2006 as opposed to only 2000 in 2005 (Mackenzie, N. and Walsh, A 2009). Allied to this is recognition of the need to promote a deeper and more critical approach to learning amongst students (BCU, 2008).

**Method**

An initial pilot evaluation study was completed over the course of 2007/2008 amongst 202 students studying mental health nursing. This suggested that over a year there had been an increase to 100% (from 88%) in numbers of students accessing on-line resources. Students also indicated that the e-learning resources had helped them to understand clinical practice better (89% as opposed to 84% in 2007) and also that e-learning had enhanced their learning (98% large/some extent as opposed to 89% in 2007).
However, the pilot study also indicated that significant numbers of students continue to experience barriers when accessing the e-learning materials. For example, 38% of the initial sample stated access whilst on placement was either ‘not easy at all’ or ‘did not access’ – this had only changed to 34% a year later. Similarly, in the most recent sample 33% reported problems accessing resources from home – again, more people than a year ago (25%)

Discussion

In discussing the findings of this initial study several points became clear. We have some quantitative evidence to suggest a degree of success in promoting the use of e-learning resources amongst our students. However, some problems remain with accessing e-learning. We particularly wanted to find out how students felt about the use of e-learning and to answer questions such as what was it they found useful and what less so.

As a result of this initial evaluation a wider study was conducted aiming to investigate student use of and attitudes towards e-learning resources more fully. This was a unique opportunity to assess student experience across a range of nursing and healthcare related branches. Over 130 students from the child, mental health, learning disability and adult nursing branches, as well as midwifery, radiography and operating department practitioner students have now completed these questionnaires. It is intended to present the findings of this study at the conference. The authors would also welcome the opportunity to discuss in a critical manner these findings with conference delegates. The intention is to use this discussion to help inform future developments and so improve the student learning experience.

References


T55

The teaching and learning of bioscience as preparation to work as a registered nurse.  
A case study of nurse prescribers

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There is a long history of concern about the bioscience knowledge of students of nursing and of registered nurses. Numerous authors, from Wilson (1975) to the present day, have documented the lack of bioscience in the nursing curriculum (Hayward and Akinsanya, 1982; Wynne et al., 1997; Courtenay, 2002) and the reduction in bioscience content as behavioural science content in the curriculum increased (Jordan, 1994; Clarke, 1995; Wynne et al., 1997). They highlight that this occurred as nursing was trying to emerge from medical dominance and move away from the medical model of cure to a more behavioural model of care (Trnobranski, 1993). Other authors have demonstrated the importance nursing students place on knowledge of bioscience, but the lack of importance given to this topic by their lecturers (Jordan et al., 2000; Gresty and Cotton (2003) identified that students of nursing are anxious about learning bioscience but still see the topic as highly relevant. The study by Clancy et al. (2000) demonstrated that the reality of the clinical workplace in which nurses found themselves was not always well understood by their teachers. The tendency for nurse lecturers to minimise interactive bioscience teaching sessions, despite the students asking for this type of experience, has been highlighted (Courtenay, 1991 and 2002; Clarke, 1995; McKee, 2002). Friedel and Treagust (2005) and Danielson and Berntsson (2007) demonstrate that this is not only an issue for nursing in the United Kingdom. An increasing theory to practice gap, and the importance of embedding learning in the reality of clinical practice, is identified by many authors (Davies, et al., 2000; Rochester, et al., 2005). It is in this context in the UK that the role of nurse prescriber, and a need for a more medical model of care, has emerged (Courtenay, 2002; Bradley, et al., 2006; Latter, et al., 2007) and this formed the background to the study being presented.

The bioscience knowledge held by registered nurses entering a Non Medical Prescribing programme, in relation to their nursing role, and the confidence with which that knowledge was held, was explored in a mixed methods case study.

The study participants included 42 nurses undertaking a Non Medical Prescribing programme. Participants were aged 26 – 55 years, and from a range of nursing roles. Case study methodology was followed, with clear articulation of the process, so that other researchers could make full use of the findings as recommended by Bassey (1999). Questionnaires and interviews were used to obtain both quantitative and qualitative data. Simple
Results demonstrated that, for this group of nurses, the bioscience content of their pre-registration nursing programme had lacked both depth and breadth, and had not adequately prepared them for their roles as registered nurses. The competition between behavioural science and bioscience for space in the curriculum was evident. Experiences in the practice setting were very important in learning relevant bioscience, but not acknowledged in the formal curriculum, with informal methods of learning such as discussion with colleagues rated as far more important than the learning which had occurred as part of formal teaching. This new finding has significance for the current education of health professionals. Participants highlighted that post-registration programmes tended to be more relevant to their existing role, and this increased the ability to learn bioscience. The issue of confidence emerged as a major theme, with increased confidence in bioscience knowledge leading to an increase in the nurses’ ability to use that knowledge in their everyday roles, including improved communication with doctors, patients and relatives.

This study demonstrates the need for bioscience knowledge in the relatively new role of nurse prescriber, but the lack of this in the pre-registration nursing programme. Despite the small scale of this study, the need for bioscience education to make greater use of informal learning methods is clear. Although work has been undertaken on informal learning, there is little work on the mechanisms involved (Eraut, 2004; Hoekstra et al., 2007). Greater exploration of how this informal learning occurs, and how it can impact on the formal education requirements of a curriculum, is needed.

References


Student Experience

Tuesday 8 September
First Group of Theme Sessions
Supporting the ‘wobbly student’: a strategy to aid retention and reduce attrition

Barbara Marjoram, Associate Director Pre-qualifying Programmes; Teri Lockyer, Award Leader – Diploma with Advanced Studies; Michelle Cowen, Lecturer and Academic Co-ordinator for Dyslexic Students, University of Southampton, UK

Reducing attrition and encouraging retention of student nurses and midwives are key targets imposed on the higher education institutions (HEI’s) involved in the provision of pre-registration programmes by their local Strategic Health Authorities (SHA’s). Without the achievement and maintenance of these stringent targets, contracts are unlikely to be renewed, with potentially catastrophic results. However, a sometimes overlooked, but perhaps equally important, consideration is the effect that withdrawal has on the student concerned. Dreams are shattered and students may be left feeling that they have wasted a significant amount of time preparing for a course they never complete.

This paper will explore two key issues which underpin retention/attrition, namely:

- What factors contribute to a student nurse or midwife making the decision to withdraw from a programme of study?
- How can we support students who are ‘wobbly’ and encourage them to stay and complete their studies?

It will begin by sharing data gathered during the academic year 2008/9. This was designed to explore reasons why students might choose to leave or stay. Previous studies have highlighted that the factors which contribute to attrition are many and varied (Wells, 2003). The data we have gained has reinforced what was already known, but has also provided us with a valuable insight into the difficulties students face. Through this we have been able to strengthen the support strategies already in place and introduce new, often more appropriate, ways of supporting our students.

Factors contributing to attrition

For some students it is the academic challenge of higher education that overwhelms them. The fear of academic failure and its possible impact on their self-confidence can be so powerful that they leave before they have to submit their first assignment or the first time they fail (Sheffler, 1997). Sometimes it is the realisation that the demands of the programme exceed their expectations, particularly as many still view nursing or midwifery as a vocational career.

For others it is the challenge of balancing family responsibilities with the needs of the programme. This might be the challenge of writing an assignment during the Christmas break or the need to experience a variety of shift patterns whilst on clinical placement. Although these are made explicit during the application process, the reality of a 7am start may be the final straw. Collapse of sound childcare arrangements may present other students with unanticipated challenges to overcome.

Sadly for some students the reason for withdrawal is a result of devastating personal circumstances. Three years is a relatively long period of time and students find that family members become ill, and sometimes die, during their studies. This brings not only an enormous sense of loss but may also result in additional personal responsibilities.

Whatever the reason or reasons involved for the individual student concerned they feel that they are facing a set of difficulties that they cannot possibly overcome and make the difficult decision to withdraw.

Strategies to support the wobbly student

The notion of a ‘wobbly’ student was introduced as a way of identifying those at risk of withdrawal and, where possible, offering them additional support to help them continue and reach their ultimate goal of achieving qualified nurse/midwife status.

This presentation will explore the different strategies that have been implemented in order to support students. This has included the introduction of a risk assessment tool and the development of a culture that promotes early identification and proactive management of students at risk.

Summary

Whilst the impact for students of withdrawing from a programme of study is personal, for the HEI there are also important financial implications to consider. Heavy penalties are usually imposed for every student who withdraws above a pre-negotiated level of attrition allowed by the individual SHA contract. Furthermore HEIs with a poor retention record may experience difficulties when these lucrative contracts are up for renewal.
Placement development teams and interprofessional healthcare education
Lynne Callaghan, Postdoctoral Research Fellow; Emma Whittlesea, Research Assistant; Lauren Mutton, Research Assistant; Graham Williamson, Lecturer; Victoria Peters, Student Midwife, University of Plymouth, UK

Background
Clinical practice is an essential component of healthcare students’ educational programmes as it is here that they develop the appropriate cognitive and behavioural skills which equip them to care for patients and clients safely, and to contextualise their learning (Kosowski, 1995; Stockhausen and Sturt, 2005; Higginson, 2006; Morgan 2006). Recently there has been considerable focus from policy makers and researchers to address how clinical practice experience can best be facilitated (e.g. ENB, 2001; NMC, 2005, 2006). A new Model National Partnership Agreement for pre-registration healthcare education programmes has been introduced which will enhance relationships between higher education institutions (HEIs) and their placement partners (DH, 2006). The literature also suggests improvements in supportive partnerships when innovative structures and processes for student support have been put in place (Burns and Paterson, 2005; Henderson, et al., 2007; Mallik and Hunt, 2007).

In 2007 Placement Development Teams (PDTs) were implemented between the Faculty of Health and Social Work at the University of Plymouth and our NHS Trust placement providers. PDTs manage, organise and deliver supportive activities in placement areas for students from a wide variety of disciplines including nursing, midwifery, podiatry, occupational therapy, dietetics and ambulance paramedicine. Work has already begun to evaluate the impact of PDTs with adult nurses, who are the largest professional grouping (Callaghan, et al., 2008). Findings from this study were that students need support in the form of:

- direct support (for example information, emotional and appraisal support) as well as
- support that coordinates liaison and communication across both placement areas and university contexts

and this includes ‘organisational’ support which indicates a requirement for facilitative partnerships such as placement development teams.

Further assessment of staff data has revealed an understanding of student support needs and proposals concerning placement development team management to meet these needs and enhance the student experience.

Building on the findings from the initial study, this interprofessional evaluation examines the impact of PDTs on the other professional groups and on their interprofessional learning.

Although health professionals are experts within their field, they are not equipped with the specialist knowledge and skills to tackle every aspect of professional practice; thus it is crucial that professionals embrace the specialist services and personnel at their disposal in order to maximise the benefit to their clients, and learn to practice interprofessionally at an early stage. This philosophy of interprofessional learning is becoming increasingly recognised as essential for health and social care professional practitioners, particularly in light of recommendations from high profile cases such as the Victoria Climbie (Laming, 2003) and the recent death of Baby P. It is therefore imperative that interprofessional learning becomes embedded in educational programmes and the support structures for these programmes in order to facilitate and normalise interprofessional working for the greatest benefit of clients.

Aims

- To understand the placement support needs of students across a variety of health professions
- To investigate students’ perceptions of current support provision on placement
- To evaluate staff perceptions of their experiences of working within PDTs in terms of the provision and management of student support
- To examine the extent to which opportunities for interprofessional learning are facilitated by PDTs.

References
Objectives

- To make recommendations concerning the future direction of PDTs
- to make recommendations concerning how interprofessional education can be better facilitated in the practice setting.

Methodology

Six uniprofessional focus groups were conducted with final year students from the following programmes: midwifery, podiatry, occupational health, dietetics, physiotherapy and ambulance paramedicine. A semi-structured focus group schedule guided the discussions. Telephone interviews were conducted with both HEI and NHS staff involved in PDTs across six Acute Trusts. All data were digitally recorded with participants’ permission and transcribed verbatim. Based on the themes generated by the student focus groups, a web-based survey was constructed and administered to all final year students enrolled on the programmes listed above. Items included both open and closed (likert-type) questions. Appropriate inferential statistics and Thematic Content Analysis (Smith, 1992) was used to analyse the data generated from this evaluation.

Outcomes

This phase of the study is currently ongoing. Data from the initial phase of the study examining adult nursing will be compared and contrasted with that of this second phase multi-professional evaluation. This project’s findings will inform the development of PDTs, and it is anticipated that changes to working practices will be a key project outcome. These developments will be relevant to other healthcare education providers and their placement partners nationally and internationally.

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Student perceptions of nurse education: what do they really think it is going to be like?

Jon Harrison, Senior Lecturer, Child Health, Birmingham City University, UK

There has been increasing interest in the reasons for attrition within nurse education as it is the source of the future nursing workforce and a major funding stream for higher education establishments. A diversity of factors contributing to student nurse attrition have emerged from the literature, with the predominant leaving reasons reported to be academic failure, family or personal difficulties, or wrong career choice (Yorke, 1999). In order to explore further the perceptions and expectations of student nurses regarding their nurse education a small-scale research study was undertaken. The overall findings from the study were congruent with those of previous studies which suggest that pre-entry perceptions of what is involved in nursing education frequently differ from the reality of what needs to be learned to reach professional nursing status (Harvey and McMurray, 1997).

Methods
Semi-structured interviews were undertaken with new student nurses undertaking the diploma programme. The results from the interviews were analysed and the findings discussed in relation to the existing research.

Outcomes
Several key themes were identified from the analysis of the transcripts, including the timing of the decision to do nursing.

With respect to the timing of the decision to do nursing, the findings within this study are similar to those of Foskett and Helmsley Brown’s (1999) study, with the majority of respondents making their choice of career early in life, with some stating that they had ‘always’ wanted to be a nurse.

Key Influences
There were a number of key influences which impacted on the respondent’s decision to become a nurse. These were: nature of individual, caring for ill family members or friends, having a family member who is a nurse, school teachers and finally, the media portrayal of nursing.

Expectations of Nurse Education
The participants were asked what they thought nursing at university would be like prior to starting the course and also whether they thought that their pre-course expectations were accurate considering their experience to date. The findings from this study support those of previous studies in that the participants in this study seemed to be surprised at the amount of lectures and ‘academic’ work that was involved in the course. When asked what the participants thought they would be doing on a nursing course, there was a clear link between them all in that they thought they would be doing more skills based and ‘hands on’ work. With respect to the practice placement, none of the respondents had had any practical experience in a hospital environment and openly admitted that they had little idea of what to expect.

Discussion
The findings from this small-scale study further reinforce previous studies’ findings that student nurses starting a nurse education course often have unrealistic and/or misconceived perceptions about nursing and nurse education. One explanation for why students start their courses with these unrealistic perceptions is that members of the public view nursing as a task-orientated profession, and this is more of an ‘essential and prominent aspect of nursing than thinking, reflecting and problem solving’ (May et al., 1991). This is further evidenced in another study by Brodie et al. (2004) which also found that students often enter nursing education with these commonly held misconceptions and, for some, the academic component was unexpected and challenging - ‘I didn’t realise how much academic theory was involved in patient care’.

It is clear that significant steps need to be taken in order to address the misconceptions that are held by the general public about the nursing profession. It is also important to examine the information and support that is made available to student nurses prior to, and during, the early stages of the student’s arrival. Early interventions such as these have been shown to be successful in addressing misconceptions and, ultimately, have reduced attrition and improved the student experience overall (Parmer and Trotter, 2005).

It is hoped that by further examining the findings of this study, the ways in which we can improve the student’s experience can be critically considered at this conference.

References

T59

Student nurses’ perceptions and preparation to work with patients who have an alcohol misuse problem

Audrey Cund, Lecturer Practitioner, Glasgow Caledonian University, UK

Background
Nurses, as one of the largest professional groups in the UK (Longley, Shaw and Dolan, 2007) are well placed to assess, identify and apply strategies such as screening, prevention and brief treatment in a multitude of clinical settings. This role is not exclusive to specialist nurses working in the field of substance misuse but rather a generic role for all nurses and health professionals if we are successfully to achieve early identification and management of alcohol misuse problems (Kaner, Heather, McAvoy, Lock, Gilvarry, 1999; McQueen, Allan, Mains, 2006; Alford, Richardson, Chapman, Dube, Schadt, and Salz, 2008).

Several studies have identified the existence of negative attitudes, beliefs and behaviours of nurses and other health professionals in the care and treatment of patients with an alcohol problem (Carveth, 1995; Johnson and Webb, 1995; Kaner et al., 1999). Concomitant to this is nurses’ identification that they lack the necessary knowledge and skills to care for this patient group effectively (De Crespigny et al., 2002; Naegle 2002 and 2003; Lopez-Bushnell and Fassler, 2004). Nurses’ lack of enthusiasm to question and respond to individual’s with alcohol-related problems not only poses a barrier to screening, early recognition and intervention strategies (Watson, 1999a; Arthur, 2001; de Crespigny, 2002) but also undermines professional values and the effective use of health services if patients are poorly managed or their conditions undetected (Johnson and Webb, 1995).

Despite recent advancements nationally and internationally in our understanding and treatment of alcohol misuse problems (Heather et al., 2001), little emphasis has been given towards the generic training of health professionals on screening and brief interventions in the management of harmful drinking (Rassool and Rawaf, 2008; Munro, Watson and McFadyen, 2008).

This study seeks to contribute to the growing evidence around nurses’ knowledge of alcohol, attitudes towards alcohol misuse and their educational preparation to work with patients who have alcohol misuse problems.

Objectives
The specific study objectives are to:

1. Explore pre-registration nurses knowledge of alcohol misuse
2. Explore pre-registration nurses attitudes towards alcohol misuse
3. Describe pre-registration nurses preparation for working with this patient group.

Sample
A convenience sample of third year pre-registration nurses n= 450 (inclusive of adult, mental health, child, learning disability branches and degree students) were recruited from one undergraduate/pre-registration nursing programme within one Scottish university.

Design/methods
This is a quantitative research design which utilised a modified version of the Alcohol Attitudes Problem Perception Questionnaire (Cartwright, 1979, 1980) to survey third year pre-registration student nurses’ knowledge, attitudes and educational preparation to work with patients with an alcohol problem.

The questionnaire was distributed at the beginning of a lecture and students were asked to post their replies in a designated box within the university at a time convenient to them. Ethical approval was granted from the university ethics committee and permission to access the students was approved by the university heads of departments.
Findings/points of interest
It is anticipated that the study will mirror the variation in the education and preparation of nurses to work with this patient group nationally and internationally. Furthermore, it is anticipated that the study will identify limited knowledge of alcohol and some negative attitudes to work with this patient group. To this end, the author would welcome thoughts and reflections from colleagues across the UK with respect to their experience in this area.

References


Methodology
This study adopted a case study approach, using the experience of one higher education institution (HEI) school of nursing.

This case study presentation used quantitative and qualitative data from evaluation questionnaires as well as examining work products from a single higher education institution (HEI). Within this case study student evaluations provided data surrounding the student nurses experience of a clinical placement within a care home. The evaluations took place between May 2005 and March 2006 and involved 104 participants. Work products were also be included to examine the role of the HEI in responding to student evaluations of clinical experience and how they attempt to influence the care of older people in the care home, the support for care home staff and the student nurse experience. Work products included; available documents, socio-economic data, complaints flow charts, placement specific work products and job descriptions.

Results
104 nursing students completed the generic placement evaluation. 12 questions were selected which were deemed appropriate by the researcher to the needs of this study. Although the majority of students appear to have a positive experience in care/nursing homes, a significant number of students do not. This may be reflective of staffing issues or student expectations and the experience prior to the placement. However, some issues such as supervision, care standards and manual handling are significantly important not only for the student experience, but also for the older people being cared for. The results also indicate that although the HEI in this case study has implemented activities addressing some of the concerns in long-term care environments; there is still much needed development in this area. The study concludes suggesting recommendations for future collaborative work amongst relevant personnel.

Recommendations
All students need to encounter positive learning experiences of older people in order to care for them adequately during the remainder of their nursing career. The evaluation form is limited in the generation of information of the individual student experience and therefore relies on the student’s willingness to add written comments to give added insight to the programme team. A working party involving partnership groups should be developed to identify opportunities for future research in care homes, to monitor and respond to student evaluations, to identify ways in which care home staff can be supported and to improve the status of older people within health and social care staff. This working party could involve representatives of the university school of nursing, student nurses, the primary care team, the adult protection team, social services, manual handling advisors and the matrons/managers from the Independent sector. The care homes that receive consistently positive evaluations from the students should be acknowledged. This could take the form of a recognised certificate of status for example, ‘A Teaching Nursing Home’ from the university. This could be published within a practice placement newsletter which would be disseminated to all practice placements both in the private sector and in the NHS.
The Role of the User

Tuesday 8 September
First Group of Theme Sessions
T61

Tell us what you really think! Putting service users at the centre of student assessment

Jan Porter, Lecturer; Liz Whitney, Lecturer, University of Bradford, UK

User involvement is at the heart of all current NHS policy and guidelines in the UK. This ranges from healthcare curriculum planning, service planning and delivery to evaluation of services. There are many reasons for this, one main one being that the general public have voiced that they want more influence over health and social care services. Professionals are then better able to provide a quality service if they understand what local communities need. The Nursing and Midwifery Council, the regulatory body for nursing and midwifery in England and Wales decreed in 2007 that service users should also be involved in the assessment of midwifery students by 2009. They did not, however, state how this should happen.

In the Division of Midwifery and Women’s Health at the University of Bradford, service users are involved in selecting students for entry to midwifery programmes, teaching, course management and curriculum planning. Users are often asked to participate in healthcare education for students to learn and practice their clinical skills in the clinical setting, but they are rarely asked to evaluate student performance. Students participate in these activities but do not always reflect on the impact of their participation in the care of individual clients.

The purpose of this paper is to share how an innovative approach to assessment placed service users at the centre of the process. The midwifery lecturers debated the topic long and hard as to how this could be achieved ethically so as to benefit both client and student without jeopardising the relationship. Finally a draft framework was produced and shared with the clinical areas, service users and students for their consideration. Comments were received and incorporated into the assessment draft and from this an assessment tool was developed.

Service users were to be asked to comment on the care received from the student guided by three questions. The responses could be either written or given verbally for the student to write up. Translators could be used as appropriate to ensure that the assessment was inclusive. Students were then to collate the responses and write a reflective essay on the feedback received.

The assessment was piloted with a cohort of year three students in 2008 that had been on a variety of clinical placements. Students had some initial concerns about the process such as the correct time to ask for feedback, that they would choose to ask clients whom they felt they had a positive rapport with and that the feedback would not provide a true picture from which they could learn and develop. The concerns were discussed and most dealt with appropriately and the student group all evaluated the experience very positively. Many commented on the ethical issues surrounding asking clients for feedback and this brought ethics to life for them. Some service users commented that it was nice to be able to express their opinion of the care received and clinical colleagues who had some misgivings also felt the assessment worked well.

We feel that we have developed a useful strategy for real involvement of service users in the education of healthcare students. This places women at the centre of care mirroring the Maternity Matters agenda (DH, 2007). We will continue to expand the level of user involvement in all aspects of midwifery education which can only benefit all concerned.

Reference

T62

More than lip service: an interdisciplinary action learning project on public engagement and service users’ roles

Gillian Squirrell, Senior Research Fellow, University of Bristol; Debbie Hatfield, Senior Lecturer, University of Brighton, UK

All universities are now under pressure to catch up with work in which health and nursing education has been in the vanguard, that of ensuring engagement with the public. There is pressure especially in the case of health and life sciences, science and engineering not only to engage with the public, but to engage in a dialogue which will lead to some co-generation of research and a better awareness on the part of academics of the needs, concerns and interests of the general public (for example the Royal Society, 2006).

This paper explores part of a twenty-seven-month project, funded by NESTA which has been trying to tease out the ways in which health professionals; scientists and engineers work with the public engagement agenda. The
part on which we focus is a twelve-month period of action learning (Weinstein, 1999; McGill and Beaty 2002; McGill and Brockbank, 2004) geared to developing skills, confidence and awareness of 27 scientists, engineers and health professionals from 17 universities about engagement and about ways to impact organisational and cultural change so they could better shape the agenda of foregrounding engagement and the users’ voice.

Over the course of the project a number of individual projects have been running which befitted individual academics’ interests and seemed to best fit the particular context of their university and its understandings of engagement. The periodic meetings of the action learning sets help to advance the projects and to deepen the academics’ understandings of change processes within a university to encourage it to become more responsive to the needs for public engagement.

The project has had significant personal impacts on those who have been involved in terms of personal development, personal empowerment and enablement within an academic environment, in better understanding personal capacity for engagement in organisational change and negotiating where organisations get ‘stuck’ (Senge et al., 2002; Senge, 2006; Steele, 2000; Shaw, P. 2002; Shaw, P. and Stacey, R. eds. 2006; Seddon and Caulkin, 2007). The project has explored the power of grass roots development work as opposed to imposed institutional change. It has revisited a number of basic assumptions about the nature of universities and its public engagement mission, exploring why the public may not be so interested in becoming engaged in public engagement and user representation as the government and funding bodies may expect (HEFCE, 2007). It has explored a number of barriers set up within the system, such as ethics committees and institutional understandings of engagement and interpretations of engagement. The project explores a number of strategies for promoting better engagement in its dialogic form both within the university as an education, training and research organisation and beyond within the communities.

The project has underscored the importance of the development of a ‘temporary organisation’ in a group relations sense, (Hirschhorn, 1988; 1997) in which professionals from diverse backgrounds interested in understanding engagement have been able to share tacit knowledge and undertake experiential learning (Ravens, 1978) with management professionals concerned with an emergent change agenda and through action learning, where they act as consultants to one another (Peddler, 1996) It explores the value of being a peer, where engagement is being discussed and the ways in which engagement is regarded within university institutions despite commitments to the engagement and the users’ voice.

The project offers a number of challenges to the staff development of academic and professional educators, asking them to work in a more interdisciplinary way to share insights into more complex worlds in which we live in order to deliver more effectively against more mono-disciplinary objectives.

The paper offers examples of these insights at a personal/professional and organisational levels: setting a change agenda for the types of barriers and facilitating factors to still more powerful emergence of the user voice and public engagement across the medical, nursing and scientific disciplines.

The paper offers three mini-case studies of the ways in which nursing and health educators and researchers have explored these challenges of developing more effective and dialogic engagement to hear the service users’ voices. These case studies are:

1. The development of an audit tool on user involvement to tease out what is understood organisationally within a nursing and midwifery school about user involvement, how it may be formatively assessed in order to set an action plan for focussed development work.
2. An auto-ethnographic review of institutional barriers and facilitating factors in order to surface and prioritise user involvement. This individual’s research project moves between the interior worlds of the university and the exterior worlds of service users and their needs in a personal quest to understand where barriers emerge and the nature of such barriers. It is an exploration of the various sub-cultures which need to be negotiated by nurse educators and health professionals training future generations in working with service users.
3. An account of successful partnership working in response to patients’ needs. This was a working alliance of remedial gym staff, university psychologists and Parkinson’s patients coming together to explore the value of exercise for Parkinson’s patients. The researchers were confronted with an unexpected series of issues through engagement with the patients and listening to their voices shaped the course of the research and is feeding other projects. The patients have fore-grounded issues of self-esteem and body image issues, socialisation, net-working and peer support. This case study shows some of the fantastic development work which can happen when users’ voices are noted and they can become involved in of academic and non-academic partners.

In sum we hope that the paper will have offered some clear and hopeful messages about the issues inherent in interfacing with the public and the ways in which users’ voices may be more broadly thought about by revisiting some of the basic assumptions of user and public engagement and exploring these issues through the lenses of multidisciplinary action learning projects which focus on both engagement and the university as a site to support or inhibit such that users want to become involved in engagement work. The paper unashamedly advocates the role of focussed action learning in the professional development of nurse and health education staff.
References
HEFCE (2007) Strategic Plan, Bristol: HEFCE.

Student nurse clinical assessment: towards a partnership with people who use services
Terri Rapson, Principal Lecturer, Staffordshire University, Shrewsbury; Tim Devanney, Senior Nurse Quality and Standards, South Staffordshire and Shropshire Healthcare Trust Headquarters, Stafford, UK

Project
This project aims to introduce opportunity for service users to be part of the student nurse clinical assessment process in practice placements. It will provide a framework to enable service users’ and carers’ voices to become integral to the assessment process. The planned stages included analysis of the existing assessment processes, a consultation period, a pilot study, an evaluation and finally full implementation of the framework.

Analysis of the current local clinical assessment strategy and national drivers
The analysis identified demands from:

- Standard seven of the Nursing and Midwifery Council Standards of Proficiency (2004) and the Essential Skills Clusters (2007) – around which the assessment strategy is built
- Standards to support learning and assessment in practice (NMC, 2008) – recommends the inclusion of service user experience
- Skills for Health, Enhanced Quality in Partnership (2007) demanding service user involvement and a robust, transparent process
- Partner Trusts valuing meaningful partnership with service users and carers.

In addition eight areas within the current assessment strategy were identified where meaningful partnership with users could be achieved. This allowed the formulation of a questionnaire that could be used to inform the assessment with user involvement. Guiding principles that would guide the partnership were set.
Consultation
A broad consultation with key stakeholders then took place. These included service user and carer groups, students, clinicians, educationalists and local partner Trusts/Primary Care Trusts. This elicited potential problems and allowed preparation of solutions. All stakeholders were asked for their feedback, in writing, on a structured template. It encouraged them to comment on any aspects of the use and feasibility of the questionnaire within the assessment process. There was also room for additional comments and views.

Pilot study
A first year and a third year group were requested to test the questionnaire and guiding principles in their own clinical assessment. Both groups of volunteers were mental health students. This was because a local Trust was particularly interested in developing the service user participation. Preparation of the assessors and students involved was provided by the faculty and the Trust. The guiding principles enabled assessors to maintain fairness and rigour when asking for user involvement.

The assessment methodology is triangulation of evidence. This includes:

- Direct observation of student performance
- Questioning the student on care activities, nursing interventions and client conditions
- Plus one form of other evidence - which may include, records of experience, clinical activity sheets, learning diaries, action plans, reflective writing, care records or simulation.

The service user experiences provide information for the final part of the triangulation (by using the questionnaire). The pilot ran over a six month period.

Evaluation
The evaluation was in two stages at the end of each clinically assessed period in practice. It included:

- Analysis of the completed clinical assessment documents
- Student feedback
- Assessor feedback
- Service user feedback.

Implementation
The implementation, if agreed, is planned in a phased approach which will include:

- Dissemination of evaluation results to all stakeholders
- Pre-registration Programme Management Group to decide feasibility of introduction to the programme
- ‘Next steps’ event.

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

Service user involvement in healthcare education: a giant step for our kind?

Julie Dulson, Programme Leader Pre-registration Mental Health Nursing / Senior Lecturer, University of Chester, UK

The aim of the paper is to explore the three major categories identified by our thematic analysis of the barriers to implementation of service user involvement in mental health nursing education.

The need for service user involvement in healthcare education is well documented and clearly advocated, offering a wide range of benefits to both service users and students, (Secker, Grove and Seebohm, 2001; Thomicroft, Rose, Huxley et al., 2002; Hui and Stickley, 2007) However, there are also numerous reports of service user involvement projects failing or lacking in efficacy due to a wide range of issues, (Anthony and Crawford, 2000). This session will discuss a project to involve service users in the education of pre-registration mental health nurses at the University of Chester which was designed to address some of those identified barriers. The project was an e-learning project which intended to provide mental health student nurses and mental health service users with a safe environment (via the university’s virtual learning environment) in which to interact.
The project generated a number of individual and organisational responses which created barriers and which, in turn, resulted in the project failing. A thematic analysis of these responses was undertaken and from this we identified the three major categories of a) perceptions of danger and dangerous perceptions, b) empowerment and governmentality and c) hierarchy of involvement and the token teacher. These categories and their implications upon the implementation of service user involvement in university education will be discussed in detail.

Finally the session will discuss our strategic plan of action research based upon a series of discursive frameworks which we hope will lead to attitudinal change and a more positive involvement of service users in healthcare education.

This session aims to provide the participants with:

1. An understanding of the three major categories identified through the thematic analysis of the responses to our project into service user involvement
2. Discussion regarding the implications of these categories/barriers regarding future involvement projects
3. Discussion regarding the strategies we have employed to address these barriers.

References


Blended Learning, including E-Learning

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
**T65**

To share student views on the use of e-learning as a learning and teaching strategy in developing their knowledge and skills

Robert Muirhead, Lecturer in Nursing (Child); Michelle Roxburgh, Lecturer in Nursing, University of Dundee, UK

**Background**

Technological advances have influenced the delivery of higher education over the past decade, most significantly e-learning. The motivations for higher education to develop e-learning as a style of teaching and learning are varied; increasing accessibility, institutional needs, an economic drive and rationalisation of teaching (Oliver, 2005) are some elements cited. These factors are influencing the increasing use of e-learning and the pedagogy of learning. Nursing, like many undergraduate programmes, is increasingly utilising e-learning to deliver more of the programme. Increasingly, in the healthcare industry ‘service users’ are being asked to identify how the service could be improved to suit their needs not those of the industry. This is also true of higher education in the development of the present undergraduate programme where patients were asked what subjects they considered should be included in the curriculum (Clark, 2005). The author considers it only appropriate to ask students how they think they should be taught as much of the current research focuses not on the student experience but on the experience of the educator in the development of e-learning.

**Methods**

A cross-sectional convenience sample of all three years and all branches of students currently studying undergraduate nursing programme in one Scottish HEI were invited to complete a questionnaire. An information leaflet and self-administered questionnaire were distributed by hand to the students. Sample size was calculated using the Raosoft survey sample size calculation package. The population at time of sampling was 395. The response rate was 52% (n= 206) this ensured a 5% margin of error with 95% confidence in the results.

**Results**

<table>
<thead>
<tr>
<th>Strongly agree/agree</th>
<th>More EL in NE</th>
<th>More FTF in NE</th>
<th>EL replace FTF</th>
<th>Balance of FTF to EL</th>
<th>EL should supplement</th>
<th>EL used distribution</th>
<th>EL used for assess</th>
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<td><strong>All years</strong></td>
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<td>N203</td>
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<td>75.4%</td>
<td>2.5%</td>
<td>25%</td>
<td>70%</td>
<td>39.2%</td>
<td>53.7%</td>
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<td>n4</td>
<td>n205</td>
<td>n142</td>
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<td>72.3%</td>
<td>3%</td>
<td>17.9%</td>
<td>59.1%</td>
<td>33.3%</td>
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<td>n3</td>
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<td>n67</td>
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<td>80%</td>
<td>0%</td>
<td>27.1%</td>
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<td>44.7%</td>
<td>51.6%</td>
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<td>n0</td>
<td>n85</td>
<td>n64</td>
<td>n38</td>
<td>n43</td>
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</table>

The comparison of percentage points identifies that there is less support by students for e-learning (EL) compared to face-to-face (FTF) teaching (column A compared column B). The clear message is that students do not want to replace face-to-face teaching with e-learning (column C). Column D suggests that students do not consider there is a balance of face-to-face teaching compared to e-learning. This could be interpreted as students identifying that they would like to see more face-to-face in their education rather than an increase in e-learning. The use of information technology to supplement face-to-face teaching was supported, as was the distribution of information. There are gradual percentage increases in the support for e-learning to provide information to students. This could be related to the fact that students find they are more able to navigate the resource in the third year as opposed to the first year though no statistical significance was identified.
Students strongly support the ‘traditional’ nursing methods of education compared to the more ‘modern’ method of e-learning. Clinical skills were strongly supported identifying that practice is in the students’ opinion the best way of learning the skills of nursing. This was reinforced by comments made by the students in the free text:

- To much emphasis on accessing MyDundee for course content. Much more important to have face to face or hands on
- I think e-learning is great for supporting class work but students need face to face teaching for questions and understanding

All the figures in both tables were tested using correlation analysis. This identified no statistical significance between the views of first, second and third year cohorts. Correlation analysis for branch, sex and computer ownership observed no statistical significance.

Discussion and conclusions
Undergraduate student nurses identify that they consider traditional methods of education more supportive of their development of skills and knowledge than those of e-learning. Currently nursing programmes like many other undergraduate programmes are utilising information technology to deliver the programme. Undergraduate programme development has to take into consideration the views and thoughts of the users to deliver knowledge and skills in a format that student nurses consider most appropriate to their education.

References

T66

Evaluation of a British Heart Foundation cardiac care course for nurses
Lorna McInulty, Lecturer in Nursing; Janelle Yorke, Lecturer in Nursing; Martin Johnson, Professor in Nursing; Ian Jones, Senior Lecturer in Cardiac Nursing, University of Salford; Karen Iley, Lecturer in Nursing, University of Manchester, UK

Background
In the United Kingdom one in five deaths in men and one in six in women are currently caused by coronary heart disease (Department of Health, 2007). Despite its threat to the health of the nation and its priority among Government health targets there is currently no nationally implemented educational provision for nurses working with patients with acute heart disease. This paper reports the findings from an evaluation of a mainly on-line course designed to equip registered nurses with the knowledge and skills required to practise competently in cardiac nursing irrespective of clinical location (Jones et al., 2008). The course was managed via Blackboard™ and included a wide range of materials from policy to physiology which will be exemplified in the presentation. Data will be presented from course members who completed the course in 2008 and their clinical mentors, and implications for clinical practice will be discussed.

Aims
The aims of the study were to explore whether an acute cardiac care module could be successfully delivered using a blended learning approach and whether the course had any impact on the course members’ clinical practice.
Methods
Ethical approval was granted by the relevant University Committee and the National Research Ethics Service considered the project to be ‘service evaluation’. Respondents were assured of personal anonymity and that their participation was voluntary, and the course leader took no part in the collection or analysis of data. The sample for the study was recruited from the Northwest region of the UK and consisted of fifteen registered nurses who were undertaking the course and fourteen mentors who supported the course members during their studies. Data were obtained through pre- and post-testing using the Competence Inventory for Registered Nurses (CIRN) (Liu et al., 2007) and a ‘knowledge of cardiac care’ questionnaire devised by the research team which were analysed using SPSS 13. Qualitative data derived from course member focus groups and individual mentor interviews were analysed using thematic analysis.

Results
All course members felt they had benefited from undertaking the course. Despite reaching statistical significance, given the sample size the statistical data should only be regarded as indicative of trends, but these demonstrated increases in both knowledge and self-assessed competence. Mentors identified higher levels of confidence amongst their course members along with a greater depth of knowledge and skills in acute cardiac nursing being used in clinical practice. Areas identified for further development by both groups were the preparation of mentors for their role with this type of student and the expected level of competence that course members needed to display. Time commitment and flexibility for students and mentors was another issue raised, as a number of respondents were not allocated study or mentor time with their students during their shifts.

An innovative dimension to the study was the use of an evaluation framework (Elbaum et al., 2002). Criteria included quality of materials, scheduling, quality of facilitation and the building of a community. This provided an interesting commentary on which the course team can build in the future.

Conclusion
On-line learning is useful but may be wrongly seen as requiring less time commitment from students and mentors compared to traditionally taught courses. Selection was potentially problematic, since there is a natural tendency for experienced clinicians to want to undertake a new course, when ideally its purpose is to develop those with less experience in this field. Most course members had good access to relevant technology in the workplace, but time was a prevalent limitation. Mentors felt that the skills necessary for their role were generic, and valued the opportunity to work with new learning materials. This study has shown that delivering an Acute Cardiac Care Course to registered nurses by blended learning is an effective method, but careful consideration is needed in how to prepare mentors to support their students effectively in clinical practice.

The project and research team are grateful to the British Heart Foundation and the British Association for Nursing in Cardiovascular Care who funded the course and its evaluation.

References

Calculations for non-medical prescribing: the successful development of a flexible, low-technology strategy for teaching and learning
George McWhirter, Lecturer, Cardiff University, UK

Supplementary nurse prescribing was established in Wales in 2004 and legislation introduced in Wales in January 2007 allowed independent nurse prescribing. A total of 430 supplementary nurse prescribers have been trained in Wales and of these, 208 have now trained as independent prescribers (RCN, 2008).

At Cardiff University the supplementary and independent prescribing courses have always been jointly planned, administered and delivered by Cardiff School of Nursing and Midwifery Studies and the Welsh School of Pharmacy, with shared learning between nurses and pharmacists. Prior to November 2006 calculations skills for
prescribing were taught by a pharmacist in a formal classroom setting. A significant number of nurses struggled to achieve the 100% standard which the course has always required to pass – now a mandatory standard (NMC 2006). Students needed up to three attempts to achieve this. As reported elsewhere (Lerwill, 1999; Glaister, 2007), they also experienced high levels of anxiety.

In November 2006 a new strategy for the teaching and learning of calculations skills was adopted. A series of online tutorials was developed using Microsoft PowerPoint. The design of the tutorials drew on constructivist theories regarding schema formation (Piaget, 1970), modes of representation, (Bruner, 1975) and cognitive apprenticeship (Collins et al., 1989).

Calculations were modelled using logical sequencing, visual mapping with the use of animation and colour, and audible explanation using voice commentary. The modelling was followed by a number of self-test practice questions with feedback of the correct calculation. The tutorials were made available to students on Blackboard and addressed:

- Conversion between S.I. units of measurement
- Basic dosage calculations
- Weight and body surface area related dosage calculations
- Calculation of supply
- Calculation of cost
- Calculation of pump settings.

At the commencement of the course, students undertook a diagnostic assessment and received individual feedback which directed them to the specific tutorials which would address their identified needs. Students were able to access any of the materials on-line as often as they needed or desired. Individual tutorial support was also offered periodically throughout the period between the diagnostic assessment and completion of the summative assessment.

This strategy has the advantages of:

- Not being patronising to those who are already highly numerate
- Allowing flexible access to the materials in college and from home
- Providing a non-threatening approach for those with high anxiety levels
- Offering a low technology, low cost solution with minimal lecturer time demand.

The strategy has proved to be highly successful. Students who performed poorly in the diagnostic assessment demonstrated dramatic improvements following use of the materials, with the overwhelming majority passing the assessment at the first attempt. Warburton and Kahn (2007) have called for the dissemination of existing good practice in the teaching of numeracy skills for nurse prescribers. This paper sets out to do this by demonstrating the materials that were developed, discussing the theories underpinning their development, and detailing the improved outcomes achieved.

References


Can we have real learning in a virtual world?

Terry Corcoran, Senior Lecturer, Glasgow Caledonian University, UK

This presentation focuses on the application of robust pedagogic models when ‘delivering’ learning experiences to fully on-line healthcare students (Garrison and Anderson (2003), Salmon (2000, 2003), Littlejohn and Pegler (2007) and Garrison and Vaughan (2008). This theme paper explores the challenges of developing and delivering a fully on-line Year three module to a large cohort of geographically dispersed nursing and midwifery undergraduates.

There are a number of challenges both pedagogical and technical to be faced when teaching/learning on-line. The LEX Report (JISC, 2006, p.27) characterises effective e-learners as being aware of the importance of meta-cognition, having a positive attitude to both learning and technology, being highly motivated, and with an underpinning willingness to develop the skill set required to fully engage with e-learning. On-line course design, the activities built to scaffold learning of course content and, perhaps most importantly of all, the teacher’s pedagogical approach, fundamentally impact upon the learner experience.

Shelley et al., (2006) point outs: ‘Tutors who work within distance education differ markedly from their classroom counterparts in terms of the roles they assume, the ways in which they interact with students, and the attributes and expertise required of them.’ Garrison and Anderson (2003) and later Garrison and Vaughan (2008) explore and then demonstrate a blended learning model (‘Community of Inquiry’) which encourages on-line teachers to extend their traditional face-to-face values, skills and attributes into the on-line media. They argue that on-line teacher-student and student-student interaction can be facilitated and enhanced by a deliberate adoption of an on-line persona which reflects ‘social presence’, ‘cognitive presence’ and ‘teaching presence’.

The importance of ‘social presence’ has been emphasised over the years as a key component in the teaching/learning experience (Juwah and Mishra in Juwah, 2006). For many teachers, especially those die-hards who renounce on-line methods, there is a belief that the social component of face-to-face teaching and learning cannot be replicated or replaced in learning experiences delivered primarily on-line. This paper challenges that contention, demonstrating clearly that a carefully thought through approach to developing an on-line learning community can address the social aspects of e-learning, leading in many cases to a more intimate, personalised experience for students and teachers alike.

These roles and sub-roles fit neatly into Laurillard’s (2002) conceptualisation of the ‘Conversational Framework’ in which the various optimum conditions for effective learning combine to form an iterative, discursive, interactive dialogue. As Laurillard (2002, p.87) explains, this is not a new idea, simply a re-working and re-contextualising of Kolb’s (1984) ‘learning cycle’ in which the student moves from initial exposure through reflection to abstract conceptualisation, experimentation and onwards to another engaging concrete experience. The learning cycle becomes iterative as the student spirals through the curriculum/syllabus, with each phase of the learning journey addressing increasingly more complex aspects of course content.

The teacher’s ‘cognitive presence’ is traditionally witnessed as s/he demonstrates her/his in-depth knowledge and understanding of the topic at hand. Many students expect (and demand) that the teacher adopts the role of ‘oracle’ – the source of all knowledge – with ‘all the answers’. However, the ‘Community of Inquiry’ approach described in this paper requires significant modification in teacher’s attitudes and behaviours.

Employing techniques familiar to expert proponents of problem-based learning (Gilkison, 2003), such as ‘eliciting’, ‘prompting’, ‘refocusing’ and giving prompt and meaningful feedback, effective on-line teachers aim to emulate Salmon’s (2000) conceptualisation of the E-moderator. Facilitation skills are key components of the ‘teaching presence’; these are demonstrated within the presentation by artefacts and examples extracted from a recent on-line module.

Novice on-line teachers may struggle to manage student groups. The challenge is to promote the development and growth of a collaborative milieu which is supportive, has explicit processes and goals and operates in an atmosphere of fairness and respect for individuals (Jaques and Salmon, 2007). The presenter will briefly explore some of the principle characteristics of effective on-line group management, describing in appropriate detail some of the techniques he has adopted.

References


E-learning: is it good?

Efrat Danino-Segal, Senior Faculty Member, Hadassah University Hospital, Jerusalem, Israel

In recent years, computers have had a significant impact on use and needs in our lives. Additionally, the computer has become an acceptable convenient and effective means of teaching in the academic sphere. Indeed, the use of this technology has been beneficial mainly due to the new teaching method of e-learning (Clark and Mayer, 2003).

E-learning can be understood in a few different ways. One is the ability of students to connect real time, via their computer, to the lecturer relaying a course. Another way, and accepted as the term e-learning, is sending simple teaching materials, such as presentations, worksheets etc and the students needing to learn the required materials by themselves with the computer.

In the paediatric nursing course offered at the Henrietta Szold Nursing School at the Hebrew University in Jerusalem, much thought was given by the teaching staff as to how to integrate e-learning in the course.

The main aim of using this technology is the empowerment of the students and increasing their self-esteem. Independent learning via the computer and meeting the testing of the material increases the student’s own power and their ability to understand procedures independently. Another aim, though no less important, is the reduction of frontal teaching hours for simple and straightforward material, that the students can learn by themselves. This allows more time to be dedicated to the complex material that requires more frontal teaching hours.

In meeting these aims that were brought before the lecturers of the paediatric nursing course, this teaching method has been implemented in some of the subjects that the students are able to learn by themselves, e.g. juvenile rheumatoid arthritis, anaemic pathologies and muscular dystrophy.

The students are given time for independent learning and are later tested on the material, mainly to give the students the feeling that they are capable of learning by themselves, and checking their knowledge. In order to measure the usefulness of this teaching method, and to check it meets the goals, a survey was distributed amongst the students. They were asked to rank the quality of the presentations, the testing, and whether this method was suitable for them. The results show that nearly 90% of the students thought the presentations were understandable and 100% thought the tests were clear and included the materials in the presentations. Approximately 90% said that the subject material was suitable to this kind of independent learning and only 2.66% thought the method was not suitable for them. These positive results show us that this teaching method, including all its parts, is effective for the students and teaching staff. Effective and developing for the students in their learning and increase their self-security. Of course all of this must consider the subjects that are suitable to self-study, as well as the complexity of the material and the presentations for the students.

Reference

Making your experience count: a blended method of e-learning, enquiry-based learning and a reflective model of supervision with undergraduate mental health nursing students

Lindsay Rigby, Teaching Fellow/Clinical Research Therapist; Ian Wilson, Dual Diagnosis Trainer/Clinical Nurse Specialist; Philip Keeley, Director of Innovation in Learning and Teaching; Andrew Hall, Director of On-line and Blended Learning; Kate Dunne, Undergraduate Student; Tim Walton, Teaching Fellow of On-line and Blended Education, University of Manchester, UK

The need for adequate and appropriate supervision and the implementation of evidenced-based practice for mental health professionals is clear from current policies and guidelines (Ten Essential Shared Capabilities for Mental Health Workers, NIMHE, 2005; Chief Nursing Officer’s Report, 2006; New Ways of Working, Department of Health, 2007). As a result educationalists and trainers in health must recognise the importance of socialising students into a reflective, proactive style of working. Nurses in training must be enabled to resolve clinical dilemmas using current evidence and assume ownership of their own professional development to equip them in their future careers.

Enquiry based learning (EBL) covers a spectrum of approaches, including Problem Based Learning (PBL) which has proved to be effective in the enhancement of self reflection, critical analysis and reasoning if meaningful, real clinical scenarios are used (Cooke and Matarasso, 2005). Murphy (2004) indicates that reflective learning is necessary in order to implement evidenced-based practice in clinical settings. As clinical mentors may have limited research and supervision skills, reflective learning from an academic perspective on placement in clinical settings is limited (Ehrenburg and Haggblom, 2006). EBL additionally uses a research-based approach to clinical studies and case projects in a flexible and self-directed manner (CEEBL, 2009).

Teaching fellows at the University of Manchester introduced an innovative teaching approach which was initially developed from an enquiry based supervision group. In the early stages of this initiative students developed their own issues from their experience in clinical settings. Students were then encouraged to research the existing evidence base and make explicit links between their clinical experiences and theoretical knowledge base.

In 2008 the Centre of Excellence in Enquiry-based learning (CEEBL) awarded the authors a grant in order to develop this learning model further, evaluate its effectiveness and its acceptability to students. This award was then ‘match funded’ by the School of Nursing, Midwifery and Social Work Development and Innovation in Education Fund to introduce an e-learning component into this existing format to meet the University of Manchester's commitment to increase e-learning opportunities to students to 40% of teaching time 2015.

This model has now been developed further in collaboration with students. It now utilises an on–line discussion board, a ‘web log’, small face-to-face group discussions and facilitated support from teaching staff. This form of learning encourages students to progress towards the outcomes of the existing course curriculum in the following ways:

- By developing the students’ knowledge and evidenced-based clinical skills by addressing clinical issues as they arise from their own experiences on placement
- By equipping students with the skills needed to access solutions to clinical, theoretical, ethical and conceptual dilemmas in mental health nursing using problem solving skills
- To become reflective practitioners by gaining a deeper understanding of real-world issues in a structured and formal supervisory setting

As emerging practitioners it is expected that students will take an active and responsible role in this process by bringing issues, questions or reflections of their experiences of clinical practice. This method of learning enables students to gain a further understanding of issues which might not have been covered by the coursework and facilitates students to review specific areas of interest. Additionally, this will allow students to utilise a combination of problem solving, information seeking and reflective skills using a wide range of information resources. The model additionally incorporates formative and summative assessments in the form of a reflective report based upon a clinical issue as identified by each student.

The effectiveness of this process with four different cohorts of students is being investigated by independent research assistants. Qualitative data is being collected using focus groups and quantitative data is being extracted by the use of questionnaires and on-line tracking data. The aims of the evaluation are to explore the subjective experience and self perception of students using this EBL approach in relation to their self-directed learning, reflective learning styles, acquisition of knowledge, and an ability to develop concise reports. It is also the intention of the team to examine students’ engagement within the groups and to analyse the contributions made by individual students. Potential obstacles and barriers that might impede the successful application of this pedagogical approach will be identified.
This theme paper will present the preliminary findings from this research and will also outline future directions in research as well as discussing the practical, clinical and educational benefits of this blended learning method.

References


Curriculum Innovations

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
T71

From healthcare assistant to registered nurse: learning at arm's length

Victoria Anne Arrowsmith, Senior Lecturer Adult Nursing, The Open University, Milton Keynes; Lesley Holland, Staff Tutor, The Open University in the East of England, Cambridge, UK

This paper discusses a unique, work-based, distance learning pre-registration nursing programme and presents a range of evaluations that have taken place since the programme began in 2002. Evaluations include the experiences of students, mentors and university teachers as well reviews by external agencies, including those required by the Nursing and Midwifery Council.

This new and innovative pre-registration nursing programme was developed by The Open University (OU) and the first students completed their studies in 2006. It offers healthcare assistants (HCAs) an opportunity to continue in employment while working towards registration as a nurse and gain a Diploma in Higher Education. The programme was developed taking into account the concerns around healthcare education at the end of the last millennium. For example, ‘Fitness to Practice’ (UKCC, 1999) expressed concerns about the lack of practical experience and basic skills that newly qualified nurses possessed. The OU programme, being work based, provides students with extended opportunities to practise their clinical skills and its part-time nature reflects the flexibility that Peach (UKCC, 1999) and more recently Lord Darzi (DH, 2008) endorse.

OU students on the programme are recruited from experienced healthcare assistants and assistant nurses. Learning is facilitated through a blended approach which reflects international developments in teaching and learning practices (Harden and Hart, 2002; Van Eiji et al., 2005; Willen et al., 2006). Learning is managed through a variety of media, such as text, audio, video, DVD and CD-ROM and delivered at distance. The stretch of the learning and teaching ‘arm’ from the university centre at Milton Keynes varies considerably. Students are located across a wide variety of geographical areas and clinical settings, ranging from those in the northern Isles of Scotland to those in the States of Jersey. A blended learning approach is taken and learning resources include specially prepared texts and CD-Roms as well as text books and a comprehensive e-library. Students have opportunities to discuss nursing practice, face to face in tutorials and through web-based forums, as well as in clinical practice settings with mentors, peers and colleagues. As Rowntree indicates (1990, p.13) distance learning may be an alternative to other forms of teaching but can also be combined with them.

In this paper we will demonstrate how the theoretical and practical dimensions of learning to be a registered nurse are taught and learned through supported distance learning. Verbatim examples from student feedback will be presented, as well as data from formal evaluations to illuminate the learning journey. The roles of the teachers who support student learning will also be discussed. Teachers include mentors in clinical practice settings and employed by service providers, as well as course tutors and programme tutors employed by the OU. Evidence of their experiences will be presented, together with evaluations of their roles based on a range of quality assurance procedures.

In addition to student and teacher evaluations of the programme, evaluations from external perspectives will also be presented. The programme has been the subject of review each year from its outset, including the Quality Assurance Agency major subject review, review from the nation perspectives of Education for Scotland, Northern Ireland Practice and Education Council, and, more recently, the Nursing and Midwifery Council UK-wide Quality Assurance Framework. An overview of these reviews will be discussed, outlining the challenges identified and the accolades. Finally, attrition rates for the programme and the employment rates for diplomates as they enter the healthcare workforce as registered nurses will be presented.

References


Developing the senior charge nurse role: educating an advanced specialist practitioner?

Kay Currie, Head of Division, Glasgow Caledonian University, UK

The aim of this paper is to illustrate the influence and integration of policy drivers within innovative curriculum development in the context of advanced nursing practice and the senior charge nurse role.

In the past, the relationship between UK NHS workforce strategy and policy, professional regulation, and educational provision has been noted to be strained at times (Carroll, 2002; Longley et al., 2004; Lloyd Jones, 2005). Nowhere is this more apparent than in the debate around the use of nursing role titles and professionally regulated educational qualifications such as the Specialist Practitioner Qualification (SPQ) and the more recently mooted Registered Advanced Nurse Practitioner (Nursing and Midwifery Council (NMC), 2005).

Within the UK context, the NMC recordable Specialist Practitioner Qualification (SPQ) has had a chequered history outside of community settings and arguably is now languishing under the shadow of deliberations around the regulation and registration of the Advanced Nurse Practitioner (RANP). Extensive consultation around the role and competencies for the RANP appears to have emphasised advanced clinical skills such as physical assessment, diagnosis and initiating treatment plans which, although commensurate with the Nursing and Midwifery Council’s public protection remit, has neglected other forms of advanced nursing practice such as leadership, management, education, research and practice development.

Attempts by the Nursing Midwifery Council to set standards for registration of the title, education and assessment of the Advanced Nurse Practitioner appear to have stalled amidst wider consideration of professional regulation issues. Conversely, UK Government strategy has moved apace, with the ‘Modernising Nursing Careers’ document presenting the profession with an opportunity to refocus on education and role development which both challenges the individual and meets the changing needs of the population (Department of Health, 2006). The Scottish Government Health Department responded to this strategic steer by engaging in several work streams, notably projects around the development of a Scottish career framework for nurses, influenced by Skills for Health (2006), leading nationally on work around advanced practice which culminated in the publication of the Advanced Practice Toolkit (SGHD, 2009) which acknowledged an advanced level of practice in clinical nursing, education, management and research roles; and reviewing and redesigning the senior charge nurse role (SGHD, 2008).

Within these strategic initiatives, the redesigned senior charge nurse role is located at level seven, ‘Advanced Practice’, on the career framework and four specific role domains of practice are articulated as follows:

- To ensure safe and effective clinical practice
- To enhance the patient experience
- To manage and develop the performance of the team
- To contribute to the delivery of the organisation’s objectives.

Returning to the place of the SPQ, Glasgow Caledonian University has hosted a BSc (Hons) Specialist Nursing/Specialist Practitioner Qualification degree since 1996. The most recent revalidation of this non-community specialist programme in 2008 presented an opportunity to reconsider the position of the SPQ in the current strategic acute care context. Initially, we considered discontinuing the SPQ, as contemporary professional debate seemed to focus on Registered Advanced Nurse Practitioner competencies. However, reflection on the new senior charge nurse role domains, in light of recent PhD work (Currie, 2006), highlighted the strategic leadership and practice development role of graduates from the SPQ programme, and we felt the opportunity existed to develop an innovative SPQ curriculum in tune with emerging policy directives.

Working in partnership with Scottish NHS policy makers, service managers and clinicians we mapped senior charge nurse role domains alongside SPQ learning outcomes to develop a new educational pathway, incorporating work-based learning and project management, thus demonstrating a potential value for the neglected Specialist Practitioner Qualification. We believe this ‘rebranded’ Specialist Practitioner Qualification offers an appropriate and challenging educational opportunity for Senior Charge Nurses working at an Advanced Practice Level within the Scottish career framework, providing a professionally approved recordable qualification for practitioners who are responsible for leading clinical care. This presentation will share our experiences of policy-driven, practice-led curriculum design.

References


Learning from and through practice

Adeline Cooney, Senior Lecturer; Siobhan Smyth, Lecturer, National University of Ireland, Galway, Ireland

A challenge for professional programmes is ensuring students apply their learning in practice. This paper will share an innovative approach to supporting students learning from and through practice. Students taking a postgraduate diploma in chronic disease management are expected to apply the skills they learn on the programme in their practice. The challenge was to find a way for students to make their learning visible to their peers and managers while simultaneously demonstrating that they achieved the programme learning outcomes.

Barr et al. (2005) considers educational programmes should:
1. change learners attitudes and perceptions towards clients, their problems and needs, circumstances, care and treatment
2. give students knowledge and skills in relation to concepts, procedures and interventions
3. change learners behaviour through application of new knowledge and skills in practice
4. benefit clients by improving their health or well-being
5. support changes in wider organisational practices by making changes to how care is delivered.

Similarly, the Office of the Nursing Services Director (2008, p.60) highlight that nurses and midwives must:
1. maintain competency
2. undertake research
3. apply it in their practice to improve client care.

A transformation priority (Health Service Executive, 2006) is that all staff should engage in transforming health and social care. These requirements informed the approach that will be taken to guide and assess students' clinical learning in this programme.

Boyer's (1997) Model of Scholarship and Barr's et al. (2005) criteria (outlined above) informed the development of a framework which will guide and assess student learning in the clinical setting. Boyer (1997) expanded the traditional definition of 'scholarship', to include: the scholarship of discovery, the scholarship of integration, the scholarship of application and the scholarship of teaching. Although originally devised to reflect 'scholarship' of academic staff in university settings, it is argued that this model is equally applicable to professional practice. This paper will share the framework and our strategy for its use.

References


Embedding service improvement and patient safety curriculum into pre-registration nurse education

Angela Christiansen, Head of Adult Nursing, Edge Hill University, Ormskirk, UK

The recent publication 'High Quality Care for All' (DH, 2008) identifies that improved quality and enhanced patient safety remain key priorities for the NHS. Batalden and Davidoff (2007) define quality improvement as 'the combined and unceasing efforts of everyone to make the changes that will lead to better care outcomes (health) better system performance (care) and better professional development (learning)(p2).

This paper reports upon a project to embed service improvement curriculum into pre-registration nurse education to enable students to develop the capabilities to undertake quality improvements and enhance patient safety. The project was undertaken as part of the NHS Institute for Service Improvement and Innovation work stream to build capacity for a self-improving NHS. The participating UK university and its local NHS partners committed to the development of future practitioners who actively seek to improve their services, who are receptive to new ideas and able to apply a variety of tools to improve services and enhance the safety of their patients.

To achieve this, service improvement curriculum was embedded into the penultimate module in the pre-registration nursing programmes. This commenced with a core-learning day in which students were introduced to the patient perspective facilitated through multi-media patient stories. These first person experiential accounts captured the students’ attention and motivated them to be interested in how services could be improved. Students were subsequently introduced, by local experts in the field, to patient and public involvement, systems thinking, process mapping and service improvement tools including the PDSA cycle, personal and organisational development and delivering and sustaining improvement and innovation.

Prior to commencement of the project the university engaged with practice partners to ensure that local service provider Trusts were receptive to, and supportive of, students’ engagement with service improvement. Following completion of the theory element of the module student undertook a period of supported work-based learning in which they were encouraged to gain patients perspectives of their experience and identify an area amenable to improvement. During the placement student learning was supported by registered mentors in the workplace and facilitated action learning sets within the university. Action learning sets encourage active listening, reflection and problem solving and are a valuable strategy to address problems arising in the workplace and to learn new ways of working (McGill and Brockbank, 2004). Following the establishment of ground rules, student within the sets were encouraged to question fellow students, to reflect upon actions taken and consider actions to take forward in relation to the service improvement project.

To ensure constructive alignment of learning, student learning was assessed by a student presentation of their service improvement project. Students were required to provide a rationale for the improvement project, demonstrate the application of a PDSA cycle or other service improvement tool and consider factors necessary for sustained collaborative improvement. Students were also encouraged to reflect upon key learning in relation to their developing professional knowledge and skill.

Following completion of the module, students were invited to complete a questionnaire designed to capture key aspects of their experience of service improvement learning. The 135 respondents (n=134) included 68 adult nursing students, 40 child branch students, 20 mental health and six learning disability students. Analysis of the findings suggests that the service improvement curriculum had increased student confident to undertake service improvement with 55% identifying themselves as confident and 16% as very confident. 78% of students found the work organisation in which the improvement project was undertaken to be receptive to their efforts with 7% suggesting that it was not very, or not at all receptive. Most significantly the data suggests that 99% of students considered service improvement curriculum to be important to their professional development and 74% considered that knowledge of service improvement would help them to secure employment or enhance their future prospects. This paper reports upon the implications of these findings and considers the key challenges of implementing a service improvement curriculum to achieve successful student learning.

References


References


Using creative methods to explore professional issues: keeping an holistic perspective

Jenny Hall, Senior Midwifery Lecturer, University of West of England, Bristol, UK

I am currently carrying out an EdD qualitative study examining the essence of the meaning of the ‘art’ of midwifery. Up to now there has been limited research to identify what the ‘art’ or ‘craft’ of midwifery is or how best to teach it. The suggestion that current educational systems are stifling ‘creative potential’ in healthcare students (Fasnacht, 2003) has led to the intentional use of artistic methods to prevent passivity (Davies and Wickham, 2007:191) and stimulate debate. The proponents of art therapy recognise the worth of this more ‘rounded’ approach (Robbins, 1994), and it is suggested that the use of imagination is critical in enabling individuals to adapt and improvise in situations of change (Palmer, 1995). Therefore, encouraging creative imagination in the students may lead them to be more open to how they respond to those they care for in the future, as they will then recognise these aspects in others. In addition, the use of spontaneous art has the potential to provide internal responses rather than reliance on the purely cognitive. This is in keeping with a holistic approach to education.

The participants in the study are qualified midwives who have been involved in a session exploring the art of midwifery as students on a post-qualifying degree programme. Part of the session uses creative methods to enable self expression (Cameron, 1993). The purpose of this is to attempt to encourage the participants to engage their whole body; through creating they are using themselves. Although the use of creative methods of teaching have been recommended in some higher education texts (Heron, 2002; Gale, 2001; Sternberg and Williams, 1996), they are not extensively used in midwifery education (Davies and Wickham, 2007) and are currently rarely evaluated.

For the study I used an intuitive approach, with an aim of providing a holistic picture of the participants using a ‘bricolage’ of methods. The different methods being used are:

- Personal story
- Use of creative collage
- Photo-elicitation
- Quilt making as reflexivity.

As an additional aspect of the study the participants were asked to complete a questionnaire and discuss their views and experiences of the use of creative methods in this way. This presentation will describe the educational session and present the midwives’ responses. Discussion will include reference to the potential for future use in higher education or professional settings. Furthermore, I will show some of the creative materials made during the course of the study.

References


Introducing intravenous therapy skills into the pre-registration nursing curriculum

Zoe Scullard, Acting Portfolio Leader for Practice Learning (Pre-registration Nursing), Buckinghamshire New University, Chalfont St Giles; Fiona Gracie, Senior Lecturer, Acute and Continuing Education, Buckinghamshire New University, Chalfont St Giles; Helen Bodlak, Nurse Education Lead, Hillingdon Hospital NHS Trust, London, UK

Aim, rational and policy drivers

‘My aim is to convince and inspire everyone working in the NHS, and in partner organisations, to embrace and lead change’.


Historically, intravenous (IV) medication administration had been seen as an extended nursing role; this is no longer the case. The RCN Standards for Infusion Therapy (2005) confirm that infusion therapy is an integral part of nursing practice taking place in both acute and primary care settings. Furthermore, the ever-increasing acuity of patients within the acute and community setting and the growing number of acutely unwell patients being nursed in general ward areas and indeed at home has led to a larger proportion of medicines previously administered in more acute and critical care areas now being administered routinely by nurses in all areas. Additionally, a greater number of medications are supplied and prescribed in IV form. Therefore nurses must be administering medicines by all routes at the point of qualification in order to meet patients’ needs. The NHS paper Modernising Nursing Careers: Setting the Direction (2006), calls for nursing careers to be responsive to the profound changes taking place in the structure of healthcare delivery.

Contemporary policy drivers and local service demands added impetus for both Trust partners and university to investigate and develop a pre-registration curriculum that included IV medication administration. The aim of the pilot project is to ensure that newly qualified nurses are competent to deliver care that reflects current and future needs of patients in all care settings.

Pre-registration BSc (Hons) Adult Nursing students were given the opportunity to be included in an IV medication administration pilot project. If successful students could, upon registration, undertake IV medication administration. Students and Trust staff had identified this innovation as a desirable additional proficiency, beneficial to both employer and graduate.

Partnership working

Imperial College Healthcare NHS Trust and Hillingdon Hospital NHS Trust agreed to co-host the pilot. Representatives from practice and members of university academic staff attended regular meetings and workshops. Planning and preparation incorporated the following key areas for consideration and operationalising:

- Selecting clinical placements to support the pilot which would ensure that students would gain sufficient practice in the IV administration of medicines
- Identifying appropriately qualified mentors
- Preparing mentors for assessing student’s competence
- Involving pharmacy staff in order to align and ratify policies and procedures
- Identifying the link lecture support for the students and the mentors.

Choosing a cohort

The pilot was open to pre-registration BSc (Hons) only who met all the necessary criteria. This cohort was small (n = 12) and easily defined. A number of issues were considered including:

- Theory and practical preparation; which needed to be comparable with that delivered to registered nurses
- A verification of preparation undertaken prior to placement
- Documentation was needed to verify students had attended the relevant preparation and were part of the pilot and therefore able to participate in the administration of IV medicines with the supervision of their mentor.

Curriculum issues

The Standards for Infusion Therapy (RCN, 2005) provides a comprehensive series of standards relating to IV therapies and acknowledges that IV therapy has become more complex in recent years (RCN, 2003, p.6). The guidance discusses the areas of theoretical and practical training required to undertake the administration of IV therapies and offers a framework for educational programmes. The IV project framework is based on the guidance offered within the RCN Standards (RCN, 2005) and Nursing and Midwifery Standards for Medicine Management (2008).
Time frame
Consultation took place with a number of practice partners resulting in a workshop convened in July 2007. The group agreed to the development of the IV pilot over the following 12 months. The pilot was launched in September 2008 with theory and simulated learning. A four-month period of preparation for mentors and lecturers to support the pilot was developed and undertaken prior to the clinical element commencing. In February 2009, on successful completion of the theoretical component and the practice workshops, students commenced the assessment in practice stage. During the two 12-week clinical placements the students were assessed and their competence documentation completed.

Evaluation
A full evaluation will be undertaken at each stage of the pilot and findings disseminated through appropriate fora and used to inform the development of IV training for pre-registration students further.

As this abstract was written in January the results and findings were not available, however all will be revealed at the conference!

References
Nursing and Midwifery Council (2004) Standards of Proficiency for Pre-Registration Nursing Education, London: NMC.
Royal College of Nursing (2005) Standards for Infusion Therapy, London: RCN.
Developing Teachers

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
**T77**

**Becoming a nurse teacher, transience, identity and role adaptation: a new model in action**

Becky Chady, Lecturer Palliative and End of Life Care; David Pinnock, Lecturer Surgical Nursing and Clinical Skills; Jo Rutt, Lecturer Medical Nursing and Clinical Skills; Katharine Whittingham, Lecturer Community Nursing and Clinical Skills, University of Nottingham, UK

Becoming established as a nurse teacher takes the individual through a process including loss of identity, disorientation, alignment and re-establishment of identity. This presentation explores these experiences by focusing on the recurring themes emerging from the reflections of four registered nurses entering a university-based school of nursing, midwifery and physiotherapy. It concludes by suggesting:

- Importance of induction planning for new nurse teachers
- Ongoing reflection on experience
- Support for nurse teachers in working through the process of change as they help shape healthcare education of tomorrow.

A visual model has been designed to demonstrate the steps each lecturer went through from the start of the role through to the present time. (Figure 1)

The concept that transition is a positive process leading to outcomes including resilience and reconstruction (Kralik *et al*., 2006) were not felt by the group during the process of change. The idea of transience, a fragile state related to uncertainty and separation (Larkin, 2007), fitted more with the feelings and experiences of the new role. For this reason the framework of the model encapsulates the concept of transience and is used to embrace the stepping-stones within it.

Importance of understanding the role of reflection to validate experiences and enhance the learning process (Braine, 2008) is as crucial for the lecturer as it is for the students. Reflections were written within the first two weeks, then at four months and again at eight months. Through the process of reflection, peer support and regular meeting of the new starters as a group common ideas emerged. Extracts from individual reflections will be presented at the conference to introduce the four keys themes that form the stepping-stones through the process of transition towards developing a new identity.

- **Loss of identity**: The overwhelming sense of loss of identity was shared and was particularly powerful with the focus on loss of the ‘nurse’ status and leaving behind the clinical role. On entering the university there...
was a sense of excitement and anticipation. There was also a powerful sense of loss. The confusion over our title of tutor, lecturer or teacher also added to the sense of loss of identity.

- **Disorientation**: Understanding conflicting demands of the nurse teacher role added to the sense of disorientation. There seemed to be a wide gap between the philosophical standpoint of role of the nurse teacher in a higher education institution (HEI) and experiences of the new starters. The lecturer model within the school supports one day per week for professional development and working clinically was encouraged from the start. However, this was difficult to negotiate. We started to question if these factors actually mattered and concluded that during this process of searching for identity it did.

- **Landmarks**: The concept of having landmarks became particularly relevant when reviewing the experiences of one of the group members who had previously worked as a nurse lecturer for four years. Familiar landmarks were not present in the new organisation so a searching for different landmarks became essential and included establishing ways of working, developing relationships and the understanding the role of the new starters mentor. The importance of relationships, familiarity and orientation became central signposts which helped towards the aligning stage.

- **Aligning**: Assimilating culture of the organisation was vital at this stage. New relationships, personal objective setting through the school’s activity review process, involvement in curriculum planning and ongoing reflection were key parts of the alignment process, an essential stage to moving towards a new identity of nurse lecturer.

The outcome of this process has been an emerging new identity as a nurse teacher and includes experiences of clinical practice, working in the classroom, establishing relationships with peers and students, starting scholarly activity and objective setting. The process of creating a new identity for a lecturer is potentially crucial in framing the role that develops over subsequent months and years. The importance of a new lecturer understanding the concept of reflection is highlighted, as well as the role of the organisation in ensuring induction takes account of the impact change can have when moving from a clinical to an academic environment.

The implications of this new model for healthcare education are many. Understanding experiences of change for self potentially helps to facilitate others through the process of transition, whether this is a new colleague or home/international student. In addition, literature reviews of experiences and role of nurse teachers from Europe and America support the idea that there are many conflicts and demands to the role of being a nurse teacher. Developing a flexible induction programme and ongoing support and reflection for teachers is central to ensuring a continued workforce of change agents for both education and healthcare. Strategic implications of developing nurse teachers and enhancing the productivity of the school, investing in professional standards and performance are all-vital for a HEI to be at the forefront of educating healthcare workers of tomorrow.

**References**


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**T78**

**What students can tell about lecturers when they are teaching: manifestations of confident and under-confident lecturers**

**Paul Street, Teaching Fellow, University of Greenwich, London, UK**

Delivering a lecture requires confidence, a sound knowledge and well developed teaching skills (Cooper and Simonds, 2007, Quinn and Hughes, 2007). However, practitioners who are new to lecturing large groups in higher education may initially lack the confidence to do so which can manifest itself in their verbal and non-verbal cues and the fluency of their teaching skills. This results in the perception that students can identify the confident and non-confident teacher during a lecture (Street, 2007) and so potentially contributing to a lecturer’s level of anxiety prior to, and during, a lecture. Therefore, in the current educational climate of consumerisation, with the increased evaluation of teaching by students, having the ability to deliver high-quality, informed, and interesting lectures assumes greater significance for both lecturers and universities (Carr, 2007; Higher Education Founding Council 2008, Glass et al., 2006).

This paper will present both the quantitative and qualitative data from a two-phase mixed method study with 75 nurse lecturers and 62 nursing students in one university in the United Kingdom. The study investigated the notion that lecturing has similarities to acting (Street, 2007). The findings presented here are concerned with how students perceived lecturers’ level of confidence and how lecturers believed they demonstrated confidence. In
phase one a specifically designed questionnaire was distributed to both lecturers and students and a response rate of 91% (n=125) was achieved, while in phase two 12 in-depth semi-structured interviews were conducted with lecturers.

Results suggested that students in a lecture could identify if the lecturer was confident or not by the way they performed a lecture. Students identified 57 manifestations of non-confidence and lecturers identified 85, while 57 manifestations of confidence were identified by students and 88 by lecturers. Overall, these fell into 12 main converse categories, ranging from body language to the use of space within the room. Both students and lecturers ranked body language, vocal qualities, delivery skills, involving the students and the ability to share knowledge as the most evident manifestations of confidence. Elements like good eye contact, smiling, speaking clearly and being fluent in the use of media resources where all seen as manifestations confidence, conversely if these were poorly executed then a presentation of under confidence was evident. Furthermore, if the lecturer appeared enthusiastic it was clearly underpinned by the manifestation of a highly confidence lecturer who was secure in their knowledge base and teaching abilities:

> Some lecturers do appear enthusiastic but others don’t. I think the ones that do know what they are talking about, you can see it in their voice and in their lively body language. I think they are also good at involving the students even. I think the good ones are able to turn boring subjects into lively and interesting ones.

(Student 50)

Significantly more lecturers than students felt the lecturer should appear confident when lecturing. The lecturers stated it was particularly important to do so when they did not feel confident, because they were concerned with appearing capable. It seems that these students and lecturers perceived that expressive and apparently confident lecturers can make a positive impact on student groups in terms of involvement in lectures; the data also suggested the reverse, for the under confident lecturer.

Findings from phase two indicated that these lecturers assumed a persona when lecturing, particularly, but not exclusively, when they were nervous. These lecturers went through a process of assuming and maintaining this persona before and during a lecture as a way of promoting their internal perceptions of confidence but also their outward manifestation of confidence. Although assuming a convincing persona may have a degree of deception about it, providing the knowledge communicated is accurate, the deception may aid rather than hinder learning, because enhances the delivery of a lecture. Therefore, the deception of acting a little more confidently than one feels might be justified when the lecturer knows the knowledge they are communicating is correct, unlike the Dr Fox Effect where the person delivering a lecture is an actor and does not know the subject in any detail or depth and where the deception to be justified (Naftulin, et al., 1973).

In conclusion, these students and lecturers perceive that confident and enthusiastic lecturers communicate their passion for the subject in an interesting and meaningful manner through the use of their voice, body, space and interactions in such a way that shows confidence in their knowledge as well as their teaching abilities. If lecturers, therefore, can take a step back to consider how they deliver lectures in apparently confident ways this may increase their ability to engage their students and not only help them being perceived as good lecturers, but also contribute to the genuine act of education.

References
Take it or leave it! How do lecturers respond to student feedback?
Anne-Marie Alger, Senior Lecturer, University of Central Lancashire, Preston, UK

Presentation Aim
The aim of this presentation is to explore how lecturers respond to, and act upon, student feedback.

Outcomes
Delegates will be able to:

- Consider the value of student feedback to lecturers within higher education
- Explore some of the factors influencing lecturers’ responses to student feedback
- Appreciate lecturers’ responses to positive and negative student feedback.

Content
Forming part of a Masters in Education, this presentation will share the findings of a small research project. The study was conducted across a Faculty of Health within a large university in the UK.

Students within the presenter’s university provide meaningful feedback about their learning experience in a variety of ways. These formal and informal methods include module evaluation questionnaires, student satisfaction surveys, focus groups, emails, group discussions, student representative groups, and informal verbal feedback. Wider research has indicated that closing the feedback loop is an essential element in ensuring that this feedback is meaningful (Nelson, 2006).

However, how lecturers’ respond to feedback could have a serious impact on whether students feel that their feedback is valued; listened to, responded to and acted upon. Research suggests that responses by lecturers are inconsistent (Swain, 2008) prompting further questions about how we, as lecturers, feel when we receive feedback about our teaching, and what we do with this feedback as a result. Anecdotal evidence may suggest that we respond differently depending on factors such as levels of experience, time ‘on the job’ which students are providing the feedback, whether the feedback is ‘negative’ or ‘positive’, and whether this feedback results from an individual session, short module or longer programme of study.

The presenter wanted to investigate this area of our practice as part of her MEd, as this impacted on a wider project investigating on-line student evaluation and its potential effectiveness. It is also an important part of professional practice through the development of a collaborative approach to evaluation and feedback which engages both students and lecturers, enhancing teaching and learning experiences, and the student’s motivation to learn (Warman, Alger and O'Donoghue, 2008).

Using qualitative and quantitative approaches (on-line questionnaire and semi-structured interviews), and recognising the subjectivity and lived experience within the educational setting, the presenter wanted to capture what lecturers say and do in relation to responding to student feedback. Purposive sampling was used to create a balanced representation of staff across the faculty in relation to age, gender, discipline, experience and time in post. Thematic analysis allowed the key issues arising from the data to be explored.

The paper suggests a need for education or re-education on the value and purpose of evaluation and feedback for both lecturers and students (Kogan and Shea, 2007) in order to close the current gap in the feedback loop. This would be particularly relevant for newer lecturers as part of their induction process, but potentially just as beneficial for those who have been in post for some time who need to adjust to the global marketplace in which HE sits and ‘tune in’ to the new student voice (Pudner, 2007).

As lecturers, as professionals – surely we want to get the best from our students. We can only do this through listening, responding, supporting and ultimately meeting individual student needs.

References
T80

Stimulating critical thinking via classroom discussion strategies

Jeff Jarosinski, Our Lady of the Lake College, Baton Rouge, USA

Previous research has shown that Critical Thinking Skills are crucial in a nursing environment. Nurses must be able to assess precisely, think quickly, decide accurately, and execute with exactitude. Teaching and learning can promote Critical Thinking Skills, an essential ability in lifelong, successful nurses. These skills are indispensable to fostering an increased tolerance for ambiguity and an appreciation for the complexities of real life situations. Critical Thinking Skills are nurtured when new perspectives are brought from outside the boundaries of the classroom into a learning environment that is open and free, but still under the control of a savvy instructor. Class discussions, therefore, can be an important tool in constructing such an environment, but many educators are not aware of the value of fostering Critical Thinking Skills for nursing students. They may also not be completely comfortable with, or properly trained in, the ‘art’ of leading a good discussion. What questioning techniques are best suited to promote Critical Thinking Skills? How can responses be leveraged for powerful supplementary learning? How can quiet students be engaged so their valuable input is held in high regard? How can an instructor best be prepared for this style of classroom discussion? These questions and additional ones will be answered.

People in attendance will become aware of the three stages of teacher/student interaction, together with various avenues to handle responses including how to extend the answers of students and increase the precision of the responses. Learn how either confirming or rejecting a student’s answer, or doing neither, can best aid Critical Skills Thinking. Discover how to probe an answer to learn further how the student is thinking when answering the question and how this can open up an entirely new avenue for Critical Thinking Skills development. It also allows students to examine what assumptions lie behind their answers, and therefore their decision pathways. Participants will become skilled at deferring a question to another student, or reframing a question in a novel way, or placing it in a dissimilar yet related environment, and see what knowledge ensues. Utilising these instructional techniques, you will witness how your students become better, more respectful listeners once they know they may be called on to comment on a previous response, or provide an answer that integrates a number of the preceding responses. Changing just one of these behaviours as the instructor transforms the learning environment, introduces new possibilities for teacher/student interaction, and significantly affects the development of Critical Thinking Skills.

This presentation will help participants understand the skills involved in orchestrating dialogue by first investigating the connection between Critical Thinking and purposeful classroom discussion through a brief review of the literature. This is followed by an examination of the common obstacles to instructors: What if you feel like you are giving up a measure of control, or fear what questions students might ask? Next, a demonstration of various models of discussion will give participants a felt experience of various levels of discussion and the Critical Thinking Skills they promote. Educators will learn the techniques required to facilitate the different levels of discussion. By the end of this presentation nurse educators will feel inspired to ‘instigate ideas’ among their students by experimenting with class discussion strategies that stimulate Critical Thinking Skills in the nursing classroom and in on-line discussions.

Reference

Education in Clinical Practice

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
The student nurse’s experience of using a virtual learning environment (Second Life®) to receive clinical simulation education

Valerie Ness, Lecturer; Jacqueline McCallum, Senior Lecturer; Theresa Price, Senior Lecturer; Andy Whiteford, Technician, Glasgow Caledonian University, UK

Second Life® is an Internet based 3-D virtual world that is built and owned by its residents i.e, users or avatars. It has the potential for innovative teaching of clinical skills and offers a range of new and exciting possibilities for educators and their students. Already there are a broad range of educational institutions and organisations exploring the use of virtual worlds for the delivery of a wide range of courses and educational events including distance and flexible education, presentations and discussions, historical recreations, multimedia and games design and language learning practice (Kamel Boulos et al., 2007; Nelson and Blenkin, 2007; Hansen, 2008).

Could it therefore be used to simulate real-world nursing experiences in a safe environment? This could enhance experiential learning, with the additional advantage of students and educators being able to work together from anywhere in the world.

Caledonian University has had an ‘actual’ clinical simulation laboratory for over ten years. Since its introduction, the field of clinical skills has developed and its use and the number of students to the university has increased. With pre-registration programmes now needing to demonstrate the teaching and assessment of specific NMC skills clusters (NMC, 2007), these facilities will be stretched even further. The use of a ‘virtual’ clinical simulation laboratory may be one way of allowing all students access to an appropriate, quality learning and teaching experience within the clinical simulation environment.

Caledonian University has invested in the Second Life® virtual learning environment, and own an Island, on which is the university campus with a realistic copy of the actual clinical simulation laboratory (CSL). Therefore a small group of nursing lecturers within the school’s Simulation Group began to investigate the possibility of using real case patients to simulate nursing experiences within this virtual environment.

A review of fitness for practice at the point of registration found some concerns in relation to skill deficits (NMC, 2007). Two main areas were identified in which newly-qualified nurses required considerable support. These were practical skills, such as communication, decision-making and drug administration, and managerial/organisational skills such as delegation and running a ward (Luker et al., 1996).

Could this Second Life® virtual environment be utilised in any way to help address these concerns? Initial investigations by the school Simulation Group ascertained that certain technical or motor skills were inappropriate to teach in this environment; however, perhaps non-technical skills (such as decision-making) which are often difficult to teach in an ‘actual’ simulated environment would be worth investigating further.

The aim of this qualitative research was to explore the student nurse’s experience of using Second Life® for decision-making within a virtual ward based scenario. Six third year nursing students from one higher educational institute were orientated to Second Life® prior to entering a high fidelity clinical simulation laboratory as Avatars (student nurses). Over a six-week period each student carried out a communication and visual assessment of six case-based realistic interactive patients (controlled by a researcher) in one ward within the virtual clinical simulation laboratory (one student per week). During this session a member of the research team acted as another nurse within the ward (as an avatar). These Second Life® activities were linked to the module learning outcomes.

Semi-structured, one-to-one, tape recorded interviews then captured the student’s experience immediately after their experience on Second Life® to explore their decision-making process. At the end of the module a focus group interview with the six students explored their experiences of using Second Life as a tool for learning clinical skills.

This presentation will present the findings of the qualitative data which was collected via the focus group interview with the students and discuss the implications of these results in terms of further research and the use of Second Life® in learning and teaching.

References


T82

Education and practice: changing perceptions and moving it on

Melanie Fisher, Senior Lecturer; Julia Charlton, Senior Lecturer, Northumbria University, Newcastle Upon Tyne, UK

The debate surrounding the education of healthcare students and the interface between education and practice continues globally. So too does the contention surrounding the evidence base of practice and where best this should be learned (Fisher, 2005; Elliot and Wall, 2008).

In the UK, the role of teachers in healthcare and nursing particularly is often the subject of scrutiny. This has been exacerbated by the move from traditional hospital-based Schools of Nursing to Higher Education. Though various tried and tested models have been introduced in an attempt to promote the concept of clinical currency and evidence based practice for example lecturer practitioner, practice educator etc, it is apparent that these roles are not a panacea.

The School of Health, Community and Education Studies at Northumbria University, Newcastle Upon Tyne UK, has developed an innovative mode of working that addresses the interface of education and practice with the aim of promoting, sharing and developing evidence based practice, engaging in research and enhancing an educational and research philosophy.

The Educational Zone Team was developed 18 months ago following consultation with academic and clinical staff from nursing and allied health. The multidisciplinary team comprises clinicians, academics and practice placement facilitator.

The aims of this team are to:

- Promote partnership between healthcare providers and education
- Provide a professional network in which to identify the evidence base for best practice
- Develop joint educational material that is underpinned by sound, contemporary evidence
- Share information which informs skill development, policy and clinical decision making.

This project is being piloted with one of our partnership healthcare service providers who offer placements to students and the project is currently being evaluated. The team are working on three projects: medicines management, aseptic procedures and placement learning opportunities. Both organisations have already learned much from the projects targeted so far, and there are plans to explore the potential to roll this out to the wider community.

References

T83

Qualified nurses' understanding of reflective practice and its utilisation in education and clinical practice

Pat Williams, Lecturer, Cardiff University School of Nursing and Midwifery, UK

Aim
To describe a research project which investigated post-registration students' understanding of reflective practice

Outcomes
- To identify the students understanding of the reflective process
• To identify how the students have used reflection in education and clinical practice
• To provide recommendations in which the provision of reflective practice theory within the School of Nursing may be addressed.

This paper will discuss the rationale for undertaking the research project entitled: An investigation of the ways in which nursing students (post-registration) utilise the skills of the reflective process both in clinical practice and within their continuing professional development.

The decision for undertaking the research derived from the students’ lack of understanding of reflection when assessing their prior learning during a module. Following the lead session on reflection, the students still struggled to understand the reflective process within the academic assignment and its use in clinical practice.

The exploratory study used an interpretive approach within a qualitative paradigm. The sampling was purposeful and included students from hospital, community and mental health backgrounds.

Reflective practice has been defined as a method by which learning and personal development may be linked to critical thinking and evidence-based clinical practice (Craig and Smyth, 2007; Bolton, 2006; Bullman and Shultz, 2004). A number of influential professional and policy reports (NMC, 2002; 2005; 2006) all advocate that practitioners should develop their knowledge within clinical practice and maintain their personal and professional development by engaging in reflection in, and on, practice and lifelong learning.

The reflective process has been used in nurse education and practice (Taylor, 2006; Bolton, 2006; Jasper, 2003; Gaye, 1998). However, few nurses are skilled in reflecting at deep levels and, if this is the case, then they require a structure to assist in the development of their abilities in the process of critical reflection (Chirema, 2007; Cadman et al., 2003; Andrews, 1996). Furthermore, there is often the opinion amongst post-registration students, that reflective practice is merely an academic exercise with no real application within the clinical area (O Donovan, 2007; Hargreaves, 2004).

The Department of Health Framework for lifelong learning ‘Working Together – Learning Together’ (DH, 2001) emphasises the importance of lifelong learning for everyone working in the NHS and continuing professional development (CPD) is critical to the delivery of the NHS Plan (DH, 2000) and links with clinical governance aimed at providing good quality care for service users. Furthermore, the dynamic context of biological, medical and sociological factors that affect service users necessitates practitioners engaging themselves with a holistic view of those in their care. With these factors impacting on both nursing and educational curriculum, reflection is often considered an appropriate process for the analysis of nursing practice and in the development of critical thought to nursing care in complex situations (McGrath and Higgins, 2006). Thus exploratory research is needed to examine the understanding and experiences of post-registration nursing students in this important skill, both to inform teaching/curriculum and to inform clinical practice.

In redesigning post-registration education and training Designed for Life (WAG, 2005) linked to Agenda for Change and the Knowledge and Skills Framework (DH, 2004) and the need for appropriate education and training to be accessible to support lifelong learning and the commissioning of all education and training at both pre- and post-registration professional education. Furthermore, the DH (2004) through the development review process identified that clinical progress should be made up by:

• Practitioners taking greater responsibility for their own personal development – this includes more reflectiveness and self-evaluation and addressing their own development needs
• Have a greater understanding of one’s own learning needs and styles of learning, and how to facilitate learning and development – learning through doing and reflective practice and undertaking qualifications in educational settings.

This paper will discuss the data analysis of the research and its outcomes which examined participants understanding of reflective practice prior to the commencement of the module. As a result the research established whether the current indicative content of the curriculum in light of reflective skills will address the prior learning/experience of the students and develop this knowledge both for education and in clinical practice.

References
The learning experiences on clinical placement of student nurses with dyslexia: an exploratory study

Jenny Child, Senior Lecturer; Liz Langford, Senior Lecturer, University of West of England, Bristol, UK

Nurse education is a combination of theoretical and practical components which requires the integration of theory and practice; therefore becoming a nurse involves the cognitive, affective and psychomotor domains of learning (Morgan, 2006). The debate regarding theory–practice integration has been ongoing in nursing for decades with differing views on how the student nurse learns best. The Nursing and Midwifery Council (NMC, 2004) requires a 50% split between academia and practice learning hours, requiring the student nurse to undertake assessment of their learning in practice. This requires a practical demonstration of their learning through a number of learning indicators designed by the NMC which have to be achieved at the end of each placement. However, the researchers were receiving anecdotal evidence that student nurses were reaching year three of their training and finding that for the first time they are failing in their practice placement.

Failure at this stage highlights a number of issues around assessment and mentorship, but a key indicator was thought to be the student with dyslexia. There is little evidence about how dyslexia affects nurses and student nurses in workplace learning and what educational institutions can do to help this group (Sanderson-Mann and McCandless, 2006). Dyslexia has been prioritised through the Disability Act (2007). As result of this document universities now have a legal obligation both in the academic and practice setting to the student with dyslexia. This requirement is being met academically with support delivered to the student with dyslexia within health and social care; however, there is little evidence to suggest that this extends into the clinical arena when a student takes up a placement in the clinical setting.

Although there is considerable interest in the quality of the student nurse experience within higher education there is limited research on the student nurse experience in placement (Pearcey and Elliott, 2004). This is particularly so within the experience of the student nurse with dyslexia in clinical placement. Morris and Tumball (2007) have undertaken work that documents interviews taken from students with dyslexia relating to the disclosure of dyslexia in clinical placement; however, this research found that there was currently no perceived benefit to the student in the disclosure of their dyslexia whilst on placement. Disclosure was viewed as a difficult decision to make and viewed as requiring university support by the students who the researchers interviewed. Slaner and Ware (2007) produced a notebook designed to support nursing practice; however, as Morris and Tumball (2007) discuss, practical solutions to some of the difficulties experienced on placement are of an individual nature.

The purpose of this study was to investigate the learning experience of twelve student nurses from two third year pre-registration cohorts in clinical placement. A phenomenological approach was used allowing the students to
objectively reflect upon the experiences gained during their clinical placements and enabling the researchers to gain an in-depth knowledge of the students’ lived experience. In recognising the philosophical underpinnings of phenomenology participants were selected using a purposeful sample of 12 pre-registration students. Six of whom had a formal diagnosis of dyslexia and six who had no known disability.

Findings of this research were divided into three key themes:

- Work-based learning days (WBL days) - good clinical practice is closely linked to education; one cannot be developed without the other, therefore there is value in bringing the two together
- The role of the mentor indicated the pivotal role played by the clinical mentor - this person is required to have a clear understanding of the difficulties that dyslexia presents and is likely to be beneficial in terms of both good and safe practice
- Advocacy - the universities role in managing the student in this role.

The findings of this research will be shared exploring both the student experience in practice and the themes which emerged from both groups (those with dyslexia and those without a known disability): the specialist needs of the student with dyslexia, discussing the recommendations for improving the experience of students with dyslexia in practice and the learning aids that could be introduced to enhance and support their practice experience. Additionally, from the information gained from the students with dyslexia who were interviewed it is evident that there are areas of learning in practice which are both difficult and challenging. For some of these difficulties there exists a range of tools and organisational methods that can be put in place that might benefit the student with dyslexia. These good practices would also be of benefit to all students. This is important because they represent the creation of an accessible learning environment, regardless of disability or learning style which supports the philosophy of inclusion rather than difference.

References

T85
Credible practice assessment: using e-learning to enhance student nurse mentorship

Simon Cassidy, Practice Facilitator, Nurse Education Centre Princess of Wales Hospital, Bridgend, UK

Learning outcomes
1. Identify key issues of mentorship for nurses who support pre-registration student nurses and midwives in clinical settings
2. Examine how mentors can be assisted when assessing nursing students who are on the borderline of achievement in clinical practice.

This presentation spotlights mentor e-learning pages located within the intranet system of one NHS Trust in Wales. The mentor learning pages contain a wide range of information and materials relating to registered nurse mentor assessment of pre-registration student nurses and midwives in clinical practice.
The presenter will take delegates on a tour of the site during a core or theme paper session. Four themes (Standards and Learning; Challenge and Support; Accountability and Risk taking; Credible Assessment) form the central design of the mentor learning pages behind which a further range of material can be accessed. Challenging questions will be posed against these four key themes which are fundamental to mentorship and pre-registration student nurses. Delegates will be asked to respond to one or more of these questions following the presentation:

- What challenges mentors’ ability to supervise students for at least 40% of the time in practice settings?
- How much information should be passed on from one placement to another about students who are underperforming in clinical practice?
- What can mentors use as evidence for their on-going status as an assessor?
- How can mentors be sure they are making credible assessment decisions that are also reliable in comparison to other mentors?

The mentor learning pages offer an innovative way to enhance the focus on this vital area of education in clinical practice. The pages have been designed using a sophisticated combination of Power Point slides and hyperlinked material which functions in the same way as a website. Individuals can navigate the site by clicking on the front-page menu bar or whenever they see coloured icons, pictures or highlighted text to take them to specific information. Whilst available on the Trust intranet system, the portable nature of the Power Point/hyperlink system also enables the mentor learning pages to be downloaded directly onto a PC. This has pragmatic advantages in a number of clinical placements where intranet/internet access is not always available.

Registered nurse mentors have a duty to ‘facilitate students and others to develop their competence’ (NMC, 2008a). A nurse can become a mentor after being qualified for a year if they also complete a Nursing and Midwifery Council validated mentor preparation programme. It is mentors rather than university teachers who are accountable to the Nursing and Midwifery Council for assessment decisions during clinical placements when signing off students’ practice outcomes (NMC, 2008b).

It is important to highlight the paper’s Welsh location because of the co-ordinated ‘All Wales Initiative’ (NAfW, 2002) response to ‘Fitness for Practice’ recommendations (UKCC, 1999) which promoted a consistent approach towards student competence assessment across higher education and NHS Trust boundaries.

Currently in Wales, student nurses enrol onto a three-year university degree programme which has an academic and practice component: 50% theory assessment (including assignments, exams, presentations, course work and on line assessment) and 50% assessment of competence in clinical practice (NAW, 2002). For the clinical practice component, student nurses are required to achieve clinical learning outcomes (subdivided into practice outcomes) during three placements in each year of their pre-registration training. All students are assigned a mentor at the beginning of every clinical placement.

Achievement of clinical practice outcomes are continually assessed by mentors throughout each individual year of pre-registration training. Students are unable to progress to the next year unless they have achieved the necessary academic and practice summative components. Furthermore, a student may be discontinued on the
A profile of professional caregivers’ knowledge and learning need regarding behavioural and psychological symptoms of dementia of the long-term care elderly: a national study in Taiwan

Wen-Yun Cheng, Senior Lecturer; Jing-Jy Wang, Associate Professor; Sheng-Mao Chang, Assistant Professor, National Cheng Kung University, Tainan, Taiwan

Background and purpose

Behavioural and psychological symptoms in residents with dementia have been a major reason for nursing home placements and this number has been dramatically increasing. The need for institutional care is also demanded and imperative to investigate professional caregivers’ knowledge by implementing dementia education programmes which was based on literature review and expert panel discussions, using Progressively Lowered Stress Threshold Model (PLST, Hall and Buckwalter, 1987).

Methods

A purposive sample of 1011 respondents at 15 sites across Taiwan was obtained. Generalised Estimating Equations (GEEs) were utilised to identify predictors affecting professional caregivers’ knowledge of dementia care.

References


T86
Results
Professional caregivers’ education level (p=.0086, p=.0040), type of working facility (p=.0228, p=.0044), and implementation of education programme (p<.0001) significantly contributed to the scores of knowledge of dementia care. Professional caregivers with higher level of education tended to obtain higher scores on knowledge of dementia care, while professional caregivers who worked at community sites were likely to obtain higher scores than those who worked in other environments. Scores of knowledge of dementia care were improved after the education programme provided. After controlling the education factor, logistic regressions suggested that age (p=.0004, p=.0031) and type of workplace (p=.0065) were major predictors for scores of knowledge of dementia care. Younger professional caregivers working at community-based sites tended to have a higher odds ratio for obtaining the highest scores on knowledge of dementia care.

Conclusion
The dementia education programme enhanced the staff’s knowledge and might consequently improve the quality of dementia care. It is necessary to identify trainees’ background of learning need in order to using appropriate modalities that shall assist application outcomes.
Interprofessional Learning

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
Does interprofessional learning impact positively on interagency working in a community of child protection practice?

Elaine Uppal, Lecturer, Directorate of Midwifery, University of Salford; John Powell; Tony Brown, Manchester Metropolitan University, UK

Aims/objectives

1. To provide a psychodynamic account of interpersonal identifications within the community of child protection practice
2. To provide a social cultural analysis of the discursive terrain, its silences and its impact on perceived social roles
3. To contribute to social science theory regarding the nature of interprofessional learning
4. To provide a framework to guide future practice in the context of IPL in child protection towards enhancing multi-agency working.

Research methods

The overall methodological approach is qualitative in nature, utilising ethnography with a range of data collection methods including various observational approaches and questionnaires to capture a variety of overt and covert discourse.

Background

IPL implies learning for a common purpose to improve collaboration or quality of care (CAIPE, 2003); in this study the focus is collaborative learning to improve the quality of child protection working practices. Following the Climbié Inquiry (Laming, 2003) child protection policy and practice trends within the UK have made a decisive shift towards encouraging and supporting multi-agency working (DH, 2004; DfES, 2004). Yet professional barriers (Harlow and Shardlow, 2006) within the professional-cultural dimension (Hudson, 2005) and the micro-politics of joined-up endeavours (Garrett, 2004) resist easy transition. In particular, inertia resulting from embedded definitions of professional identifications, particularly relating to individuals’ perceptions of self and others, could be posited as a restraining factor dampening any renewal of relationships between agencies. This apparent collision of communities of practice invites research to examine how a transition to a more collaborative and effective state of affairs might be achieved. By combining socio-cultural learning theory, particularly in relation to communities of practice and situated learning and psychodynamic theory, this study proposes to address some of these issues. The forum for research is Local Safeguarding Children Board’s multi-agency training provision, where practitioners from the various professions involved in child protection have accessed education for almost twenty years.

Theoretical underpinnings

Socio-cultural theory supports the work drawing, in particular, on situated learning (Lave and Wenger, 1991) as a process of participation. Yet rather than considering this theory in relation to apprenticeship or gradual assimilation within an existing community, the various participants are representing their respective professions, organisations and existing power constructs within these. Thus the renewal of professional relationships is to be negotiated within a situation of co-participation rather than competition. This invites Wenger’s (1998, 1999) later development of peripheral participation into the idea of a community of practice as a framework for analysis of the practice of working groups. Team building principles (Adair, 1987) can be applied as a basis to investigate the process of learning and working together, recognising that the sum of the parts can be greater than the whole. With reference to distributed cognition (Salomon, 1993) a group of learners working together potentially learn more than individually, building on Vygotsky’s (1978) Zone of Proximal Development; indeed, in child protection practice not everyone needs the same knowledge, expertise, information or pieces of the jigsaw puzzle. Whilst socio-cultural conceptions of identity supports the account of realignment of communities of practice, psychoanalytic theory (Lacan, 2005; Zizek, 2005) is also deployed in building conceptions of subjectivity and identity, particularly with regard to perceived images of self and others. Zizek (2005) proposes that reality can only be mediated through subjectively produced fantasies. For example he describes the film-maker Kieslowski who resorted to fictionalised accounts rather than documentary to avoid intrusion on emotional lives and false presentation of idealised images (see also Insdorf, 1999). Likewise the study examines how variously situated professionals construct or ‘play’ themselves.

References


Appreciative inquiry: undergraduate students' perspectives of interprofessional learning

Frances Gordon, Head of Interprofessional Learning; Marcus Walker, Research Assistant, Sheffield Hallam University, UK

Interprofessional learning is now a part of the educational mainstream of pre-qualifying courses in health and social care, but there continues to be a need for sound evaluation of its processes and outcomes (Freeth et al., 2005). Educational practitioners engaging in evaluation of the interprofessional components of their courses will be aware that interprofessional learning remains contested, and of the complex nature of conducting evaluations that can effectively support curriculum development. This paper provides a description of a study that employed student researchers to conduct appreciative inquiries with their peers in order to inform curriculum development.

Aim of study
To use appreciative inquiry to discover and develop the positive aspects of undergraduate interprofessional learning.

Background
Traditional means of evaluation in higher education can often lead to an emphasis on the negative aspects of activities which can result in an incomplete or overly critical account of the learning experience. Appreciative Inquiry (Cooperrider and Srivastra, 1987) is a research method which aims to implement positive change and is increasingly being used in educational research (Reed, 2007). The approach employs interviews, or 'conversations' which are designed to allow the researcher to gain understanding of what is working well. This knowledge is used to implement positive change within a situation or organisation.

Method
Thirteen students from different undergraduate Health and Social Care courses formed a purposive sample to participate in the research process. Each student was provided with two hours of training in ethical governance issues and collecting data through Appreciative Inquiry 'conversations'. The student researchers recruited 64 participants through a ‘snowballing’ method of sampling (Denscombe, 2000); these participants then provided conversational feedback to questions based around the Discovery, Dream and Design stages of the Appreciative Inquiry process.

Results
Consensus on students 'best experiences' during the 'Discovery' stage cited interprofessional interaction as central to their enjoyment of the course. Interviewees were positive about the course content and the use of e-lectures and on-line discussion boards to facilitate learning and interaction. When asked to imagine an ideal interprofessional module ('Dream') students ideas centred on changes to the module layout and methods of assessment. Proposals to create greater interprofessional interaction were also raised. These included experiencing other professions job roles and working with others external to the University (e.g. medical students). Finally, students created 'Designs' to improve the university's current interprofessional learning modules, whilst thinking about the current course outline. Student responses focussed mainly on the use of scenarios and group work to understand the roles of other professions better and how the patient pathway can encompass various healthcare professions present in seminars.

Conclusions
IPL students acknowledged numerous positive experiences within the discovery stage of inquiry, although responses were shown to vary between IPL groups. Proposals to improve modules were generated by students imagining ideal learning scenarios; suggestions included more face-to-face interaction with other professions and greater knowledge of their job roles. Participants also developed new ideas around module layout and assessment.

The planning and prioritising of student responses from the Discover and Dream phases of Appreciative Inquiry generated 'Designs' that can inform the development of IPL modules. In order to complete the process of Appreciative Inquiry, course leaders should incorporate and implement students' experiences and new ideas in order to 'Deliver' (the final stage of Appreciative Inquiry) a sustainable positive development in interprofessional teaching at Sheffield Hallam University.

What next
Ethics approval has been granted to continue re-evaluating developments to IPL modules until 2010. Through mobilising student researchers continued evaluation aims to obtain over 60 interviews per semester from a broader range of Health and Social Care students.
Does making interprofessional learning an explicit objective in practice give students a highlighted awareness of the roles and benefits of multidisciplinary team working?
A case study in primary care

Linda Kenward, Lecturer in Nursing, The Open University, Milton Keynes, UK

Background
Few healthcare professional have not heard of high profile cases such as the death of Victoria Climbie and the subsequent report from Lord Laming (2003) as well as the issues surrounding the Bristol Royal Infirmary Inquiry (Kennedy, 2001). The Laming report (2003) highlighted a catalogue of failings within the teams involved that showed lack of communication, misunderstandings of the roles of others, failures in team working as well as other issues that meant that healthcare was delivered in an inconsistent and unsafe manner. Important information was not added to what was already known during the development of these cases, with professionals working within their own uniprofessional ‘silos’. Laming went on to say that:

*The National Agency for Children and Families should require each of the training bodies covering the services provided by doctors, nurses, teachers, police officers, officers working in housing departments, and social workers to demonstrate that effective joint working between each of these professional groups features in their national training programmes.*

Interprofessional education and learning is seen as a move to address these issues.

Context
Pre-registration students from four different professions accessed placements within a Primary Care Trust integrated care team but undertook no organised ‘shared learning’ opportunities within practice. This project was an attempt to assess whether making Interprofessional Learning an explicit objective of learning that was already occurring in practice for students gave them a highlighted awareness of multidisciplinary team working. The paper: ‘Creating an Interprofessional Workforce: an education and training framework for health and social care in England’ (CAIPE, 2007) aims to ‘mainstream IPE across health and social care in England’. The paper does this by making recommendations on the commissioning, development and management of Interprofessional Education within healthcare programmes at a strategic level. It is therefore also timely to consider how best this might be facilitated in practice.

Research design
The research was done using a case study design, adapted from Yin (1989) that centred on three learning events where students and supervisors met over a period of four weeks. These learning events consisted of case-based discussions in the context of interprofessional working. Students were given a pre- and post-learning event questionnaire, supervisors were given a questionnaire (post learning event only) as well as all participants in evaluating the sessions via strengths, weaknesses, opportunities and threats (SWOT) analysis.

Results
The results of this project suggest that Interprofessional Learning in practice requires a combination of essential elements for students to have a greater understanding of multidisciplinary team working. It is the explicit bringing together of those elements that produces outcomes for students and staff. These essential elements were identified as:

- Theory - learnt in the academic setting and built on and expanded in the placement by demonstrating evidence based practice
- An explicit link to real life scenarios – which bridges the theory practice gap
• The opportunity to debate, question and engage formally and informally with qualified members of other professions
• The role modelling of team working practices by the multidisciplinary team.

Implications for practice
It is the explicit articulation of the theory, the application of that theory to practice scenarios, the informal and formal exposure to varying professionals and the role modelling of team work that really matter to the understanding of multidisciplinary working rather than the specific context and clinical area. These elements, therefore, make up what might be termed a ‘toolkit’ of essential criteria for staff to build their own Interprofessional learning experiences both for students and for themselves. This can be applied to the acute, community or primary care settings. Case-based discussions, action learning sets or workshops might be the vehicle of delivery for students or staff as long as the essential criteria are present. The tailoring of placement learning environments to emphasise the Interprofessional nature of healthcare using these identified elements can be done in a sustainable way that integrates with the other learning outcomes of the placement. This toolkit of essential criteria will allow educators of all professions to design learning opportunities and resources in collaboration with higher education institutes that best suit the needs of the students that access their placements.

References

T90
Student voices: the lived experiences of final year midwifery students’ of learning to become a midwife whilst studying on an interprofessional learning programme
Kay Rogers, Senior Lecturer, Canterbury Christ Church University, UK

For midwifery and nursing education the move into higher education has driven the discourse regarding the preparation of students who need the skills to navigate the complex multidisciplinary environment that they will eventually work within (Burke, 2003). Interprofessional learning (IPL), as a pre-registration curriculum design, has developed partially in response to this and as a result of reorganisation within the NHS and Government policies such as the NHS Plan (DH, 2000). The ethos underpinning this change in teaching provision is that this will unify the student experience and develop the students’ intellectual progression, whilst promoting a common level of understanding thereby supporting a multidisciplinary approach to care (Pirie et al., 1999). As with all innovative learning schemes evaluation of their success is paramount to ensuring a quality education system that meets the intended learning outcomes (McDonald and Stratta, 2001).

A review of published literature elucidated that there is a paucity of research exploring students’ perceptions and experiences of interprofessional education and learning. For midwifery education there exists only one qualitative study addressing this area of practice (Wright, 2008). However, such information is a vital component of the evidence base to help inform programme development (Mazhindu, 2001). Therefore, this research is timely and important since it aims to enlighten this limited evidence base. Heideggarian, hermeneutic, phenomenological was the underpinning philosophy and research approach thus allowing interpretation of the meanings students attached to their lived experiences.

In order to ascertain midwifery students’ perceptions and experiences a purposive sample of eight final year pre-qualification midwifery students was used. Data was gathered via in-depth interviews and analysed using Colaiuzzi’s Procedural Steps, identifying three emerging themes from the narratives:

1. Professional identity and understanding
2. Socialisation and support
3. Making interprofessional learning relevant.

The findings suggest that students’ value interprofessional learning as a curriculum ideology and have the ability to articulate certain learning into their clinical practice. Furthermore, the narratives illuminated that interprofessional learning assisted students in the process of dual socialisation (Clarke, 1997), enabling them to become both midwifery practitioners and members of the interprofessional team. However, inherent difficulties in this process, in this age of complexity, are revealed and explored. Tensions within the midwife’s role itself were acutely difficult for students to reconcile and had profound implications for their progression. Importantly, for
educationalists, students valued a humanistic approach to learning (Rafael, 2000) and the ability to share dialogues with diverse health professional students. Bruner’s (1996, p.93) ‘give and take of talk’ was particularly valued enabling students to listen to the voices of others and be listened to. Like O’Neill and Wyness’ (2005) participants and students came to accept the genuineness of the other voices, appreciate the need to understand them and value the other professions. Interprofessional learning appeared to facilitate students in recognising that one profession alone cannot respond effectively to complex health needs: surely such understanding is the starting point for effective collaboration in healthcare.

This paper concludes with recommendations for local practice, where readers may experience a phenomenological nod (Van de Zalm and Bergum, 2000) in relation to their own educational institution.

References

T91
Interprofessional education: simulation workshops using high fidelity technology in the undergraduate medical and nursing curricula
Marian Traynor, Assistant Director of Education; Anne Gallagher, Nurse Lecturer; Phil Morrow, Nurse Lecturer; Hazel Cuene-Grandidier, Research Fellow: Queen’s University Belfast, UK

Background and rationale
Inter-professional learning and working is now considered an essential part of healthcare education at both pre- and post-qualification stages. Its inclusion in medical and nursing curricula has been endorsed by the World Health Organisation (1988), the General Medical Council (2002) and the Nursing and Midwifery Council (2007).

Deficiencies in the delivery of high quality care have often been attributed to communication problems and lack of team working (DH, 2007), and emergency medicine is an area where this is vitally important. Learning in a high-tech simulated environment is not new but doing so in an interprofessional context is an innovative way of providing a safe, realistic team environment where both clinical and interprofessional skills can be developed.

This paper reports on a simulation workshop carried out within an undergraduate nursing and medical programme where simulation technology was used as the catalyst to support interprofessional learning.

Aim
To develop and evaluate the use of problem-based clinical case scenarios for third year undergraduate nursing students and fourth year medical students using high fidelity technology.
Objectives

- To promote an integrated approach to student learning through the use of ‘real life’ scenarios
- To encourage the development of a practitioner with the ability to think critically and analytically
- To work effectively as a member of the healthcare team
- To communicate effectively with other members of the healthcare team
- To demonstrate knowledge and understanding of the role of other healthcare professionals
- To facilitate students in the use of peer and self-evaluation as a means of promoting reflective practice.

The study

Fourth year medical students undertaking either the Healthcare of Children or Perioperative and Emergency Medicine (POEM) module and third year nursing students (children’s branch and adult nursing branch) undertaking a year three clinical module were considered by the interprofessional education group to be the most suitable student cohort to participate in the interprofessional simulation workshop.

The simulation workshop included time for students to become familiar with the high fidelity manikins and to be orientated to the clinical setting. Students were allocated to small interprofessional groups to work through a pre-determined clinical scenario, with increasing complexity as the session progressed. The remaining students observed the scenarios via video link. Students were debriefed using a structured observer assessment sheet supplemented with the SBAR (Situation, Background, Assessment and Recommendation) technique as recommended by the Institute for Healthcare Improvement.

Evaluation and Results

On completion of the simulator session students were invited to complete a 27-item questionnaire using a five point Likert scale for responses to each item. In addition a focus group was conducted with a group of medical and nursing students. Questionnaires were obtained from 65 medical and child branch nursing students (79.3% response rate). Questionnaires were obtained from all 287 students medical and adult nursing students (100% response rate). The data was subjected to both descriptive and inferential statistical analyses. Four domains emerged from the data. These were:

- Acquisition of clinical knowledge and skills
- Patient safety and risk assessment
- Development of Interprofessional skills
- Role awareness.

A final open-ended question was also included, inviting students to provide more detailed comments on their experience. Typical responses were:

*It highlighted the need for teamwork and effective communication between multidisciplinary teams.*

(Third year nursing student)

*It was a great way to learn teamwork and communication.*

(Fourth year medical student)

Discussion and Recommendations

Overall key findings from the evaluation of the IPE simulation workshops revealed highly significant changes in three domain areas, namely patient safety and risk assessment, development of interpersonal skills and role awareness. Like uni-professional learning, the interprofessional simulation workshops enabled students to practise clinical emergency skills in a safe environment. Additionally, interprofessional learning allowed the concomitant development of communication and team working skills and role understanding.

Interprofessional simulation education can contribute to improving the quality and safety of the service to patients by preparing students to be skilful clinical team workers. However, interprofessional simulation workshops are resource intensive and require a large team of trained medical and nursing facilitators. All significant leaders should be fully aware of the requirements for full implementation into the undergraduate healthcare curricula.

References


Nursing and Midwifery Council (2007) Supporting Direct Care through Simulated Practice Learning in the Pre-Registration Nursing Programme. NMC circular 36/2007, London: NMC.

Learning and Teaching Strategies

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
T92

An exploration of lecturers' experience of using a four stage teaching approach to learning and teaching clinical skills

Liz Simpson, Nurse Lecturer, Glasgow Caledonian University, UK

The Diploma in Higher Education/Bachelor of Nursing (Dip HE/BN) programme at Glasgow Caledonian University is amongst the largest of its kind within Scotland. The average annual intake to the programme exceeding 500 students to the Common Foundation Programme which delivers to four branches of nursing: adult, child, learning disability and mental health. The adult branch programme is the largest of the four, serving c.1200 students across the three years of the programme.

Within this programme, clinical skills are taught to student nurses in the purpose built Clinical Simulation Laboratory (CSL). However, evidence emerged that clinical skills teaching within this undergraduate nursing programme lacked consistency and parity, particularly in the noviciate year. To address this issue a new strategy was developed. This was based on the approach outlined by Bullock (2000) and was strongly founded in the theories of constructivism (Biggs, 2006) and behaviourism (Quinn, 2001) and consisted of a four-stage approach to teaching clinical skills. Initially, the student experience was evaluated as a quality control method, and while the outcome of this was favourable, no formal evaluation of the lecturers’ experience was undertaken.

The four-stage approach to teaching psychomotor skills is well established within the circle of resuscitation skills teaching, and is currently used with success in skills acquisition on Resuscitation Council (UK) accredited courses. Despite the extensive use of the four-stage approach, there appears to be a shortage of research literature fully exploring its value. The Resuscitation Council (UK) conduct course evaluations as a quality assurance measure, from a candidate perspective, and these evaluate well. However, exploration of educator’s experience in using this approach has not previously been recorded. Therefore, the question of what is the lecturers’ experience of using a four-stage teaching approach to learning and teaching clinical skills is raised.

Using an exploratory qualitative approach a non-probability purposive sample of nurse lecturers was selected, and data collected by semi-structured interview. Local ethics committee approval was sought and granted for this study which was undertaken within a higher education institution.

The narrated experience of the lecturing staff revolved around four main themes: demonstrating and practicing, providing structure, engaging students and improving acquisition. While the four-stage approach was acknowledged by lecturers as a labour intensive activity, some lecturers reported an improvement in their own confidence when using this teaching method. They suggested the structure it provided was instrumental in focussing their teaching sessions. Value was given to a method of teaching which is underpinned by educational theory and facilitates parity in the student experience. The breakdown of complex dexterous skills resulted in an increase in student confidence. However, the retention of these skills will only be augmented if the opportunity to consolidate them in practice is made available.

While there is much written in the literature relating to the aspects of an effective learning environment, there is limited evidence of synthesis of these to produce an optimal approach for teaching clinical skills. This approach contributed to the effectiveness of the learning environment and adds to contemporary research by exploring clinical skills teaching from a lecturer’s perspective. Furthermore, it is among the few which have been conducted within a multi-branch programme.

Nurse education is under pressure to ensure nurses are fit for purpose and practice at the point of registration; this includes having strategies in place which will enhance clinical competence. While this study of lecturers’ experience of using the four-stage approach suggests it is beneficial and may improve skill acquisition and retention, the sample size was small and consequently further research is required to determine its full benefits or otherwise.

References
T93

Story: a more creative approach to learning and teaching

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The use of story is an interpretative approach to learning and teaching that is being used to foster educational reform (Nehls, 1995). This involves nursing education using story as an approach to thinking about learning and teaching that evolves from the lived experiences of teachers, clinicians and students. It could be argued that using story as an approach to education has been used for decades in the form of clinical incidents, case studies, anecdotes and more recently the use of journals and diaries (Nehls, 1995). However, when stories are used as an approach to learning and teaching the teacher seeks to establish partnerships with students and a lifelong quest for knowledge. A new side to learning and teaching evolves. Stories teach and evoke thinking about aspects of learning, the inter-relationships between the different types of knowledge used in nursing, integration into the patient, and how methods of practice can be modified when challenged by new contexts. This type of learning is often absent from textbooks or difficult to grasp without the practical emphasis that stories bring into the classroom.

First it is essential to prepare the students by giving them some clinical instruction, by asking them to write and bring or think about a story to tell and present in the classroom. The students should be advised to include as much detail as possible about the situation. This exercise uses real life situations, but Nehls (1995) suggests other stories can be used such as those from other students or paradigm cases (Nehls, 1995). There are also numerous exemplars in the literature to help students Fincham et al. (2005), Bell (2003), Shusster (2001), McNamara (2005), Nairn (2004), Beitz and Goldberg (2005), understand common meanings and shared practices in different areas of care within nursing.

In the classroom by engaging students and teachers in the process of using stories the students can begin to derive meaning from what is imminent in nursing. In this situation learning from practice occurs by allowing the student to think about the centrality of caring for the patient through the areas that are considered significant and relevant to nursing practice. The students can begin to examine different aspects of nursing; for example, the emotional, their own role in teaching, and effective management of rapidly changing situations. Students can be further challenged by being asked to write down what they learned from the experience and how they will use it in the future. In this way following discussion in the classroom the stories can be used to examine and uncover the students’ experiential learning.

The stories used in the classroom enlarge our understanding of the work we as nurses have chosen – and of ourselves. The use of story as a teaching and learning process can be modified to undergraduate or graduate level nurse education. The use of narrative as a learning and teaching method for both undergraduate and postgraduate offers many advantages. It encourages professional development by encouraging critical thinking and questioning practices allowing students to evaluate the care given to patients - bringing each other to the limits of their thinking, learning much more besides the course content, how to think critically and from many perspectives, looking things up and figuring things out, challenging assumptions.

Through the use of story students become immersed in the processes of analysing, synthesising, and gleaning comprehension of the situation which gives a more practice approach to the curriculum. The students can be facilitated to appreciate how experiential learning develops over time through the interpretation of experiences. This provides teachers with insight into what, and how, students are learning from, and in, clinical practice, regardless of what is intended. In other words when teachers and students interpret stories new possibilities can be explored for learning and connecting. It is, thus, through the telling of stories and using the framework that the value of experiential learning becomes apparent. Through these processes new relationships develop between the teacher and the learner.

References
The pragmatics of podcasting

Carol Haigh, Professor in Nursing, Manchester Metropolitan University, UK

As the technology that supports education develops apace, podcasts are becoming increasingly popular with both educators and students. Podcasting, a portmanteau word consisting of Apple’s ‘iPod’ brand name and ‘broadcasting’, is a method of publishing files to the internet or mobile devices such as PDAs or smart phones (of which the iPhone is an example) allowing users to subscribe to a feed and receive new files automatically by subscription, usually at no cost. It first became popular in late 2004 and is used largely for audio files although video podcasts, or vodcasts, are becoming increasingly common, especially as smart phones become increasingly sophisticated and common. It is now estimated that there are over 100 million Apple iPods in the world (McCraken, 2007), and the real figure will be even higher than this when other makes of mobile device are factored in. It is clear that e-learning, in exploiting the opportunities afforded by web 2.0, is beginning to evolve and manifest itself as M-learning

M-learning, or ‘mobile learning’, now commonly abbreviated to ‘mlearning’, has different meanings for different communities. Although related to e-learning and distance education, it is distinct in its focus on learning across contexts and learning with mobile devices. One definition of mobile learning is: Learning that happens across locations, or that takes advantage of learning opportunities offered by portable technologies. Nurse educators are beginning to use podcasts, generally to stream lecturer content to students who can then download it to their mobile devices and listen to it again at their leisure

This session is designed to explore the concepts and pragmatic surrounding mlearning and podcasts in particular. It is not an empirical; research-based report but intends, instead, to explore new and existing concepts. It will be presented in three main sections. The first element will be an exploration of the evolution of the world wide web into web 2.0 together with a debate surrounding what web 2.0 can offer to our student body as a whole. The second part of the paper will provide some practical advice about the practical issues that are involved in developing a podcast (Haigh and Jones, 2008). It will also evaluate the content of podcasts making the case for more informality, brevity and innovation – suggesting that simple replication of off line lecturers is redundant and the opportunity to use podcasting as a value-added strategy is one that is not widely utilised. It will also briefly consider the role that podcasting can play in the professional development of nurse educators. Whilst there is a growing body of literature surrounding the practical skills required for developing podcasts (see for example, Boulos et al., 2006) there is less attention paid to the equally significant literature that focuses upon the legal issues surrounding podcasts. The last part of this paper will be a consideration of the copyright issues inherent in podcast development to raise awareness of the responsibilities of the podcasting educator.

Thus, the aim of this paper is not only to explore the practical techniques that surround the development of a successful podcast, but also to encourage consideration of wider concepts that apply to the use of this new educational medium.

References


Learning styles of nursings postgraduate students in Kerman nursing school

Nahid Jamshidi, MS Candidate of Nursing; Abbas Abbazadeh, PhD, Associate Professor, Razi Nursing School, Kerman; Majid Najafi Kalyani, PhD Student/Lecturer, Fasa, Iran

Introduction

The concept of learning style has its roots in the study of cognitive style, or the processing of information. Learning style encompasses the personal attitudes one has toward the learning environment, resources, and methods of instruction. Understanding the learning styles of postgraduate nursing students has applications in nursing education from classifying the learning preferences of students to detecting potential learning problems at an early stage in order to choose the appropriate teaching method.
Methods
This is a descriptive study performed with postgraduate nursing students who were selected by census from Kerman Nursing School. The learning styles of the students were determined by using the third version of Kolb’s Learning Styles Inventory Test (LSI). This scale includes 12 questions about learning styles. After data collection, data were analysed by SPSS 13.

Results
All postgraduate nursing students (entrance 2007) in Kerman Nursing School participated in this study and completed questionnaires. 12.5% of students were male and 87.5% were female. Data showed that the majority (62.5%) of students preferred convergent learning style. 37.5% of students also preferred an assimilator learning style.

Conclusion
Nursing students seem to have a preference for a convergent learning style. In this study, it was found that the majority of learners were converging. Considering students’ learning styles may help teachers to choose more appropriate teaching methods. Knowing that postgraduate students have different preferred learning style will help nursing teachers to develop appropriate learning approaches and explore opportunities so that they are able to make the educational experience more effective and useful for students. The learning preferences indicate that individuals rely on a particular style to process and comprehend information in different stages.

References

The student’s journey through higher education: critical reflections on structured personal tutor support in undergraduate healthcare programmes

Tessa Watts, Senior Lecturer; Angela Williams, Lecturer; David Gallimore, Tutor; Andrew Evered, Tutor, Swansea University, UK

When set against the policy concern of student retention and completion and in the wake of the changing socio-cultural and economic pressures experienced by undergraduates, the need for effective student support has never been greater. Indeed, it is well documented that in adapting to and navigating the terrain of higher education some undergraduates encounter challenges on a number of levels (see, for example, Forsyth and Furlong, 2003; Cooke et al., 2004). Moreover, faced with these challenges a proportion of these students contemplate ending their studies. It is possible that there is no particular panacea to the challenges a student encounters during his/her journey through education. Thus, on an institutional level, the provision of a high-quality multidimensional and integrated system of student support is required. Without doubt recent developments in student support services in many higher education institutions are to be applauded. Nevertheless, in order to access such services students need to be informed of their existence. Furthermore, it is entirely possible that students require encouragement to access the services. Arguably the personal tutor is a linchpin in facilitating such access.

The personal tutor has long been considered as pivotal to the student experience of higher education. Recent studies have confirmed the importance undergraduates attach to having committed, supportive, approachable and accessible personal tutors in order to facilitate their academic development and provide support (see, for example, Wilcox et al., 2005; Stephen et al., 2008). Yet at the same time the student population is diverse, numbers have increased and expectations are changing. When juxtaposed with the competing and even conflicting demands encountered by academic staff and set against a complex background of resource constraints there is the potential to render the provision of robust, high quality personal tutor support as particularly challenging. Indeed, studies have revealed how some students encounter difficulties accessing personal tutors whilst others feel they should not take up their tutor’s time (see, for example, Owen, 2002; Stephen et al., 2008).
Personal tutor support is an integral feature of undergraduate professional healthcare programmes. Nevertheless, variability in the nature and levels of support offered is possible (see, for example Dobinson-Harrington, 2006). Students on these programmes are required to participate in practice (work) based learning. In so doing students face the additional challenge of navigating a diverse range of care environments and associated practices whilst at the same time developing and demonstrating professional values. Many students receive support in practice from appropriately trained mentors. Nevertheless, reporting on her qualitative study investigating why first year nursing students considered leaving their course Walsh (2007) noted that students highlighted the significance of varying levels of mentor support in clinical practice. Moreover, students were emphatic that high quality academic support was a key factor in enhancing retention. Thus the importance of continuing personal tutor support for healthcare students cannot and should not be underestimated. Indeed, to maximise student retention and achievement whilst at the same time ensuring that students are offered opportunities to develop the requisite professional knowledge, skills and attitudes and thus be prepared for clinical practice in the twenty-first century, such support should be embraced both actively and strategically.

This paper aims to provide insights into the issues surrounding adoption of a structured, formal model of personal tutoring in one research-led university. Drawing on relevant literature experiences of academics involved in personal tutoring and using cases from undergraduate professional healthcare programmes as exemplars, the paper will examine the following key issues:

- The challenges of personal tutoring in the era of mass higher education
- Supporting and operationalising cultural change in personal tutoring in a research-led institution
- The aims and benefits of a structured approach to personal tutoring in professional healthcare programmes
- The 'emotional labour' (Hochschild 1979) of personal tutoring.

References


T96

The use of students as simulated patients in a ward management exercise

Pauline Hamilton, Lecturer, Glasgow Caledonian University, UK

Preparation of nurses who are fit for practice has been the subject of scrutiny for some time, culminating in the publication of Nursing: Towards 2015 (NMC, 2007). Indeed, the recent pre-registration review of nursing education (NMC, 2008) highlights the national shortage of clinical placements for undergraduate pre-registration nursing students. The critical situation is not confined to the United Kingdom, but has been documented internationally (Banz et al., 2007; Krautschaid, 2008).

In addition, an opportunity has arisen to increase simulated practice hours as the Nursing and Midwifery Council (NMC) indicate that practice hours for pre-registration nursing students can be undertaken in a simulated practice environment (NMC Circular, 36/2007). Thus, there is an imperative to increase clinical simulation time within undergraduate nursing education as well as the opportunity to develop creative clinical skills education to augment other aspects of the curriculum.
Simulated patients are frequently used in medicine to develop clinical competence in communication, history taking and decision making skills (Donovan et al., 2004; Ker et al., 2005.) Leigh (2008) found that despite a growing body of literature over the last few years, there appears to be limited published literature on the use of simulated patients in the nursing profession and in particular, the use of students as patients.

This paper discusses the experience of planning and implementing a clinical simulation session, using students as patients. The aim of the simulation exercise was to prepare third year nursing students to cope with clinical decision making associated with caring for a group of patients. The programme team developed the ward scenarios to ensure a contemporaneous and realistic experience for students. Discussion, planning and script writing was resource intensive.

Seventy-two students in the third year of a four year undergraduate Honours Degree Programme participated. The Clinical Simulation Laboratory was used. Three six-bedded rooms were used for the first three groups followed by the remaining three groups the next day. All groups of ten to twelve students had a briefing session with their lecturer, acknowledged by Alinier et al. (2004) as being essential to the success of the simulation. The six students acting as patients were given ‘context scenario cards’ including patient details with a timeline of 25 minutes in which to exhibit certain behaviours. Three students acted as staff nurses and two as observers. The scenario ran four times to enable students to take on different roles, with a refreshing of the scripts to maintain student interest.

Debriefing lasted around 50 minutes; enough time to ensure students could address relevant issues as according to Childs et al., (2006) a short time leaves the process incomplete. The immediate feedback afforded by simulation is considered to be one of the most valuable aspects of the strategy (Jeffries, 2005). Reinforcing positive experiences and reflecting on the less positive generated rich discussion surrounding the complexities of the clinical environment and the impact of individual roles on the ability of the nurse to perform efficiently and proficiently, as well as the patient outcome being influenced by the environment and individuals therein. Perhaps one of the most surprising issues to arise from the exercise is the potential for students to learn from their own experience and observations while acting as patients. Student comment:

I learned from watching ……..how she really made the patient feel at ease.

Challenges for the future include the increased need for creative use of clinical skills laboratory time. Incorporating students as actors may be one way to overcome the challenges posed by maintaining a bank of paid or unpaid actors who are often family or friends of teaching staff who participate through goodwill. The use of clinical simulation exercises that utilise students as patients is complex and would benefit from fuller evaluation. The debate is still open as to whether the skills learned though simulation are transferred to clinical practice. With on-going changes in healthcare delivery that restrict learning opportunities in the clinical environment, coupled with the requirement to evidence proficiency, lecturing staff need to be creative in developing realistic teaching and learning opportunities that still prepare students who are fit for purpose. Perhaps the time is right to invest in evaluation of such activities, to determine if any added value can be gained from what is a fairly resource intensive development.

References
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Partnership Working

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
Partnership in education: a model for in-service provision

Venetia Brown, Director of Programmes, Primary and Child Health; Lynne Henshaw, Director of Programmes, Acute and Adult Nursing; Sinead Mehigan, Head of Department, Acute and Adult Nursing, Middlesex University; Lisa Smith, Assistant Director, Education and Development, The Whittington Hospital NHS Trust, London, UK

This presentation reports on the results of a year-long partnership project that employed a flexible and innovative approach to developing staff skills within an acute hospital NHS Trust. This project was first introduced at NET in 2008.

The evolving nature of the healthcare service impacts on the skills required of those working within it. In order to meet the challenge of changing patient needs and expectations staff within the service must continually develop their roles and competence. Staff have to be provided with education that is flexible and responsive to changes in overall service priorities and needs. In terms of staff development, the Whittington NHS Trust has used a combination of in-house study and access to longer courses of study with partner HEIs as the main mechanism. However, there was recognition by both the Trust and one of its partner institutions, Middlesex University, that there was a need to respond more rapidly to change and to provide a possible stepping-stone into higher education.

The rapidly changing context of healthcare delivery tends to result in the need for education provision which is developed and delivered within a short period of time and which may not be needed in the longer term arguably leading to a culture of short-termism with respect to education provision. This is often a challenge for HEIs where educational provision is typically developed over months/years rather than weeks. It is recognised that workforce development should be clinically or service driven, flexible in delivery terms and often delivered in the workplace. For many Trusts this means a robust programme of in-service provision which is dynamic and which reflects the Trusts' key objectives and targets. The framework which has been developed recognises the importance of in-service education and training (element 1) but works on a partnership principle which acknowledges that one of the many roles of the HEI is in facilitating and accrediting learning (element 2). The opportunity/option to demonstrate continuing competence in specific aspects/areas of clinical practice to assist in the achievement of high quality care and/or Trust clinical objectives is the third element of the framework.

Element one consists of the clustering of in-house study days that form a number of different pathways reflecting current developmental needs. These pathways are linked with both the KSF and key National Occupational Standards. Following completion of the relevant pathways staff are given the opportunity of gaining accreditation of learning activities within the pathway through the completion of a ‘Study Day Learning Review’ module at Middlesex University, thus forming element two. This module has been designed to enable the student to develop and submit a portfolio of evidence of their application of learning from the cluster of in-house study days. It is anticipated that this will help Trust staff build confidence in their study skills and offer a stepping-stone into higher education. This learning can be applied in a number of ways and is essential to lifelong learning. The third element of the framework provides students with an opportunity to gain an overall picture of their clinical development and achievement by the use of a Competency Assessment Tool. These tools contain competencies relevant to each pathway and have been developed specifically for the project.

An emerging ‘realist’ approach to evaluation (Pawson and Tilley, 1997; Pawson, 2005) was used to evaluate this project. The aim being to assess what it is about this approach to developing staff skills that works, for whom and in what circumstances. This paper will report on the findings of a focus group with a cohort of students who have completed the cluster of in-house study days on infection control and have undertaken the study day review module. It will also provide analysis of a survey to gain respondents views on the use of the competency tool. Finally, it will present the findings of the views of Trust managers regarding the effect of the study days in changing practice.

References


A new model of educational provision for 3rd year learning disability nursing students

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Successive cohorts of students and mentors have identified an enduring shortfall relating to the time spent in clinical practice, supported by qualified learning disability nurses. This is perceived to be too short. Student’s state that they wish to be effective, integrated players in community teams able to contribute more meaningfully to the on-going provision and enhancement of their clients’ care and support. Both students and mentors contend that an extended placement would be necessary to achieve this.

In keeping with the ethos of those using a given service being central to its design, six third year learning disability nursing students and their clinical mentors undertook a 26 week pilot project, between January and August 2008, to inform the development of a new third year model.

The ‘new’ third year model

Placement

At the heart of the new model is the placement which lasts for one academic year. The placement pattern is five days of practice every fortnight with the actual days on placement locally agreed in partnership between the student and their mentor. Although clearly attached to a single community team, and mentored by a dedicated learning disability nurse throughout, students are, ordinarily, encouraged to experience a range of different placements and visits: one might conceptualise this organisation as core and cluster.

Core-mentors, and others within community teams, will have extensive knowledge of the range of services available within their local area likely to provide students with cluster placements or visits. Such placements and visits are mainly determined and arranged in relation to the student’s achievement of specific NMC Standards of Proficiency, professional interest, or client need.

This process allows students, supported by their mentors, to determine in partnership where they would like to go on placement, when, why and for how long. This mechanism is a complete reversal of the previous method of placement determination which, at best, would be made by the university in relation to a student’s term address.

A potential difficulty envisaged was that popular ‘cluster’ service providers might be bombarded by multiple placement requests: this was obviated by the utilisation of a single Excel-spreadsheet spanning the three semesters of year three, accessible to both mentors and students via the university’s virtual learning environment, Blackboard©.

Furthermore, a specific email address has been established to which all mentors and students may send details of placements and/or visits they have arranged. The spreadsheet, updated on a daily basis, provides an accurate picture of placement availability at any time.

Theory

In recent years classroom-based learning at Glasgow Caledonian University for all branches of nursing has been underpinned by the concept of Problem Based Learning. (Beadle and Santy, 2008) Typically, this empowering approach (Sui et al., 2005) requires students to identify learning issues by analysing specific scenarios generated by lecturers in partnership with stakeholders, thereby promoting the relevance of classroom-based learning to contemporary nursing practice.

The new model takes this process out of the hands of others by allowing students to identify their own ‘real’ scenarios upon which to base their educational journey. Students, having at the outset familiarised themselves with module/course requirements (e.g. syllabi, NMC practice proficiencies, assignments), identify live issues or problems they have encountered in practice. These issues then become the focus of structured classroom-based action learning (Spouse, 2001).

Smaller discussion board based action learning sets, facilitated via Blackboard©, allow students (and salient others) to continue their exploration of a given topic, on-line, between weekly classroom-based sessions. A Blackboard© based ‘mentor-zone’ provides the opportunity for mentors to access information and discuss salient issues (e.g. common factors relating to student support) with each other. Furthermore, mentors are encouraged to join in with, and actively contribute to, student discussion boards, thereby bringing their own learning disability practice expertise to students’ action learning sets (Marlow, 2008).

Looking ahead

The model itself is designed to be evolutionary in nature and will therefore change, as necessary, on an on-going basis during its provision. In August 2009 all individuals involved will be invited to take part in a university-based evaluation of the model’s initial provision: details of the evaluation’s findings will be incorporated in the delivery of this theme paper.
Pre-employment induction for undergraduate nursing students: improving preparation for practice

Iain Burns, Head of Practice and Professional Development Unit/Senior Lecturer; Anne Simpson, Practice Development Facilitator; Rhona Wallace, Practice Development Facilitator; Joan Main, Clinical Nurse Manager, Queen Margaret Hospital, Dunfermline; Isabella McLafferty, Senior Lecturer, University of Dundee, UK

The focus of undergraduate pre-registration nursing education programmes is to prepare nurses who are 'fit for practice' in an ever-evolving health service (NMC, 2004). Once registration is completed all newly qualified staff undergo a period of mentorship and in Scotland are required to enrol on the NHS Education for Scotland (NES) ‘Flying Start NHS’ programme (NES, 2008). There is clear evidence that the move from student to staff nurse can lead to role conflict, and it has been suggested that this period of transition could be enhanced by ‘appropriate preparation in pre-registration education’ linked to more formal support on taking up employment (Whitehead, 2001, p.332).

In line with this thinking and as part of their preparation for practice during the final module whilst at university and prior to registration NHS Fife Operational Division (this division covers acute inpatient services), in partnership with the University of Dundee School of Nursing and Midwifery (SNM), have introduced an option which allows undergraduate pre-registration adult students the opportunity to undertake the induction programme for new staff and apply for a position on the NHS Fife nurse bank. This then allows nursing students at the SNM to engage in key activities linked to the real world of work, preparing them for their final practice placement and eventual their role as a newly qualified registered nurse.

There can be little doubt that the transition phase of 'student to registered nurse' is challenging and can add to qualified nurse attrition rates soon after taking up a new post (Gould et al., 2006). This issue of 'reality shock' is not a new phenomenon and was explored in depth in Kramer's seminal work as long ago as 1974 (Kramer, 1974). Kramer (1974) was reporting on the experience of newly qualified nurses in the USA, but these issues are still prevalent in today's NHS and lead to new graduates feeling a lack of confidence within their new role (Lauder et al., 2008).

The purpose of this initiative is, therefore, to help overcome some of these challenges and offer earlier support from the future employer to prepare staff for the 'real' rather than the 'ideal' in clinical practice' (Whitehead, 2001, p.332).

This provides an opportunity to:

- Enhance the students preparation for practice
- Begin the transition from student to registered nurse
- Give the student the opportunity to join the nurse bank as a registered nurse once their registration is complete
- Ease the transition from bank staff nurse to a substantive post
- Enable the individual to embark on the Flying Start NHS Programme having undertaken the organisation’s induction programme
- Improve recruitment and retention of newly qualified staff.

The pilot study will be formally evaluated over the next 18 months with the September 2005 (n.41) and the January 2006 (n.43) cohorts of adult students.

References


The aim of this project is to investigate if the NHS Fife employment induction linked to guaranteed employment on the nurse bank enhances preparation for practice so that students make an improved transition from student to registered nurse. The objectives are to evaluate:

1. Adult nursing student's perception of this element of preparation for practice
2. The mentors and charge nurses' perceptions of having newly qualified staff that have already completed employment induction prior to commencing their career as a registered nurse in their clinical area
3. Any changes to the induction programme that would enhance the nursing student's preparation for practice.

To date the participants have found the process to be informative with the key benefit around the area of developing a greater understanding of the requirements and responsibilities of a registered nurse and how the registered nurse fits into the whole organisation.

The senior charge nurses have also begun to comment on the fact that this period of induction, including the initial bank induction, is enhancing the newly qualified nurses' transition from student to registered nurse.

The most positive aspects appear to be the continuity of transition from student to staff nurse and the support offered to these individuals as they embark on their nursing career.

References


T100

Managing the greys: addressing the biophysical needs of older workers in regional mining organisations in Australia

Vicki Drury, Adjunct Research Fellow, Murdoch University, Perth, Australia and Assistant Professor, National University of Singapore, Singapore; Kristy Hunter, Registered Psychologist and Postgraduate Student, Murdoch University, Perth, Australia

This presentation reflects the work undertaken by School of Nursing staff from Murdoch University between January 2006 and December 2008. The project was funded by the Australian Research Council and involved the generation of a collaborative partnership between university research staff and two regional mining organisations in Western Australia. The project was conducted in two stages. The first stage focused on exploring and investigating issues of relevance to the workforce performance of the partnered regional organisations. The second focused on implementing and evaluating the research findings derived from the first stage. The broad aim of the project was to maximise the performance of the ageing workforce in a labour-intensive mining industry within a regional setting.

Mining Australia has identified market trends of low unemployment, an ageing workforce and skill shortages as issues of concern in the provision of increasing production demands. An ageing workforce introduces many challenges with respect to both the content and requirements of work. There is a paucity of literature available that describes how older workers in mining manage the physical, social and psychological aspects of their roles as they age. It is predicted that a large percentage of mining employees will be over the age of 50 by 2010 necessitating changes in work organisation and structure, and retirement management (Parker and Arthy, 2001).

Contemporary literature identifies that the work environment, work content and individual resources affect or compromise work ability (Ilmarinen, 2001). Furthermore, as work ability underpins employability improvements in individual and organisational support and service structures, work and retirement policies, and attitudes and values can have a positive impact on work ability (Parker and Arthy, 2001). From a health perspective older workers are more susceptible to musculo-skeletal injuries.
A mixed method approach was used in an action research framework to explore and assess the issues confronting older workers in two regional Australian mining industries. Mixed method research is where quantitative and qualitative techniques are mixed in a single study. Action research is a reflective process of progressive problem solving (Hart and Bond, 1995). Action research is an essential component of any research that seeks to involve participants and stakeholders for quality improvement and focuses on continuous improvement and the development and management of change seeking to develop local and contingent knowledge (Askew and Carnell, 1998).

There were two phases to the study. In the exploratory phase qualitative interviews with employees from the industries was thematically analysed. This phase began with face-to-face interviews conducted with ten employees from the two respective mining organisations. From these interviews seven themes emerged that were associated with day-to-day functioning at work for older employees. Subsequently, a survey was created to assess non-economic performance measures such as motivation, commitment, quality of life, and satisfaction of the individual employees using age, and age effects, as the controlling factors. Additionally, descriptive statistical information was collected through documentary analysis of policies relating OSH. In the second phase findings from the first phase were used to develop an intervention model. This model assessed components of occupational health and safety and productivity in workplaces and provided a framework to improve deficiencies identified.

Findings from the first phase of the study were used to develop interventions which were implemented and evaluated in the second phase of the project. Interventions included education on ageing and retirement (non financial), exercise programmes and healthy lifestyle programmes. Further interventions cited as significant but which require policy changes were flexible working arrangements and role changes within the organisational structure. New approaches to retain older workers and support them in the workplace are needed. These strategies need to demonstrate an understanding of the social, physical and psychological qualities of older workers.

References
It has been recognised within CSONMS that to help sustain a knowledgeable, progressive and modern nursing workforce it is essential to support nurses and midwives at all levels working with local healthcare providers, providing them with opportunities to develop academically and supporting their chosen career paths. Careers advice and guidance has for many years been offered by the local healthcare providers to assist the professional development of their staff. With effective collaboration between the university and local healthcare providers, academic study advice based on in-depth knowledge of the school’s profile of education and tailored to individual career aims, could be offered.

The role
A stronger partnership with the local healthcare providers would aim to meet the growing academic needs of qualified nurses and midwives as they develop their flexible career paths in response to ‘Designed to Realise our Potential’ (Welsh Assembly Government (WAG), 2008); ‘Modernising Nursing Careers: Setting the Direction (DH, 2006), and to comply with Nursing and Midwifery Council guidelines (NMC, 2008a, 2008b) and the NHS Knowledge and Skills Framework (DH, 2004). To this end, CSONMS have introduced the role of ‘Academic Study Advisor’. This role title was revised after the school’s AP(E)L Advisor took on this additional role. Subsequently, the role was renamed as ‘Academic Study and AP(E)L Advisor’ amalgamating the two roles. The two roles complemented each other as increasing numbers of potential students were seeking initial AP(E)L advice as well as exploring present and future study options.

It is proposed that the Academic Study and AP(E)L Advisor will work closely with local healthcare providers and qualified nurses and midwives offering a streamlined service that will be mutually beneficial. The Academic and Study and AP(E)L Advisor will enhance existing careers advice for nurses and midwives by offering in-depth knowledge of post-registration educational opportunities within CSONMS.

Early development of the role
It is proposed that The Academic Study and AP(E)L Advisor will:

- Assist registered nurses and midwives to realise their academic potential in collaboration with the local healthcare providers
- Offer advice, guidance and support in developing Personal Academic Plans (PAP’s)
- Refer potential students, if appropriate, to the Nursing, Health and Social Care Research Centre for advice about relevant research funding opportunities to support study and research
- Have knowledge of current funding constraints (in relation to supporting development and training) of the local healthcare providers
- Keep updated with all programmes and modules offered in the school of nursing and midwifery studies
- Keep updated with all internal programmes of study offered by local healthcare providers
- Attend local healthcare providers and CSONMS marketing events and conferences and be a visible presence and resource for registered nurses and midwives needing academic study advice to support their clinical practice.

The above list is not exhaustive, and it is anticipated that the scope of the role will develop. Evaluation of the role will commence later in 2009.

The role of the Academic Study and AP(E)L Advisor is in its infancy in CSOMNS but from exploratory discussions with local healthcare providers, there is potential for developing a strong partnership which will be beneficial to all parties. Local healthcare providers are committed to their workforces’ professional development and CSONMS is dedicated to developing and providing first-class educational programmes helping to meet the academic study needs of registered nurses and midwives. Working collaboratively with local healthcare providers will assist in maintaining high standards of evidence-based nursing care, provided by knowledgeable practitioners.

References
Nursing and Midwifery Council (2008a) *Code of Conduct, Performance and Ethics*, London: NMC.
Partnership working to provide accredited education in smoking cessation to a national audience: internal evaluation and external review

David Cochrane, Lecturer in Post-registration Nursing, Glasgow Caledonian University; Brian Pringle, Director of Projects and Service Development, Action on Smoking and Health Scotland, Edinburgh, UK

Glasgow Caledonian University (GCU) School of Nursing, Midwifery and Community Health, Nursing Education Development Unit (NEDU) is currently engaging in a highly successful and rewarding joint collaboration with Partnership Action on Tobacco and Health (PATH) funded by the Scottish Executive and managed by Action on Smoking and Health (ASH) Scotland. The partnership has developed and currently offers three accredited modules (Graduate Certificate) in Smoking Cessation to a national audience.

The three modules delivered by PATH and quality assured by NEDU were developed to align with the Standards for Smoking Cessation Training in Scotland (ASH, 2003a) and the Strategy for Smoking Cessation Training in Scotland (ASH, 2003b). The standards themselves emerged from previous research, a mapping exercise and needs analysis (ASH, 2003c), detailing the provision of smoking cessation training across Scotland at the time of writing and the perceived needs of smoking cessation practitioners (who had a responsibility for providing specialist smoking cessation support). Input to the standards also came from national consultation and an expert working group.

The broad objectives of PATH’s training and development remit are:

- To promote best practice through evidence-based training and education
- To increase the quality and consistency of tobacco-related training and education in Scotland
- To broaden the range and scope of tobacco-related training in order to increase the number of people trained in tobacco issues
- To ensure that everyone who needs tobacco-related training has equal opportunities to access it,
- To enhance the professional standing of the smoking cessation specialism, through developing validation and accreditation systems
- To ensure modules are congruent with national training standards in smoking cessation.

The modules have become well established within the wider social care, healthcare and smoking cessation communities. To date the students attending the course have been involved predominantly in smoking cessation work prior to enrolment, however a significant number of course attendees have come from a range of other backgrounds (most notably the Scottish Prison Service).

The suite of modules is currently delivered nationally by experienced smoking cessation regional training officers (RTOs) employed by ASH Scotland and supported by a nominated academic lead from the university. Education is also delivered in conjunction with local smoking cessation trainers where requested. Each module is awarded 20 Scottish Higher Education (SHE) level three/Scottish Credit Qualifications Framework (SCQF) level nine credits accruing 60 credits in total with the potential for a Graduate Certificate in Smoking Cessation exit award for existing graduates. The suite comprises modules focusing on:

1. Providing brief advice for smoking cessation
2. Providing specialist smoking cessation support to individuals,
3. Providing specialist smoking cessation support for groups.

Each module runs over the course of fifteen weeks (traditional university semester). The teaching and learning strategy involves in-person learning days (one learning day for students of the Providing Brief Advice for Smoking Cessation module, two consecutive days for students of Providing Specialist Smoking Cessation Support to Individuals and Providing Specialist Smoking Cessation Support to Groups, supplemented with the completion of one workbook per module and a reflective ‘learning log’ detailing practice/work based activity. Success on the course (and award of credit) is on the basis of an essay-type written assignment, and an objective, structured, clinical examination (OSCE – an exercise in which an actor simulates a client in a role-playing intervention scenario).

Internal evaluation, (ASH, 2008) and external review of the wider PATH programme (York Health Economics Consortium, 2008), has recently been conducted to describe and analyse the impact the modules have had on participating students and to better understand its perceived strengths and weaknesses from the perspective of a range of stakeholders. The rigorous external review was carried out by York Health Economics Consortium on behalf of the Scottish Government who funded the initiative.
To explore the evaluation/review aims a mixed methodology was employed utilising:

- Feedback gathered by students from internal module evaluation questionnaires
- Qualitative interviews with NHS Smoking Cessation and Scottish Prison Service managers/coordinators and Glasgow Caledonian University staff
- 20 to 30 minute qualitative telephone interviews with students who had completed one or more modules
- A focus group of the PATH regional training officers
- A marketing survey
- ‘Desk-top’ analysis of key documentation (internal and external)
- Semi-structured interviews (face-to-face and by telephone) with key stakeholders
- Focus group/workshop (with members of review steering group and other key stakeholders) to consider future directions.

Evaluation and review data yielded significant valuable feedback on the accredited modules. Feedback was mixed, although the overall views were generally positive. PATH/GCU are keen to, and are currently working towards, streamlining the management and delivery of the accredited modules and developing a portfolio of training courses to meet the various needs of all students and stakeholders. The internal evaluation and external review will contribute to this process and will be discussed during the conference presentation.

References
ASH (2003c) Smoking Cessation Training in Scotland: Results of a mapping exercise and training needs analysis, Edinburgh: ASH Scotland.
Policy Drivers

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
Current issues in mental healthcare policy and practice concerning domestic violence
Cheryl Freeman, Primary Mental Health Worker, CAMHS, Torbay and Fellow of the University of Plymouth CEPPLE; Graham Williamson, Lecturer, Adult Nursing, University of Plymouth, UK

Background and rationale
For women between 19-44 years old domestic violence (DV) is the leading cause of morbidity. This is greater than cancer, war and motor vehicle accidents (Home Office, 2004). DV is systematic patterned behaviour designed, consciously or subconsciously, to control and dominate another person. This can manifest as physical violence, emotional or psychological abuse, sexual violence and abuse, financial control and abuse and the imposition of social isolation or movement deprivation (Against Domestic Violence and Abuse in Devon, 2006). As women in domestically violent relationships can experience fear for their lives, threat of, or actual serious physical injury, as well as feelings of horror or helplessness (Ozer and Weiss, 2004) these women are in a high-risk category for developing post traumatic stress disorder (PTSD) (Jones et al., 2001).

One in three women are likely to experience domestic violence in their lifetime (Brown, 1993; Dienemann et al., 2003; Koss et al., 2003). Twenty-five per cent of people who experience trauma go on to develop PTSD (NICE, 2005). However, it has been found that between 40-84% of women in domestic violence shelters have PTSD (Jones et al., 2001). Although NICE (2005), recommends PTSD sufferers should receive priority treatment, it is often overlooked by clinicians; women are more likely to be treated for their secondary issue which is usually depression (Jones et al., 2001).

During the past ten years the issue of DV has received greater attention in Britain. The Domestic Violence, Crime and Victims Act 2004 is the largest piece of new legislation on DV for 30 years. This is also linked to the Mental Health Act 2007 which offers guidance on the extension of victim’s rights under the Domestic Violence and Victims Act 2004. This legislation allows victims the right to receive some information over the course of the offender’s sentence. Importantly, it allows them to make representation about any conditions to which the offender is subject to on release (DH, 2008).

Keeping women and their families safe is important but women also need the impact of their experiences on their mental health and behaviour understood.

Some of new UK social care policies raise awareness of the link between women’s experiences of abuse and their current mental health needs:

• The Dual Diagnosis Good Practices Guide (DH, 2002) highlights that women who misuse substances, particularly alcohol, are more likely to have experienced abuse
• In the National Suicide Prevention Strategy (DH, 2002a), although women who have experienced DV are not one of the targeted high-risk groups, victims and survivors of abuse are highlighted as a vulnerable group in the health promotion section.

Others policy initiatives offer a more practical approach:

• Mainstreaming Gender and Women’s Mental Health - Implementation Guide (DH, 2003). Section 8.1: women who have experienced violence or abuse; raises both the impact of past experiences on women’s mental health and how some treatment and care by health professionals can lead to revictimisation or retraumatisation
• The NICE guidelines for PTSD (2005) were developed to enable health workers to understand and support individuals better who have experienced trauma such as DV. It highlights that when dealing with someone who presents with both depression and PTSD, the PTSD should be treated first as the other symptoms may then dissipate on their own accord, unless their depression is so severe they cannot function or they are actively suicidal.

Aim
This paper examines the findings of research into the impact of DV on women’s mental health and the effectiveness of current UK policy and legislation in meeting their needs. We will then make recommendations for future mental health nursing practice based on this review.

Methods
Electronic journals and databases including META LIB, Medline, Cochrane, and CINAL and the Joanna Briggs Institute were searched using the keywords: posttraumatic stress disorder and ‘complex’ posttraumatic stress disorder, interpersonal trauma, domestic violence, intimate partner violence.
Papers were included if they were:

- Original research that has been published since 2001 and therefore not included in Jones et al. (2001) systematic literature review
- Women affected by DV perpetrated by men.

From all the hits found relating to DV and PTSD, 13 where retrieved and of these five met the inclusion criteria.

**Preliminary findings**

Analysis is still ongoing, however, preliminary issues emerging from the literature review are:

- Domestic violence has a negative impact on women’s mental health, especially with respect to depression and post traumatic stress disorder (Ceballo et al., 2004; Mezey et al., 2005; Griffing et al., 2006)
- All papers highlighted the accumulative effect of post traumatic stress disorder from trauma such as domestic violence (Ceballo et al., 2004; Mezey et al., 2005; Griffing et al., 2006; Scott, 2007)
- Post traumatic stress disorder was usually more severe if the women had also suffered childhood sexual abuse and domestic violence (Mezey et al., 2005; Griffing et al., 2006; Scott, 2007)
- There was a higher prevalence of childhood sexual abuse with children raised in homes with DV (Griffing et al., 2006).

**Conclusion**

Understanding PTSD could not only enable health workers better support women cope with their mental health issues, but could also enable women to understand their reactions to their experiences and help them normalise their response (Ceballo et al., 2004; NICE, 2005; Griffing et al., 2006). This could potentially enable women to reduce the likelihood of revictimisation (Mezey et al., 2005; NICE, 2005; Griffing et al., 2006; Scott, 2007).

We recommend that all women who disclose DV should periodically complete a PTSD assessment which would allow their on-going mental health to be monitored. This is supported by NICE (2005) which recommended further research on PTSD assessment scales to look at which are the most appropriate for measuring PTSD.

**References**


T104

Risking recovery: an exploration by tutor and student of the challenges of empowerment and containment in mental health

Gordon Aindow, Senior Lecturer; Tom Bramhall, Student Nurse, University of Cumbria, Lancaster, UK

This piece of work is the collaboration between a senior lecturer for mental health nursing and, at the time of writing, a student on the pre-registration mental health nursing course at the University of Cumbria. The authors will discuss the model that evolved to explore the conceptual issues and the practical applications of the uncertain, and sometimes incoherent, state of policy within the mental health field. The benefits and challenges of this method for both lecturer and student nurse will be discussed.

This paper will explore the challenges found by practitioners, at any level of expertise, when faced with the complexities of applying policy informed by international, national and local emphasis within their work with mental health service users. Examples of such policy and conceptual frameworks include: The Human Rights Act (1998), from an overarching international perspective, The National Service Framework for Mental Health (1999), from a national outlook, and risk/health and safety commitments which may arise from more local agenda via National Health Service Trusts.

It is observed that all these frameworks, policies or what we may call discourses of care and management may, in different circumstances, have quite different emphases, and one policy or framework may challenge another. For instance, the Human Rights Act may be used to challenge the authority and appropriateness of the Mental Health Act.

Current mental health discourse attempts to emphasise service user autonomy and inclusion (NSF, 1999) whilst at the same time demonstrating a consistent, even an increasing focus on control and containment (DH, 2002). This paper will discuss the incongruities and difficulties that this presents.

The particular perspective of a mental health nursing student will be considered as an example to help illuminate the challenges inherent in comprehending and applying priorities in contemporary mental healthcare. This model of local and personal exploration will hopefully illustrate the periodically challenging and confusing environments of mental healthcare which is viewed through a lens of disparate strategies and policies. It can, at times, seem that as healthcare professionals we wish to include, recover and expand the potential of service users (Braken and Thomas, 2001) whilst at the same time seeking to control, contain and inhibit them (Bean, 2001).

This paper will discuss that under these circumstances and within a context of such potentially confusing discourse it is unsurprising that healthcare professionals, student nurses and most significantly service users, may feel confused, uncertain and frustrated when trying to operate and make progress within this ‘world’ (Chadwick and Aindow, 2004).

Having examined the territory created by the mixed discourse within the field of mental health, the paper will go on to consider the possible impact on healthcare professionals at all levels and the influence on their subsequent delivery of care. For instance, an overarching emphasis upon risk management and containment, with the accompanying fear of ‘punishment’ if the healthcare professional makes the wrong decision, will influence the type of care available to service users. In short, positive risk-taking strategies with the service user which emphasise recovery will inevitably be limited by the extent to which other discourses are actively applied and explicitly or implicitly upheld. Furthermore, an emphasis on control and containment must inevitably locate the professional as the processor of such information. Therefore, more time may be spent in the completion of forms and data collection that demonstrate that the process of risk management has been undertaken. This can lead to a diminution in therapeutic encounters with service users (Petch, 2001).

The paper will conclude with some suggestions of what might be done to reduce the tension felt by health professionals when engaged in the current mental health discourse. It will be observed that it is necessary to illuminate the challenges for health professionals when confronted with the seemingly incongruent and consequently confusing policy, legislation, and overall discourse, as viewed from an international, national and local perspective.
The model that evolved of discussion, reflection and response will be explored as an approach that can provide the space to recognise confusion and uncertainty on the part of the student, healthcare professional or service user. It will be observed that this approach, in effect, enables the creation of a conceptual map of the territory. In turn, this can equip those involved with a clearer understanding of the issues and a greater capacity to respond to circumstances and set priorities. This approach can lead to a greater sense of empowerment for all concerned, even in the midst of change and complexity.

References

T105
The nurse educator role in Australian hospitals: implications for health policy
Jan Sayers, Lecturer, University of Western Sydney; Patricia Davidson, Professor and Director, Curtin University of Technology, Sydney, Australia

In recent years the nursing profession in Australia has reviewed the efficacy of nurse education and nursing roles to address the healthcare needs of the population they serve. Simultaneously, constant change in the healthcare environment has occurred. These factors and quantum healthcare reform significantly impact nursing roles. The nurse educator role in the Australian acute care setting has, until recently, been poorly described and misunderstood. In the context of significant healthcare reform it is timely to consider the implications of the role for healthcare policy.

Healthcare service delivery in the Australian context is characterised by an ageing population with increasingly complex and chronic care needs, systemic workforce shortages and an emerging group of heterogeneous healthcare workers and sustained change in health infrastructure. These challenges are not unique to the Australian system, but in order to achieve reforms they must be considered within the local policy environment.

The Australian healthcare system is evolving through unrelenting, dynamic healthcare and workforce reform. Despite attempts at all levels to engender change and to relinquish outmoded health service structures and siloed professional roles and practices, health inequalities between the advantaged and disadvantaged continue to pervade our society (Armstrong et al., 2007). Inequities in health access are a constant reminder that complacency in healthcare reform is untenable (Armstrong et al., 2007). The vexing issue for Australian healthcare is its capacity to achieve healthcare Utopia for all Australians versus its preparedness to stem the decline into the abyss of inequity and escalating inertia in healthcare provision. Given the dire World Health Organisation’s (2000) finding that the nation’s health system performance ranked 32nd from a global perspective there is much to be done and little time to waste. The Commonwealth Government has reported that 9.7% of our gross domestic product is spent on healthcare (Commonwealth Government, 2007). However, the World Health Organisation (2007) has identified that the amount of money a country invests in healthcare is not necessarily a predictor of the quality of the healthcare provided. Predictors of the health and wellbeing of a nation are more closely aligned with the performance of its health system (WHO, 2007). The establishment of the National Health and Hospitals Reform Commission in 2008 reignites debate regarding the efficiency and effectiveness of the existing health system including significant health and health workforce planning issues. These challenges are not unique to the Australian system, but in order to achieve reforms they must be considered within the local policy environment.

Substantive reports and reviews acknowledge that nurse education standards at both an undergraduate and postgraduate level are crucial to delivering evidence-based, safe healthcare and future capacity building to grow nursing leadership, research and practice. The role of the nurse educator is implicit in the achievement of these goals; yet this role, as a discrete function in the acute hospital setting in Australia, is largely invisible in contemporary discourse. The reasons for this include the blurring of the role between other classifications of nurses, including the clinical nurse consultant and clinical nurse specialist. The nurse educator in the practice
environment teaches undergraduate and postgraduate staff and assumes a clinical leadership role that is intrinsic to shaping the future of expert clinical nursing practice development and the achievement of safe quality patient care.

This paper discusses the literature pertaining to the Australian healthcare system, the population demographics informing health policy and associated funding arrangements. The nurse educator role is critically examined in the context of the dynamic healthcare environment in Australia and healthcare policy. As policy drives the healthcare reform and practice agenda, policy developments that impact on the nurse educator role in the acute care setting are detailed.

Building on this synthesis, barriers and facilitators impacting the nurse educator role in Australia are identified and strategic directions for policy, the professional practice environment and further research that may impact patient outcomes and professional nursing practice are proposed.

Barriers and facilitators to the role challenge policy and the healthcare system to support the transformational role nurse educators play as they facilitate evidence-based practice development, support clinical leadership and engender effective change management within the professional practice environment. Building on this synthesis, strategic directions for policy, the professional practice environment and further research that can impact patient outcomes and professional nursing practice are proposed.

The Australian healthcare system

Although the focus of care is increasingly moving to the community, hospitals remain an important focus of care and are associated with significant costs within contemporary healthcare systems. Australia supports a system of universal healthcare coverage through a complex and layered system involving three levels of government: Commonwealth, State and local with public and private providers. At each level of government there are both healthcare providers who are government employees and private providers, and there is a coexistence of private insurance, co-payment and universal coverage. Predominately nurses are funded by government systems, except in private practice settings (Davidson, et al., 2008).

Australian healthcare services are based on the tenet of restoring, maintaining and promoting health, although some would argue that the focus is on technological advancement and intervention. Healthcare is provided by both government and private sectors in a diverse range of community and hospital settings in cities, suburban, rural and remote regions across Australia. Importantly, society today views health as a commodity - a commodity underpinned by changing demographics, care models, community expectations, a diverse workforce and health funding (Illiife, 2007).

Notwithstanding the challenges described above, clinical excellence and improved patient outcomes demonstrate that the Australian health system is efficient and effective (Davidson et al., 2008) Decreases in mortality associated with cardiovascular disease provide but one example. (Australian Bureau of Statistics 2002; Tonkin et al., 1999). Health system funding is fundamental to the achievement of sustainable health outcomes.

References


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T106

The ‘Bologna Process’ and its significance as a policy driver at institutional, national and international level in nurse education

Ruth Davies, Senior Lecturer, Swansea University, UK

The aim of the ‘Bologna Process’ is to reform higher education throughout the European Union (E.U.) and create convergence in terms of academic awards, curriculum structure and competencies in all academic disciplines including nursing. It will lead to a unified platform of higher education within the EU and the creation of a European Higher Education Area (EHEA) by 2010. This will end divergence of awards at bachelors, masters and doctoral level, differences in training and education, curriculum structures and learning awards; all of which currently hinders mobility and employment opportunities for EU members and opportunities for undergraduate and postgraduate study and research. The Bologna Process is the single most important reform of higher
education in Western Europe over the last thirty years and a significant policy driver for nurse education not only for EU member states, but for developed and developing countries worldwide.

The 'Bologna Process' was launched in 1999 when 29 EU countries signed the 'Bologna Declaration' and committed themselves to reform their own higher education system and achieve convergence by 2010 (Bologna Declaration, 1999). Six actions lines were set which included:

1. Adoption of a system of easily readable and comparable degrees
2. A system of two-cycle (undergraduate and graduate) degrees
3. A system of credits to promote widespread student mobility, such as the ECTS (European Credit Transfer and Accumulation System)
4. Promotion of mobility
5. Promotion of European co-operation in quality assurance
6. Promotion of the European Dimension in higher education.

At the Prague Summit two more action lines were set (Prague Declaration, 2001) which included:

7. An emphasis on lifelong learning
8. Involvement of students in higher education institutions and enhancement of the attractiveness and competitiveness of European higher education to other parts of the world.

Progress on the ‘Bologna Process’ has been monitored by a series of summits attended by representatives from EU member states, which now total 46, who are signatories to this process. There can be no doubt that the EHEA will be achieved by 2010, and this will facilitate the mobility of graduate nurses across the EU with opportunities for them in practice, management, teaching and research. Undergraduate nurses should also benefit with more being able to take advantage of the Socrates-Erasmus programme of study in other EU countries.

Summits to monitor progress have also been attended by representatives from non-EU countries such as, Asia, Australia, China, Latin America and the United States of America. This reflects Bologna’s commitment, as set out in action lines five and eight, to promote the European Dimension in higher education and raise awareness of the attractiveness and competitiveness of European higher education to other parts of the world. Interest by non-EU countries such as Australia is understandable given that the EHEA will apply to 4,000 HEIs hosting 16 million students (DEST, 2006). The Australian government may well align their own HEIs with the ‘Bologna Process’ for, as they note, failure to do so may result in a significant proportion of the 32,000 European enrolments in their own HEIs seeking other more attractive destinations in Europe post Bologna. The benefits of ‘Bologna compatibility’ to Australia (DEST, 2006, p.7) are equally applicable to other non-EU countries. Firstly, it will allow them to align key features of their own HEIs with the systems of 46 European countries. Secondly, it will make their own HEIs attractive to students as the ECTS which sets a common measure of student workload to learning outcomes will enable them to study abroad. Lastly, compatibility in relation to the Diploma Supplement which promotes transparency and recognition of qualifications for employers within Europe is attractive to students. This makes it more likely for them to place greater value on HEIs aligned to the ‘Bologna Process’ than those who are not. With the expansion of higher education in countries such as Asia, China and Latin America it is probable that HEIs from outside the EU will align themselves rather than remain as a ‘Bologna outsider’ (DEST, 2006, p.7).

Despite the significant policy implications for nurse education within the EU as well as developed and developing countries, the ‘Bologna Process’ has received little attention to date (Spitzer and Perrenoud, 2006). It may, as Davies (2008) has described, be regarded as the quiet revolution in nursing education despite the profound implications it has for students and graduates in terms of mobility, employment and research. As this presentation will show there is an urgent need to focus on these important policy issues because of the future opportunities they offer to students and graduates and not least HEIs themselves who, once aligned to the ‘Bologna Process’, should be able to recruit both national and international students and in doing so promote nursing as an internationally recognised academic discipline.

References


Learning about dignity in care: policy drivers and educational practices

Lesley Bailie, Principal Lecturer, London South Bank University, UK

This paper will start by examining the legal, health policy, and professional drivers for educating nurses about dignity in care and then review survey findings which illuminate UK nurses own perspectives of how they learned about dignity. The paper will then discuss approaches to education and assessment of pre-registration nursing students in ensuring the promotion of patients’ dignity in practice.

From a legal perspective the Human Rights Act (HRA) (Great Britain, 1998) includes two articles which relate to aspects of dignity and are clearly relevant to healthcare: the absence of inhumane or degrading treatment (Article 3) and the right to privacy (Article 8). In the United Kingdom (UK), dignity has been on the NHS agenda for some time with health policies supporting dignified care for patients being produced by all four UK countries’ health departments. Policy documents emphasising dignity in care include: Essence of Care (DH, 2001a) and the National Service Framework for Older People (DH, 2001b). However, reports about people’s dignity being diminished in care settings have continued to be published (Healthcare Commission, 2007; Mental Welfare Commission, 2007; Mencap, 2007). In 2006 the Department of Health launched a ‘Dignity in Care’ campaign which remains ongoing. Dignity is clearly an important issue within UK healthcare. From a professional perspective the International Council for Nurses (2008) and the Nursing and Midwifery Council (NMC) (2008) require nurses to respect patients’ dignity. Responding to public and professional concerns about skills development in pre-registration nursing education, the NMC (2007) published the Essential Skills Clusters which includes outcomes for pre-registration nursing students relating to dignity in care. In 2008 the Royal College of Nursing (RCN) launched a Dignity campaign acknowledging the widespread concerns about indignity in care and the need to demonstrate the profession’s commitment to addressing dignity deficits. There are, therefore, many drivers for ensuring that pre-registration student nurses can promote the dignity of patients in practice.

Furthermore, at local level the NHS Trusts with which the author’s university works in partnership are strongly committed to dignity in care.

How nurses learn about dignity has been little explored. Reassuringly, however, the RCN’s (2008) survey of nursing staff’s experiences of providing dignified care (n=2046) found that most respondents did recall learning about dignity in their initial training. The majority of this learning took place in the classroom, with practice placements a close second. Most respondents considered that this learning made a considerable impact on their practice. Other learning sources were feedback from patients, good role models and personal experiences of care, thus highlighting the importance of learning in practice for developing an awareness of dignity. Both students and lecturers who responded to the survey described university-based education to develop understanding of dignity. However, while many student respondents found that their practice placement experience reinforced and continued their university-based learning about dignity, some reported that healthcare culture and staff attitudes provided a barrier to dignified care. Despite appearing satisfied with their own educational preparation, many respondents considered that other staff lacked education about dignity, including healthcare assistants, multidisciplinary team members (particularly doctors) and managers. Calnan et al., (2005) too identified that a lack of staff training impacted negatively on dignity in care. For patients to experience dignity consistently all healthcare staff need awareness and understanding. Encouragingly, when respondents were asked about dignity-promoting initiatives, many identified education and training events, but others suggested that more education was needed.

Thus the RCN’s (2008) survey highlighted the range of experiences which may aid or prevent learning about dignity. Nurse educators clearly have a duty to ensure that pre-registration nursing students understand dignity and can provide dignified care in practice. Miller’s (1990) pyramid is a useful framework for clinical assessment which this paper will use to illustrate approaches to education about dignity in care. The pyramid’s base is knowledge and the author will present methods for learning about the nature of dignity, including the virtual learning environment. The next stage is competence whereby the learner is able to use their knowledge about dignity; this can be practiced in classroom activities. Performance is the next layer in the pyramid, where students demonstrate how the knowledge is used. Simulation provides the opportunity for students to apply learning about
dignity to specific care situations. At the peak of the pyramid is action which is based in clinical practice. In the author’s pre-registration nursing programme, first year students are summatively assessed in practice on promoting dignity during a structured practice assessment relating to personal care. Furthermore, all students are summatively assessed on their ability to promote and maintain privacy and dignity on every practice placement.

While Miller’s (1990) pyramid above is applied to nursing education, similar approaches are also applied to allied health education, as dignity in care requires commitment from all healthcare professionals.

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Building the capacity and capability of practice nurses in New Zealand through clinical supervision

Alasdair Williamson, Nurse Researcher, Hawke’s Bay District Health Board; Elaine Papps, Director of Nursing, Hawke’s Bay District Health Board and Professor of Nursing, Eastern Institute of Technology Hawke’s Bay, New Zealand

Nursing literature reflects that nurses have been exploring and experiencing the process of clinical supervision for almost two decades. Nurses in the United States, United Kingdom, Scandinavia, and Australasia have written much over the past twenty years.

The experience of clinical supervision by New Zealand nurses has been developing since around the mid-1980s. Nurses have increasingly recognised the need for a safer, more professional, self-reflective approach to their nursing practice is at the heart of clinical supervision developing a higher profile in the nursing profession today (Butterworth and Faugier, 1992).

This paper provides an overview of the first part of a larger study which addresses the support needs of practice nurses and clinical supervision and some of the issues that mitigate against professional support and development for practice nurses. In undertaking preliminary work for the larger study it was identified that within their work context practice nurses in New Zealand do not currently receive clinical supervision relevant to their specialty practice area. Additionally, it has been determined that none of the employing agencies have policies associated with mentoring or clinical supervision for practice nurses.

Practice nurses have worked in New Zealand in general practice environments for many years. The introduction of a subsidy in 1970 to support general practitioners to employ practice nurses saw the number increase considerably and, initially, the practice nurse role was seen as an assistant to the general practitioner.
The New Zealand health system has been the responsibility of government-funded health boards or enterprises for over a century; the enactment of the Health and Disability Act 2000 created district health boards. The Health and Disability Act 2000 also provides for primary healthcare to be the responsibility of Primary Health Organisations (PHOs). General practitioner practices are linked to PHOs in each of the twenty-one district health board regions.

A key policy driver for nurses working in primary health environments was the publication of the New Zealand Primary Healthcare Strategy (Ministry of Health, 2001). Practice nurses who, in contemporary nursing practice in New Zealand, are considered to be key health providers in their own right were now part of a policy which recognised that there will be an increased need for primary healthcare nurses with the move towards greater population focus and the emphasis on a wider range of services. An opportunity was created with this policy for primary healthcare nurses to develop advanced skills in specialty practice areas.

A further policy driver to progress primary health nursing came about in 2001 with the establishment of an Expert Advisory Group to provide nursing direction to the Ministry of Health and the newly established District Health Boards, as well as to provide direction on career and educational frameworks to ensure national consistency and implementation of the primary health nursing requirements. This group developed a framework for activating primary healthcare nursing in New Zealand. The broad vision for the primary healthcare nursing framework is:

To create the environment that enables nurses to provide integrated comprehensive nursing care to individuals and population groups in New Zealand primary healthcare settings, and that strengthens the primary healthcare team towards improving health for all.

(Ministry of Health, 2003)

In 2007 the Ministry of Health provided a considerable amount of money for postgraduate nursing education through its business unit the Clinical Training Agency (CTA). This funding was also available to practice nurses employed in PHOs, and is specifically for registered nurses to access postgraduate training in order to advance nursing practice and facilitate career pathways towards specialist nursing practice roles or nurse practitioner roles. However, there has been relatively poor uptake by practice nurses in relation to this funding and an evaluation of one programme aimed at practice nurses had less than 50% of the funding utilised.

Supervision is a process in which the supervisor enables, guides and facilitates the supervisees in meeting certain organisational, professional and personal objectives. These objectives are: competency; accountable practice; continuing professional development and education, and personal support (Australian, New Zealand Association of Social Workers, 1997).

Practice nurses often work in isolation in single GP practices and without peer support. Findings in this clinical supervision study suggest that clinical supervision would be influential in working towards providing support for nurses in general, building on existing support networks, focusing on practice nurses’ needs, and potentially improving health outcomes. It is arguable that the availability of funding for postgraduate study for practice nurses was premature without considering appropriate support and professional guidance that clinical supervision would have provided.

References


Student Experience A

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
An exploration of nursing students’ and mentors’ perceptions of support in practice settings

Annette McIntosh, Associate Dean Teaching and Learning; Kat Melling, Research Officer, University of Chester, Carol Rowlands, Education Lead, NHS Halton and St Helens; Anita Hargreaves, Practice Education Facilitator; Tracy Barker, Practice Education Facilitator, Countess of Chester NHS Hospital Foundation Trust; Debra Smith, Research Assistant, University of Chester, UK

This research project addresses the key issue of student support in practice and is funded by the Centre for Excellence in Professional Practice Learning, University of Plymouth. It is envisaged that the project will enhance practice learning by exploring student support in practice and using the data to influence curricula in order to optimise the experience of students. The research was conducted in the Faculty of Health and Social Care, University of Chester and two of its partner Trusts. The faculty hosts a wide range of programmes from foundation degrees to studies at masters level, but this project focuses on pre-registration adult nursing students. This project contextualises the system of student support within the faculty and its partner Trusts within the broader national picture and explicates the local issues. Crucially, it will have a pragmatic value at faculty and Trust levels, and its findings will have relevance and transferability to other higher education institutions in the UK.

The pre-registration nursing programme is undertaken by students who come from a range of academic and socio-economic backgrounds, have a wide age range and experience differing patterns of programme delivery, from full- to part-time attendance. The student body of the faculty thus reflects the aims of the major policy drivers of widening and increased participation in higher education (HE) set out by the current government policies. Another major policy driver, the integration of education and business needs within HE programmes twinned with the widening participation agenda, has led to an increased focus on skills-based and vocational programmes with an emphasis on programme outcomes and employability. Against this backdrop an increasing amount has been researched and written about the need to develop and optimise student support in order to maximise achievement and minimise attrition. The issue of student retention is a high priority for governments internationally (Tait, 2004; Zepke and Leach, 2005; Yorke, 2004; Yorke and Longden, 2004).

Correspondingly, the University of Chester and the Faculty of Health and Social Care have prioritised reducing student attrition as a strategic and operational imperative. A recent in-house study examined the causes of attrition in programmes of study within the faculty (McIntosh, Melling and Gidman, 2008). The research investigated students’ and lecturers’ perceptions of the support made available to pre-qualifying nursing, midwifery and social work students throughout their course of study and compared the results across these groups. The results highlighted, amongst other factors, the role of the placement in determining a student’s positive experience of their course. Students emphasised the need for support in practice placements and identified the mentor as being the most relevant person to provide that support. Given these findings, the current project focuses on student support within practice areas, to identify the antecedents and correlates of successful placement support. Practice experience is recognised as a crucial aspect of student learning (NMC, 2004; 2008) and has become a major focus of quality reviews in nurse education. The aims of this research study are therefore to:

- Explore and describe the perceptions of students and mentors regarding student support in practice, within the adult pre-registration nursing programme
- Develop a model of student practice support for implementation and evaluation in the academic year 2009/2010.

The research study is exploratory and descriptive and it employs a mixed method, triangulated approach, utilising both quantitative and qualitative research methods. Quantitative data will be analysed using SPSS software and qualitative data using the three interrelated aspects of analysis identified by Miles and Hubermann (1994). The samples comprise new students (within the first six months) undertaking the adult branch pre-registration nursing programme, third year students (within the last six months) of the adult branch pre-registration nursing programme and mentors from partner primary care and acute Trusts.

The findings of the research study will be presented in relation to students’ perceptions of their anticipated practice support requirements, their experiences of practice support during their programme and mentors’ perceptions of students’ support requirements. Conclusions will be drawn from the data, and these will be used to influence practice-based learning within the curriculum. It is anticipated that this will lead to improved support for students.

References
To identify and evaluate the use of Virtual Learning Environment (VLE) from a student perspective

Sam Chenery-Morris, Midwifery Lecturer and Postgraduate Student, University Campus

Suffolk, Ipswich, UK

In October 2008 fifteen postgraduate students from differing interprofessional backgrounds including midwifery, paramedic, speech therapist, clinical nurse specialists, school nurse, learning disabilities nurse and occupational therapist came together to study research.

All fifteen students have been consulted about this chapter proposal and give their consent for their issues and ideas to be included within the evaluative case study. As has the module leader and the Associate Dean of the faculty.

The provision of post-registration education at UCS adopts and supports interprofessional learning. This was the first time the university has rolled out WebCT throughout the university, and for many of the postgraduate students this was their first experience of using the virtual learning environment (VLE).

The learning and teaching methods employed in this module included seven face-to-face study days including lectures, seminars and workshop-styled sessions which encouraged the student to investigate practical, theoretical and contextual aspects of the research process. These sessions were extended and developed in VLE sessions using discussions, debates and exercises on Wolsey, the university’s VLE. Students were required to participate in all the VLE discussions and exercises, but were free to contribute when they chose. Tutorial support for the VLE sessions was given on line and during face-to-face feedback sessions timetabled during the study days.

This core paper will be presented as a case study, using multiple methods of evaluation and evidence, including virtual conversations between the teacher and students to raise the issues and address each other's concerns, an analysis of the face to face module evaluation, and e mails and posts on the discussion boards.

When adopting a new technology, such as WebCT and use of VLE with the potential to transform learning having clear ideals is particularly important (Garrison and Anderson, 2003). This case study will address the teachers’ goals and assumptions with responses from the students and vice versa, the students’ goals and assumptions of the VLE.

The evaluative case study will include time, access to IT, and application of IT skills, confidence, confidentiality of postings, and the value of peer support. The development of an e-learning environment is costly in respect to lecturers’ time (Glen and Moule, 2006); this and the students’ time will be addressed within the chapter. The teachers’ feedback and issues of perceived power will also be addressed. The love-hate relationship with technology has been documented (McVay Lynch, 2002); this will be demonstrated within the case study.

Student access to a computer was assumed, as the students had to apply on-line. This was problematic for some students and the teacher alike, since there was a breakdown of communication between whom the teacher thought had enrolled and who turned up on the first day of teaching. This will be evaluated within the case study. Many of the students had no allocated time for attending class let alone studying. Some attended class in their annual leave; others had time to attend class but no further support.
The value of constructivist approaches to learning, through dialogue and discussion have been applied to the VLE (Bates, 2005). The ability to communicate over time and place via the VLE is one of the perceived benefits but without time to study, access to the internet and IT skills the student may have difficulty constructing knowledge with this medium. The students have identified areas where this was problematic but found solutions to many of their problems, including informal peer sharing of IT skills; these issues will be evaluated.

Conclusions will be drawn from the student perspective which is not just one student’s issues, but a collection of ideas to form a collaborative voice.

References

Scottish pastoral care initiative for student nurses
Bryan Perrin, Student Support Counsellor; Midge Redpath, Student Support Counsellor, Glasgow Caledonian University; Kev Head, Pastoral Support Advisor, Edinburgh Napier University; Ann Ogle, Pastoral Support Advisor, The Robert Gordon University, Aberdeen, UK

In 2001 the Scottish Government highlighted the need for the issues around retention and attrition of students to be addressed. In 2005 the Pre-course and Selection/Pastoral Service Working Group was set up (SGHD, 2007). The Pastoral Support Advisor initiative is one of the pilot schemes identified by the group as a possible effective support mechanism through which nursing students could access assistance as and when needed. This approach is intended to address the personal and academic stress that appears a common experience by the student nurse population across Britain; stresses that may result in their leaving nursing and midwifery programmes.

The Pastoral Support Initiative is now at the beginning of its second year of a two-year project. The remit of the advisors within their respective establishments is to provide practical and emotional support for nursing and midwifery students experiencing personal and educational difficulties with the aim of assisting in the retention of students.

There is much research that points to the specific needs of pre-registration nursing and midwifery students, especially with respect to factors affecting retention and attrition. Glossop (2001) highlights the complexity of the issues which affects students’ progress on their programme which eventually attributes to their leaving. Similar issues such as juggling family commitments, personal issues, being undervalued in practice were identified by Last and Fulbroke (2003) in their study, and these factors continue to be relevant in education today. The National Audit Office 2007 showed in their latest audit that the reasons why a student may leave their course, such as financial difficulties, lack of preparedness for study and practice continue to be influential and express how life can be problematic for the student.

The Scottish initiative design was based on the structuring of student support at University of Glamorgan. This university set up a system where students could freely access a pastoral support advisor for personal interviews and a drop-in facility, available out with their School of Nursing and Midwifery, when experiencing difficulties.

The methods employed in the Scottish Initiative, while having common aims, vary and reflect the unique social and institutional nature of the three pilot sites. The social contextual issues found in the local communities of the three pilot sites established in Aberdeen, Edinburgh and Glasgow may provide differing demands in terms of personal challenge to the students. This project attempts to understand the unique circumstances of the student population within each of the three schools better and undertakes activities to improve the student’s experience and ability to manage their personal circumstances.

The overall aims of the Scottish Government Health Department pilot are:

• To develop measures for future evaluation
• To secure baseline measures
• To contribute to evaluation of pilot project by exploring changes in student support, quality of learning experience and attrition rates.
It has been noted that there is an increasing need for students to be actively encouraged to engage in the wider academic community so that they can shape a learning experience which is individual and valued by them (Quality Assurance Agency for Higher Education, 2005). However, given the changing demographics student circumstances vary greatly and may impact on their ability to engage in their learning experience at times throughout their programme. The purpose of this theme paper is to share the findings of the Pastoral Support Advisors and prompt discussion on factors which influence students to either continue with their studies or discontinue. As a group we wish to offer some insights into factors influencing student life and ideas on how difficulties experienced can be supported. We intend to discuss the data collected to highlight the differences and similarities between the individual approaches taken by each person undertaking this support role. Thereby painting a picture of the life of a nursing or midwifery student in today's higher education and healthcare settings.

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**T112**

**Evaluation of an acute illness course: SMART**

Robin Lewis, Principal Lecturer in Acute and Emergency Care; Claire Walsh, Senior Lecturer; Kath Warren, Lecturer Practitioner; Wayne Robson, Senior Lecturer; Debbie Clark, Lecturer Practitioner; Julian Newell, Lecturer Practitioner; Mandy Motley, Lecturer Practitioner; Pete Smith, Lecturer Practitioner, Sheffield Hallam University, UK

**Background**

There is a growing body of evidence to demonstrate that hospitalised patients who experience acute deterioration and cardiac arrest often show clinical signs many hours prior to these events and do not always receive timely or appropriate care (NPSA, 2007). Along with this many vulnerable hospital patients requiring critical care are being cared for outside specialist areas by staff without specialist training, resulting in them receiving suboptimal care (NICE, 2007) To address these issues, NICE (2007) and The Patient Safety First Campaign (2008) has developed guidelines and made recommendations to improve the care of acutely ill patients. A key component of the recommendations is the delivery of specialist education for all staff who work in acute hospitals.

To prepare undergraduate nursing and medical students for the challenges of working in acute Trusts, Sheffield Hallam University, in collaboration with the local critical care network, developed a one-day course *Student Management of Acute Illness - its Recognition and Treatment (SMART)* which aims to provide students with a systematic approach to recognising and managing the acutely ill patient.

**The 'SMART' course**

The ‘SMART’ course is aimed at undergraduate final (third) year nursing students and fourth year medical students who are undertaking their acute and critical care modules. This ensures that the students have received the requisite underpinning theory in acute care lectures prior to attending the course. Students are also on acute care placements at the time when they attend the SMART course which enables them to build upon and contextualise the skills acquired on the course in practice areas at an appropriate stage in their training.

From a student experience perspective, the uniqueness of the SMART programme lies in the fact that nursing students from Sheffield Hallam University learn alongside medical students from the University of Sheffield. This kind of interprofessional learning is useful for students working in healthcare settings as it allows them to practise their team working and interpersonal skills and learn about their own limitations. (Brashers, 2001).

The emphasis of the SMART course is on patient safety. At the beginning of the course the importance of the ABCDE approach to assessment is reiterated which leads the student through a rapid but comprehensive clinical assessment. This ensures that life threatening problems are rapidly identified and effectively managed. Students
are encouraged to use this model of assessment throughout the day when carrying out simulated clinical scenarios.

During the course students take part in simulated clinical scenarios which utilise a sophisticated high fidelity mannequin. Using simulation enables safe experiential learning to occur, since it enables the students to bring together the knowledge and skills they have acquired during the course in a safe and supportive environment (Gaba, 2004). Through simulation and scenario-based learning, the students learn the importance of acting promptly to prevent patient deterioration. They also receive four short lectures based around the acquisition of key skills such as airway management, the patient with a reduced conscious level, hypotension and low urine output and visit practical skills stations relevant to each lecture. The significance of vital signs monitoring is thoroughly discussed and related to early warning scoring systems.

Students also learn the importance of clear and concise communication when caring for acutely unwell patients. Poor communication involving healthcare staff is often a central factor in many patient safety incidents (NPSA, 2007) this includes patients who deteriorate. Students are encouraged to plan and prepare what they need to communicate. Two communication tools, SBAR (situation, background, assessment, recommendation) and RSVP (reason, story, vital signs, plan) are recommended and discussed as these tools structure calls for help and advice and ensure that the vital information is communicated effectively.

It is essential that facilitators involved in simulation, particularly with undergraduates, provide a supportive environment as the aim of the course is not only to improve competence in caring for the acutely unwell, but to also increase confidence and experience in managing these vulnerable patients. Indeed, emphasis is placed on guiding students and prompting through the patient assessment as necessary to ensure a positive outcome for all. Feedback is given and what the students have done well is reinforced.

**Evaluation**

SMART is a newly developed programme which is in the early stages of an on-going, long-term evaluation. The evaluation involves a pre- and post-course student questionnaire and the use of focus groups. The feedback from the initial evaluation has been uniformly positive. The students identified initial anxieties relating to all aspects of the care of acutely unwell patients which they felt were addressed by the day. For example, the students were invited to evaluate the use of simulation and interprofessional learning using free text. Sample comments included:

‘It was a great course; I particularly appreciated the interaction with student nurses.’

‘The SMART teaching, with activities and simulated scenarios were some of the most important activities I have done throughout the entire MBChB course…’

‘Invaluable, every medical student should have the opportunity to have training with student nurses...’

It is clear that further research is needed to explore if the students’ perceived increase in knowledge and confidence post course is applied in practice and actually leads to improved patient care.

**References**


T113

Objective structured clinical examination (OSCE): reasonable adjustments for students with disabilities – a practical approach

Nicki Walsh, Lecturer in Adult Nursing; Lorraine Roberts, Lecturer in Adult Nursing; Sally-Ann Bradley, Lecturer in Adult Nursing, University of Nottingham, UK

Background and rationale
Since the Special Educational Needs and Disability Act (2001) was added as an amendment to the Disability Discrimination Act (1995) it has been unlawful for any educational institution to treat a disabled person 'less favourably' for a reason related to their disability. Educational institutions are required to make reasonable adjustments to ensure that a disabled person is not placed at a substantial disadvantage, and this legislation applies to admissions and enrolment services and other student services, including assessment and teaching resources.

Work within the University of Nottingham has identified reasonable adjustments for academic work, however, some disciplines have assessed practical components and consideration is needed.

The School of Nursing examines practical clinical skills using Objective Structured Clinical Examinations (OSCE). These assess a student's clinical skills and knowledge using a simulated patient scenario. OSCEs were first described by Harden et al. in 1975 and are used extensively in healthcare education.

Project search strategies identified guidelines for OSCEs in university handbooks, alongside an abundance of literature relating to their general use as part of academic assessment. Rushforth (2007) carried out a review of the literature and the implications for nurse education and concluded that if used carefully they can be helpful in health professional education. Rentschler et al., (2007) found that students found them a worthwhile experience and they have been judged by students to be an acceptable, fair and valid means of assessing clinical skills where assessment in clinical practice is not available or acceptable (Jay, 2007). Studies by Govaerts et al., (2001) (Netherlands), Jain et al., (2000) (USA) and Bartfay (2004) (Canada) highlight their international use.

There has been much discussion on the organisation, standardisation and validity of OSCEs but nothing could be found that examined OSCEs and reasonable adjustment for students with disabilities. A telephone enquiry to the Nursing and Midwifery Council (NMC) by a member of the project team elicited that guidelines, competencies, proficiencies and essential skills are produced by the NMC, but it is for each School of Nursing to define their own reasonable adjustment. The new legislation also highlights that reasonable adjustments should not compromise professional standards and competencies; there is a need to match any possible reasonable adjustment against professional codes to ensure that that this does not happen. Therefore, further exploration of the issues surrounding reasonable adjustment within OSCEs and the development of possible guidance has resulted in this project.

Methodology
This project initially adopted a quantitative approach using SPSS to analyse the data. However, due to the qualitative nature of some of the questions, this was felt to be more pertinent in terms of analysis and therefore a thematic approach was adopted. The rationale for this was to capture the true student experience.

A questionnaire was administered by email to all students within the Division of Nursing (five centres) who had reach the stage within their training where they had had an opportunity to undertake an OSCE assessment. Sampling was considered problematic due to issues of confidentiality. There were known to be 199 students within the school registered with a disability at the time of the project. However, all students were e-mailed in an attempt to capture those both registered and those who were not.

Results
Twenty-three questionnaires were returned which was considered a low response rate. Of those that were returned three categories were identified from the students when asked if adjustments had been made during their OSCE. These were:

- Extra time
- Change of timing of OSCE
- Change in documentation.

Students were also asked if there were any adjustments that they felt could have been made. Six categories were identified:

- Physical adaptations
- Extra resources
- Further explanation from examiner
• Change of timing of OSCE
• Change in documentation
• Not selecting particular OSCE stations.

Each of these requests were reviewed in line with current legislation, Nursing and Midwifery Council guidelines and local National Health Service (NHS) Trust policies to determine the appropriateness of the adjustments. Guidelines have been produced to identify which adjustments were reasonable and which were not.

This project has helped to produce initial guidance on what is a reasonable adjustment. It is hoped that it can be included on the school of nursing OSCE website so that it is accessible to both staff and students. As a result of this local study, guidance can be used within other academic departments to assist in their development of local guidelines for reasonable adjustment within practical assessments.

References


Student Experience B

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
Engaging students in curriculum enhancement

Brian Webster, Director of Education; Steve Tee, Assistant Dean, University of Southampton, Michael Szarvas, Staff Nurse and former student, Southampton University Hospitals Trust, UK

This paper reports on how one institution in 2004 developed a Student Entitlement Framework (SEF) to facilitate meaningful engagement with students. The purpose was to create an active process which was responsive to issues arising from the student journey and also informed curriculum development. Key to the success of the SEF was the Student Liaison Coordinator, an annual sabbatical student post established to respond flexibly and rapidly to student issues and concerns relating to all aspects of their experience. This paper reports on an evaluation which highlights the success of the SLC role and how key challenges are being addressed.

Background

The University of Southampton, School of Health Sciences, has over 1900 full-time undergraduate students based on five locations within Hampshire and the Isle of Wight. A pivotal principal within the University of Southampton’s vision is:

‘Inclusiveness which enables all staff, students and potential students to achieve their full potential.’

University of Southampton, 2007

Student entitlement framework

The School of Health Sciences believes that student engagement in all aspects of curriculum design, management and delivery is central to achieving the university’s strategic aim. A Student Entitlement Framework (SEF) was developed, in consultation with students, to ensure the student voice was heard in relation to five key stages in the student journey, namely:

1. Marketing and pre-entry
2. Induction and orientation to higher education learning
3. Learning in and from practice
4. Progression and achievement
5. Completion and transition to employment.

SEF Groups were established, with a ratio of 90% students to 10% staff, for each key stage. Group facilitation methods were used to engage with the student’s experiences, following which action plans were developed and implemented aimed at enhancing the student journey. Arthur (2005) identifies the need for higher education to move away from a hierarchical approach to student support and to develop and foster a model of citizenship. It was intended that the SEF group would foster a culture of engagement and advocacy putting the student at the centre of its activities.

Student sabbatical post

The SEF groups were successful in promoting active engagement and contributing to the school’s strategic development, but key to their success, and perhaps more importantly the groups being valued amongst students, was the role of Student Liaison Coordinator (SLC). The role enabled a student to take a sabbatical year from their studies and become a fully-paid member of staff to lead on liaison with the student population. The SLC enabled an active dialogue to be maintained between student groups and for enhancements to be made rapidly in response to concerns raised.

Role evaluation

This role, established initially for three years, with three different post holders was subsequently subjected to evaluation. A tool was developed, piloted and distributed amongst students, staff and central services and the evaluation data collated and analysed.

Results

Students and staff clearly view the role as an enhancement. Overall the students were highly complimentary of this initiative. Examples of key successes derived from the SLC role include:

- Development of guidelines for academic staff on the use of the virtual learning environment from a student perspective
- A review of the school’s assessment methodology
- Input to the design of a new curriculum and supporting validation
- Liaising nationally with the Student Grants Unit and the Council of Deans for Health
- Changes to the timing and order of key lectures within modules
- Development of student support policy
- Implementing a new framework for student representation on key governance committees within the school
• Co-authoring of student handbooks
• Working with placement coordinators and the SHA to enhance practice learning

However, staff took some time to utilise and engage with the role. Challenges have included:

• A lack of shared philosophy from academic staff in relation to student centredness and citizenship
• Difficulty in perceiving the post holder as ‘staff’ not student
• Perceived challenges over confidentiality.

The school continues to address these issues through rewarding staff engagement with the SEF initiative, raising the profile of the SLC and further developing and enhancing the role for 2009/2010.

Conclusion
Watson (2006) suggests that higher education intuitions have a duty to ensure students are central to the student experience. The SEF model and that of the SLC have allowed the school to commence on a journey and move towards citizenship in higher education. The evaluation demonstrates how such initiatives can enhance the student experience and overcome cultural challenges. We hope this will encourage other healthcare educationalists to develop their own enhancement models.

References


T115

A descriptive phenomenology study of the experiences of Indian nurses studying in a UK university
Lorraine Burgess, Senior Lecturer; Fiona Irvine, Professor of Nursing; Christine Wall, Senior Lecturer, Liverpool John Moores University, UK

Aim
We explored lived experiences of a cohort of Indian nurses studying for a one-year BSc degree in the UK. The objective was to understand the social, cultural and academic challenges that they faced.

Background
There are multiple problems that international students face when studying abroad including social and cultural differences, language barriers and often an awareness of high expectations of families back home, who may have made a significant financial contribution in order to fund the student’s overseas studies (Carroll and Ryan, 2005). It is clear that all students find the university culture new and challenging (Carroll and Ryan, 2005; Curzon, 2004; Walklin, 1990); the transition to higher education means home and international students may suffer from culture shock as they come to terms with dealing with academic stress and new and complex concepts. This shock can be compounded when English is your second, third or even fourth language, making the challenges seem very daunting (Radcilffe-Thomas, 2007).

Difficulties with language, study skills and cultural adaptation of international students are often attributed to the students themselves, however, institutions are now being charged with the responsibly to adapt to the diverse needs of this student population (Morrison, Merrick, Higgs, and Metais, 2005).

Method
Our study investigated the experiences of overseas post-registered nurses, who have lived, studied and worked in Liverpool. We followed a phenomenological research tradition; phenomenology focuses on the lived experiences of humans and tries to extract meaning. This type of research is particularly useful when a phenomena, in this case the cultural, social and academic experiences, are poorly defined or understood (Polit and Beck, 2008).

A purposive sampling strategy was used which allowed a variety of students with different academic achievements to be selected (Sim and Wright, 2000). Semi-structured interviews were conducted with the participants by a member of the research team who was unknown to the students. This addressed some of the
issues of responder biases as the participants may have felt unable to express their true feelings to someone they saw as their ‘teacher’. The interviews were held in a private room within the faculty of health building. They were digitally recorded and transcribed verbatim. Data were then analysed using an inductive framework approach. This approach allowed for analysis of the data by more than one researcher thus improving the Trustworthiness and authenticity of the study (Speziale and Carpenter, 2007).

Findings
Three key themes emerged from the data that related to the social, cultural and academic experiences of the participants. In this presentation I will focus on the findings relating to the students’ academic experiences. I will share findings relating to the sub-themes of student expectation and preparation, teaching and learning, learning styles and student assessment. I will explore how these findings can be used to inform the learning and teaching strategy for international students in the future.

Conclusion
International students in UK higher education institutions have many similar problems and expectations as home students; however, they also bring with them a unique perspective that forces academic staff to be more creative in the way they deliver the curriculum. Our findings give strength to Carroll and Ryan’s (2005) assertions that rather than doing different things for overseas students we should just do things differently.

References

T116
Being trapped in a circle: communication barriers between nursing students and cancer patients in Taiwan
Mei-Feng Lin, Assistant Professor; Ying-Hwa Su, National Cheng Kung University, Tainan; Mei-Chi Hsu, I-Shou University, Kaohsiung, Taiwan

Effective health communication can not only identify patient’s bio-psycho-social status to satisfy their needs, but also promote the interaction between nurses and cancer patients. To strengthen the capability of reflection on caring, and interaction with patients has become the core of cancer communication education for nursing students. This study is a part of a three-year integrated research to develop an Advanced Innovative Internet-based Communication Education programme (AIICE programme) for nursing students and clinical nurses. The main purpose of the first-year study was to construct a patient-centred education programme to promote an affective communication between nursing students and cancer patients. In addition, the findings will be used to develop an effective communication education programme of role playing workshop for the second-year study.

The study was approved by the Institute Review Board at Cheng Kung University Hospital. The inclusion criteria were the students who could verbally describe their own communication experience with cancer patients. Nursing students who had taken care of cancer patients for at least one week were invited to participate in this study. A purposive sample of 16 senior nursing students was recruited for this exploratory study. Two students were excluded due to difficulties to recall the communication process with their patients. Data were collected through qualitative in-depth interviews. Informed consent forms were obtained from participants before interviews.

The students were divided into four groups of three to five students each. Focus group interviews were conducted to explore the perceptions and the feelings of the nursing students when they interacted with cancer patients, and
to understand the difficulties and problems that they encountered while communicating with cancer patients and/or families. The group facilitator is an expert in counselling and psychiatric nursing as well as an experienced group leader, and has a lot of experience in conducting qualitative research. The focus group interviews were tape-recorded with the average time of 100 minutes and the scripts were transcribed and analysed for themes and categories according to the principal of content analysis. The data were further synthesised to understand how to meet the mutual needs between nursing students and cancer patients in the communication process.

The coding procedures were intended to develop a coding frame and induct conceptual categories from the bottom to the top within the data. The researcher followed the steps of reading through the set of interview transcripts to obtain a global understanding: codes were systematically assigned to a number of meaningful conceptual units; these thematic contents were then classified into groups of categories by examining their characteristics and attributes. Ultimately, the results were brought to participants to read and check whether the results of data analysis reflected their own experiences. Lincoln and Guba’s criteria such as credibility, transferability, dependability and conformability were followed to address data Trustworthiness of the study.

Six new categorised domains about being trapped in a moment of student-patient communication cycle were inducted, including:

1. Not knowing how to discuss the impact of cancer diagnosis and treatment with cancer patients and families
2. Hesitation arising from patients’ resistant and indifferent expression
3. Fearfulness about the patients’ impatient attitude
4. Lack of readiness to facilitate an in-depth communication with cancer patients
5. Incompetence in dealing with difficult issues
6. Not knowing what to do about the dilemma of hiding the truth from families.

The results support the essentials of cancer communication education in clinical practice for nursing students to improve patient-centred interaction. Findings from this study increase the awareness of the trapped moment in the communication channel between nursing students and cancer patients. Nursing students’ perspectives regarding the topics, contents and strategies of communicating with cancer patients would contribute to the development of an innovative communication skills education programme for nursing students. Nursing educators can use this information to provide the essential communication skills education to nursing students, to enhance their competence to interact with cancer patients, and to help cancer patients and their families deal with diverse difficult issues.

**T117**

**Mental health student nurses’ perceptions of the key skills required for effective mental health practice**

**Julie Dulson, Programme Leader Pre-registration Mental Health Nursing/Senior Lecturer, University of Chester, UK**

This presentation will discuss a hermeneutic phenomenological study regarding mental health student nurses’ perceptions regarding the key skills required for mental health nursing. The aim of the study was to identify the perceptions of student nurses regarding the essential skills required by effective mental health nurses and to establish if those perceptions changed during the process of pre-registration programme. The transcripts were analysed using Dieklemann’s (1992) seven stage analysis and Trustworthiness was increased with the use of Smith’s (2008) interpretative phenomenological audit. Two overarching themes were identified as a result of the analysis: transition from lay person to mental health awareness and theory to the real world of practice gap. These themes will be explored in detail and recommendations for both practice and the future education of mental health nurses will be made.

The presentation will discuss the methods used by the researcher but, in the main, will focus upon the two overarching themes which emerged from the study.

The first theme which was apparent was the students’ experience of transition from lay person to mental health awareness during their mental health training programme. During the focus group the third year students discussed how the course has changed them and invaded aspects of their lives. One student discusses the impact the course has had on the way she raises her children stating that now she is on the course she discusses mental health with her youngest child which is something she never did with her other children. Another student discussed how she ‘now sticks up for people’ who are vulnerable when she would not have considered doing so before. The whole group contributed to this discussion implying a shared perception that a new way of thinking has invaded their lives outside work. One student discusses how she has become much more non-judgmental, and there is agreement when she states that ‘this is not something you can leave at the door’.
This is in direct contrast to the opinions of the first year students who discussed the need for a work personality that differs from your own self. These comments were met with lots of general agreement from the other members of the year one group and indicate the students view their role as a job not a part of themselves.

The second overarching theme which will be discussed reflects the students' conceptualisations of practice and the apparent gap between theory and the real world of practice. All three groups identified that practice placements are essential in order to develop the skills required by mental health nurses. However, the students identified ways in which they felt they would like to be able to practise but felt that this was not possible in the real world. Furthermore, the third year students, in particular, emphasised that the theory taught to the students does not prepare them for practice. The third year students, in particular, stressed the opposing roles of mental health nursing in terms of a dichotomy with the need for control versus the need for advocacy and discussed their concerns regarding how they will manage this once qualified.

The presentation will suggest ways in which nurse educators can support students through their programme and will highlight curriculum developments which may be useful to facilitate increased confidence within student nurses to manage the dichotomous roles of the mental health profession.

References

Work-based Learning

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
Clinical practice guidelines for nurse practitioners in primary care settings: do they facilitate learning and promote changing practice?

Pat Mayers, Senior Lecturer, University of Cape Town, South Africa

Changing the practice of healthcare workers once they have left their undergraduate training is difficult and, despite various continuing education strategies to promote current and evidenced-based practice, remains challenging. Since the 1990s syndromic guidelines using best evidence have been an important tool for updating health professionals in current practice, particularly at primary care level where busy practitioners often do not have time, or sufficient access to the best evidence.

There are great expectations of nurses in today’s healthcare settings. Significant technological advances, increasing demands from healthcare service users, competing rights between service users and providers, a worldwide shortage of skilled healthcare professionals (Aiken, Buchan, Sochalski, Nichols, and Powell, 2004; Daviaud and Chopra, 2008; Ross, Polsky, and Sochalski, 2005), patients with interrelated and complex disease conditions and ever-expanding professional roles have contributed to the challenges of nursing in the 21st century.

The context of care for nurses in South Africa is in itself challenging. Accessible and affordable care at primary level in South Africa is reliant primarily on nurses who are under-resourced and often overwhelmed by the complex needs of their clients in the context of the HIV and AIDS epidemic. South Africa has one of the highest rates of TB and HIV infection in the world, unemployment of approximately 30+%, increasing numbers of children orphaned by AIDS and child-headed households.

This paper is based on work done as part of a larger study, the Practical Approach to Lung Health and HIV/AIDS in South Africa – PALSA PLUS – an intervention aimed at optimising the care and management of persons with respiratory conditions, sexually transmitted infections and HIV/AIDS at the primary care level (Bheekie, Buskens, Allen, English, Mayers, Fairall, et al., 2006; Fairall, Zwarenstein, Bateman, Bachmann, Lombard, Majara, et al., 2005 Stein, Lewin, Fairall, Mayers, English, Bheekie, et al., 2008). Nurses are trained to use the PALSA PLUS guidelines which are syndromic, algorithmic and produced in full colour. Guidelines are evidenced based, yet tailored to existing national and provincial guidelines and designed to be applicable to under-resourced primary care settings. On-site educational outreach sessions by a Trusted nurse-trainer occur over eight to ten sessions. On-going support for nurses is provided by the trainer who, in turn, is supported by the intervention team.

The use of guidelines in primary care settings facilitates decision making, may contain practitioner anxiety and improve the quality of care. Yet guidelines pose challenges to creative discernment of the patient’s symptoms in relation to his/her personal circumstances and may impact on the personalised holistic care approach which characterises the essence of nursing.

Do guidelines themselves, however, really contribute to changing professional practice? What is necessary to facilitate sustainability of practice change? This paper explores selected theories of changing practice and explores the role of guidelines in promoting learning, changing professional practice and strengthening healthcare delivery by nurse practitioners at primary level.

References


T119

Assessment challenges for projects and portfolio work in continuing professional development: the difficulties of balancing report, reflection and review

Maggie Roberts, Lecturer, University of Nottingham, UK

Work-based learning, as an academic option, is becoming increasingly popular in undergraduate and postgraduate degree programmes for continuing professional development. As the boundaries extend to embrace larger parts of the curriculum, in terms of numbers of credits, assessment criteria have to be expanded to recognise this bigger contribution. A further challenge lies in differentiating between graduate and postgraduate levels of achievement and clarifying these different expectations to students.

There is yet still greater potential to be realised in this approach to education, with the pressure on senior staff to improve services still further. However, concerns have been raised about how the quality of the material collated in portfolios recording this work can be assessed (Gannon et al., 2001; Webb et al., 2003). In my experience there is a danger that students can slip into lengthy descriptions of workplace activity and the important critical analysis of clinical situations and overall learning activity can be neglected. Consistency of advice and approach can be another challenge as the number of academic and clinical supervisors increase. These difficulties are often compounded by the undefined nature and structure of the portfolio itself. The paper I wish to present focuses on these difficulties, by looking at two key aspects:

- What should be included in the portfolio in terms of the balance between theory and practice elements
- Creating assessment criteria that match this structuring of different components.

Building on John Fowler’s presentation from the 2008 conference, I would like to examine the concepts pertinent to this area of assessed theory and practice. His exploration of the links between experiential learning and reflection were inspiring but did not seem to embrace the more scientific aspects of nursing enquiry such as data analysis, and report and literature review. I would like to take these ideas forward to create a more holistic model that brings together both the art and the science of nursing in portfolio work.

Fiona Timmins, in her recent book on Portfolios (2008), has tried to capture some of the debate around ensuring effective assessment, citing some excellent work on evaluation and assessment criteria that have been developed. In this text she refers to the criteria Webb et al. (2003) suggest. They try to embrace both practice in terms of competence assessment and reflection, but in situations of advanced practice competence is not such an issue as expertise. In this same article there are some very useful suggestions as to how we can apply some academic rigour through a kind of audit trail of verification of experience and activity; but do these adequately address the critical thinking skills required of higher level nurses. Jasper and Fulton’s (2005) marking criteria do address more sophisticated decision making skills, but these could be interpreted differently, depending on the background of the marker. New tools are emerging and others are being adapted from qualitative research, but they remain complex and are still being debated. I believe we need a fuller debate of advanced nursing assessment and how this enhanced knowledge and skills can be measured in portfolio assessment. I would like to examine how we can be creative and yet rigorous in assessing these diverse and very individual schemes of work.

As a new co-ordinator of work-based learning I find myself treading cautiously through this minefield of educational terms. I would like to stimulate a discussion around these tools so that I can develop guidance for my colleagues that is both educated and clear. My aim is to establish standardised criteria that can be trialled and evaluated with our graduate and postgraduate students.

References


T120

Working and learning: the development of a portfolio for out of hours/unscheduled care practitioners in NHS Scotland

Margaret Brown, Education Project Manager; Dorothy Armstrong, Programme Director, NHS Education for Scotland, Edinburgh, UK

Work-based learning has been recognised as making a significant contribution to the effectiveness of service delivery (Scottish Government, 2007), and through the Knowledge and Skills Framework staff can now readily identify the education and training required as part of the overall performance management structures.

NHS Education for Scotland (NES) has been commissioned to develop a portfolio for practitioners working in out-of-hours and unscheduled care. The portfolio will build on previous work carried out by NES in developing the primary care out-of-hours / unscheduled care competencies for practice (NES, 2006).

In addition, the portfolio will compliment the Advanced Practice Toolkit (NES, 2008) and the on-going work currently being undertaken to support the development of advanced nurse practitioners.

The purpose of the portfolio is to facilitate practitioners in out-of-hours and unscheduled care to demonstrate that they are working at an advanced practice level. Through such facilitation the following aims are supported:

- Consolidation of practice for AP who have already undertaken formal education in out-of-hours/unscheduled care
- Standardise evidence of achievement of competency in out-of-hours/unscheduled care at advanced practice level
- Consistent evidence that Advanced Practice in out-of-hours/unscheduled care are working at an appropriate academic level (Masters level)
- Evidence that Health Boards are meeting the requirements of clinical governance through demonstration that their employees have achieved an appropriate level of competency.

The portfolio uses well-defined assessment tools such as significant event analysis, clinical learning logs and case presentations, case-based discussions and multisource feedback. A personal development needs assessment is included where defined competencies can be mapped and a learning development plan and learning agreement is developed.

It is envisaged that the portfolio will be of use to practitioners, employees and education providers.

References

T121

Practice learning and student support: The Open University experience

Julie Messenger, Assistant Director Nursing (Academic Lead), The Open University, Milton Keynes, UK

Pre-registration nursing typically incorporates elements of work-based learning for the development of practice competencies. However, for many higher educational providers this learning is in short-term units – with students moving through a placement circuit through the duration of their programme. The Open University’s provision is unique in that not only do students develop their practice competence in one primary area, but that primary area is also the student’s workplace so that students learn to balance and manage the complexity of working in their prescribed roles as both student and healthcare assistant. This role complexity requires a significant infrastructure to be maintained to ensure that the student is able to optimise each learning opportunity and not default to the role of care assistant and worker rather than that of a learner.

Often students come to the programme with little or no formal education and therefore feel very uncertain of their abilities to study, question and interrogate practice. As much of their experience is in their own workplace students need support to see their role beyond that of a healthcare assistant and gain the confidence to question and challenge others and be innovative in practice.
Unlike many other higher education providers mentors enter into this supportive relationship with students for the duration of their four-year-pre-qualifying programme. The uniqueness of this longitudinal, rather than short-term mentorship relationship in nursing, mirrors more closely the original use of the concept of ‘mentor’ (Wikipedia, 2009) where Mentor was left in charge of the son of Odysseus when Odysseus left for the Trojan War which historically is thought to have last for more than 150 years. It is, therefore, likely that Odysseus would have been away from his family and home for many years on this quest leaving the welfare and development of his son to Mentor.

The Open University’s application of long-term mentorship allows for significant investment to be focused on each learner. The application of mentorship as a longer-term investment is not without its challenges. The primary challenge is around ensuring that the mentor has the confidence to provide critical and objective feedback and accurate assessment of fitness for practice on their learners. In nursing the concern regarding ‘failing to fail’ students led most recently to a review of the standards to support learning and assessment in practice (NMC, 2008). For The Open University’s provision the parallel relationship of the student and mentor as colleagues and co-workers means that the mentorship relationship is even more complex and important to manage. For students to benefit from learning in the workplace they must have confidence in the accuracy of the mentor’s feedback to capture precisely their levels of competence so that personal development plans can be considered appropriate to their developmental needs. Issues of familiarity must not influence the impartiality and ability of the mentor to provide critical and constructive feedback.

The Open University supports both students and practitioners in their work-based learning role in the format of a programme tutor role that merges together both that of a personal tutor and clinical liaison link but additionally extends to encompass other areas of the student’s practice development. This role is seen and valued as pivotal to aid the individual’s transition from healthcare assistant to that of student, and ultimately to that of autonomous practitioner. Like the mentorship role this is set up to be longitudinal throughout the entirety of the student’s four-year programme with one programme tutor assuming the responsibility for a group of ten students in their practice development. Throughout this time the programme tutor will work with the student’s primary work place to fully-support and develop the learning environment to ensure and enhance quality assurance processes.

On a parallel the unique teaching and learning approach of supportive distance learning through the entirety of the student’s programme, enables and requires students to apply and reflect learning directly in their workplace. Many of the course activities structured within course materials require application of principles, discussion of concepts with qualified practitioners, and development of a personal and professional portfolio in practice. Many activities are recommended for use as evidence against standards of proficiency with the student reflecting and writing these learning opportunities up for inclusion into their portfolios. As a result of this approach, The Open University’s course materials are often highly visible to practitioners in the workplace and can be, and are, used as a basis to discuss work-based learning.

These two aspects are just two examples of how The Open University has grasped work-based learning to optimise the learning for pre-registration nursing students. In both these examples partnership working between the workplace and the university is critical. Ultimately the student, those who support teaching and learning and the learning and teaching strategies used impact on work-based learning and require careful management and evaluation to benefit all involved in practice-based learning.

Reference

T122

Development of integrated learning and operational processes in nursing care: a pilot project between organisations

Anitta Juntunen, Principal Lecturer; Maire Ketola, Lecturer, Project Manager, Kajaani University of Applied Sciences, Finland

In Finland the mission of universities of applied sciences is to provide professional higher education geared to the requirements and development of working life, to support one’s professional development, and to carry out research and development that serves, amongst others, education, working life and regional development. Kajaani University of Applied Sciences started the project ‘Kajaani University of Applied Sciences as a Regional Developer in the Field of Healthcare 2007-2009’ in co-operation with the Joint Authority of the Kainuu Region.

The pilot project is based on the national target and action plan Health and Well being through Evidence-Based Nursing 2004-2007.
The project was based, firstly, on the need to integrate a research and development approach into nursing education and, secondly, to develop the expertise of both nursing educators at the university and nurses in clinical wards and health centres. The theoretical approach is based on developmental work research and the principles of expanded learning (Engeström, 2007). Developmental work research is a disciplined inquiry conducted in the context of developing a product or programme for the purpose of improving either that which is under development or the developer. (Engeström, 2004) In this project developmental work research is understood as a strategy for change, combining research, development of working life and education. Development can be focused on the culture and/or structure of an organisation and concrete work assignments. Expanded learning is understood as a way nurses themselves solve possible problems and create new operational models. The characteristics of expanded learning are a participatory approach, negation, interpersonal interaction and contextuality, and development is viewed as a common learning process during which a new operational model is learnt.

The project aims to develop a model for co-operation in clinical practice between Kajaani University of Applied Sciences and the Joint Authority of the Kainuu Region. This model is needed to ensure the continuous development of expertise of qualified nurses and nurse educators in order to meet the needs of working life.

The developmental methods used in the project are participatory learning and expert exchange. Participatory learning was based on topics discovered by student nurses while observing nursing care on wards and interviewing nurses. The data was analysed by using qualitative content analysis and it was found that the developmental needs of nursing care lay in, for example, nursing documentation, medication of the elderly, colloquialism among nurses, encounters with cancer patients and their significant others and wound care. Next, student nurses searched for evidence-based knowledge in order to meet the developmental needs, and organised, with the support of their supervisors, participatory learning sessions for nursing staff, in which research findings and other knowledge related to the topic were shared, discussed and the actions required to develop nursing care were agreed. Finally, the nursing students reflected upon their learning process in a written essay.

Volunteer nursing teachers and clinical nurses have been on exchange for one month. The exchange teachers familiarised themselves with the working conditions of nurses, developed participatory learning processes on the wards and their theoretical teaching content, and the exchange nurses acted as co-teachers and developed a laboratory learning environment.

The findings are encouraging from the perspectives of professional and personal development. So far altogether 50 nursing students, teachers and nurses have participated in the project activities and 33 participatory learning sessions have been organised. Nursing teachers have experienced current changes in working life and nursing care processes in practice, exchange nurses have developed their theoretical knowledge and skills required in student support and guidance; nurses on wards have updated their knowledge, learnt to share their views and practiced solving work related problems together. The student nurses have gained research and development skills, application of evidence-based knowledge in practice, interpersonal interaction skills and self-confidence.

In conclusion, the co-operation model developed in the project has narrowed the gap between theory and practice. It has supported student nurses’, teachers’ and nurses’ professional growth and carried out research and development that serves education and nursing care. The possibility that participatory learning sessions will be included in the on-the-job training programme of nurses in the joint authority of the Kainuu Region is under discussion.

References
Work-based learning promoting global educational partnerships and health systems strengthening

Yvonne Karamagi, Academic Programme Manager, Mildmay Uganda; Andrew Main, Educational Advisor to the Charity, Mildmay International, UK; Irene Kambonesa, Director of Training and Education, Mildmay Uganda; Catherine Okeefe, Executive Director of Programmes, Mildmay International, UK; Elias Ooko, Academic Programme Manager, Mildmay International, London, Kenya

Background
Mildmay International UK is an independent not-for-profit Christian organisation involved in the provision of consultancy; training and AIDS palliative care services worldwide. Mildmay partnered with University of Manchester to develop a work-based degree programme BSc (Hons) A Health Systems Approach to HIV/AIDS Care and Management. This was in response to identified HIV service capacity needs in East Africa. The partnership is that Mildmay runs the course providing learning facilitation, managerial, administrative and financial support whilst Manchester validates the course and ensures that all the university’s quality standards are implemented and adhered to. This work-based learning programme is offered regionally in East Africa; it strategically targets multidisciplinary senior health managers, practitioners and lecturers in different healthcare settings. It has enabled senior health personnel to take a lead and strengthen scaling up HIV/AIDS service provision, develop effective training programmes, programmatic management and policy development in their workplaces.

Method: Work-based learning approach
The work-based degree programme is an intense modular course with an exit diploma award after 18 months and full degree award after three years. The teaching is offered regionally within Uganda and Kenya to students from Kenya, Uganda and Tanzania. The curriculum incorporates a variety of adult learning approaches, and blends face-to-face, distance-learning, mentorship, tutorial, and e-learning components in curriculum delivery. The work-based approach integrates short residential taught weeks with a greater part of time spent at the student’s own workplace implementing theory into practice. Involvement of workplace managers and mentors is a programme requirement. Active partnerships with the three individual country governments have been created; the HIV/AIDS sectors of the ministries of health in these countries not only back the programme, but are involved in the strategic student recruitment and selection activities. The university has in the past offered lecturing support, however, local capacity has been built over the years with Mildmay International providing all the lecturing support. Student assessments are conducted both at the workplace and during the taught weeks and all assignments have a direct bearing to workplace programme improvement. Programme evaluations include annual reviews of the programme by an academic advisor from the university.

Outcomes
Partnership with the University of Manchester has resulted in sustainable partnership working with many outcomes. It has offered an opportunity for access to a quality education programme for students in poorly resourced, difficult to reach areas in East Africa. 189 students have graduated with diplomas and 12 with degree awards. In turn these former students have increased and enhanced human capacity in HIV services through training other health workers, development of short courses in home-based care and scaled HIV service provision in various health sectors of government, armed forces, non-governmental organisations and faith-based organisations.

For example, six Mildmay staff who have undertaken this course are actively training 200 health workers annually on HIV/AIDS care and management courses including initiation of task shifting training of nursing assistants in Uganda, three staff from Uganda Prisons Forces have scaled HIV services including action research in the prisons and trained fellow staff and inmates, initiated peer counselling among inmates, who in turn train and support other inmates.

Development of educational programmes: locally validated HIV diploma programmes in Uganda and Kenya through partnership with tertiary institutions is increasing skilled human capacity with long-term sustainability. The Kenya Medical training colleges and University of Mbarara-Uganda have adapted and validated the course. The Huruma School of Nursing in Tanzania partnership has created opportunity for HIV/AIDS nurse tutor training.

Partnerships with governments and others through this work-based approach have resulted in health systems being strengthened in policy and programmatic developments. The Kenyan government has nationally adopted the Nyanza Mildmay home-based care model including the establishmeny of home-based care sections among the district health management teams up to the community level. To date 196,150 PLHIV and 238,848 orphans and vulnerable children have been reached via this approach.

Workplace mangers involvement ensures on-going support for the programme and allows for continued work at the workplace. Continued service provision is vital in a region with few trained healthcare workers and affected by ‘brain drain’; yet there is increasing HIV services demand. This work-based learning ensures services continue.

T123
The course requires training of others as an assignment outcome and employers are in favour of such an educational approach. Organisational partnerships have been strengthened between Mildmay and the various student workplaces. For instance, through this approach, HIV rural satellite clinics have been set up in partnerships with Mildmay and other service providers in Uganda and patient support centres have been set up in the Kilimanjaro region in Tanzania.

Partnerships with funding agencies enhance global networking and collaborations. This programme has had several funders: CDC, USAID, DFID, and Mildmay UK Charity.

Challenges are: full-time functional internet access/connectivity in remote areas and funding challenges to regional programmes.

**Conclusions and recommendations**

Partnership-working, together with the work-based learning approach, offers an effective way to increase global healthcare education access. It provides an opportunity for healthcare workers in remote areas to access quality education with carer advancement while continuing to contribute to healthcare provision. It also promotes the strengthening of health systems. It is highly recommended that more opportunities be created to use this approach globally.
Symposia

10.15 – 11.45

Wednesday 8 September
Symposium 1

They said it couldn’t be done! Working together to improve the student placement experience

Sarah Burden, Senior Lecturer/Practice Experience Coordinator Nursing University Teacher Fellow, Leeds Metropolitan University; Jan Porter, Midwifery Lecturer/Placement Co-ordinator, University of Bradford; Kathryn Gould, Practice Learning Facilitator, NHS Kirklees; Rachel Belcher, Practice Learning Facilitator, The Mid-Yorkshire Hospitals NHS Trust; Fiona Bates, Project Manager, Practice Placement Quality Assurance Project, University of Bradford, funded by NHS Yorkshire and the Humber, UK

A Placement Quality Working Group (PQWG) was established in the West Yorkshire Strategic Health Authority (WYSHA) in 2004 to meet the requirements of the Quality Assurance Agency partnership framework (QAA, 2004). The PQWG included representation from four higher education institutions (HEIs), allied health professions, nursing, midwifery, medicine, service personnel and Practice Learning Facilitators (PLFs). It has overseen a number of initiatives to improve the quality and provision of practice-based learning and resources. In particular, it has promoted partnership and collaboration, examined best practice and emerging issues. An innovative web platform was developed to support much of this work. This was in recognition of a desire for a single set of data for multiple purposes and audiences.

With the reorganisation of the SHAs in 2007 the group has expanded to include all partners in the Yorkshire and Humber SHA (YHSHA) and now includes the ten HEIs in the region.

The following four papers are examples of the work which has originated from the PQWG.

Paper one: Single assessment tool; Sarah Burden, Practice Experience Co-ordinator/Senior Lecturer/Teaching Fellow, Leeds Metropolitan University

The Nursing and Midwifery Council detail essential skills and proficiencies which must be achieved by all students undertaking pre-registration education (NMC, 2008). However, documentation to record achievement varies considerably between different HEI curricula leading to the same professional registration. In consequence, mentors and assessors of students in practice settings deal frequently with different assessment processes and paperwork which relate to similar performance outcomes. This leads to confusion for mentors at a time when educational needs are competing with wider care priorities and mitigates the free movement of students across placement providers.

This paper outlines the process undertaken across four universities to develop user-friendly documentation to facilitate student movement across the wide range of placement providers. It presents an overview of the project; the time frame, management and implementation of the developed documentation. Particular insights into partnership working across HEIs and placement providers will be offered and discussions and dilemmas regarding practice assessment shared. Current work on assessment for nursing students across the wider Yorkshire and Humber region will be outlined as well as work on common tools for radiography, physiotherapy and midwifery.

Paper two: On-line evaluation tool; Jan Porter, Midwifery Lecturer/Placement Co-ordinator, University of Bradford

Evaluation of clinical placements by students is an important component in improving the quality of clinical experiences (QAA, 2006).

In 2004 one of the first pieces of work by the PQWG was to develop an on-line clinical evaluation tool that would be used by all healthcare students across the patch. This was in response to a need for robust, accessible evaluation data.

Approaches differed among HEIs and professions so ideas were shared and any commonality or major differences discussed. Emerging themes provided a basis on which to develop a common evaluation tool.

As the tool was to be used by a range of healthcare students it was important to use simple language and terminology that would be understood by all.

Following a pilot this simple tool is now being disseminated across the wider SHA region with varying degrees of engagement. The tool ensures that any training issues highlighted are dealt with promptly by both HEI and clinical staff to improve the quality of healthcare placements.
Paper three: Practice placement profiles; Kathryn Gould, Practice Learning Facilitator, Kirklees NHS Trust; Rachel Belcher, Practice Learning Facilitator, The Mid-Yorkshire Hospitals NHS Trust

Practice learning is an integral and invaluable part of all health and social care professional programmes, focusing on the services required by the patients and being at the heart of the student experience.

The healthcare placements website now includes a placement profile tool to support the quality assurance processes across the HEIs and the organisational practice placement provider’s.

The tool enables the dissemination of placement information for a wide range of health and social care learners across the YHSHA region including; nursing, midwifery, physiotherapy, occupational therapy, radiology, operating department practice, and dietetics. This is not a finite list and is continually evolving.

The placement profiles provide the learner with preparatory information about their placement area as well as supporting the mentor register and the audit process. A sample of the information it outlines includes details about the environment, the nature of care delivered in the area, and the types of conditions treated there.

Paper four: Mentor register; Fiona Bates, Project Manager, Practice Placement Quality Assurance Project, University of Bradford

The Nursing and Midwifery Council (NMC) placed the responsibility for holding a local mentor register with the service providers when they produced the ‘Standards to Support Learning and Assessment in Practice’ in 2006 (NMC, 2006). Prior to 2006 the registers had generally been maintained by the HEIs. The registers are needed so HEIs can confirm there are sufficient numbers of mentors available to support a quality learning experience. To assist the service providers in managing this extra burden the PQWG initiated the development of software to support this process via the healthcare placements website. The key features of the software are as follows:

- Mentor details edited via the placement profile or a mentor database admin area
- Access to the mentor database admin area by HEI and Trust/organisation users
- Users setup for read or read+edit functions
- Access only to relevant mentors
- Reports can produce lists/numbers of mentors based on a number of different search criteria.

The QAA and NMC have cited the website as gold standard practice in local audit visits. A number of other professions have also expressed interest in using the register demonstrating this is a quality development for future healthcare education.

Summary

The group have utilised information technology across a wide region to promote sharing and openness and equity of experience for healthcare students. Territorialism is reducing as partners become aware of common issues which can be addressed together more successfully than on an individual basis. Change management is hard, but we have proved it can be done!

References


Developing a ReQ™ mark to engage the learning organisation

Charlotte Ramage, Head of Centre for Academic and Practice Development; Victoria Molesworth, Business Development Manager; Deborah Hatfield, AP(E)L and RAWL Coordinator; Helen Stanley, Head of Continuing Professional Education, University of Brighton, UK

Paper one: The concept of Recognising educational Quality (ReQ™); Dr Charlotte Ramage, Head of Centre for Academic and Practice Development, School of Nursing and Midwifery, University of Brighton

Paper two: The business model for ReQ™; Victoria Molesworth, Business Development Manager, Faculty of Health and Social Science, University of Brighton

Paper three: The role of the academic as a ReQ™ advisor; Deborah Hatfield, AP(E)L and RAWL Coordinator, School of Nursing and Midwifery, University of Brighton

Paper four: ReQ™ and the interface with continuing professional education provision; Helen Stanley, Head of Continuing Professional Education, School of Nursing and Midwifery, University of Brighton

In recent years, Rolfe and Gardner (2006) have deliberated on the idea that the modern university is a business organisation primarily concerned with efficiency and the production and sale of information and qualifications. They argue that the new grand narrative of liberal capitalism presents nurse academics with a dilemma and loss of identity. The emphasis on product is often at the expense of process leaving unanswered questions about who benefits; the individual, the employing organisation or ultimately the recipient of nursing care.

Against the backdrop of another National Health Service review, (Department of Health, 2008a) and what might be expected of higher education institutions in the preparation of a high quality workforce (Department of Health, 2008b), this symposium draws together four papers exploring an innovation which takes the nurse academic into un-chartered waters. The development of a Recognising educational Quality (ReQ™) mark might be seen as fully embracing liberal capitalism but, alternatively, it could be viewed as meeting the economic and social engagement agenda embedded in many a university corporate plan.

The aim of this symposium is to discuss how the School of Nursing and Midwifery at the University of Brighton has developed a Recognising educational Quality (ReQ™) mark to acknowledge the quality of education and training provision in the ‘industry’ of health and social care. A ReQ™ mark is awarded to an organisation that fulfils predetermined standards on the quality of an occupational learning experience for health and social care. It has been developed in conjunction with colleagues from the University of Surrey under a memorandum of cooperation. In addition, at Brighton workplace staff can claim academic credit through discrete Recognising and Accrediting Work-Related Learning (RAWL) modules, providing the claim is presented for assessment within one year of completing the learning experience. Credit can be claimed at level four through to level seven as defined within the revised qualifications framework, (QAA, 2008), so non-professional grades of staff also benefit. The RAWL modules can be used by service users and carers for recognising service delivery contributions (paid or unpaid) and learning that has taken place.

Accreditation and quality marks are not new concepts and other organisations have successfully developed business in this area, for example, the Royal College of Nursing Accreditation Unit, Centre for Flexible Learning at Northumbria University and Middlesex University, (Rounce and Workman, 2005). It fosters good rapport with partner organisations and brings mutual benefits as well as income generation. The first symposium paper will focus on how the ReQ™ mark evolved and why it is timely given the present landscape. Learning frequently occurs in short, sharp episodes of ‘in-house’ activity without exposure to a higher education institution and academic awards are not always valued by, or affordable to, employers, (Gould et al., 2007). A ReQ™ mark acknowledges the organisation and provision of learning in the workplace. RAWL provides the organisation with evidence of learning and responds to the learning needs of individuals. In combination, ReQ™ and RAWL facilitate a collaborative approach, between the individual and the organisation, to the development of professional activity within the context of work as advocated by Munro (2008).

The second paper expands on the role of the school’s Business Development Manager to exploit the educational concept of the ReQ™ mark commercially. It explores the business model used, the integral processes highlighting features, benefits and advantages and the legal and contractual frameworks. Timelines and marketing will be addressed as well as finding monies to develop the innovation. It will also explore the outcome of internal funding which has resulted in greater dissemination of the concept and its application, making it a strategic project in light of new commercial targets and Higher Education Innovation Fund reporting. Other schools within the university are now expressing an interest in its potential and identifying marketplaces; who learns at work and by what methods? (See CIPD, 2008). The audience will be encouraged to debate what could be seen as a manifestation of liberal capitalism.
The third paper looks at the role of the academic as an advisor to support an organisation with its submission for a ReQ™ mark. It entails the acquisition of new skills and competences as the academic charts new territory. Transferable skills such as time management, listening skills, asking the right questions, note taking, summing up and report writing can easily be deployed, but it is often 'learning by doing'. This can be unsettling when used to teaching and assessing as a lecturer familiar with an evidence base for defined subject areas. Diary space must be available to respond promptly to customer requests. It is a 'can do attitude', a role which requires negotiation and coaching skills as well as being able to seek out opportunity and 'market intelligence'. The nurse academic is seeing a new perspective on the art and practice of the learning organisation (Senge, 2006).

On-going education is no longer experienced in the conventional manner, (Price, 2007). New ways of working, emerging professional roles and the increasing significance of the ‘Third Sector’ (Department of Health, 2008c) has meant new and smarter ways of approaching continuing professional education. The fourth paper explores the alignment of the Recognising educational Quality mark with existing university provision and is mindful of the revised quality assurance framework for healthcare education in England, (Skills for Health, 2009). These Department of Health standards will be used by commissioners to measure continuing education provision. This final paper will address issues such as rigour, robust assessment and attaching subsequent RAWL credit claims to award-bearing courses. It will also consider evaluation and who should measure success. The MacKinnon Report (2007), commissioned by Skills for Health to test the evidence of the relationship between healthcare education and service delivery, recommended this include patient and carers. Delegates will be encouraged to reflect on this as a measure of economic and social engagement and clarify whom the learning experience benefits the most.

The ReQ™ mark innovation has positioned the School of Nursing and Midwifery so that it can showcase its provision including taught modules and courses aligned to the Darzi review, (Department of Health, 2008a). ReQ™ and RAWL are part of a suite of flexible learning opportunities comprising accreditation of prior (experiential) learning, work-based learning, skills and work-based project modules. This initiative is aimed at encouraging employer engagement in the development of relevant, flexible and responsive learning opportunities to provide ‘business solutions’ for service demands shaped by on-going reform. A number of national initiatives in health and social care lend themselves to in-house delivery and a ReQ™ mark. We welcome debate and opinion from an informed audience.

References

Department of Health (2008a) High Quality Care for All: NHS next stage review final report, London: DH.


Symposium 3

Using a nursing theory (nursing as professional caring) in clinical nursing education

Sigridur Halldorsdottir, Professor and Director of Graduate Studies; Kristin Thorarinsdottir, Assistant Professor; Hafdis Skuladottir, Assistant Professor; Margret Hronn Svavarsdottir, Assistant Professor, University of Akureyri, Iceland

Overview of the symposium

Part I: Introduction
Giving a brief outline of each of the presentations, itemising the individual papers and their authors.

Part II: Presentations of the individual papers:

- Paper one: Introduction of the theory Nursing as Professional Caring used as the curriculum framework for nursing education at the University of Akureyri, Iceland; Sigridur Halldorsdottir


- Paper three: Using the theory in clinical education. Examples of innovative approaches to assessment and learning and teaching strategies; Hafdis Skuladottir and Margret Hronn Svavarsdottir.

Part III: Discussions and debate

Part IV: Closure

Introduction of the theory
Introduction of the theory includes: the values underlying the theory; the assumptions underlying the theory; the historical evolution of the theory; summary of the papers used in step one and two of the theory construction; definition of the major concepts of the theory; propositions; description of the theory; and a discussion of the theory.

The method used to develop the theory will also be introduced. It involved three basic steps:

1. Key concepts and key statements for the synthesised theory were specified.
2. The literature was reviewed to identify factors related to the key concepts or key statements and the relationships between these.
3. Concepts and statements about the phenomenon Nursing as Professional Caring were organised into an integrated representation of it.

In this symposium the theory nursing as professional caring will be introduced and its application in clinical education discussed. Before the theory is introduced and discussed caring and competence in the healthcare context will be introduced from various viewpoints in order to put the theory into a theoretical perspective.

The professional nurse is an indispensable aspect of professional nursing care according to the patient. In this symposium a theory will be introduced about the professional nursing care given by the professional nurse from the perspective of the patient. The theory was synthesised from seven published studies by the author and her colleagues involving patient’s perceptions of the professional nursing care given by the professional nurse and its positive effects on the patient. The theory was introduced, for critical review, to various focus groups of nurses, nursing teachers and nursing administrators. The major tenets of the theory are that nursing is professional caring and that caring is the core of nursing according to the patient and yet only one of five major aspects of professional caring.

In our modern world, where uncaring is very prevalent, caring for another is a fragile phenomenon. As a profession nurses are in a unique position to increase caring within healthcare; for example, because of their closeness to patients and their loved ones. Nonetheless, nurses stand before the complex task of uniting many different aspects into one whole in the nursing care they give. Even if caring may have been emphasised since the beginning of the professionalisation of nursing it is only with increased studies within caring and uncaring that the nursing profession has been able to progress towards increased understanding of caring and uncaring alike.

Caring has a special place in the discourse on nursing and much has been written on the importance of caring in nursing and in healthcare. Many nursing scholars have contributed a great deal to nursing discourse on caring in their writings and through panel discussions. Some have emphasised caring not only as the need of the patient, but caring as a force that gives people the motive for action. Some have claimed the primacy of caring for expert nursing care for true healing to take place.
Some theorists have claimed that caring is a nursing concept and encompasses all the different aspects of nursing care. Some have emphasised that the need for caring is greater now than ever before; for example, because of increased speed, more technology and cutbacks in the healthcare system. However, many nurses and nursing theorists have expressed worries that it is becoming increasingly difficult to maintain the ideology of caring which has been the guiding light of nurses from the beginning; for example, because of decreased monetary resources and emphasis on increased productivity within the healthcare system.

Caring has been researched from many perspectives, for example, within psychoneuroimmunology, social sciences, anthropology, art, philosophy, ethics, theology and nursing. Caring has been researched from the patient's perspective and from the perspective of the nurse. These and other studies suggest that there is a discrepancy between nurse’s and patient’s perceptions of what constitutes a caring encounter. When there is a discrepancy between the expectations of healthcare professionals and patients it can lead to patient dissatisfaction. Early on it was pointed out that this discrepancy could lead to serious problems not only in communication, but also in the effort to establish empowering connections between nurses and clients. If nurses do not research clients experiences of the nursing care they received, nurses could end up providing nursing care that has more meaning to them than the clients.

Summary

In the symposium the theory, *Nursing as Professional Caring* will be introduced and examples given of clinical innovations and student experiences resulting from the application of the theory in clinical education, as well as examples of innovative approaches to assessment and learning and teaching strategies.

Symposium 4

**Developing professional judgement skills in nurses using simulation training: applying the expert performance approach**

Deborah M Mazhindu, Senior Research Fellow in Advanced Practice, Faculty of Health and Applied Social Sciences; Mark A Williams, Professor of Motor Behaviour, Institute for Sports and Exercise Science; Allistair McRobert, Postgraduate Research Assistant, Liverpool John Moores University; D Raw, Consultant in Anaesthesia; N Jones, Manager of the Cheshire and Merseyside Simulation Centre, University Hospitals Aintree NHS Foundation Trust, Liverpool, UK

**Outline of symposium**

We present three interlinking papers describing research using the *expert performance approach* (Ericsson et al., 2007) as a conceptual and systematic framework for evaluating and improving professional judgement skills in healthcare settings using simulated task environments.

**Aims**

1. To invite conference participants to discuss critically the concepts of simulation training and research into expert performance and professional judgement
2. To establish how using simulation enhances the ability of nurses to make effective decisions in 'life-or-death' situations (professional judgement)
3. To analyse research evidence that simulation training is effective and needed to support future healthcare educational policy.

**Background**

Simulation is used extensively to train professional judgement skills in nurses and other medical practitioners in many countries, notably in the United Kingdom (UK), the United States of America (USA), Australia and parts of Europe (Ericsson and Smith, 1991). Simulation training is linked to patient safety by improving the ability of healthcare staff to rapidly implement key interventions (Kyrkjebø et al., 2006). Defining expertise and the need for highly skilled nursing is essential to patient safety, a vital component of professional performance and crucial in preventing iatrogenic injury to patients. The significant growth in simulation training is precipitated by the shrinking pool of suitable learning placements in actual healthcare settings (Nunn, 2004). Although the use of simulators in healthcare is deemed to be well-established and the benefit of such training described as ‘clear’ and ‘beneficial’ (Hegarty and Bloch, 2002), there is scant empirical evidence to support the effectiveness of this form of training. Problematically, simulation training can mean many things to many different healthcare professionals.

**The nature of expert performance: expertise versus experience**

The *expert performance approach* proposes that learning and improvement of performance is not a passive accumulation of professional experience but is mediated by engagement in goal-directed and self-regulated learning (termed ‘deliberate practice’) in a way that is quantitatively and qualitatively different from the mere accumulation of experience (Ericsson, 2004; Ericsson and Lehmann, 1996). The *expert performance approach*
was originally conceived in light of growing evidence that some experienced and knowledgeable individuals do not outperform more naïve individuals within their domain of expertise. For instance, in a review of the expertise literature by Ericsson and Lehmann (1996) it was revealed that highly experienced financial, medical and psychology professionals failed to make superior forecasts or implement interventions that led to enhanced treatment outcomes than less-qualified and less-experienced professionals.

A number of authors in medicine and other domains have demonstrated that the length of professional experience is often unrelated, and sometimes negatively related, to quality of performance and objective treatment outcomes (Choudhrey et al., 2005; Ericsson, 2004). Research using simulation aims to evaluate objectively the performance of expert nurses in simulated critical-case scenarios without endangering the lives or safety of actual patients and is being considered as a viable alternative to ‘live’ patient learning placements for student nurses by the NMC (UK).

The need for research into simulation training
Defining expertise and the need for highly skilled nursing is essential to patient safety, a vital component of professional performance and crucial in preventing iatrogenic injury to patients. The paramount need when administering healthcare in hospitals is to ensure patient safety, reduce untoward incidents and prevent healthcare errors (Kohn et al., 1999). In the United State of America (USA) preventable hospital mistakes have been estimated to kill 44,000 to 98,000 Americans every year, and cause temporary or permanent injury to many more (Warburton, 2003). Similar error rates have been discovered in the UK and in Australia (Warburton, 2003). Hospitalised patients suffering adverse events, (injury or morbidity induced by medical management, operative, drug-related procedure, diagnostic/therapeutic mishap), are a leading cause of impairment, death and disability in the USA and UK (Naylor, 2002). Drug-related adverse events (iatrogenic injury) are the single most common adverse effect, of which 50% are preventable (Naylor, 2002). Educators of healthcare professionals, workers, patients, politicians and society need to be informed by research into clinical decision making and the development of professional judgement as a way of reducing errors related to the administration of healthcare (Naylor, 2002) and importantly, justify the costs involved with simulation training (Alinier et al., 2006).

It is against this background that in Paper one, we explore the current problems with conceptual definitions of expert performance and professional judgement. In Paper two, we demonstrate the effect of simulation-based training on professional judgement skills by describing the results of a pilot project using the expert performance approach. Paper three analyses performance differences using the expert performance approach in action to participants and highlights some key methodological issues when applying the expert performance approach. The implications for future research and training using simulated task environments in future nursing and healthcare education are then considered.

Learning outcomes
The symposium participants have opportunity to discuss:

1. The paradigm shift needed to research expertness and professional judgements in the healthcare setting
2. The capture of reliably superior and objectively measurable performances in order to ensure patient safety and inform student learning
3. Understand the strengths and limitations of the role of using simulation for mandatory clinical updating.

References


Paper one: Expert performance and professional judgment: what is it and how do we know it?; Mazhindu, D.M., Williams, A. M.

Aims
1. To introduce recent theoretical developments in expert performance and professional judgement
2. To analyse critically the concepts of expert performance and professional /clinical judgment in nursing
3. To describe how professional judgement has been modelled, measured and taught.

Background
There has been much interest of late in using simulation training for preparing nurses to work in clinical placements. The problem remains that competency to perform in a skills lab does not always mean competence to perform under clinical conditions in real life. An assumption often made is that experience is the key to successful decision making in clinical situations, but how much of that assumption is true remains open to debate. The notion of peer review is often mooted as the way forward in judging expertise and skill. The questions of what determines the quality of peer review, what is reviewed by whom and how often and how to ensure inter-rater reliability between reviewers is often overlooked. Clinical competence and professional judgement remains difficult to define and even more difficult to research.

The practice of intensive care nursing provides a rich area for researching the acquisition of clinical competence and professional judgement due to the nature of the work and degree of autonomy over care decisions that exists in this area. Recently, Ericsson et al. (2007) determined performance differences between differentially experienced practicing critical care nurses performing within a simulated task environment. The guidelines of the Expert Performance Approach (EPA) (Ericsson and Smith, 1991) were used as a theoretical framework and to guide the experimental research approach. The EPA (Ericson and Smith, 1991) hypothesised that experience alone would not differentiate performance between novice and expert groups, but predicted that a multi-factorial definition of performance would be required to characterise levels of deliberate practice.

Ericsson et al's (2007) experiment recreated the performance context under simulated and controlled conditions, measuring superior performance during challenging and representative tasks, and concurrently recording the behaviours and thoughts that were responsible for performance superiority. The experiment was based upon ten clinical scenarios, that although diverse in their presentation of events, were based primarily on cardiovascular, respiratory and mixed cardiovascular-respiratory events, three minutes in length, during which the nurse would either ‘rescue’ or ‘fail to rescue’ the patient. Patient outcome in physiologic terms, including Oxygen Saturations (Sao2) and Mean Arterial Blood Pressure (MABP), and the participants’ actions that brought about these outcomes were used as the dependent variables.

The sample included (N=12) experienced and (N=10) novice nurses and initial data analysis sought to differentiate performance based solely upon initial group’s classification as either experienced or novice. This approach yielded no statistically significant differences, and we question the validity of experience to produce professional judgement in simulated clinical scenarios. Additional analysis was then performed by Ericsson et al. (2007) classifying participants into high and low performing groups based upon their ability to achieve control of scenarios in which reliable differences were identified, and to date this has provided much of the evidence base for simulation training. In order to progress future research in simulation training we argue a new definition for performance is now needed in the context of nursing which disputes current systems that rely primarily on level of experience and peer nomination as a means of identifying ‘experts’. The implications for future nursing practice, education and research are discussed.

Outcomes
1. Demonstrate why research using the expert performance approach is useful in offering a richer conceptual definition of expert performance and professional judgment
2. Using critical care as an example, show how the expert performance approach is used to identify differences in nursing practice
3. Explore the current problems with conceptual definitions of expert performance and professional judgement.

References


Aims

Phase 1
To identify cognitive mechanisms, perceptions and behaviours mediating expert performance in nurses in a human patient simulator model.

Aims

Phase two
- To translate this information to devise an interventional education strategy for novice nurses
- To test whether it is possible to accelerate the transition form novice to expert nurse by tuition using an interventional education strategy for novice nurses.

Background

Liverpool John Moores University, (LJMU) and Cheshire and Merseyside Simulation Centre (CandMSC) UK have collaborated on a two-phase programme of research which aims to develop a systematic framework for performance evaluation and enhancement of professional judgment skills for nursing by evaluating the effect of simulation-based training provided to NHS staff. The CandMSC consists of various realistic clinical areas within which are located robotic patient simulators. The centre is able to replicate theatre, critical care, AandE and ward-based scenarios. These simulator manikins run physiologically modelled software and have the ability to respond to interventions, including the administration of drugs. The manikin exhibits clinical signs, such as peripheral pulses and inhales and exhales gases. It also ‘communicates’ in real time through the operator’s voice which is transmitted through its speakers. This project uses the METI® [Medical Education Technology Inc, Florida, USA] HPS [Human Patient Simulator] manikin.

The pilot project

Describes the methodology: The expert performance approach (Ericsson and Smith, 1991; Williams and Ericsson, 2005); a three-step systematic framework for examining issues related to patient safety, based on analysis of reproducibly superior performances, tracing the acquired mechanisms responsible for the development of high-level skill.

Methodology

The methodology combined a mix of methods and research approaches that viewed the participants as co-enquirers in the research process. This is a move away from traditional scientific a priori approaches that view researchers in an all powerful position as controllers of people and variables. We view research participants as co-enquirers who, once asked, have the knowledge and power to engage with (or not) the research process. This combines sensitivity to the participant’s highly charged critical care environment which takes account of the reflexive use of the researchers’ use of self as a research instrument and combines a questioning stance to the participant’s social construction of their working worlds and subsequent analysis of data, using an analytical approach to both qualitative and quantitative data. This will involve eliciting an ex post facto reflective post-simulation interview from participants.

Methods and tools

Phase one: the expert performance approach was applied to a voluntary, purposively sampled cohort of critical care nurses (N=10) to identify the mechanisms responsible for effective decision-making and the implementation of successful interventions in time-critical, emergency care situations. A standardised scenario was programmed on the manikin software. The scenario was video recorded for analysis later on. The recording was also used to facilitate participant interviews after the scenario has taken place.

Step 1, two groups of ten nurses, one experienced one novice, participated in a range of simulated emergency situations within a systematic framework for performance evaluation and enhancement of professional judgment.

A combination of laboratory-based clinical simulations for performance assessment, together with questionnaire and interview data relating to the nurses’ engagement in professional development activities were used and simulation-based training designed to improve the ability to make accurate and effective decisions in the practice setting.

Data analysis

The antecedents of, and cognitive mechanisms responsible for, superior performance were analysed via the use of experimental manipulations and process tracing measures, such as verbal reports and eye movement recording, during task performance under representative or simulated conditions (Ericsson and Simon, 1993; Williams and Ericsson, 2005).
Findings
Cognitive mechanisms related to expert performance and professional judgement activities deliberately designed to improve performance are discussed.

References


Aims
1. To describe how the expert performance approach focuses on individual differences in performance
2. To measure expert performance in a series of high-fidelity simulation scenarios, using traditional quantitative methods, analysed statistically
3. To discuss how the observed performance in the simulated scenarios relates to the participants’ experiences.

Background
This paper details how the expert performance approach as a methodology is unique. Expert performance and professional judgement lends itself to being examined typically using more subjective and qualitative methods (Ericsson et al., 2006). Expert professional judgement in clinical practice does not exist in a vacuum, but is both contextual and unique requiring a combination of approaches to capture and represent comprehensively.

Although mistakes occur in simulated environments impacting on performance as they would in a ‘real-world’ environment, the individual research participant is presented with an opportunity to modify and improve on behaviours without the risk inherent in the hospital setting. Participants would say that it doesn’t happen like that in real life and this needed to be considered in the post-simulation reflective review.

Post simulation interviews
The target for the post simulation reflective interviews was the participant’s perceptions of performance, and with that in mind we attempted to describe and follow any process reflectively that emerged from the data for each participant. The opportunity to use reflective methods of discussion about practice revealed how the processes of expert clinical nursing practice are viewed and perceived by participants. This was achieved by viewing the reflective element of post-simulation discourse and analysis of participants’ constructions derived from the criteria elicitation exercises, (CEE) as a set of meta-cognitive processes amenable to analysis.

This means exposing the thinking behind the actions and non-actions which occur at such speed and that replicate the real world of practice, where participants are often unaware of what they thought or felt, or on what basis their thoughts and feelings were constructed.

Reflecting upon practice
The process used to reflect on practice can be viewed as a set of meta-cognitive processes (Eraut, 1994; 23), drawn from the work of Schon (1983). Eraut (1994; 148) suggested that it is confusing to term the thinking and often unthinking behaviour exhibited by experienced practitioners as reflection, and that it is more useful to examine the time dimensions of action of practitioners and the process of the reasoning and understanding they use.

‘Schon’s ideas about reframing and reflective conversations with the situation might also be constructed as contributing to a theory of metacognition during deliberative processes. This makes a clear distinction between deliberation and reflective metacognition of the deliberation.’

(Eraut, 1994; 149).

On the one hand, viewing reflection as a set of meta-cognitive processes that are deliberative and construed by the participants within the context of a time frame means that any confusion regarding the term can be minimised (Eraut, 1994). On the other hand, the need to perform may have an effect on participants, especially on their ability to recognise and manage stressful situations in their professional practice.

Conclusions
Simulation training offers unique opportunities to research and identify qualitatively important precursors of skilled behaviour and other qualitative learning from experience, including how the drama of reconstructing clinical realities are acted out. Authors such as Goffman (1959), and Glaser and Strauss (1966) were influential in redefining how participants could be defined as actors, playing a part in the drama of life and constructing their worlds according to what they perceived as the story line and main actors in the drama.
Outcomes

- The descriptions of how the participants constructed (and we interpreted) their working worlds is described
- The data derived and analysed through traditional scientific observational approaches is explored.

References


Symposium 5

Stilwell: a virtual clinical practice to support multidisciplinary student learning

Mike Walsh, Reader in Nursing, University of Cumbria; Sharon Seddon, Senior Lecturer in Paramedic Science, University of Cumbria and Paramedic, North West Ambulance Trust, Ambleside; Alison Crumble, Nurse Practitioner, Windermere Medical Practice, Windermere, UK

Introduction

Stilwell is a neighbourhood of the town of Brigstow, both are fictional but based on real locations. In Stilwell, students follow the lives of 60 individuals, from infants to elders, across a wide range of social backgrounds. The story is effectively a healthcare ‘soap opera’. This virtual environment provides a clinical practicum in which students can apply the theory they learn to real, dynamic healthcare situations involving patients, their families and the wider local and national environment. Stilwell is used for both distance learning and classroom attendance and is currently accessed by nurses and paramedics. Additionally, a pilot scheme is under way to use it in secondary school classrooms for the benefit of 14-19 year olds and also for the NHS North West Academy. This symposium will explore:

- The theoretical basis and development of Stilwell
- Our joint work with universities in the USA (University of New Mexico) and Canada (Humber Polytechnic Toronto and McMasters University) to develop similar projects
- The practical use of Stilwell for teaching students on-line and in class
- Focus group research data from an independently carried out student evaluation.

Paper one: Theoretical underpinnings, development of student resources and overseas collaboration;

Mike Walsh, University of Cumbria

Stilwell utilise multimedia resources to create a dynamic community narrative within which virtual patients live their lives. There is a strong academic literature in the field of narrative pedagogy supporting the use of story as a key learning tool, and this is the theoretical underpinning of Stilwell. This links with situated learning theory which requires an ‘explore-describe-apply-reflect’ model. The virtual practice allows the ‘exploration’ to take place that is necessary for ‘description’. The teacher’s role is to guide the ‘application’ and ‘reflection’ stages of the exercise and as a result develop critical thinking skills alongside student learning.

This paper will discuss the resources we have created to enable this approach to student learning and how we have integrated them to produce our virtual clinical practice. There will be an overview of how the system operates to facilitate student learning in both classroom and distance learning environments. Stilwell also supports multidisciplinary education with, to date, nurses and paramedics being the main users.

Additionally we will explore the benefits of our collaborative work with the University of New Mexico (The Neighborhood) and review progress with colleagues in Canada. The Ontario provincial government is funding the development of a Canadian version of Stilwell/The Neighbourhood and I am the project’s external consultant.

Paper two: Use of Stilwell for paramedic and advanced nurse practitioner students in both classroom and on-line settings;

Sharon Seddon, University of Cumbria/NHS NW Ambulance Trust

This paper will review a tutor’s experience of using Stilwell with advanced nurse practitioners and emergency practitioners who have been studying health assessment and clinical decision-making modules by distance learning and in class. It will also discuss the use of Stilwell to integrate experienced post-registration paramedics into higher education as they study for a DipHE in Paramedic Science.
It will reflect upon how Stilwell has allowed students to address not only individuals’ obvious health problems but also the less obvious. Issues related to links with social circumstances and lifestyle, such as excess alcohol consumption are explored (Brigstow has a busy nightlife). Stilwell has opened up difficult areas such as diversity and self harm for debate and facilitates linkage with real situations encountered in practice, introducing students to the “real person” rather than the presenting complaint.

Resources such as patient case notes/social histories and critical incident videos have successfully been used to support topics which have historically been difficult to ‘bring to life’ and discuss, such as deliberate self harm and child abuse. Students can follow the patient’s journey through the NHS whether it is in primary care or through pre-hospital care, A&E, in-patient care and discharge back into the community. Alternatively, they can also work through the consequences’ of a patient not accessing healthcare at all.

**Paper three: Evaluation of Stilwell by focus group discussion; Alison Crumbie, Windermere Medical Practice**

During 2007/2008 we were funded to develop case histories for patients in Stilwell. The case histories provide background information about the patient, including their past medical history and consultations over the preceding two years. The funding included an evaluation of Stilwell with a particular focus on the development of the case histories and their contribution to the virtual practice. Ethics committee approval was granted.

A group of five distance-learning students, who were attending the college for their residential block, were approached and consented to participate in the focus group. The transcript was analysed using themed content analysis identifying broad subject areas.

A number of valuable and interesting issues were raised. The students talked about the realism of the virtual practice and how this approach made them think more holistically when compared to isolated case studies. They enjoyed working with the case histories and critical incident videos but found that the blogs and weekly newspaper on the site were less useful as they were not linked directly to student assessment items. This issue has since been rectified. They acknowledged that this educational approach had broadened their experience and enabled them to feel more connected with other course participants. An unexpected outcome of working with Stilwell was an improvement in the students’ IT skills. Conversely, there were difficulties with technology on the students’ home computers with wasted time waiting for downloads causing frustration.

The students described the virtual world as providing a new approach to learning. They suggested that it provides opportunities for people with different learning styles to use the material to meet their individual learning needs. In the words of one participant:

>‘I think the idea is fantastic much more interesting way of learning.’

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**Symposium 6**

**Advanced innovative internet-based dementia communication education programme development**

Jing-Jy Wang, Associate Professor; Chia-Jung Hu, Master’s Student; Wen-Yun Cheng, Lecturer, National Cheng Kung University, Tainan City; Yun-Nan Chang, National San-Yu San University, Kaohsiung City; Miaofen Yen, Associate Professor, National Cheng Kung University; Shiu-Che, Assistant Professor, National Tainan College of Nursing, Tainan City; Yen-Hua Shih, Tzu Hul Institute of Technology, Ping-Dong County; Mei-Feng Lin, Assistant Professor; Yen-Hua Su, Assistant Professor, National Cheng Kung University, Tainan City; Feng-Ping Lee, Fooyin University, Kaohsiung County; Mei-Chih Huang, Professor, National Cheng Kung University, Tainan City, Taiwan

**Overall introduction for symposium**

Communication with dementia patients can be improved by providing education and skill training to students and nurses. A trans-disciplinary integrated research project to develop an Advanced Innovative Internet-Based Communication Education (AIICE) programme for promoting effective communication between nursing students, clinical nurses and dementia patients is being conducted between 2008-2010. The AIICE has three phases: the first consists of assessment and problem identification among study subjects; the second consists of educational programme development; and the final phase is to validate the effects of AIICE programme. Our symposia presentations will mainly focused on phases one and two.
Presentation one: Communication difficulties with dementia patients and education needs among student nurses; Jing-Jy Wang, Associate Professor, National Cheng Kung University; Shhue Chen, Assistant Professor, National Tainan College of Nursing, Tainan City; Yen-Hua Shih, Tzu Hui Institute of Technology, Ping-Dong County; Miaofen Yen, Associate Professor, National Cheng Kung University, Tainan City, Taiwan

The purpose of the first presentation is to conduct assessments to determine student nurses’ communication difficulties with dementia patients, to determine their needs regarding effective communication with dementia patients for future educational programme development. A qualitative focus group approach with purposive sampling was conducted with 17 student nurses who had completed their practicum and had cared for dementia patients in care facilities for the elderly: nine students were recruited from the associate nursing programme, and eight were from the baccalaureate nursing programme. Their length of practicum was between three and four weeks. Content analysis was used for data analysis.

The following three themes relating to communication difficulties were reported by students:

1. Ignorance of proper response to patient’s speaking (such as, repetitive wording by patients and students unknowledgeable of how to react
2. Ignorance in terminating communications with patients (such as, patients reminisce and students are unable to end the conversation
3. In fear of approaching patients (such as, patients becoming agitated and students fear close proximity).

Themes regarding students’ needs for future education:

1. Scenario internet or classroom-based learning
2. Clinical instructors’ role modelling
3. Reality practice
4. Reminiscence training.

Future educational programme designs should initially focus on teaching students how to detect patients’ cognitive impairments and confusion states, while communicating with the patients. In classroom teaching real case studies, scenarios or role-plays, and information related to dementia care and reminiscence must be taught. Use of e-learning to assist students is also encouraged. In clinical sites instructors play an important role when modelling for students’ learning.

Presentation two: The extent and effectiveness of communication skills utilised by clinical nurses when communicating with dementia patients; Chia-Jung Hu, Master’s Student; Jing-Jy Wang, Associate Professor; Mei-Feng Lin, Assistant Professor; Yen-Hua Su, Assistant Professor, National Cheng Kung University, Tainan City; Feng-Ping Lee, Fooyin University, Kaohsiung County, Taiwan

The purpose of the second presentation is to assess the extent and effectiveness of communication skills utilised by clinical nurses, while communicating with dementia patients. Results of this study will assist future educational programme development. A descriptive survey using convenient sampling was conducted. 42 volunteer nurses from six institutions completed the survey. The 19-item communication skills list, as adapted from AAN (2005), Alzheimer's Society (2008), Crawford et al. (2008), and (Ripich et al., 1995) was used in the survey. Descriptive statistics and Spearman correlation were used for data analysis.

The results indicated that, the use of tranquil, peaceful, and smooth facial expressions, verbal praise and encouragement, and talking to patients as thought he/she where a child, were the most frequently used skills by nurses; while skills such as, encouraging nonverbal expressions, avoiding oral questioning, and providing direct answers (instead of asking a question), were seldom used by nurses. In addition, the extent and effectiveness of the 19 communication skills utilised by nurses showed a consistency of (p=.000-.037, r=.327-.764), yielding nurses favoured those communication skills that are also effective as well.

Although most skills used are effective, nurses tend to use general and basic skills, such as clarification and encouragement, yet disregard patient-cantered skills, such as taking account of patient’s nonverbal signs and offering them respect. Nurses require education and to be trained in the knowledge and skills of dementia-specific communication strategies. Such information will be considered in future dementia communication educational programmes.
Presentation three: Dementia specific, internet communication educational programme development; Yun-Nan Chang, National San-Yu San University, Kaohsiung City; Wen-Yun Cheng, Lecturer; Jing-Jy Wang, Associate Professor; Mei-Chih Huang, Professor, National Cheng Kung University, Tainan City, Taiwan

The aim of the third presentation is to examine the applicability and integrity of the newly developed AIICE programme, through the expert panel. This AIICE programme is based on integrated evidence-based knowledge, taken from the literature and data of phase one of our study. The AIICE has three priorities:

1. Reinforce caregivers’ emphasis and respect for dementia patients
2. Build specific skills to enhance communication effectiveness between caregivers and dementia patients
3. Establish a model education programme for classroom and clinical nursing education and training.

The expert’s feedback and evaluation results were used for modification of the communication modules and themes. Five modules were developed through expert panels:

1. Scenario internet-based e-classroom learning
2. Role modelling DVD for case studies
3. Use of narrative teaching strategies and reminiscence training
4. Demonstrations of communications with real patients
5. Internet-based 360-degree evaluation and feedback systems.

One role modelling case study and ten scenario nurse-patient communication themes are based on a Needs Driven Dementia Compromised Behaviour (NDB) model. In addition, a six-hour workshop using narrative strategies is planned. The application and evaluation of this AIICE programme will be based on internet-based e-classroom learning and a 360-degree evaluation which indicates that evaluation will be drawn from student or nurse per se, with instructor or supervisor, and patient.

These symposium presentations aim to establish a suitable communication educational and evaluation system for nursing students and clinical nurses, to analyse effectively internet teaching strategies, and help teachers and clinical supervisors better assist students and nurses when they face communication problems with dementia patients.

References

Symposium 7

How storytelling and student-led modules could be introduced to health programmes
Ros Weston, Senior Lecturer Midwifery and Women’s Health, Birmingham City University; Di Blake, Senior Lecturer Midwifery, Canterbury Christchurch University; Denise Noutch, Newly Qualified Midwife; Deborah Simmonds, Newly Qualified Midwife; Aimee Parbutt, Newly Qualified Midwife, Medway Maritime Hospitals, UK

This collaborative symposium addresses three themes of the conference: curriculum innovation, the student experience and learning and teaching strategies. Three papers are submitted: an exploratory narrative inquiry, an action research study, and an innovative module development supported by a student role-play. Two midwifery lecturers and three previous midwifery students will lead the symposium. The papers are linked by the element of storytelling. The discussion will explore how storytelling and student-led modules could be introduced to health programmes. The symposium will have relevance for educators beyond midwifery.

Paper one; Ros Weston, Senior Lecturer Midwifery and Women’s Health, Birmingham City University

Storytelling has been used for centuries as a means of communication, education, recreation and the preservation of cultural identity (O’Neill 1990; Farley and Widman 2002; Koenig and Zorn 2002). An exploratory narrative inquiry study was undertaken to address a gap identified by a literature review which revealed that little is known about the topic of ‘birth storytelling’ by midwifery students in Britain. The aims were to explore the value
that midwifery students place on the ‘birth stories’ as a means of learning and to identify significant birth stories that students have heard or told.

Two focus groups enabled data to be gathered, through purposive sampling of final year midwifery students. Data was narrative analysed using an integrative approach. The findings identified seven themes: validating experiences, stories as reflection, listening to other students’ stories, retold stories, lecturers’ humorous stories, not wanting to be judged when telling their stories, and opportunities for story-sharing.

Students valued stories as a means of reflection, especially on return from placements, or when they felt uncertain in situations. They valued lecturers’ carefully chosen stories. Stories told about complex practice issues assisted in creating meaning and order out of disorder. The findings indicate that as students tell their stories, those who listen identify with some aspects of them, and consequently feel more confident when faced with similar scenarios.

This study contributes to understanding the value that students place on birth stories and the informal learning mechanisms that arise from them. The findings have implications for midwifery and other health educators. Further research is required to support the findings.

Paper two; Ros Weston, Senior Lecturer Midwifery and Women’s Health, Birmingham City University

Action research enables practitioners to improve their practice by participating in research with their students (McKernan, 1996). This study asked: ‘How can student learning be facilitated through storytelling and story-listening within the teaching practice of a novice midwifery lecturer?’ Midwifery practice is complex and students live with uncertainties and risks, similar to those described by Ruch (2007) in social work. The researcher hoped to provide a ‘safe container’ for students to reflect on their practice, and develop the non-formal learning described by Eruat (2000).

Two consecutive cohorts, being taught by the same lecturer, were involved in the study. Short storytelling activities, based on those described by McDrury and Alterio (2002), were used to facilitate students’ discussions. The first cohort had a whole day of storytelling, the second half a day. The use of a critical friend, field notes made by the co-lecturer and a reflective diary adds validity of the findings (Hiekkinen, Hannu and Huttonen, 2007).

Content analysis and a coding frame were used to identify recurrent themes. These were: listening to and hearing stories, reflection, story sharing, learning from stories and reassurance and containment. Direct quotes will be used, in order for the ‘student voice’ to be heard.

The study is limited by method and size, therefore could not be said to be representative nor transferable. However, it does contribute to an understanding of students’ learning through storytelling, and how this relates to their practice. Further research is required to validate the findings.

Paper three; Di Blake, Senior Lecturer Midwifery; Denise Nouch, Newly Qualified Midwife; Debbie Simmonds, Newly Qualified Midwife; Aimee Parbuck, Newly Qualified Midwife, Birmingham City University, UK

The final paper will present how a level six midwifery module was developed with the focus of students being in control of the content of their learning. The presentation will address such considerations of lecturer ‘power and control’ in leading modules, student directed learning, and student/lecturer engagement with current issues in practice. It will demonstrate how the module has developed students’ critical appraisal of knowledge, research evidence and midwifery practice, along with their communication, analytical and presentation skills. (NMC, 2004; QAA, 2006).

‘Issues in Midwifery’ practice is one of the final modules that students undertake in their three-year BSc undergraduate midwifery programme. It is delivered alongside another module – ‘Consolidating Midwifery Practice’. Students initially felt that the content of both were similar; hence at the outset of the module the lecturers decided to ‘hand over responsibility’ of the module content to the students. Students identified which topics they felt they needed to gain more depth and understanding, or issues that had not been addressed previously in their programme. Some of the topics considered were: assisted conception, asylum seekers, pregnancy and learning disabilities, promoting normality within high-risk environments and the rising the caesarean section rate. Some cohorts also engaged with storytelling as a means to reflect on their practice as they prepared to become registered practitioners.

The assessment strategy was initially in two parts: a presentation on a current midwifery issue followed by a discussion with their peers. This was supported by a 2000 word reflection. In order to enable greater depth of critical discussion this was adapted into a single assessment of a critical presentation and seminar with their peers. The students organised the presentation of their work using a variety of means; this could encompass role-play, video, or PowerPoint. To illustrate the quality of some of the students work three newly qualified midwives, who were students in one of the cohorts, will present a powerful and challenging role-play and presentation of
their issue in midwifery practice. They will also give their perspective of being involved in such an innovative module.

The presentation of the papers will be followed by a discussion with the audience about how some of the strategies outlined could be adapted and incorporated into other undergraduate health professional modules or learning beyond registration activities.

References
Nursing and Midwifery Council (2004) Standards for Pre-Registration Midwifery, London: NMC.

Symposium 8
The internationally recruited nurses’ journey into the UK healthcare workforce
Tricia James, Principal Lecturer; Mary Kitson, Senior Lecturer; Alison Marchbank, Senior Lecturer; Julia Nichols, Senior Lecturer; Ros Wray, Senior Lecturer, University of Northampton, UK
Outline of symposium
This symposium will explore the journey taken by international nurses as they enter and become established in the UK workforce. The role of educational providers in identifying and meeting student needs to facilitate this journey will be explored.

How the papers link together
The first presentation examines the entry of internationally recruited nurses into the UK workforce. The changing regulatory and education requirements will be described from the perspective of a single school of health as it focuses on the academic and practice needs of international nurses.

In the second, the author explores the experiences of internationally recruited nurses as they continue their journey in the UK healthcare workforce, highlighting themes and their implications for practice and education providers.

The third links practice and educational settings’ growing reliance on enhanced academic and IT skills. It draws upon recent small-scale research and develops the implications for education providers.

The fourth discusses the use of reflective practice in academic and practice settings as a way to help international nurses to find their voices and establish themselves within the UK healthcare workforce.

Paper one: An overview of international recruitment and entry into UK nursing; Tricia James, Principle Lecturer and Alison Marchbank, Senior Lecturer, University of Northampton
Since 1997 100,000 overseas nurses have joined the UK nursing register. The majority of these nurses have been recruited from India and the Philippines. More recently practitioners have been welcomed from the EU and accession countries.
International recruitment has occurred over the years in times of staffing need. The current campaign was
initiated in response to domestic recruitment and retention difficulties in the mid-1990s and government initiatives
to increase the numbers of qualified nurses working in the NHS (The NHS Plan, 2000). Overseas nurses are said
to have been the saviours of British nursing in the face of a domestic staffing crisis (Buchan, 2003).

All nurses wishing to practice as a registered nurse in the UK must apply to join the UK nursing register and are
usually required by the Nursing and Midwifery Council to undergo a period of preparation, often in the form of an
orientation programme and supervised practice. Our team within the School of Health at the University of
Northampton has developed a variety of programmes and supported several hundreds of students through this
process.

This paper will explain the background to international recruitment and reflect on the developments that have
taken place within course provision to address the needs of overseas nurses.

References


Paper two: The lived experiences of internationally recruited nurses: learning from the literature; Julia
Nichols, Senior Lecturer, University of Northampton
A unique feature of the current campaign to recruit from overseas has been the sheer diversity of countries from
which they have been drawn and the fact that the nurses are qualified rather than trainees. This has resulted in
nurses arriving from a diverse set of cultures and having been trained and socialised into a number of different
nursing systems. This may have implications for their experiences in an alien nursing culture.

This paper will explore the lived experiences of recently recruited international nurses to the UK workforce and
report on a recently completed study to review empirical studies in the field systematically. Systematic searches
were carried out across a range of electronic databases for all published studies relating to the experiences of
recent migrant nurses. The search was limited to studies published in the UK since 1997 to capture data from the
current campaign. 31 empirical studies were reviewed and meta-synthesis techniques used to establish recurring
themes. Five themes emerged from the analysis: motivation for migration; adapting to British nursing;
experiences of first world healthcare; feeling devalued and deskillled; and vectors of discrimination. Common
emotions expressed were unmet expectations and disappointment.

This paper will present the findings of this study and explore the implications for the support and development of
international nurses.

Paper three: Enhancing the learning experience, e -learning: how to enhance the experience? Putting IT
en route the overseas nurse’s experience; Mary Kitson, Senior Lecturer, University of Northampton
Information technology (IT) skills are particularly relevant in the National Health Service (NHS). Practitioners have
become increasingly reliant on IT systems in their clinical setting. The overall aim is for the overseas nurse to
achieve the outcomes and competencies as set out by the NMC (2004).

There is increasing emphasis on evidence-based practice. It is vital that overseas nurses are fully prepared and
equipped with the skills to access information. In the Department of Health policy Working Together with Health
Information (2007) NHS staff are encouraged to consider IT skills very much a tool of modern day advancing
technology. Aptitude in this area of practice should be part of training and professional development.

Despite language prerequisites overseas nurses appear to experience difficulty in assimilating large amounts of
information and academic skills can be poor. This is reflected in class discussions and both the formative and
summative assessments. There is often little or a narrow evidence of literature resourced to strengthen their work.
Students have articulated in classroom discussion that they are able to use the technology; yet there is very little
indication of this.

This paper looks at the research which was undertaken to identify how to enhance e-Learning and thereby
develop academic skills on the overseas nurse’s programme.

References
Nursing and Midwifery Council (2004) Requirements for Overseas Nurses Programmes Leading to Registration in
the UK, London: NMC.

management with mainstream education, training and development in the NHS. Available from:
Paper four: Reflecting together: international voices in UK nursing practice; Ros Wray, Lecturer, University of Northampton

Many overseas nurses start their work in UK healthcare with hesitant and uncertain voices. They may know that their English language skills are excellent, yet perceive that their accent prevents them from being properly understood. It is difficult to be spontaneous in a culture that feels so different.

A journey towards empowerment in the workplace can be matched with the growth of the voice (Belenky, 1986). The sharing of stories can often be a good place to start, enabling student and mentor to progress to a more reflective dialogue where current practice can be explored and questioned (Johns 2000, Winkelmann-Gleed, 2006). An overseas nurse may find the notion of reflective practice unfamiliar, but a mentor who is willing to give voice to otherwise tacit decision-making and accompanying uncertainties will foster reciprocity and a sense of belonging.

The challenge for mentors and tutors is to confront their own learning needs alongside their students. Critical reflection can be difficult and uncomfortable, but in supportive surroundings it both furthers our own professional development and leads to new understandings about how we generate and articulate practice knowledge (Higgs et al., 2004).

This paper will look at how the practice of reflection may assist international nurses to find confident voices with which to express their nursing practice in the UK.

References


Posters
P1

From link to tutor to practice learning team: an experience

Danny Walsh, Lecturer, University of Nottingham, UK

This poster presentation aims to describe the early life and development of a specialist Older Adults Mental Health Practice Learning Team (PLT) that is attempting to improve upon the traditional link tutor system. The benefits and successes of the new PLT are described alongside some of the early problems encountered in the desire to offer enhanced support to practice-based learning. Making a Difference (DH, 1999) helped raise the importance of practice placements and ‘Placements in Focus’ reiterated the idea of the partnership aspect of these placements: ‘Appropriate structures and mechanisms are required for effective education-service liaison and for taking account of students’ needs and interests.’ (DH, 2001, p.9).

The ways in which increased partnership and shared responsibility for student nurse training between the higher education institute and the local NHS Trust have been achieved are clearly described. This sense of partnership between these two has been central to the development by the PLT of innovative learning packages and teaching methods.

Written from the perspective of an ex-link tutor and being reflective in nature the poster also draws upon the thoughts and attitudes of the other major stakeholders i.e.; the practice mentors and the students themselves.

The role, structure and various functions of the PLT are outlined alongside the rationale for moving away from the old link tutor system. The important aspect of being a specialist PLT rather than a geographically based PLT is explored as this allows the team to have an impact upon service- and practice-based issues rather than purely educational ones. Indeed, the PLT meetings are the only occasions in which the older adults workforce meets together as a whole. The development of the annual conference is also highlighted as being a springboard for ideas and being crucial to consolidate the many educational gains made.

References


P2

Can reflective practice promote an interprofessional ethos at undergraduate level?

Sophie Willis, Placement Co-ordinator; Christine Heales, Programme Lead, University of Exeter, UK

Background
Presently, the delivery of effective interprofessional learning (IPL) is still largely constrained by logistical barriers identified by Morrison et al. (2003); further, there remain many unanswered questions pertaining to the effectiveness of such educational interventions as IPL. Consequently, numerous approaches to the inclusion of IPL within curricula are being implemented. For the radiography programme at the University of Exeter and other healthcare programmes delivered within a uniprofessional environment, strategies embedded within the clinical environment may hold the solution.

In order to realise the aspiration of IPL and promote the development of a positive attitude towards interprofessional working amongst radiography students at the University of Exeter targeted reflective practice, focused upon the interprofessional working experiences of students, was introduced into each credit-rated practice placement module for the 2005 entry cohort onwards as one potential solution to such challenges.

Purpose
To evaluate the impact of targeted reflective practice undertaken during clinical placements on students’ perceptions of the value of interprofessional learning with the ultimate aim of enhancing patient outcomes.

Method
Final year undergraduate radiography students from the 2004 entry cohort (n=41) and 2005 entry cohort (n=51) were invited to participate in the study. Data were gathered using questionnaires over a fourteen-month period, during the final semester for each cohort’s enrolment. Questionnaires were distributed using a census sampling method. A response rate of 95% (n=38) and 78% (n=40) was achieved for each cohort respectively.
Results
Students within the 2004 entry cohort self-reported a positive attitude towards other healthcare students (74%) following interprofessional learning in the academic setting and that this had improved their communication with other healthcare professionals (77%). The data from the 2005 entry cohort, following structured reflective practice being introduced into the curriculum, demonstrated an increase in positive responses to 90% and 90% respectively.

Conclusion
The results from this study suggest that the introduction of structured reflective practice, focusing students’ attention on the role and positive value that other healthcare professionals bring to successful patient outcomes, appears to have enhanced students’ perception of the value of interprofessional learning. It is hoped that such positive attitudes towards interprofessional learning will be carried forward post-registration to the overall benefit of the service user.

Ethics
Ethical approval was granted, by the School of Physics Ethics Committee, University of Exeter prior to the commencement of data collection.

Reference

P3
Can they learn together? Moving beyond traditional boundaries and engaging in work shadowing
Sophie Willis, Placement Co-ordinator, University of Exeter; Christopher R. Vanstone, Radiology Services Manager; Julie Dobrijevic, Practice Development Team Lead, Royal Devon and Exeter NHS Foundation Trust; Christine Heales, Programme Lead, University of Exeter, UK

Purpose
The aim of this pilot project was to enable final year nursing and radiography undergraduates to come together, thereby promoting effective teamwork through interprofessional learning.

Background
Patient outcomes have been evidenced to be enhanced as a result of effective multiprofessional teamwork (McPherson et al., 2001). Experiential learning has also been demonstrated to provide a more effective and enduring long-term learning experience than the often passive learning afforded in traditional academic settings (Rogers and Freiberg, 1994). Consequently, this pilot project was set up between students from the Universities of Plymouth and Exeter, and the partner placement provider, the Royal Devon and Exeter NHS Foundation Trust. The project aimed to foster respect between nursing and radiography students in line with the aspirations of the national interprofessional agenda (McNair, 2005) and to provide a foundation for future interprofessional collaborations.

Method
The University of Exeter led the placement-based initiative which saw final year nursing and radiography students pair up and spend a working day in each other’s clinical areas. Learning materials were prepared by the students and agreed by academic and placement staff. These materials ensured students received a thorough overview of the typical areas of each other’s practice.

Results
From the perspective of both the academic and placement staff the venture was highly successful in terms of enabling students from different professional backgrounds to engage with each other. It was felt that the success of this project was due, in part, to the fact that the students were in their final year and therefore had a strong sense of their own professional identity. They were therefore able to articulate their own role effectively in relation to patient management, but were also able to be respectful of the role of the other student. Other benefits were felt to be the promotion of collaboration between the two institutions of higher education and practice placement service providers.

Conclusion
Work shadowing appears to be an effective way of engaging undergraduates from different healthcare backgrounds. Students were able to reflect both upon their own role and that of others when providing high quality patient care.
Aseptic technique: myth or reality? Developing an innovative educational strategy to facilitate evidence-based practice

Collette Straughair, Senior Lecturer (Adult Nursing); Margaret Scott, Senior Lecturer (Adult Nursing), Northumbria University, Newcastle upon Tyne, UK

Reducing the risk of healthcare-associated infection is currently a significant government priority. As a result of this the principles of asepsis and aseptic technique have been highlighted as key influencing factors in addressing this issue (DH, 2002; 2003; 2004; 2005; 2006a; 2006b). Furthermore, professional standards explicitly require all branches of student nurses to achieve proficiency in clean and aseptic technique, specifically in relation to wound dressings, in order to progress from common foundation programme into their branch studies (NMC, 2007).

Aseptic technique is often a nursing practice steeped in tradition and ritual, rather than being underpinned by contemporary evidence (Preston, 2005). Therefore, in order to ensure that nursing practice is evidence based, it is imperative that educational strategies are developed to support this and implemented into pre-registration nurse education programmes. This poses many challenges for nurse academics due to the constraints of defined direct student teaching time, particularly when students are potentially exposed to ritualistic practice in the clinical area. Therefore, using creative methods of education to support the evidence base for aseptic technique is essential.

An innovative electronic teaching and learning strategy was implemented at Northumbria University as a vehicle to support and enhance student learning. This was developed as an additional educational adjunct to support a traditional method of clinical skills education. The aim is to compliment and enhance the development of student nurses’ clinical skills in relation to aseptic technique and facilitate the integration of theory and practice. Knowledge and skills acquired lay the foundations for the fundamental principles of asepsis. Therefore, arguably, student nurses are able to utilise these principles of asepsis to perform a variety of aseptic clinical procedures in a variety of healthcare settings.

The electronic-based educational package consists of evidence-based theory, a range of audiovisual film clips and a variety of self-assessment activities and quizzes. Students are able to access the package remotely, undertake the activities at their convenience and download evidence of their knowledge and understanding of asepsis to support achievement of the relevant professional proficiency. Overall, the aim of this poster presentation is to identify key learning points and share best practice in relation to this blended educational approach.

References

McPherson, K., Headrick, L. and Moss, F. (2001) Working and learning together: Good quality care depends on it, but how can we achieve it?, Quality in Health Care, 10, pp.46-53.


P4

References


**P5**

**How do adult branch pre-registration nursing students’ expectations comply with the new (2006) Nursing and Midwifery Council standards for mentorship?**

Lesley Drayton, Senior Lecturer; Vivien Spranger, Senior Lecturer; Pauline Kingston, Senior Lecturer, Anglia Ruskin University, Cambridge, UK

In September 2006 the Nursing and Midwifery Council (NMC) introduced core standards for mentorship to be implemented in September 2007. Prior to this there were only advisory standards and mentors of nursing students in clinical practice did not require adherence to these standards. Reviewing the literature (Andrews, 1999; Laskasing and Francis, 2005; Kilcullen, 2007) there still appears confusion about the role of the mentor and student experiences vary depending on their mentor and the understanding of the role.

This poster will describe the research study that was completed in 2008 which focussed on the findings and implications for mentors and students expectations in practice.

The study used two focus groups with nine pre-registration nursing students from two different cohorts using a descriptive qualitative research approach. Purpose sampling was used to select nursing students to ensure they met the aims of the study. The inclusion criteria was second and third year adult branch nursing students who had successfully completed their first year common foundation programme. Consequently, both sets of students had experience of mentorship before and after the implementation of the core NMC guidelines (NMC, 2006).

The findings demonstrated that the core standards did meet the student nurses expectation, although they were not having the necessary impact at that time.

Students expect mentors to be supportive, up to date, have time, teaching ability and an understanding of the assessment tools used in practice. Interestingly, although discussed, the word ‘assessment’ was not mentioned but the terms ‘booklets’ and ‘paperwork’ (the assessment criteria) were used when discussing these issues. According to the study students experience problems in these areas, with some not having a valid and reliable assessment or placement conducive to learning. Several themes emerged about the student experience one of which was mentorship preparation within their professional preparation for practice. Therefore, students voices should be heard in relation to curriculum development.

**References**


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**P6**

**Enhancing clinical skills teaching for patient benefit: the application of mixed methods research**

Anne Pegram, Lecturer; Jocelyn Cornish, Lecturer, King’s College London, UK

The quality of patient care and experience is dependent upon practitioners being confident and competent in the performance of clinical skills relevant to their clinical area. Competence in clinical skills delivery is a key focus of government policy (Darzi, 2008) and Nursing and Midwifery Council curriculum development (NMC, 2007). With this in mind a Clinical Skills Research Group at the Florence Nightingale School of Nursing and Midwifery, King’s College London was established with key aims to evaluate:

- Competence in the assessment of patient needs, equipment selection, performance of clinical skills and evaluation of care
- Methods and approaches to teaching clinical skills
- The influence of student learning styles on skills competence
- Skills maintenance.

It was felt that these are essential aspects of nurse education, the study of which would contribute towards the evidence base for clinical skills teaching and subsequent safe and sensitive patient care delivery.

**References**


Studies generated by the group to date include ‘An evaluation of moving and handling training for pre-registration students’ and an ‘An evaluation of the effects of a skills based course for registered mental health nurses on their assessment of the physical care for the seriously mentally ill’. The subsequent development of these research studies has highlighted that a mixed methods approach to research is required and valuable (O’Cathain et al., 2007). The purpose of this poster is to demonstrate the application of mixed methods approach to clinical skills research using the above two studies as exemplars.

References


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**P7**

Enhancing students’ learning experience: breastfeeding, best feeding

**Angela Hewett, Midwifery Lecturer; Anne-Marie Henshaw, Midwifery Lecturer, University of Leeds, UK**

Breastfeeding makes a significant impact on the health and well being of mothers and their babies. Health policy drivers, both nationally and internationally, recognise the significant impact of breastfeeding education in the effective support of breastfeeding families. The University of Leeds’ School of Healthcare has a long tradition of excellence in breastfeeding education for both continuing professional development and undergraduate programmes. Opportunities to enhance student learning through the development of a blended learning approach have been identified, and so this innovative project ‘breastfeeding, best feeding’ utilises e-learning, discussion groups and workbooks in order to enable students to become active, reflective learners as they focus on linking theory to practice.

The e-learning package is available to students via a virtual learning environment. It is an interactive, multi-layered package which allows students to engage at a level appropriate to their learning needs and curriculum requirements whilst guiding those students who wish to extend their learning. The support and promotion of breastfeeding is not a midwifery specific agenda and the e-learning resource is intended for learning and teaching use across the school as well as being an accessible source of information for the wider public.

Students are encouraged to access the e-learning package prior to attending tutorials, thus maximising the opportunity to engage in the application of knowledge through reflection and to consider strategies which may be utilised within clinical practice to support their learning needs regarding the promotion and support of breastfeeding.

A number of workbooks have been developed which complement and extend the information contained within the e-learning resource, and these are specific to each academic level. Students use these workbooks within clinical practice in order to link theory with practice.

All of these approaches have been developed with the intention of enabling students to evidence that they have met the requirements of the UNICEF UK Baby Friendly Initiative Standards for Education and higher education institutions to demonstrate that the quality of their breastfeeding education provision meets internationally recognised standards of excellence.

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**P8**

A modern learning environment: simulation classroom – a literature review

**Merja Nummelin, MNSc, University of Turku; Katriina Niemelä, Senior Lecturer and Degree Coordinator, Turku University of Applied Sciences; Maija Hupli, Senior Lecturer; Leena Salminen, Senior Lecturer, University of Turku, Finland**

Nowadays, simulation takes an important place in the training and education of healthcare professionals (Alinier et al., 2003). Simulation is a teaching method which gives students an opportunity to apply knowledge and skills in the classroom which reflects real-life conditions (Entwistle and Peterson, 2005). Simulation is a safe way to
learn nursing care of critically ill patients, because students can practise without the risk-taking consequences of an actual situation (Binstadt et al., 2006).

The purpose of this literature review was to describe what is characteristic to a good simulation classroom, particularly where students can learn nursing care of adult emergency patients. Using Kim’s typology (2000) as a theoretical framework of the review, the idea was to take into account everything that is essential about learning nursing care of adult emergency patients by simulation. Kim (2000) describes four domains in the typology: client domain, domain of environment, client-nurse domain and practice domain. Data retrieval was made by Cinahl-, Medline- and Medic-databases. Limits were the English language and the years from 2000-2008. Topics used were simulation and teach and emergency nurse.

The results of the review showed that the simulation classroom is a modern learning environment where students can learn emergency nursing care of the adult emergency patients in a life-like setting. Results were classified using Kim’s typology. The patients must be typical adult emergency patients. Man mannequin (SimMan®) simulates a patient. The construction of the simulation classroom consists of three rooms: control centre, simulated treatment room and debriefing room (Binstadt et al., 2006; Fernandez et al., 2007). The equipment and instruments of the simulated treatment room were chosen for the needs of typical adult emergency patients (Adam and Osborne, 2006). There is also a need for teaching equipment which is particular to simulation (Fernandez et al., 2007).

With SimMan® students can practise exploring the patient, touch and turn the patient, practise clinical skills, communication and interaction with each other. With SimMan® students can also practise communication skills and interviewing patient and, moreover, they can study leadership, decision-making and interdisciplinary teamwork skills. (Binstadt, 2007, Fernandez et al., 2007.).

References


P9

Nurses’ skills to guide students

Maija Hupli, Senior Lecturer; Eliisa Kukkola, MNSc; Leena Salminen, Senior Lecturer, University of Turku, Finland

Clinical training in healthcare units is an essential part of nurse education. Nurses take care of students’ supervision during clinical training, and their role in supporting students’ learning has been shown to be the most important factor in clinical training (Chan, 2001; Saarikoski, 2002). Education for supervisors has been developed and implemented in many organisations in recent years.

The aim of this study was to investigate supervisors' guiding skills and describe their needs for being educated in supervising. Guiding skills were divided into the following sub domains: competence in nursing; building of supervision relationship; planning of supervision; implementation of supervision; integration theory to practice; and evaluation.

The target group was 128 nurses from one hospital in Finland. The data were gathered by a questionnaire which consisted of structured and open questions. The data were analysed statistically and by content analysis.

The guiding skills of nurses were good in all sub domains. Those who had received supervisor education had better skills than those who had not received such education. However, the differences were not statistically
significant. Most of all the supervisors needed education for evaluation and for setting goals for students. The supervisors wanted more knowledge about nurse education and those requirements set for nurse students in their curriculum. Most of all, supervision education improved the building of the supervision relationship. The evaluation skills of supervisors were also improved by education.

The results can be used in developing supervision skills and in planning education for supervisors.

References

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**P10**

**Nurse teacher and ethical questions**

Leena Salminen, Senior Lecturer; Maija Hupli, Senior Lecturer; Riikka Metsämäki, MNSc; Helena Leino-Kilpi, Professor, University of Turku, Finland

Nurse teachers encounter ethical questions in their everyday working life in nurse education. It is very important that nurse teachers are aware of their own ethical principles (Lyndaker, 1992; Dinc and Görgülü,2002). Nurse teachers’ values are more the values of nurses than the values of teachers (Haigh and Johnson, 2007). The purpose of this study was to describe ethical questions in nurse teachers’ work. The research questions were: what ethical principles guide nurse teachers’ work and what kind of ethical problems do nurse teachers have in their work.

Data were collected from nurse teachers (n=342) by a e-mail questionnaire. The response rate was 46%. The questionnaire included background factors and 20 items which described how the ethical principles and values are fulfilled in the everyday lives of nurse teachers. The evaluation scale was the 5-point Likert scale (1 = not fulfil at all and 5 = fulfill very well). The data were analysed statistically and by content analysis.

The results showed that nurse teachers fully understand the ethical principles that guide their teaching and their work (mean 4.3, sd 0.78). Fairness was the most appreciated principle. Teachers determined that they are fair towards students (mean 4.5, sd 0.62), to their colleagues (mean 4.3, sd 0.68) and to their directors (mean 4.3, sd 0.69). From the teachers’ point of view the students also demonstrate fairness towards the teacher (mean 4.0, sd 0.83). Teachers respect students’ individual opinions (mean 4.30, sd 0.71) and the students also respect the opinions of teachers (mean 4.0, sd 0.68).

Teachers met ethical problems in their everyday work. The problems which arose concerned the relationship between teacher and student, the relationship between teacher and his/her colleague, the profession of the nurse teacher and the problems surrounding the ethical values.

In their own opinion nurse teachers act ethically and nurse students and colleagues also treat teachers with respect.

References

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**P11**

**Nurse teachers’ pharmacological skills**

Hanna Heinonen, MNSc; Leena Salminen, Senior Lecturer; Maija Hupli, Senior Lecturer, University of Turku, Finland

Previous studies have found that actual pharmacological knowledge of nurse students is insufficient (Latter et al., 2000; Manias and Bullock, 2002; Grandell-Niemi et al., 2005). It has been demonstrated that there is a lack of hours devoted to the subject and there are difficulties fitting this subject into the curriculum. Discussions have also
Nurse teachers' knowledge about health policy

Henna Nieminen, MNSc; Maija Hupli, Senior Lecturer; Leena Salminen, Senior Lecturer, University of Turku, Finland

Efficient ways to develop the quality of nursing education (Moore Caira et al., 2003) and promote a population’s health (Reutter and Duncan, 2002) are via the social competence and activity of the nurse teacher. However, there are a few studies about the social competence of nurse teachers (Holtopr, Price and Boardley, 2000; Palitta, 1998). Every nurse teacher must know the current health policy in order to use it in teaching. The conception of the role of health policy in the curriculum and the concrete teaching of social activity are quite unclear (Palitta, 1998). In Finland, nurse teachers must be licensed as a registered nurse, have a master of science degree and have at least three years experience in the healthcare system. Nurse teachers are employed in polytechnics and vocational institutions. Nurse teachers are responsible for both theoretical and clinical teaching.

The purpose of this study was to describe the social competence and activity of nurse teachers. The data were collected by an email questionnaire. The questionnaire included background factors and nine items for social competence. Respondents were nurse teachers, public health nurse teachers and midwifery teachers from all the polytechnics in Finland. The response rate was 46% (n = 342). The data were statistically analysed.

The results showed that nurse teachers evaluated their knowledge in health policy as quite good (mean 3.7). Nurse teachers updated their knowledge about health policy by reading professional journals or newspapers, via the internet and through television and radio. Nurse teachers judged that the content of health policy advised them only slightly about teaching. The results also showed that 38% of nurse teachers judged themselves as being quite active in social activities and 44% judged themselves as quite inactive. 32% of nurse teachers are members and involved in working for general organisations as Trustees. 28% of nurse teachers are involved in working for Trust commissions and local councils.

By their own evaluation nurse teachers’ knowledge of health policy was quite good. The knowledge must also be kept up to date and improve. Nurse teachers are quite active in social activities although almost half judged themselves as quite inactive.

References
P13

Developing confidence for practice: the student experience of formative objective structured clinical assessments for medicines management in an undergraduate nursing programme

Sarah Burden, Senior Lecturer/University Teacher Fellow, Leeds Metropolitan University, UK

A number of students, as they progress through their pre-registration programmes, identify limited opportunities to engage with the administration of medicines in practice, and state that they lack confidence in the area of medicines management. Students are concerned with the numeracy skills that they need to calculate the correct dosage. They are limited in their knowledge of many drugs in everyday use, and may feel insecure in their physiological knowledge to support their understanding of the actions of the drugs in use. These concerns are well supported in the literature (Manias and Bullock, 2002; Morrison-Griffiths et al., 2002; Jukes and Gilchrist, 2006; Wright, 2007).

The first year post initial qualification may be stressful for many healthcare practitioners. Lack of confidence in performing common practical tasks and the impact of organisational and workload factors may combine with the consequent risk of making mistakes, not least within medication practice (Scobie et al., 2003; Fogarty and McKeon, 2006). Addressing medication errors and educating for capability at the point of registration and beyond in medicines management should thus be a core goal of pre-registration nurse education (NMC, 2007).

At Leeds Metropolitan University a simulated learning strategy has been developed to promote the development of knowledge and skills in medicines management for final year students on an undergraduate programme. A key feature in the design of the strategy is the nurturing of student confidence. The strategy incorporates both simulation and Objective Structured Clinical Assessments, identified as beneficial strategies to support practice learning in medicines management (Banning, 2004; Page and McKinney, 2007; Murray et al., 2008). Eighty-two final year adult and mental health nurses participated in the pilot. After the experience students were provided with written individual feedback from the three OSCA stations which informed their development plan for the next placement period. At a later date students were asked to evaluate the OSCA experience and their learning by means of a questionnaire. Completed evaluations were received from 81% of students.

This poster provides details of the OSCAs undertaken by the students together with the qualitative and quantitative findings from the questionnaire. The findings are presented around three headings:

- The student OSCA experience in relation to skill development and confidence for practice
- The student experience of undertaking an OSCA
- The usefulness of the development plan for practice, as perceived by the student.

Implications for future curriculum development and OSCA design and implementation will be considered.

References

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Problem-based learning: developing skills of student nurses

Faye McCann, Student Nurse; Michele Shepherd-Burkes, Student Nurse, University of Worcester, UK

Nursing is not only a caring vocation (Baillie, 2005) requiring a range of interpersonal skills but also involves the delivery of proficient clinical skills provided as a result of decisions made from the best available evidence (Kozier et al., 2008). Nurses require essential critical thinking skills as part of the quality of nursing practice and professional accountability (Rubenfeld and Scheffer, 1995). Critical thinkers show confidence, creativity, flexibility, reflective qualities and the ability to have an open mind (Rubenfeld and Scheffer, 1995).

Problem Based Learning (PBL) facilitates these skills and has been used widely in the professional training of nurses (Keirnan et al., 2008). PBL uses an academic approach to specialised training that encourages self-directed learning and clinical ways of thinking (Keirnan et al., 2008).

The aim of this poster is to demonstrate how PBL can be used successfully in the curriculum for pre-registration nurse training and should be considered a fundamental part of academic learning in the healthcare profession. Based on situations that mirror real-life clinical scenarios, student nurses learnt the skills required to integrate theory and practice. Students were placed in randomised groups and were introduced to a trigger. A live actress was used to portray a clinical scenario and the PBL process was applied. This differentiated from traditional, lecture-based delivery of nurse education curricula as it encompassed a more self-directed learning process (Keirnan et al., 2008).

Existing knowledge was identified and further knowledge was gained and applied by working both collaboratively and independently to provide a resolution to the problem (Beers, 2005). Active Participation in the PBL process supports the student to gain a deeper knowledge (Beers, 2005) which develops beneficial skills for professional practice (Meddings and Porter, 2008). Furthermore, critical thinking skills were developed by using rational and methodical thinking, recognising ones attributes, taking responsibility and questioning accepted schools of thought (Tiwari et al., 2006). The PBL process increased the motivation for learning to explore complex scenarios in a supported environment (Kiernan, 2008). This lead to an enhancement of both personal and professional development which encompasses the graduate skills required throughout a nursing career (Dearing, 1997 and Nursing and Midwifery Council, 2004).

Reference


Development of a conceptual model to evaluate effectiveness and impact of e-learning

Sarah-Jane Saravani, Manager Learning Hub; John Clayton, Manager Emerging Technologies Centre, Waikato Institute of Technology, New Zealand

In 2008 the Ministry of Education of New Zealand funded a project entitled ‘Using e-learning to build workforce capability’ (Clayton, Elliott, Saravani, Greene and Huntington, 2008). The project team found measuring and proving the value of e-learning was a complex task dependent on participants’ understanding of the evaluation model selected (Wilson, 2004). From the literature reviewed and the research undertaken it appeared the evaluation of the effectiveness and impact of e-learning should focus on two levels of analysis: firstly, the individual level investigating competency and accomplishment and secondly, the organisational level investigating strategic alignment and business impact.

At an individual level it appeared to be important to ascertain if the employee has ‘learnt’ something from the training provided. For example, have they acquired a new skill, or are they ‘happier’ in their workplace. At an organisational level it is critical to understand how effectively the learning and training opportunities presented to employees have contributed to improving the organisation. For example, has quality of product improved, is there an increase in customer satisfaction, or is the plant being used to optimum capacity.

In general the literature argued a comprehensive measurement model, based on slight modifications to the widely applied Kirkpatrick-Philips evaluation model, would be more in keeping with existing evaluation practices and would be more readily accepted by industry (Skillsoft, 2005).

This poster presentation will graphically illustrate the research teams’ development of an evaluation model using the Kirkpatrick-Philips model as a framework of development. The evaluation model created is based on five levels (satisfaction, accomplishment, application, impact and return on investment) and is illustrated in the figure below.
Development of a quality assurance conceptual model for e-learning
Sarah-Jane Saravani, Manager Learning Hub; John Clayton, Manager Emerging Technologies Centre, Waikato Institute of Technology, New Zealand

In 2008 the Ministry of Education of New Zealand funded a project titled ‘Using e-learning to build workforce capability’ (Clayton, Elliott, Saravani, Greene and Huntington, 2008). During the project the team recognised that although the concept of ‘Quality Assurance (QA)’ could be very difficult to define precisely, its critical importance to organisations was widely accepted (BNET Australia, 2003).

It was clear industries that provided e-learning to meet the needs of workplace/work-based training, and the employees who participated in these events, needed to be assured that the activities developed and offered were firstly, effective (did what they say they would do) and secondly, were efficient and cost-effective in terms of a return of investment on the fiscal and human resources consumed.

During the literature reviewed and the research undertaken it was found the quality of the workplace/work-based training offered by industries and experienced by participants was directly attributed to the quality of the processes used in the creation of the workplace/work-based training event (Nichols, 2002). For example, the processes used in the:

- Creation of digital learning materials
- Tutoring/mentoring/supporting of learners
- Administration of workplace/work-based training events.

A lack of ‘quality’ during any of the processes ultimately affected the final learning experience of employees.

This poster presentation will graphically illustrate the research teams’ development of a cyclical QA model conceptualised as the Five Ds (5Ds):
- Define: the e-learning training requirement(s)
- Design: the e-learning training event(s)
- Develop: the e-learning resource(s)
- Deliver: the e-learning event(s)
- Determine: how or if e-learning can or should be used to meet the above requirements successfully.

The research teams’ 5Ds conceptual model is illustrated in the figure below:
P17

Widening participation in undergraduate healthcare programmes: some critical reflections on the use of APEL in a research led university

Tessa Watts, Senior Lecturer; Mary Paget, Lecturer, Swansea University, UK

The concept of widening participation in higher education is firmly established as a central concern and policy commitment of the UK government. The range and burgeoning policy initiatives of the national governments during the early twenty-first century serve to illuminate how widening participation is being addressed strategically and operationally at different levels and in a number of ways.

In healthcare concern about the projected shortfall in the numbers of healthcare professionals and the implications of this shortfall for the strategic aims of the health service in the twenty-first century underpinned the drive for greater accessibility to, and flexibility in, education. More recently the Department of Health (2006) discussion document advocated that greater engagement of NHS staff in learning, notably staff in bands one to four, is vital for the intended transformation of healthcare. Moreover, this report called for an extension of initiatives designed to widen access to education.

Accreditation of prior and experiential learning (APEL), defined as ‘a process through which learning achieved outside education or training systems is assessed and, as appropriate, recognised for academic purposes’ (Quality Assurance Agency, 2004), is an example of one approach to widen participation in higher education. Indeed, many higher education institutions acknowledge that in order to encourage access to, and participation in, higher education prior experiential learning may be recognised in place of certain aspects of formal learning. Nevertheless, a survey commissioned by the Learning from Experience Trust (Merrifield et al., 2000) indicated that whilst most higher education institutions had APEL policies, the actual number of students entering higher education via this route was relatively small. There may be a number of reasons for this, but the tensions between the principal policy drivers of widening participation on the one hand and encouraging and maintaining competitive ‘world class’ universities on the other cannot be ignored. Indeed, traditional beliefs regarding the role of universities in the generation, acquisition and nature of knowledge may lead to a questioning of the validity of APEL in the context of higher education (Armsby et al., 2006).

This poster will illuminate how APEL has been used in one research-led university as a route of entry for adults who have no previous experience of higher education and who wish to pursue undergraduate studies. With reference to undergraduate pre-registration nursing and paramedic science programmes the poster will illuminate the following key issues:

- The concept of APEL in the context of Higher Education and widening participation policies
- The assurance of quality in the process of assessing and crediting APEL candidates
- The challenges and benefits associated with APEL.

References


P18

Developing flexible multidisciplinary postgraduate chronic conditions management education: an example of cross sector boundary working

Gareth Noble, Senior Lecturer; Tessa Watts, Senior Lecturer, Swansea University, UK

The prevalence of chronic conditions is high and is forecast to increase. It is predicted that over the next decade the global incidence of chronic illness will grow by 17%. By 2020 chronic conditions will be the leading cause of disability and the most expensive problem for healthcare systems throughout the world (World Health Organisation, 2003). In the United Kingdom approximately 17.5 million people live with a chronic condition (Department of Health, 2004). Moreover, two-thirds of all chronic conditions admissions are emergencies, resulting from an exacerbation of a chronic condition. Thus chronic conditions management has become a political priority and a driver of healthcare policy and strategic development.

The innovative, flexible, multidisciplinary MSc in Chronic Conditions Management has a clinical focus and compliments the international, national and local initiatives in chronic conditions management. Developed in collaboration with NHS providers and the voluntary sector the programme has been designed to advance the knowledge and skills of experienced healthcare professionals and carers in their relevant clinical speciality. Whilst there is a core structure of bioscience, clinical practice and research, additional option modules offer students flexibility to choose a pathway that allows professional development in their own sphere of clinical practice.

This poster presentation will offer a visual outline of the development, structure and student evaluation of the programme. It will also illuminate the cross-sector boundary working and delineate future developments.

References


P19

The evaluation of the gradual scale for the skill of nursing students’ communication in terms of graduate nursing students’ differences

Eiichi Ueno, University of Fukui; Ryuji Ichinoyama, Toyama College of Welfare Science; Kazuhiro Myoujin, Wakeikai Taninogozan Hospital; Etsuko Uehira, Nara Prefectural Medical University; Kiyoko Funasaki, Toyama City Hospital, Japan

Purpose

It is very important to evaluate the communication skills of undergraduate nursing students in order to provide high quality care. The purpose of this study was to investigate and evaluate of the differences in communication skills of undergraduate nursing students in Japan.

Method

The subjects of analysis were (355) nursing college students (grade one: 56, grade two: 109, grade three: 137, grade four: 53) selected from a nursing college in Japan. Nursing student’s skills were measured by using ‘the Gradual Scale for the Skill of Nursing Student’s Communication’ developed by Ueno et al. (2008). This scale was composed of nine communication skills: ‘positive listening’ (12 items), ‘assertion’ (six items), ‘acoustic consideration’ (six items), ‘relation’ (five items), ‘respect for human life and dignity’ (five items), ‘observation’ (three items), ‘affective self-control’ (three items), ‘focusing’ (two items) and ‘expressing the state of the mind’ (two items). This scale of Cronbach’s alpha was 0.939. This scale was used to evaluate the nursing students’ communication skills.

Result

As a result of one-way ANOVA, the score of the communication skills such as ‘positive listening’ [F=3.465, p=0.016], ‘acoustic consideration’ [F=4.155, p=0.007], ‘relation’ [F=3.457, p=0.017], ‘respect for human life and dignity’ [F=2.867, p=0.037], ‘affective self-control’ [F=3.850, p=0.021] and ‘focusing’ [F=2.549, p=0.056] of the grade one nursing students were significantly higher compared to the second and third grade nursing students. One reason suggested for this result was that grade one nursing students subconsciously evaluated their actual communication skill, whilst advancement to the next year made them recognise real communication skills which caused them to score them lower. However, the communication skill ‘Observation’ score of the grade one nursing students was higher than the grade four nursing students. The 9th factor ‘expressing the state of the mind’ did not show any significant data.
Conclusion
The seven factors showed significant scores for different graduate nursing students. As a result to improve nursing students' communication skills it is necessary to provide nursing students with effective new teaching methods such as lectures, videos and role playing.

P20
The thought of the sensitive recognition for utilising the picture book towards interpersonal education
Ryuji Ichinoyama, Toyama College of Science; Kiyoko Funasaki, Toyama City Hospital; Mitsuru Murakami, Toyama University of International Studies; Eiichi Ueno, University of Fukui; Masashi Kawano, Jikei University, Japan

Purpose
The picture book which contains the story of human relationship has been used in the psychiatric nursing class of the course in fundamental education since 2004. The picture book provides nursing students with the establishment of the patient-nurse relationship from the winding up the nursing student’s experience called story and nursing knowledge. This method of using a picture book allows the nursing students to gain details about human relationship.

The aim of this research is to gain suggestions for educational guidance based on analysing nursing reports utilising the data mining method.

Method
The subjects of this research are 92 second grade nursing students who consented to this research at two grade A junior colleges.

The analysis using the content analysis of Krippendorff was performed the following procedure:

1. Replace the nursing student’s report with electronic text
2. Perform the morphological analysis: count the noun and verb as the unit analytic in the sentences.
3. Categorise the selected high-frequency nouns based on the similarity and name the factor.
4. Use the collocation analysis to find the context intending to the aim of the research.
5. All data were analysed using the software-Wincha and KWIC Finder for Windows.

Result
As a result of this research, nursing students combined the phenomenon from the picture book and their various experience, and also combined the process of the interpersonal construction drawn the picture with nursing theory and the theory of the interpersonal relationship.

These results also show that it is important for nursing students to understand the person in view of both the disease as a biological dimension and the illness of a social and cultural dimension. These dimensions are related to the narrative approach to gain nursing students’ sensible understanding.

As the result of the morphological analysis of noun, five factors of ‘personal relationship’, ‘communication’, ‘interaction’, ‘learning’, ‘environment’ and ‘time’ were generated.

These results suggests that is important to see the human being as the existence of biological, psychological and social dimension especially, and it is important to establish the human relationship using the theory and the narrative approach, furthermore to combine the intelligible recognition and the sensible recognition.
Smoking prevention intervention to improve nursing students’ knowledge and attitudes

Yoshiko Uehara, Associate Professor; Tomoko Hasegawa, Professor; Eiichi Ueno, Professor; Momoe Sasaki, Assistant Professor; Kanae Yoshida, Assistant Professor; Rika Tonami, Assistant Professor; Edmont Katz, Associate Professor; Reiko Ueki, Assistant Professor; Takeshi Ishizaki, Professor, University of Fukui Faculty of Medical Sciences, Fukui, Japan; Rie Kashihara, Assistant Manager, Fukui Kosei Hospital, Fukui, Japan

Several studies have reported that the high number of nurses who continue to smoke in Japan is keeping pace with those in some Western countries (Smith and Leggat, 2007). In addition, previous studies have shown that nurses who smoke provided fewer smoking cessation interventions than the nurses who never smoke (Jenkins and Ahijevych, 2003). Sixty percent of nurses who smoked stated that they had started smoking as a student (Sekijima, 2005). It is therefore necessary to implement educational interventions to dissuade nursing students from smoking because they will play an important role on the front line of any health promotion initiatives in the future. However, very few smoking prevention education programmes for nursing students have been developed in Japan.

Proposes

This study aims (a) at describing differences in smoking behaviour and attitudes, and knowledge of smoking effects between those students who received smoking prevention education (education group) and those who did not (control group), and (b) at describing the effects of a smoking prevention educational intervention on nursing students.

Methods

The research method was approved by the Ethical Review Committee of University of Fukui, Department of Medical Sciences. A self-oriented questionnaire was delivered to 351 college nursing students including freshmen and sophomores in three nursing universities. The education group (n=119) was composed of students in one university, whereas the control group (n=232) was composed of students in two other universities. The questionnaire included response items on demographic data, smoking status, knowledge of smoking effects and on smoking attitudes. The questionnaire was delivered twice to each subject, in April, and in October, 2007. The subjects in the education group received the intervention in July, 2007. The educational intervention consisted of lectures and exercises covering smoking effects on health and daily life, methods of declining an invitation from a friend to smoke, and reinforcement of the health professional’s role model function.

Results

A total of 242 (69% response rate) subjects returned the questionnaire to the researchers. The smoking rate did not change in the education group (n=104), and it increased in the control group (n=138) between the two surveys. On the second survey smoking became more acceptable to the control group but less acceptable to the education group. Although the knowledge levels about smoking effects increased in both groups, the education group had higher knowledge levels about smoking effects on the second survey.

Conclusion

Further study is needed to determine what factors influenced the subjects’ smoking rates since education alone did not appear to be a determining factor in the short term. However, in spite of smoking-rate data, the nursing students’ attitudes and knowledge about the risks of smoking changed favorably among the nursing students during the study period. Education intervention, therefore, seems to have enhanced knowledge and changed their attitudes toward smoking. For this reason, it is important to educate and inspire nursing students as future leaders for health promotion in our society.

References


P22

Developing a system for effective diabetic self-care

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In diabetes attacks and the cacoethic processes are related to lifestyle issues involving work, leisure, and diet. To control diabetes well these issues need to be reviewed and lifestyle changed if necessary, and accurate knowledge about treatment and dietary management must be acquired. This project therefore aimed at developing and evaluating an e-learning system to help diabetics learn about effective self-care.

The uniqueness of this e-learning project is that it combines both a system for self-learning and a system offering confirmatory feedback on self-care with the patient being able to confirm practical use of the learning contents. The aim is to educate patients, and enable and support their remaining in their own home. The development was carried out by a project team of experts including nurses, doctors, pharmacists, and dieticians.

The personal computer used in the system was a small PC with a touch panel function that could be used even by patients with little experience of computers. The e-learning contents were: basic knowledge about diabetes, dietary care, exercise therapy, pharmacotherapy, what to do when hypoglycaemia occurs, and matters requiring attention in everyday life. Patients can access this information by selecting whichever page in the system interests them. Techniques such as self-injecting insulin can also be learned by watching videos as often as they like. In the self-care system, patients can input data regarding matters such as calorie intake, amount of exercise, and symptoms; and receive feedback on a daily basis in the forms of graphs etc.

Our hope is that the combination of self-learning and self-care systems, with feedback of results, will reinforce learning, and enable patients to put the learning contents to practical use. We have trialled the system on several diabetics and received a positive response. In the future we plan to increase the number of patients using the system and investigate more fully its effectiveness.

P23

The use in nursing education of a community health nursing diagnostic method based on creating an ideal image of future life

Tomoko Mizuma, Assistant Professor, Prefectural University of Hiroshima; Toshihiro Iwanaga, Adviser, Japan Association for Development of Community Medicine; Shiho Watanabe, Researcher; Minor Ando, Researcher, Japan Association for Development of Community Medicine, Tokyo, Japan

Purpose
Community assessment has often been used as an educational device in Japan for learning about community health nursing diagnosis. Typically this involves acquiring theoretical knowledge about action research, ethnography etc. However, even when students learn about methodological theory, the practical ability to apply knowledge, depending on different local situations and needs, may be lacking. Therefore, as a practical learning tool situated within SOJO model, we devised a community diagnosis method based on an ideal mental image of future life.

Method
We compared conventional and SOJO model education methods by examining relevant literature and actual examples of courses offered to students. We analysed the problems of various diagnostic methods and investigated the educational effect on students.

Results
In conventional community health diagnosis, health problems are analysed using data from vital statistics, and data from the national census, clarifying the situation of births and deaths in the local population. Analysis produces numerical results; for example, that the aging rate is higher than in other prefectures or than in the country as a whole, or that the birthrate is lower etc. and using data from medical accounting and the number of consultations, disease morbidity rates in different regions can be understood. However, it is difficult for students to understand how these numerical values are connected to health problems affecting the lives of real individuals in local communities. On the other hand, with the new methods students make use of the ‘SOJO model’, creating an ideal mental image of future life for local citizens. We then review the conditions necessary for the actual realisation of this ideal future life. The next step is predicting (on both the basis of these conditions and of already extant data) about health problems in local communities. Then, on the basis of predictions of health problems and social resources, a district survey is conducted of the real conditions in the local area. In the district survey
students are then able to investigate community health problems with a critical mind and a concrete observational emphasis.

Discussion
By creating an ideal mental image of future life, the way of looking at the community seems to become clearer. And by using predictions when investigating community health issues, it seems that students can arrive at a more concrete understanding of health problem.

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**P24**

A case study of a health promotion programme focusing on creating an ideal mental image of future life

Shiho Watanabe, Researcher/Dietician; Toshihiro Iwanaga; Minori Ando, Japan Association for Development of Community Medicine, Tokyo; Tomoko Mizuma, Prefectural University of Hiroshima, Japan

**Background**
In Japan there are many health promotion programmes to prevent lifestyle diseases such as diabetes and high blood pressure. In many programmes the pattern is one of conveying knowledge about the risk of getting the disease, inciting fear of the disease, and then providing practical suggestions about diet and exercise. However, there are indications that these kinds of programmes are insufficient to bring about lasting improvements in unhealthy behaviour and lifestyle. This may be particularly true of programme participants with no subjective symptoms in which case it may be conjectured that they have insufficient motivation to effect lasting changes in behaviour and lifestyle, even if they hear about the negative consequences of disease.

**Purpose**
A programme was devised focusing on the aim of providing sufficient motivation for participants to effect lasting changes in behaviour and lifestyle. First, we asked participants to create an ideal mental picture of their future life, and then think about the kind of health behaviour necessary to realise that image. This study investigates the effects of this future imaging process on the participants.

**Method**
A health promotion programme was held aiming to prevent lifestyle disease through forming an ideal mental image of future life. The programme comprised five sessions of about two hours each, with 29 participants. The distinguishing characteristic of the programme was that each session focused on confirming an ideal mental image of participants' future lives and thinking about necessary health behaviour to achieve that goal. Surveys were conducted immediately after the programme and six months later to investigate changes in awareness and health behaviour, and their persistence.

**Results and Discussion**
The percentage of participants who immediately after the programme understood what health behaviour was necessary to realise their future image was 89.7, while the percentage who were continuing the desired health behaviour after six months was 55.2. The results indicated that the educational method of forming an ideal image of future life had a positive influence on increasing awareness of beneficial changes in behaviour and on the persistence of such changes.

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**P25**

Innovation for an educational tool for nursing technique: application of interactive patient robot for nursing laboratory

Akiko Sakai, Professor; Chie Isomi, Associate Professor; Kazumi Tsukida, Associate Professor; Kawai Asou, Assistant Professor; Hiwako Yoshikawa, Assistant Professor; Tomoko Manabe, Assistant Professor; Hiroko Iwata, Professor, University of Fukui, Japan

**Purposes**
This study aims (a) to create an interactive robotic mannequin (IRM) for simulated venipuncture technique practice, and (b) to evaluate a simulated venipuncture technique-training programme by using the interactive robotic mannequin in nursing education.

**Methods**
Before creating the IRM, nurses’ body motions and patients’ reactions to venipuncture technique were observed. Classified through the observation were 95 ‘intensive checking motions’, 69 ‘relaxation and safety motions’, 42
'environment maintenance motions', 20 'pain minimising motions', and 13 'predictive behaviour motions'. The IRM was created based on observed motions by collaboration with the engineering department at the University of Fukui. The IRM is capable of reacting differently based on nurse techniques and behaviours in performing venipuncture procedures.

To evaluate a venipuncture technique-training programme, an observational experiment was conducted. Thirty-nine nursing students were invited to take part in the experiment. Each subject trained in venipuncture technique using two simulator types (robotic body and non-robotic arm) under four simulation conditions:

1. IRM programmed for multiple response patterns (IRM)
2. IRM programmed for a single response pattern (IRM-S)
3. IRM programmed for no response patterns (IRM-NR)
4. Stand-alone non-robotic, non-responsive, arm (NRA-NR).

The subjects' heart rates (HR) and intension level (IL) were observed during training. They were also asked to evaluate the four different simulation conditions.

Results
The subjects' heart rates most increased during IRM venipuncture. The subjects also stated that the level of emotional tension was highest during IRM venipuncture.

Conclusion
The venipuncture technique-training programme using robotic mannequins in nursing education can be very effective for teaching the technique.

References


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**P26**

**Tai chi as health promotion: a case study in collaboration between a higher education institute, a funding body and a local martial arts academy**

Denise Yuen Megson, Senior Lecturer, University of Salford; Master DeQing Chen, Member of Jin-Long; Jackson Chiu, Member of Jin-Long, Jin-Long Academy of Martial Arts, Stockport, Manchester, UK

Lewis (2000) reported that the traditional Chinese martial arts system tai chi is increasingly utilised in the West for health purposes. The bio-psychosocial effects have been widely reported (Chow and Tsang, 2007) and its effectiveness in promoting health and problem solving in registered nurses has been highlighted by Raingruber and Robinson in 2007. This poster reports on a collaborative case study between the University of Salford, Jin-Long, a local Chinese martial arts academy, and Mental Health in Higher Education (MHHE). The case study was developed from a community development project aimed at ‘engaging communities in exercise’.

**Case Study**

The one-day collaborative case study attracted both professionals and service users. There was a wide range of reasons given for participation which included: wanting to find out more about tai chi to see whether it could be used in a stress management teaching module to networking to develop innovative approaches to working with people with mental health needs.

The case study used a multimethod approach to exploring the potential benefits of tai chi. For example, poems and narratives presented by expert tai chi practitioners were deconstructed in order to trigger discussions on the range of benefits of tai chi. Participants were also guided through a practical tai chi session. The presentation on philosophy and the experiential tai chi activity which provided understanding of the concept of qi and how the practice of tai chi activates the qi in human bodies to promote health and well being (Li et al., 2003) was evaluated well by the participants.
Outcomes
Participants wanted to develop partnership with the university in undertaking qualitative research studies. Likewise, participants who were users of mental health services wanted greater opportunity to share their experiences of the health benefits of tai chi, and wanted to receive academic recognition for this work. A number of other pragmatic issues were highlighted: that our cultural background importantly influences the understanding and practice of tai chi; that gaining access to reputable and qualified teachers and not having the skill to judge the quality of teaching provided were seen as barriers to integrating tai chi into educational and learning opportunities.

Conclusion
The case study provided further understanding of both the benefits of tai chi as a health promoting activity for professionals and health service users, and brought into focus aspects of working collaboratively (Lowndes and Skelcher, 1998) in a multi-agency context.

References

P27
The role of the practice education facilitator in developing clinical staff to support simulated learning in pre-registration nursing programmes
Jackie Leith, Practice Education Facilitator, Central Aberdeenshire LCHP, Inverurie; Helen Ogg, Education Facilitator, Westburn Centre, Foresterhill Site, Aberdeen, UK

Simulated learning within higher education institute (HEI) clinical skills centres is recognised as an effective method of developing clinical skills, particularly in pre-registration nursing students (NMC, 2007). The Nursing and Midwifery Council (NMC) identified principles to support and audit simulated learning which includes partnership working (NMC, 2007). Partnership working between service and HEI is essential for a number of reasons. Practically, simulated learning is resource intensive in terms of staff and cannot generally be supported by HEI alone. The learning is intended to be a blend of theory and practice, therefore the contribution of clinical staff is required to ensure that students are informed of the reality of practice by credible practitioners (Hinchcliff, 2004).

Locally, pre-registration nursing students have been provided with simulated learning experiences as part of the curriculum for several years and service supports clinical staff involvement. The intention had been to form a bank of clinical facilitators for the sessions. However, despite the partnership agreements, the simulated learning continues to be predominantly supported by lecturers and practice education facilitators (PEFs) who do not necessarily have a clinical element to their role.

Since the NMC has invited programme providers to use up to 300 hours of pre-registration training for simulated learning, a more proactive approach in the identification and development of clinical staff as facilitators is needed. (NMC, 2007).

In the local context it could be suggested that PEFs are best placed to identify potential participants as they work closely with mentors. Continuing support and evaluation would be provided under partnership with HEI.

Nurses are under increasing pressure to participate in various initiatives whilst continuing to deliver patient care. To recruit staff the personal benefits of undertaking the professional activity of supporting simulated learning should be made explicit. (Quinn, 2007) Participation can be mapped to Prep requirements or annual updates to maintain mentor status while providing a coordinated pathway for development in respect to teaching. (NMC, 2008).
The poster will present the process and progress in identification and support of clinical staff as facilitators in the HEI simulated learning environment.

References

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An early evaluation of learning teams and their role in academic and pastoral support for student nurses
Jane Harris, Senior Lecturer; Fiona Paul, Lecturer; Sheila MacBride, Lecturer; Sandra Hainey, Lecturer; Ariene Brown, Lecturer; Maggie Butchart, Research Associate and PhD Student, University of Dundee, UK

Background
Attrition from pre-registration programmes is a concern to academic and health service providers (Last and Fulbrook, 2003) and university schools of nursing should implement strategies aimed at retaining this valuable resource. In September 2007 the School of Nursing and Midwifery introduced learning teams, a new student support approach. Students commencing the programme were allocated to a team of approximately 20 students sharing a geographical placement zone and supported by a learning team facilitator. The facilitator’s role is to provide academic and pastoral support and the clinical link with placements within the zone. Evaluating the effectiveness of support models could aid in understanding support needs and retention of students (Gidman, 2001; Por and Barriball, 2008).

Methods
This evaluative research study used a mixed methods approach to explore the first year experience of two cohorts of pre-registration nursing students accessing learning teams with a (academic) as learning team facilitator (LTF) replacing the personal tutor role in an academic and pastoral support system.

Students were asked to complete a survey in the first academic semester of their programme and a further survey one year later. A cohort of students with one year’s experience of the previous system was also surveyed to allow comparison. Both surveys were developed for the study and a combination of demographic information, fixed response questions and Likert-type responses were used. Data was also collected in focus groups to validate and expand upon the quantitative results.

Results
Data was analysed using SPSS v.15 and simple descriptive statistics employed. Overall students were satisfied with the level of support provided by the LTF and by their peers in the learning team in theory blocks and clinical placements. The learning team approach increased the frequency and the quality of interactions with the LTF and fewer students considered changing their learning team and leaving the programme. One disadvantage highlighted by students was the perceived inconsistencies in the quality of support offered by different LTFs and group dynamics where groups were fractious.

Conclusion
Learning teams facilitate access to academic and personal support, and socialisation into the programme and university life and study. The support gained appears to reduce the number of students considering leaving their programme compared with those experiencing the previous personal tutor system, although further work is required to confirm the impact on student attrition.

References
P29

Experiences of an interprofessional acute care course for student nurses and medical students

Claire Walsh, Senior Lecturer; Robin Lewis, Principal Lecturer; Michelle Marshall, Lecturer in Medical Education; Kath Warren, Lecturer Practitioner; Wayne Robson, Senior Lecturer; Debbie Clarke, Lecturer Practitioner; Julian Newell, Lecturer Practitioner; Mandy Motley, Lecturer Practitioner; Pete Smith, Lecturer Practitioner, Sheffield Hallam University, UK

Introduction
This abstract presents one outcome 'interprofessional simulation' from the results of a qualitative research study entitled 'Simulating for Interprofessional Practice'. It concerns an interprofessional simulation experience for two undergraduate professional groups, nursing and medicine. Multidisciplinary simulation for post-registration education is well documented; however, there is a paucity of literature concerning instructional theory development for simulation in undergraduate education (Bradley, 2006) and in particular simulation for interprofessional practice.

Method
In 2007-8 Sheffield Hallam University (SHU) developed a course for pre-registration nursing, SMART (Student Acute Recognition and Treatment), in response to the safer patient agenda (NICE, 2007; NPSA, 2007). Building on previous successes in collaborative working with the University of Sheffield, CUILU project (CUILU, 2006), the course was developed as an interprofessional programme and successfully piloted with nursing and medical students in 2008. All students attending the two SMART study days (medicine 8, nursing 40) were invited to participate in the research and a sample of medical (n=4) and nursing (n=16) students were recruited to the study. Qualitative focus group interviews were conducted with the students about their interprofessional experiences during the SMART study day. Grounded theory approaches strategies were then employed (Strauss and Corbin, 1998), (theoretical sensitivity, constant comparison, coding and categorising the data) and this process informed theory development (Charmaz, 2000).

Findings
Reported here is one outcome of the larger study relating to 'Simulation for Interprofessional Practice' which forms part of a Msc HEd dissertation.

Students described factors that make interprofessional simulation successful. These included; 'obvious' institutional support from both universities, situated and contextual learning, use of realistic ratios and scenarios, engendering positive expectations of the course and faculty, gaining insight to how the other ‘thinks and sees’.

Discussion
Interprofessional education (IPE) in undergraduate curricula is recognised as a key component of training future health professionals (Barr, 2000; DH, 2007). IPE is better engaged with and understood when it is contextualised to the students' uniprofessional practice in relation to other professions (Walsh, 2005). Delivery of IPE in this contextual way also lends itself to simulated approaches to learning (Gaba, 2004). Participant's experiences from this study will be used to illuminate how an evolving theory of IPE, the Contact Hypothesis (Carpenter, 1995) can explored to support theory development in simulation education.

References

Development of an interprofessional acute care course for student nurses and medical students

Robin Lewis, Principal Lecturer in Acute and Emergency Care; Michelle Marshall, Lecturer in Medical Education; Kath Warren, Lecturer Practitioner; Claire Walsh, Senior Lecturer; Wayne Robson, Senior Lecturer; Debbie Clarke, Lecturer Practitioner; Julian Newell, Lecturer Practitioner; Mandy Motley, Lecturer Practitioner; Pete Smith, Lecturer Practitioner, Sheffield Hallam University, UK

Introduction
This abstract describes the development of a one-day acute care course for final year student nurses. The course was developed jointly by Sheffield Hallam University and a local critical care network of critical care nurses from a number of local NHS Trusts.

Method
The strategic health authority (SHA) identified the need for final year student nurses to develop knowledge and skills in the recognition of, and response to, patients with acute and critical illness. The SHA recommended that this should be delivered in a similar format to the well-established one-day acute illness course ALERT™ (Acute Life Threatening Events Recognition and Treatment).

Lecturers from the university made contact with the local critical care network which represented seven acute hospitals. The university worked with the critical care network to identify potential members for a reference group to develop the one day course. A group was established and included critical care outreach nurses, critical care nurse consultants, clinical educators and senior lecturers from the university.

After an initial pilot course of student nurses the local medical school was approached and the course now includes fourth year medical students learning alongside third year student nurses. The course uses clinical scenarios using SimMan and also focuses on the acquisition of clinical skills such as giving fluid boluses using a 50 ml syringe and three way tap. There are strong links to patient safety within the course and students are taught how to use communication tools such as SBAR and RSVP (Featherstone et al., 2008) promoted by the NPSA and Institute for Healthcare Improvement.

Discussion
Acutely ill patients in hospital are not always recognised in a timely manner, or managed well which can result in preventable admissions to intensive care (Mc Gloin et al., 1999). In response to this problem the National Institute for Health and Clinical Excellence NICE (2007) and the National Patient Safety Agency NPSA (2007) have issued guidelines and recommendations to improve care for the acutely ill. The NICE guideline recommends that all staff caring for patients in acute hospital settings should have competencies in the recognition and response to the acutely ill patient appropriate to the level of care they are providing. Improving patient safety is one of the key global challenges for all healthcare systems and the development of this course will be relevant to nurse educators internationally.

References


The ACCESS project
Mandy Motley, Lecturer Practitioner; Juliiun Ryan, E-learning Support Advisor, Sheffield Hallam University, UK

Nationally and internationally aspects of educational experiences are increasingly technology-mediated. Like many institutions, Sheffield Hallam University utilises a Virtual Learning Environment (VLE). Our institution-wide VLE facilitates the delivery of learning, teaching and assessment resources and opportunities on-line on a modular basis in a blended learning context.

From both a staff and student perspective levels of engagement with the VLE are high. However, challenges persist in the form of effectively updating, managing, identifying and sharing content and resources centrally. This can have a dual bearing on both staff and student experiences of clinical skills resources available in teaching and learning.

The ACCESS project has been set up to address some of these issues and to explore the impact, challenges, benefits and opportunities that arise. It does this through use of an integrated repository system that aims to share best practice and high quality clinical skills resources using on-line tools and interprofessional collaboration in the development and use of these tools. ACCESS stands for ‘Active Collaborative Content to Enhance Student Clinical Skills’ and is a Digital Fluency project by Mandy Motley and Juliiun Ryan awarded £3000 funding in November 2008. The project defines Clinical Skills as any action performed by all staff involved in direct patient care which impacts on clinical outcome in a measurable way. These include:

- Cognitive or ‘thinking’ skills (such as clinical reasoning and decision making)
- Non-technical skills (such as team-working and communication)
- Technical skills (such as clinical examination and invasive procedures).

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- Technical skills (such as clinical examination and invasive procedures).

Definition adapted from NHS (Yorkshire and Humber) (2008).

Working in the Faculty of Health and Wellbeing with approximately 7,200 students and 462 teaching staff where a host of mixed professions and disciplines come together to create a learning forum for budding healthcare professionals, one would perhaps expect that the sharing of electronic resources among this vast interprofessional community might not be a simple process. In a local context, interprofessional education takes place in an academic environment where a host of professions and disciplines come together to create a learning forum for health and social care professionals. Health and wellbeing is a large faculty with many subject groups, multiple intakes of cohorts per year and a strong interprofessional emphasis embedded within allied health professions’ curricula.

Interprofessional education is high on both academic and health agendas with current underpinning healthcare policy drivers stipulating the importance of interprofessional collaboration, better use of the workforce and improvements in productivity (DH, 2008a, 2008b; NCEPOD, 2005). Lessons have also been learnt from government enquiries such as the Victoria Climbé Enquiry (Laming, 2003). However, many areas of practice find this can be difficult practically and logistically. The ACCESS project aims to bridge this gap making interprofessional collaboration and access to skills resources increasingly simple.

How do we do this and how do we motivate people to use the chosen method? The problem statement to this work is: ‘How do we enhance digital fluency through sharing best practice in clinical skills?’ The above issue was particularly highlighted in the area of clinical skills. When one of the authors began working in clinical skills it was apparent that a repetition of work on the same subject areas was occurring throughout the institution. This is a problem that, after discussion with colleagues from varying institutions, is common. This author envisaged that a way of sharing information and embedding best practice within clinical skills would be to collaborate interprofessionally throughout the use of a clinical skills website.

After sharing these thoughts the authors decided to tackle the problem and enhance both student learning and interprofessional collaboration by creating an interactive space that can be used both as a repository and interactive work space. This approach was seen as favourable to a website and the advantages and disadvantages of this approach will be discussed.

It is believed the authors are in a strong position to act in accordance with the universities digital fluency agenda by combining their skills to develop a resource for both staff and students to share best practice in clinical skills, collaborate interprofessionally and give guidance to students on the resources they access. It is foreseen that by sharing this initiative nationally the fluency of sharing and developing clinical resources in a multiprofessional manner can become fluent in daily practice. As a result of this both students and staff will have the access to critiqued, copyright considered resources that have been considered and given an opinion on by staff from a multitude of disciplines.
Embedding a joint teaching project with learning disabled people into the curriculum: an update

Pauline Hamilton, Lecturer, Glasgow Caledonian University, UK

Introduction
As part of the recommendations from ‘Getting it Right Together: Promoting Health, Supporting Inclusion’, (Scottish Executive, 2002), NHS Education for Scotland (NES) developed learning material (NES, 2003), in association with learning disabled people, for inclusion in pre-registration nursing programmes.

Curriculum development and delivery
In response to this initiative, a problem-based learning scenario was developed and introduced to undergraduate first year student nurses. The scenario was developed in consultation with service users and support workers at the Scottish Consortium for Learning Disabilities (SCLD) who approved the scenario and endorsed the reality of it. In addition to the problem-based learning scenario teachers, who had been prepared by NES and were learning disabled service users, led tutorial groups with the students during the second week of the scenario. In preparation for the tutorial students prepared questions for the teachers as a result of using the fixed resources developed by NES (video and CD ROM). Questions were sent to the teachers in advance of the tutorial session.

Action
The positive impact of the joint teaching project led to the embedding of the teaching strategy into the curriculum and the adoption of a similar joint teaching strategy in another pre-registration programme within the university. The sustainability of the strategy goes some way towards meeting the goals of recent legislation and policy drivers, (NHS Reform (Scotland) Act (2004), Scottish Government, (2007) which aim to increase the mutuality of the NHS and in particular, seldom heard groups.

Next steps
To share this experience of good practice through appropriate health and social care websites such as Scottish Social Services Learning Network or Scottish Health Council thereby continuing collaborative practice.

References


P33
What do we know about the health and wellness of GenY/Millennial tertiary students?
Rose McConchie, Nursing Lecturer, Christchurch Polytechnic Institute of Technology (CPIT), Christchurch, New Zealand

Introduction
With an expected increase of younger tertiary students entering education in the next decade, all of us who work with this cohort need to know how to assist them in reaching their educational goals by keeping them healthy and 'well'. The implications of enabling GenY/Millennial to do this are vast on many societal levels. This is summarised by these statements: ‘The youth of today, the workforce of tomorrow’, (Miller, 2005, p.1) and ‘Tomorrow’s future will be defined by what youth do today’, (Herfkens, 2005, cited in Student Conference on Human Rights, 2005).

Method
An exploration of available national and international literature from a variety of sources was undertaken. Key themes were identified from both the New Zealand and international perspective on issues that affect young tertiary students’ health and wellness. The original goal was to find and explore Gen Y/Millennial’s own perceptions of the requirements for their own health and wellness, including the use of technology to do this.

Findings
Several key themes developed from the literature review. There were:

• Powerful forces such as social marketing shape perceptions to what the characteristics of Gen Y or the Millennials are. Two distinct paradigms emerged – the positive (Millennials) and negative (Gen Y)
• The ‘Doom ’nd Gloom’ developed – a large body of negative perspectives regarding potential ‘at-risk’ behaviours that this group are potentially affected by, according to others
• There was a very small body of work from a positive paradigm or socio-ecological perspective in relation to students and their health and wellness
• Currently there is a paucity of information from a student perspective and their use of technology to keep ‘well’
• There was minimal literature in relation to the importance of developing and nurturing ‘resilience’ for this cohort which may greatly reduce many health issues – both perceived and real
• Stress and hardship do, however, appear to be key issues which have wide ranging implications to students.

Conclusion
Due to the perspectives of many of the authors from another generation who have researched this cohort, it appears that Gen Y/Millennials have many negative or ‘Doom ’nd Gloom’ behaviours and health issues. Much of this literature focuses on health from a public health perspective which may not be appropriate for this cohort. McMurray (2007) says that ‘Health is… a function of our personal interpretation’ (p.8). Unfortunately, there was little from the students’ perspectives themselves which in itself raises questions. Both personal and wider support systems within the tertiary community also need to be explored and developed further so ‘resilience’ can be enhanced. Hardship and stress also have major impacts on student wellness and both need to be addressed. This will ultimately benefit not just tertiary students, but society as a whole.

References


P34
EU Directives: purpose to harmonise ... or to agonise?
Dorianne Coleiro; Maria Cassar, University of Malta, Malta

In an attempt to ensure competitiveness with other healthcare professions, and also in an attempt to secure an adequate supply of nurses, the University of Malta sought to explore the possibility of decreasing the duration of the pre-registration nurse education programmes from four to three years.
Amongst various challenges, such as those arising around the adoption of firstly, a more self-directed approach to teaching and learning of the theoretical component of the programmes, and secondly, IT in delivering course content, seeking to abide by EU directives proved to be significantly demanding.

The number of hours that a student is requested to complete in various clinical settings throughout a pre-registration programme amount to 2300 hours. This is immensely taxing over a period of three years. Moreover, the inflexible specific distribution of such requested number of hours across different clinical skills is at times impossible.

In this poster these claims are discussed against a backdrop of the specific context of Malta: An EU member state with a small population (400,000), one nurse education institution and one general public training hospital. The EU’s directives purpose to harmonise educational programmes across EU member states translated into episodes of agonising on how to ensure that each student completes the dictated number of practice hours. The recommendation to shift EU directives away from number of hours practised by students onto the assessment of competences of each student is evaluated in the context of Malta.

The analysis of the experience presented in this poster echoes many similar notions and concerns found in the literature, and presents a plethora for reflection for countries seeking to explore the adoption of similar initiatives and changes to pre-registration/undergraduate curricula.

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**P35**

**Evidence-based teaching (EBT): the implications for nurse education**

**Nicki Walsh, Lecturer; Milika Matiti, Lecturer, University of Nottingham, UK**

The Research and Nursing Development Initiative (RANDI), involves both administrative and academic staff based at the Boston Centre. As part of this initiative a project took place to explore the implications of Evidence Based Teaching (EBT) and its utilisation in teaching practice.

A literature review found EBT to be borrowed from health sciences, and in particular medicine. Recommendations for teachers sourced from new-public-management-governments (Brusling, 2005) and elite researchers (Davies, 1999). EBT can leave the impression that it is a critique of teachers for not including research-based evidence in deliberations on how to teach, but mainly it is a critique of the educational researchers for not providing the necessary cumulative research base, built on research of the randomised control trial (RCT) (Hargreaves, 1997).

Following the literature review a presentation was given to a centre team. This consisted of approximately ten teachers from the local school of nursing. It briefly looked at what is EBT? How this relates to existing concepts such as EBP? What it means in practice? Does EBT improve teaching effectiveness and outcomes? How can research evidence be effective disseminated and utilised in teaching practice? Presentation of the nurse education trichotomy was given.

An informative and stimulating discussion ensued which resulted in a requirement for identification of existing EBT to support teaching methodologies and to review appropriateness for practice within the (now) Division of Nursing. It was felt at this point that further discussion should be held within other centres from the University of Nottingham, school of nursing (now the school of nursing, midwifery and physiotherapy) and therefore a presentation was given at a division teaching and learning conference.

Consideration was given to the issues of what EBT is and what this meant for teaching practice. Correlation was made between this and evidence-based healthcare and how both influence the quality agenda. Positive responses saw the need to review and update some existing teaching practice and to share innovations across the school. At the same conference a further initiative was launched which has seen the development of monthly ‘Tea Bars’ which are video-conferenced across six teaching sites and welcome the attendance of all involved in teaching and innovation. These provide the opportunity for teaching and other staff to share innovative teaching practices. Discussion took place viewing the role of reflection on teaching practice and what mechanisms could be employed to do this.

Other feedback felt that repositories were essential for ‘busy teachers’ and discussion of innovations to support these will form part of this poster.

Other more negative issues raised were the implications of time to change practice and, indeed, those who would possibly be unwilling or uneven unable to ‘step outside of their comfort zone’ by changing the way they teach. However, teaching practice like healthcare cannot isolate itself from the developments in practice and in the technologies that can be used to assist teaching practice.
This abstract submission is aimed at reviewing the project, with a view to discussing the current perspectives and outcomes from local discussions. It is intended that this will further stimulate more global discussion and debate which pertains to others’ experiences and highlights essential networking opportunities such as the NET itself.

References


P36

Commonalities and diversity: a comparison study across student nurse cohorts of various examination approaches used for assessing second year, undergraduate honours degree courses undertaking biological science at an Irish University

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Background and context
Examination assessment formats in pre-registration, undergraduate university students have been much debated. Second year pre-registration, undergraduate honours degree students undertaking intellectual disability, mental health, general and paediatric nursing in the School of Nursing and Midwifery of an Irish University are examined in biological sciences using a multiple choice question (MCQ) format and a seen/unseen written examination format. The examinations comprise knowledge-based questions (not case histories or problem solving).

Aim of the study
The aim of the study was to examine and compare the use of multiple choice questions versus seen and unseen written questions in the assessment of second year student nurses undertaking biological science.

Objectives of the study
• To examine performance variation for all students partaking in multiple choice questions compared to seen and unseen written questions
• To examine variation between general, mental health, paediatric and intellectual disability nursing students in examination performance, with regards to multiple choice questions or seen and unseen written questions.

Methodology including research design and sampling
Examination results were correlated from the second year biological science examinations for the academic years 2006/2007 and 2007/2008 for each nursing discipline. Only data in the public domain was utilised. The multiple choice question papers consisted of 30 questions with no negative marking. Each question had one correct answer out of four choices. The written papers consisted of seen and unseen long answer questions. All examination papers were marked out of 100%.

Analysis
Statistical analysis involved comparisons and correlations of the different examination formats in the different groups (specific academic term, academic year and specific nursing discipline) utilising a variety of tests. The results from each examination were converted to percentages for the purposes of analysis. For each student, the difference between the MCQ result and the seen/unseen written result was calculated and compared against the average for the two results.

Summary of key findings
The findings, analysis and discussion were completed in November 2008 and will be presented at the conference.
How does research inform our teaching and what are the research informed needs of staff, programme development and delivery within the Faculty of Health and Applied Social Sciences?

Christine Wall, Senior Lecturer in Nursing; Sheila Dunbar, Senior Lecturer in Nursing, Liverpool John Moores University, UK

This presentation will discuss an Exploratory Research Informed Teaching Survey and will highlight the implications for staff development, nursing education and practice. Much has recently been written about the importance of Research Informed Teaching, and there is international agreement that strong links between research and teaching can benefit the students’ learning experience. The evidence suggests that Research Informed Teaching could help to develop positive staff and student attitudes towards research (Zamorski, 2002; Jenkins, Healey and Zetter, 2007). It has been stated that staff who see their research as part of a wider debate and see teaching as supporting student conceptual change are more likely to bring teaching and research together when compared to other staff (Prosser et al., 2005). Furthermore, Zamorski (2002) found that students whose teachers related to research during their teaching perceived their courses as being current and up to date. It is of note that Jenkins, Healey and Zetter (2007) state that effective teaching and research links are not automatic and have to be constructed, and to this end our University is committed to building and strengthening our existing links. Within the Faculty of Health and Applied Social Sciences an exploratory on-line survey has recently been carried out to identify how research currently informs our teaching and what the faculty research informed needs are of staff, programme development and delivery. After obtaining university ethical approval the on-line survey was sent to all teaching staff within the faculty. The survey consisted of 22 open and closed questions, and staff were asked about their knowledge of Research Informed Teaching, how it is currently being used and what their main staff development needs were. Forty-five surveys were completed and returned. Quantitative data was analysed using descriptive statistics (Scott and Mazhindu, 2005) and qualitative responses were subject to content analysis.

Survey findings will be presented in relation to the faculty’s onward development of Research Informed Teaching. Initial developments include the formation of a Research Informed Teaching Action Group with the aim of sharing and developing good practice and developing a positive student culture towards research. Survey findings will also be used to guide future staff development in relation to planning for personal research, support for supervising students, publishing work, and working as co-researchers with students to name a few.

Another important objective within our Faculty Research Informed Teaching Initiative is to enable students to engage with research in their practice settings. It is important to equip students with the necessary knowledge skills and attitudes to utilise research as part of their clinical role once registered. McSherry, Artley and Holloran (2006) found that although registered nurses had positive attitudes towards research many felt they had a general lack of support, knowledge and poor levels of confidence towards using research in practice. Within our faculty we are addressing this issue by extending the use of inquiry-based learning packages which engage students with research through problem solving scenarios that mirror real patient situations likely to be seen in practice. It is hoped that by using inquiry-based learning within our curriculum students will develop the knowledge and confidence that McSherry, Artley and Holloran (2006) have identified as lacking in the registered nurse. Furthermore Pugsley and Clayton (2003) found that students’ attitudes and appreciation of nursing research increases when they are exposed to a variety of experiential learning techniques which is consistent with an inquiry-based learning approach.

In conclusion, the Faculty of Health and Applied Social Sciences has shown a commitment to the development and evaluation of Research Informed Teaching with the aim of fostering positive staff and student attitudes towards research as identified by Jenkins Healey and Zetter (2007).

References


Enhancing the learning potential of formative feedback from the students’ perspective

Valerie Lawrenson, Senior Lecturer, University of Central Lancashire, Preston, UK

This poster will present findings of a study that was undertaken as part of Masters in Education. The aim of the study was to increase student’s engagement with the assessment process by enhancing the learning potential of formative feedback. A review of the literature had highlighted barriers to the effectiveness of feedback, however the author had been unable to identify solutions to any of the issues raised particularly from the perspective of the student themselves. Although reflections on personal experience provided the strongest catalyst for the study, the topic area was also considered relevant to both national and organisational political agendas (O’Leary, 2005).

According to Orsomond (2000) feedback is inseparable to the learning process. It has been described as having two functions: summative i.e. to inform about attainment of the standard (Harlen, 2005) and formative i.e. to provide guidance as to how improvements can be made (Lizzio and Wilson, 2008). It can also be delivered using different formats e.g. verbal, written, and from different sources e.g. tutors peers or others (Nicol and MacFarlane-Dick, 2008). Black and William (1998) found that a well-designed formative assessment had positive benefits on learning across all content areas, knowledge and skills types and levels of education. Publication of these findings, according to Higgins, Hartley and Skelton (2002), contributed to an increased interest in the potential for formative assessment to influence learning. Drivers outlined in the literature as arguments to support the need for the learning potential of feedback can be found to influence the majority of higher education providers. These include the impact of increased student numbers (Eccleston, 1999), increased tutor workload (Chanock, 2000), less face-to-face contact and the increased use of distance learning and electronic methods of learning (Higgins, Hartley, and Skelton, 2002).

Comments on returned work are viewed as an indicator of the assurance of academic quality (Quality Assurance Agency for Higher Education (QAA), 2000), and in recognition of this many institutions require formative feedback to accompany summative grades. Within the author's place of work a range of strategies had been introduced in an attempt to strengthen the learning potential of formative feedback. These included return of comments within fifteen days, the use of a standard template and typed feedback. However, despite these strategies the Student Satisfaction Survey (2007) indicated 48% students did not understand the feedback received.

Burton, Brundrett and Jones (2008) argue that the focus of higher education (HE) should be the learning of students. In the author's opinion, as tutors, we have a responsibility to ensure student learning is supported in as many ways as is possible. In addition, as nurse educators we also have a responsibility, as reflective practitioners, to explore our own practice in order to enhance knowledge and competence (NMC, 2008). Analysis of student surveys led the author to consider that rather than the feedback process, it was the feedback comments themselves that required investigation.

The author believed that exploration of the topic from the students’ perspective would enhance the learning potential of formative feedback. Having experienced the successful involvement of healthcare service users in education the author was convinced that exploration of the effectiveness of formative feedback from the students’ perspective would ensure the strategies implemented better met their needs.

Although the validity of expert consensus has been questioned (Aveyard, 2007), Cortazzi (1993 cited in Cooper, 2000), it could be considered relevant if comments regularly occurred in teachers’ conversation and referred to similar events. Discussions with colleagues highlighted they had similar concerns about the learning potential of formative feedback to those of the author. In addition, it became clear that many base their feedback practice ‘on trial and error’ (Goldberg, 2001). This suggested to the author that the topic was relevant and that the findings had the potential to inform current practice.

The poster will present the topic in context both nationally and locally. Relevant literature will be utilised to underpin the presentation. The research process including methodology and methods used to collect and analyse data will be discussed. It is hoped that presentation of the findings will generate professional debate and encourage others to consider student involvement more readily.

References


Therapeutic relationships: therapy or just a means to an end?

Julie Dulson, Programme Leader Pre-registration Mental Health Nursing / Senior Lecturer, University of Chester, UK

This presentation will discuss some of the findings from a recently conducted hermeneutic phenomenological study exploring mental health student nurses' perceptions of the key skills required by mental health nurses. The presentation will focus on the students' perceptions of the role of therapeutic relationships and the implications of these perceptions on curriculum planning and delivery.

The aim of the study was to identify the perceptions of student nurses regarding the essential skills required by effective mental health nurses and to establish if those perceptions changed during the process of the pre-registration programme. Focus groups were held with homogenous groups of student mental health nurses from years one, two and three of the pre-registration programme. The transcripts were analysed using Dieklemann’s (1992) seven stage analysis and Trustworthiness was increased with the use of Smith's (2008) interpretative phenomenological audit.

The three groups of students held differing views regarding the role of therapeutic relationships in mental health nursing. All agreed that the development of such relationships was essential to effective nursing practice but their understandings regarding the purpose of therapeutic relationships differed greatly. The first year students discussed relationship development as a way of avoiding or reducing aggression from service users. It is suggested that the first year student nurses' views were influenced by their lay perceptions of mental health and views of dangerousness.

The second and third year students viewed the therapeutic relationship as a means to an end, a way to encourage a service user to engage in an assessment or intervention rather than as a therapy in itself. They discussed the need to 'just spend time with a person' but added that this was not therapy.

Hurley, Barrett and Reet (2006) suggest that viewing relationship development as a ‘precursor to interventions’ (page 174) is a common theme in mental health nursing today and has developed as a result of the focus on psychosocial interventions and cognitive behaviour therapy. These interventions according to Hurley et al. (2006) are focused on measurable outcomes and quantifiable symptom reduction rather than subjective experiences of caring. Hurley et al. (2006) suggest that these therapies appear excessively within pre-registration curricula and in practice settings and their dominance are responsible for eroding the humanistic qualities of nursing.

This presentation will explore ways in which nurse educators can assist pre-registration students to understand the importance of the humanistic aspects of nursing whilst maintaining the need to develop evidence-based practice. A range of teaching strategies will be discussed as well as the need to develop user-led curriculum planning and delivery.
References

P40
Community nursing mentors' perceptions of interprofessional mentorship: challenges and benefits to practice
Nickey Rooke, Senior Lecturer, University Campus Suffolk, Ipswich, UK

Introduction

Learning from clinical practice is a fundamental component of all healthcare programmes within the United Kingdom (UK). Through clinical placements learners are able to examine the theoretical knowledge gained in the classroom and contextualise it within the clinical environment. Authors have examined the mentor role with respect to supporting learners in practice, the development of clinical skills and assessment of competence, and although challenges are acknowledged, the mentor role is seen as vital in ensuring that qualifying students are fit for practice, fit for purpose and fit for award.

Mentorship has different meanings across health and social care therefore for the purpose of the study, mentorship was defined as the process in which a suitably prepared qualified practitioner supervises, teaches, facilitates learning and assesses clinical competence of pre-registration health and social care students in practice.

Currently mentors predominantly support students from their own professional groups. With the introduction of interprofessional education (IPE) within pre-registration programmes there may be a need for further development of the mentor role. IPE within health is in its infancy, therefore the role of interprofessional mentors has not been fully explored. This research examined interprofessional mentorship from the perspective of nurse mentors working in the community, and their perceptions of the benefits and challenges this additional role could bring.

Literature review

In 2003 the government invited HEIs to become one of four national ‘Leading Edge’ sites (Universities of Southampton and Portsmouth, Universities of Newcastle, Northumbria and Teesside, Universities of Greenwich, Kings College London and South Bank and Universities of Sheffield and Sheffield Hallam). The project, running over two years, focused on practice-based interprofessional learning, putting interprofessional mentorship at the forefront of supporting students’ learning during clinical placements (NMC, 2002; DH, 2000; BMA, 2004). Role modelling within an interprofessional context will enable students to learn the culture, attitudes and interactions of the wider healthcare team (Bandura, 1977; Quinn, 2000; Olsson and Gullberg, 1991).

Research design and methods

Due to the uniqueness of the subject area, case study methodology was employed using Stake’s (1995) intrinsic case study approach. Objectives of the study were to explore district nursing mentors’ perceptions of interprofessional mentorship; the generic mentoring skills required for the role, identification of essential skills and to examine the potential benefits/challenges interprofessional mentorship could bring to practice.

Following Research Ethics Committee approval four district nursing sisters consented to take part. Data collection included two sequenced semi-structured interviews with participants. Analyses of participants’ semi-structured interviews are presented in this poster.

Findings

Categorical aggregation was used to identify themes from the data. The key areas were: mentoring in practice, developing interprofessional mentorship and potential outcomes of a community interprofessional placement.

Participants were very supportive of the concept of interprofessional mentorship and saw it as a method of strengthening role understanding, collaborative working and ultimately patient-centred care. The main challenges were perceived as a lack of robust support strategies within the practice setting and resources such as student numbers in practice, staffing and time to support student development. The key findings are summarised below:
Conclusion
Primary care has the potential to be a valuable placement for health and social care students as it offers the benefits of one-to-one mentoring, an opportunity to develop an appreciation of cross-boundary networking and collaboration, but it also enables students to follow the patient’s journey from hospital to home.

This study suggests that IPE is not purely centred on student development and that interprofessional mentorship will foster partnership learning through enhancing role understanding, collaborative working, gaining new knowledge and skills, mutual respect between professions and enhancing understanding of professional contribution to patient care (Townend, 2005; Hyrkas et al., 2002; Stew, 2005; Allan et al., 2005; Marshall and Gordon, 2005). Through adequate planning and development the benefits of IPE could become a comfortable reality.

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The first exposure to clinical learning environment: the lived experience of Iranian nursing students

Felora Rahimaghaee, Lecturer, Tonekabon Islamic Azad University, Nowshahr; Nahid Dehghannayeri, PhD Assisted Professor, Tehran University of Medical Science, Tehran; Shahram Salavati, Lecturer, Tonekabon Islamic Azad University, Nowshahr, Iran

Nursing students’ experiences of their clinical environment provide great insight to develop an effective clinical teaching strategy in nursing education especially in Iran. However, the thorny problem of nurse education in a clinical environment, which is very important especially for novice nurses, continues to bedevil the advancement of nursing as a profession which aspires to be both an academic and a practice discipline (Clarke, Gibba and Ramprogus, 2003; Mccloskey and Grace, 2001). Stress and bad experiences can be challenging, particularly in the first clinical placement when anxiety is high, an individual is immobilised, perceptions are narrowed and learning is impeded (Meisenhelder, 1987; Smyth, 2005). In contrast, a good first experience in the clinical environment provides opportunities to learn in the real workplace and the coordinating imaginations by this real world (Hartigan Rogers et al., 2007). The main objective of this study was to understand and gain deeper insight into student nurses’ first experience of their clinical learning environment.

Methods
Phenomenology was used in this study. Ten students were interviewed about their first experience in the clinical learning environment. The researcher analysed the verbatim transcripts, narrative notes, and the focus group data, using van maner’s phenomenology.

Results
Seven themes emerged by which the phenomenon of a clinical learning environment experience could be illustrated. The themes were: broken presuppositions, accommodation, attraction in setting, find identity, patient in centre and clinical teaching/learning issues. Eighteen sub themes expanded and clarified the meaning of these themes.

Conclusion
The findings indicate that although the students who were newly exposed to the clinical learning environment experience felt a sense of identification, they also felt a sense of confusion between the reality and supposition. They also experienced negative feelings and exist attractive, however they finally accustomed themselves to the situation and accepted their role of helping the patient.

These findings support the need to rethink the clinical environment in nursing education. It is clear that all themes mentioned by the students play an important role in student learning and education. The result of this study would help us as educators to design strategies for more effective clinical teaching and should be considered by nursing education and nursing practice professionals.

References


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