21st International Networking Education in Healthcare Conference

Abstracts for Theme Papers, Symposia and Posters
## CONTENTS

<table>
<thead>
<tr>
<th>Theme</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Group of Theme Sessions</strong></td>
<td></td>
</tr>
<tr>
<td>Curriculum Innovations</td>
<td>3</td>
</tr>
<tr>
<td>Education in Clinical Practice</td>
<td>11</td>
</tr>
<tr>
<td>Effective Partnership Working</td>
<td>19</td>
</tr>
<tr>
<td>Enhancing the Student Experience</td>
<td>27</td>
</tr>
<tr>
<td>Exploring Work-based Learning</td>
<td>35</td>
</tr>
<tr>
<td>Global Challenges in Healthcare Education</td>
<td>45</td>
</tr>
<tr>
<td>Humanising Healthcare Education</td>
<td>55</td>
</tr>
<tr>
<td>Innovative Approaches to Assessment</td>
<td>61</td>
</tr>
<tr>
<td>Learning and Teaching Strategies</td>
<td>69</td>
</tr>
<tr>
<td>Policy Drivers</td>
<td>77</td>
</tr>
<tr>
<td><strong>Second Group of Theme Sessions</strong></td>
<td></td>
</tr>
<tr>
<td>Curriculum Innovations</td>
<td>83</td>
</tr>
<tr>
<td>Developing Teachers</td>
<td>93</td>
</tr>
<tr>
<td>Education in Clinical Practice</td>
<td>101</td>
</tr>
<tr>
<td>E-Learning, including Blended Learning</td>
<td>107</td>
</tr>
<tr>
<td>Effective Partnership Working</td>
<td>117</td>
</tr>
<tr>
<td>Enhancing the Student Experience</td>
<td>125</td>
</tr>
<tr>
<td>Learning and Teaching Strategies</td>
<td>133</td>
</tr>
<tr>
<td>Researching Healthcare Education</td>
<td>143</td>
</tr>
</tbody>
</table>

**Symposia**

- Page 149

**Posters**

- Page 159

**Note**

References are as supplied by authors
Papers included are those attending the conference at time of going to press
Curriculum Innovations

Tuesday 7 September
First Group of Theme Sessions
T1
The road less travelled: Expanding the critical evaluation of professional practice perspective in Masters dissertations, experiences in one UK university

Tim Clark, Senior Lecturer in Research, Canterbury Christ Church University, UK

Intended learning outcomes
At the end of the presentation, participants will:

- identify key issues influencing the context of Master level dissertations
- discuss issues in the development of new approaches to dissertations for Masters studies
- gain an appreciation of a new approach to dissertation work for professional practice.

This presentation considers the development of a new approach to dissertations within a Master programme in a UK university. The changes in research governance (DH, 2005) have resulted in many universities changing the nature of dissertations for undergraduate degrees due to practical pressures such as completing the ethical processes needed. Many universities have opted for more literature based studies and whilst this has provided some useful new understandings, those progressing to Master level work now do so from a different starting point than former students. Whilst the traditional approach to Masters level dissertations was by completion of an empirical research project, this is challenging for those who have not completed any research before and difficult to complete with vulnerable clients. New approaches to dissertations have included development of systematic reviews, although there are difficulties in this approach at Masters level which include the quality of supervision and the focus of the study (Clark, 2010).

An alternative approach for Masters dissertations is therefore to critically examine and evaluate an aspect of professional practice. Master level work related to clinical practice demands three key outcomes:

- systematic understanding of knowledge and critical awareness of current problems in practice
- critical evaluation of current research and practice evidence and where appropriate propose new approaches to inform practice
- ability to make informed judgements with regard to a focused aspect of practice.

The nature of the practice evidence is often complex and is a mixture of varying sources of knowledge. Pawson et al. (2003) suggests that practitioner, service user, organisational, policy and research knowledge are all relevant sources that inform practice.

The new dissertation option was developed to provide a new route that captures the need to critically evaluate a wider range of evidence that more closely represents the nature of practitioners’ practice. This includes consideration of relevant national and local policies, an understanding of specific organisational issues, practitioner and service user perspectives and relevant research evidence. This new dissertation approach shares a rigorous initial approach to examining literature, however some of the ‘softer’ evidence drawn from policies, protocols, and perceptions of issues from practitioners and service users are included that would not normally be in a systematic review. These sources of evidence more closely relates to those that inform the evidence base for practice (Sackett et al., 1996). As well as these sources, data drawn from local audit can also be utilised to supplement the themes explored in the literature. Critical exploration of the context is a tenet of this approach and this therefore increases the relevance of findings at both an organisational and service user level.

This presentation explores the issues arising from the development of the differing approaches to dissertations within an interprofessional Masters programme and outlines key tenets of the approach.

References
Clark, T.J. (2010) Study to examine students and staff supervisor’s research knowledge and experiences of research teaching within the IPL programmes. Unpublished Report. Canterbury Christ Church University.


Foetal monitoring: A scheme of work for pre-registration education

Sarah Davies, Associate Lecturer, Midwifery, Cardiff University and Delivery Suite Coordinator, The Heath Hospital, Cardiff and Vale University Health Board, UK

It is widely recognised that deficiencies in foetal monitoring contribute to adverse outcomes in which irrecoverable injury adversely affects quality of life and physical and mental wellbeing (Beaves et al., 2007, p.95). Besides the effect on individual families there are wider implications. Failures in relation to CardioTocoGraph (CTG) interpretation are a common feature in large value claims against health trusts (Wilson and Symon, 2002, p.20).

The Nursing and Midwifery Council (NMC) (2009) states ‘the primary focus of pre-registration midwifery programmes is to ensure that students are safe and effective in practice when supporting women experiencing normal childbirth’. However in standard 17 in the same document the ability to use appropriate clinical and technical means to monitor the condition of mother and foetus is also a required competency. This can be seen to include foetal monitoring.

It is therefore imperative that the syllabus for student midwife education makes the link with clinical practice around the issues of foetal monitoring. The NMC (2009) in the document for standards for pre-registration midwifery education states ‘Midwives need to adapt to changes in technology new systems of care delivery as they are introduced’. One recent development in foetal monitoring is STAN® monitoring, which is an adjunct to CTG that has been found to reduce intervention and foetal hypoxia (Gibbs and Arulkumaran, 2008, p.209). This is used in clinical practice but not yet being taught in the University.

While there are recognised theories around how this may be achieved (Petty 2008, pp.8-9), currently there is no structured scheme of work in the University to address this.

The paper discusses how the author aims to facilitate the acquisition of the skills and knowledge by the end of the course with the goal that practice is safe and effective. The NMC (2009, p.16) promotes a variety of learning and teaching strategies. This approach is used with a logical sequence of topics and content to construct the scheme of work. The NMC (2009, p.16) also recognises simulation as a useful approach to learning and students will be able to access the K2® package, a computer based training system that can be accessed over the internet. The programme contains a number of simulated cases for interpretation and management. This is currently being used in the trust and is recognised by the Welsh Risk Pool and Clinical Negligence Scheme for trusts as a method of attaining their standards.

One method to evaluate learning will expose the students to the assessment tool used in the local health trust. Some trusts are using such competency tools in the recruitment and selection of midwives. This approach therefore has the potential of assisting newly qualified midwives from this university in securing employment on registration.

There have been concerns previously about the competence of some newly qualified registrants and the NMC (2005) set up a task and finish group to examine how pre-registration education may be improved, to assure that students are fit for practice at the point of registration. They agreed that making this assurance is a complex and challenging task. It involves not only the educators but also, health service providers and regulating bodies. Collaboration and partnership is therefore essential. The author is the lead midwife on foetal surveillance in her employing trust and currently seconded to the school of nursing and midwifery studies as an associate lecturer thus promoting this positive education-service partnership.

Foetal monitoring is recognised as a high profile area and a programme of work is currently being undertaken jointly by the National Patient Safely Agency and the Royal College of Obstetricians and Gynaecologists to develop care bundles, so the use and importance of foetal monitoring will likely remain an important area of focus in the future.

This scheme of work intends to reduce the theory-practice divide and ease the transition from student to registrant, while addressing issues of clinical governance and the management of risk. Contributing to safe, effective evidence-based care for women and their babies.

References


Student nurses should be taught first aid in a pre-registration curriculum: Fact or fiction?

Cath Hill, Clinical Skills Lecturer, Keele University, Stoke-on-Trent, UK

Background
First aid teaching and its relevance to nurse education programmes has been the subject of debate in the nursing literature for some time (Castledine, 1993; Dean, 2005; Kindleysides, 2007). There is some disparity between nurse education programmes regarding the inclusion of first aid teaching within the pre-registration curriculum.

There is minimal guidance from nursing and midwifery’s statutory regulatory body, the Nursing and Midwifery Council (NMC) who state that registration with them on qualifying does not ‘qualify’ registrants to administer first aid.

In discussion at the Royal College of Nursing (RCN) congress in 2002, the recommendation for first aid training to be included in the pre-registration training was supported by 86% of delegates attending (RCN, 2003). In 2004 one of the NMC’s outcomes in the Standards of Proficiency for pre-registration nursing education required demonstration of a range of essential nursing skills which included ‘essential first aid and emergency procedures’.

In an out of work emergency the law does not require anyone to volunteer his or her services, regardless of whether the individual is in uniform, unless that uniform signifies that the individual is on duty (Dimond, 2005).

There may not be a legal duty for any nurse to perform first aid, however, Johnson (2008) warns that if nurses become involved in an incident and administer care it could result in legal action being taken by or on behalf of the patient. Despite the legalities and professional responsibilities, there is a public expectation that nurses will respond to emergency situations (Castledine, 2002; Dean, 2005; Hardy, 2006; Johnson, 2008). First aid skills amongst the nursing profession are highly variable. Some nurses possess extensive skills having undertaken training on a voluntary basis outside their employment through charitable organisations. The majority obtain these skills prior to nurse training and do not update thereafter, resulting in skills becoming dated or forgotten.

First aid training for student nurses has several other implications in terms of adding to an already over burdened curriculum, Mayne et al. (2004) suggest that many nurse educators are experiencing increasing difficulty teaching nursing students ‘all they need to know’ before qualification. Added to this is the potential financial cost implication in this current climate of recession, in training staff, staffing time to facilitate the sessions and provision of first aid resources such as training manuals and aids.

There is no hard and fast evidence-base, which supports the inclusion of first aid in a nursing curriculum, the only evidence-based research studies regarding the evaluation of first aid knowledge, was that undertaken on staff within primary school settings.

Aim
The aim of this research was to obtain evidence to inform the decision of whether providing training in the principles of first aid makes a difference to student nurses knowledge and confidence regarding emergency situations away from the support network their clinical placements areas provide.

Methods
The target population were the nursing students at the researcher’s HEI. A research study was undertaken, using electronic voting technology, to evaluate whether the inclusion of teaching the principles of first aid in a pre-registration nursing curriculum improved student nurses perceived knowledge and confidence in tackling first aid situations outside the healthcare environment.

Using a test-retest questionnaire the results from this comparative study demonstrated that basic first aid knowledge amongst student nurses with varying prior first aid experience was improved following a first aid training session.
Results
Attitude scales within the questionnaire provided evidence that this increase in knowledge also improved the confidence of these students, resulting in 85% of respondents expressing that they were more likely to tackle emergency situations outside the healthcare environment following training than they were before.

Conclusions
The research, therefore, provides the evidence to advocate for the mandatory inclusion of first aid in a pre-registration nursing curriculum. It is recommended therefore that a nationally standardised approach to teaching first aid in a pre-registration nursing curriculum is undertaken.

References
Nursing and Midwifery Council (2004) Standards of Proficiency for Pre-registration Nursing Education. London: NMC.

T4
Midwifery competence in emergency skills: Including recognition and treatment of acute, life threatening events in obstetric emergencies
Janet Israel, Professional Head of Midwifery/LME; Jane Gray, Clinical Teacher, Cardiff University, UK

The Nursing Midwifery Council’s standards for pre-registration education (NMC, 2009) supports previous professional documentation (NMC, 2004) identifying that the nature and context of midwifery practice is changing, and that Higher Education Institutions must ensure that Midwifery education programmes ‘…be designed to prepare students to practise safely and effectively so that, on registration, they can assume full responsibility and accountability for their practice as midwives’ (NMC, 2009, p.3). Importantly they go on to identify that in addition to students being competent in ‘…the promotion and facilitation of the normal physiological process of childbirth’, they must be able to ‘…identify any complications that may arise, access appropriate assistance, and implement correct emergency measures’ (NMC, 2009 pp.3-4). In relation to this latter aspect Standard 13, which looks at scope of practice experience, identifies that students should have the skills ‘…in critical decision-making to support appropriate referral to other health professionals or agencies when there is recognition of normal processes being adversely affected and compromised’ (p.17).

Given this directive, most midwifery programmes have a structured element which includes adult and neonatal life support and management of obstetric emergencies. However, in response to the increasing importance of recognising the early warning signs, which often lead to serious/life threatening complications (CEMACH, 2007) and a number of recommendations made in the CEMACH report, one of which was the practical use of a chart to assist in the prompt identification of complications, Cardiff University, school of nursing and midwifery, midwifery team recently looked at the emergency clinical skills element in the bachelor of midwifery (Hons) three-year programme. On evaluation, it was identified that Portsmouth Hospitals NHS Trust had devised a course, focusing on the recognition and treatment of acute life threatening events (ALERT™) in adult medicine, however this did not include a midwifery focus.

As a result of this, permission was sought from Portsmouth Hospitals, to modify the original ALERT™ course with the addition of slides that were midwifery orientated and scenarios that would reflect actual clinical midwifery events. It was felt that this would complement and reaffirm the developmental clinical skills element in the midwifery programme, by raising awareness of the importance of assessment and continual reassessment when
caring for high risk women. Portsmouth will in the future be using the information and slides generated to produce a midwifery/obstetric module.

Additionally as a result of the collaborative work by Cardiff University and Cardiff University Health Trust the midwifery ALERT© aspect of the programme was to be delivered to qualified midwives.

The emergency skills programme is developmental in that it builds throughout the programme, on previously gained knowledge. Each aspect is taught several times using a variety of learning and teaching strategies. This includes, face-to-face teaching in a formal classroom setting, guided study, and scenario based teaching in a simulated environment. This helps ensure skills in managing obstetric and neonatal emergencies, underpinned by appropriate knowledge.

Briefly, in Year 1 Basic life support (BLS), both adult and neonatal is looked at from a non hospital perspective. In year 2 this is revisited and then looked at in a hospital environment, year 3 proceeds to advanced life support in the adult and re-visits basic neonatal life support. Obstetric emergencies are taught in years 2 and 3. At the end of year 3 this programme is brought together with the ALERT© course.

The obstetric ALERT© course is run over a day and aims to address any potential knowledge gaps in the following complications:
- Assessment of the critically ill
- Breathing difficulties
- Shock
- Respiratory distress
- Oliguria
- Management of reduced levels of consciousness
- Pain.

The programme as a whole including the ALERT© aspect has been evaluated extremely positively by one cohort of students and since its inception, over 150 members of staff/senior students have attended the ALERT© aspect of the course. Prior to attendance of this one aspect, over 75% of attendees recorded feeling unsure about the subjects covered by the course, which is in direct contrast to the post-course evaluations which highlighted an overall, significant improvement in both levels of confidence and overall knowledge.

Further student evaluation of the emergency skills element and the ALERT© aspect will be completed this summer. It is well recognised that evaluation and hence development is an integral part of the learning and teaching process, assisting in high quality education, which is fundamental to effective midwifery care. In essence effective midwifery education, including the element of emergency skills, is ‘...essential to enable the student to promote and facilitate the physiological process of childbirth, identify complications that can arise in women and their babies, communicate and refer in a timely manner to and from appropriate colleagues, and implement emergency measures and transfer of care’ (NMC, 2009 p. 5). This ultimately facilitates midwifery practice in accordance with The Code: Standards of conduct, performance and ethics for nurses and midwives (NMC, 2008)

References
Nursing Midwifery Council (2009) Standards for Pre-registration Midwifery Education. London: NMC.

T5

Preceptorship development programme for midwives

Kade Mondeh, Practice Development Midwife, Union Learning Rep (RCM), Medway NHS Foundation Trust, Gillingham, UK

This is an innovative programme put together for newly qualified midwives taking into account the Nursing and Midwifery Council (NMC, 2006) definition supporting newly qualified registrant to provide high quality care with guidance from more competent and experienced practitioners. The programme further recognises the Department of Health’s Lord Darzi’s Report (2008) of developing care pathways and collaborative partnerships that will enable clinical expertise.
Clinical workforce development
The programme operates from a micro system which views the newly qualified midwife as an individual with unique needs. It therefore provides enabling factors that creates opportunities for newly qualified midwives to adapt, commit and create opportunities for human flourishing. The programme further ensures newly qualified staff adheres to patient safety agenda, improving patient experience and service provision. It clearly underpins how investment in a preceptorship programme will impact patient experience, service improvement, retention of staff while building a high quality workforce.

What are the programme’s measurable aims and objectives
Aim
• To ensure newly qualified midwives become competent practitioners.

Objectives
• Clear assessment of newly qualified midwives’ needs
• Increase in skills and knowledge acquisition
• Increase in empowerment and commitment
• Human flourishing which will impact on staff retention
• Resulting patient safety.

The Process
• The process involves the nomination of a named preceptor by the preceptee this enables relationship which builds on trust and commitment.
• It underpins three stages of achievement. The first stage is the ‘discussion stage’. In this stage a full discussion around the procedure that is to be learned or refreshed has to be done by the preceptee. This stage ensures clinical procedure is understood prior to participation.
• The next stage is the ‘participation stage’. The preceptee has to carry out any clinical procedure successfully under supervision as many times as is required.
• The final stage is the ‘competency stage’ entails the preceptee carrying out clinical procedure safely without supervision.

During these processes the preceptor themselves should maintain transparency and clinical efficacy through continuing professional development.

Enabling factors
Two mandatory workshops are organised during the preceptorship programme. Facilitators include the practice development midwife, obstetric consultant and specialist registrar as well as senior midwives participation.

Post programme evaluation plan
• Assessment of clinical competencies
• Evaluation of workshops
• Audits of success of programme since its inception in January 2009
• Staff retention after two years of employment.

Options considered for programme and benefits realisation
Rationale for adopting this programme is that the Trust needs to invest the time, cost and commitment to empower newly qualified midwives. It is anticipated that increase commitment will result in human flourishing. This will impact on patient safety, reduce incidents, and improve clinical excellence and increase staff retention.

References
Nursing and Midwifery Council (2006) Standards to Support Learning and Assessment in Practice, London: NMC.

Facilitating a healthcare book club
Sam Chenery-Morris, Midwifery Lecturer, University Campus Suffolk, Ipswich, UK
The UK has a book club phenomenon that is contagious (Higgins, 2005) and has a life of its own. I wanted to harness this collective passion for reading amongst the midwifery students at the local university where I teach. A change in the academic level of the midwifery education, from diploma to degree, meant the students needed to develop more critical analysis skills. I felt a book club could contribute to these skills in a safe environment, discussing a book plot or character instead of a real-life case scenario.
Many university students read fiction. If a student reads a well researched, well written factual novel or autobiography, many ethical, medical and clinical facts could be learned and these facts may be retained for longer periods than text book reading alone (Mathibe, 2007). The use of journal clubs as a teaching and learning strategy for nursing and midwifery education are well documented, but underused (Thompson, 2006). Teaching Quality Enhancement funding was obtained to set up an extra curricula midwifery book club to enhance the student experience and encourage critical thinking skills.

The book club was set up to stimulate student interest in reading and reviewing literature relevant to their studies. It encouraged the students to use alternative forms of evidence, for example the women’s experience from autobiographies and novels about human relationships relevant to midwifery.

The book club met approximately bi-monthly to review and critically analyse two books read by the group during 2009. Novels, biography or autobiography were chosen by the group. The book club was evaluated using quantitative and qualitative methods.

The findings of this club were very positive. The students enjoyed this additional learning opportunity and the informal contact time with their lecturer. The sense of belonging within the group was explicit, however, there was no evidence that the book club contributed to the critical thinking skills of the students; it was deemed valuable though and continues.

It is a simple relatively inexpensive optional teaching and learning resource that many students participated in. It could easily be initiated in other areas, for example, there are several books that look at cancer survivors, medicine and drugs, which are easy to read and could stimulate discussion with nursing or healthcare students.

References


Education in Clinical Practice

Tuesday 7 September
First Group of Theme Sessions
T7

The role of the associate mentor in developing the mentor role

Joyce Smith, Adult Lecturer, University of Salford, UK

The role of mentor is central to student nurse education in the United Kingdom (UK), with clinically based mentors having the responsibility for assessing student nurses learning in practice as well as determining their fitness for practice as a qualified nurse (NMC, 2006). However, Government policies to increase student numbers to facilitate workforce planning have raised concerns about the quality of mentorship (Scholes et al., 2004), in particular whether there would be sufficient numbers of qualified mentors to undertake the mentorship role. To address the situation associate mentors were introduced within one National Health Service (NHS) Hospital Trust in a collaborative approach between Higher Education Institution (HEI) and the Clinical Placement Coordinators Forum within the North West of England. The aim was to address the increasing number of pre-registration students and the insufficient numbers of qualified mentors. Associate mentors are registered nurses who support qualified mentors in teaching and assessing pre-registration student nurses in practice. The qualified mentors remained accountable for signing the students practice documents (NMC, 2008).

A quantitative, descriptive study was undertaken to determine how the role of the associate mentor was implemented, to determine associate mentors intentions to progress to qualified mentor status, and identify their intended level of study e.g. diploma or degree level. A self-administered questionnaire was distributed to one hundred and thirty nine associate mentors registered on the HEI database in one NHS hospital trust. Distribution was via the Trust internal mail system in July 2007. A response rate of 48% (n=67) was achieved. The findings indicate that the implementation of the associate mentor role was achieved via the introduction of a one day workshop facilitated by the link lecturers from the HEI. The workshop encompassed the outcomes of the NMC preparation for mentorship requirements. On completion of the workshop associate mentors completed learning outcomes within six months, as supervised by a qualified mentor.

Following registration as an associate mentor, forty nine of the sixty seven respondents were undertaking or intending to undertake formal training to qualified mentor status. However, findings suggest that associate mentors remain in this role for extended periods of over two years, whilst eighteen of the sixty seven respondents were reluctant to progress to an academic preparation for full mentorship qualification and subsequent appointment as a primary mentor. Stated reasons for their reluctance included family commitments, lack of available funding to attend an accredited course, and protected time away from the workplace to complete studies. Despite not having undertaken an academic course and not progressed to full mentor status, they continue to undertake mentoring, teaching, supporting and assessing students in practice placements. Although the number of associate mentors in practice placements has increased, there remains a short fall of qualified primary mentors. The implications for practice are that insufficient numbers of primary mentors could potentially impact on the quality of the students' learning experience. Equally a shortfall of primary mentors will inhibit the availability of mentors' progression to become sign off mentors as advocated by the Nursing and Midwifery Council to enable students to be recognised as fit for practice (NMC, 2008).

Key Words: Associate mentors, assessment of practice, student nurse, mentorship.

References


T8

Building organisational capacity to provide effective mentoring for nursing students: Perceptions of Finnish and British mentors

Merja Jokelainen, PhD Candidate; Hannele Turunen, Adjunct Professor; Kerttu Tossavainen, Professor, University of Eastern Finland, Kuopio, Finland; David Jamookeah, Director of Clinical Education and Quality Assurance Coordinator, University of Bradford, UK

Student mentoring in nursing organisations is crucial for creating an effective workforce for the future. Students’ negative mentoring experiences will decrease their attraction to nursing. Such experiences may arise from a shortage of staff and reluctance to mentor students in clinical placements (Dragon, 2009). Because there are more nurses retiring than students entering (Morrow, 2009), recruitment of new nursing staff will be a serious
issue in many countries (Buchan and Aiken, 2008). However, mentoring programmes are said to improve recruitment, retention and job satisfaction of new graduates, which also can decrease organisational costs linked to nurses’ turnover and disruption of staff in placements (Halfer, 2007; Dyer, 2008). Confusion and uncertainty have been apparent in placements, and preparation for student mentoring has been insufficient (Pellatt, 2006; Myall, et al., 2008).

This qualitative study examined clinical practice in nursing education as part of a Finnish-British research project. The aim was to describe Finnish and British mentors’ perceptions of organisational factors that built the capacity to provide effective student mentoring in placements. The participants (N = 39) in focus group interviews consisted of a purposive sample of nurses who mentored nursing students in placements; 22 from Finland and 17 from the United Kingdom.

The results focused on three capacity-building factors at the organisational level in nursing placements. Firstly, optimised, sufficient resources for student mentoring were presented as essential. This included, for example, budgeting enough specific time and human resources for placements. The possibility to provide mentor education and the opportunity to participate annually in mentor updates were essential capacity-building factors at the management level. But, insufficient education or working time to participate in mentor education was presented. It was important to have conducive collegial support from the management, including informal feedback, advice and mental support from managers, especially in difficult student mentoring situations. Also important is the management’s appreciation of student mentoring.

Secondly, significant in placements was the establishment of a positive ward culture based on an attractive atmosphere for students and mentoring. Having a development-orientated work image in placement requires positive attitudes towards developing the work, with openness and criticalness. A favourable atmosphere and a desire to work well are beneficial in getting a new workforce for placements in the future. Both Finnish and British mentors stated that student-centred atmospheres that support student mentoring in placement were important in capacity building. Carrying out a goal-orientated student mentoring approach that includes conversations about students’ goals was also important.

Thirdly, procedures undertaken in wards to prepare for students’ practical training and mentoring, such as organising entry and current staff, student and ward load situations in placement, were also mentioned as factors affecting organisational capacity. According to Finnish and British mentors, an adequate workforce and availability of mentors without an excess workload and hurry in placements were essential.

In conclusion, the organisation and management were seen as a capacity, but insufficient human and financial resources have been provided by managers for student mentoring. This was found in other studies, as well (Pellatt, 2006). The lack of time and staff and a mentor shortage were shown in placement as a restriction also for student mentoring. Organisational investments of sufficient resources will advance effective and successful mentoring in placements. They will enable development of student mentoring performance and improve the quality of placements as learning environments. It is notable that mentors are not the only concern in student mentoring in placements. Increasing the participation of managers in student mentoring is also required. A crucial issue was managers’ appreciation of student mentoring in nursing organisations. A positive, attractive student mentoring culture in placements will increase attraction of students to nursing. Systematic, high-quality student mentoring procedures will benefit nursing organisations in the future as an important investment. Sufficient resources for student mentoring were presented as essential. This in turn will develop the quality of placements as learning environments. It is notable that mentors are not the only concern in student mentoring in placements. Increasing the participation of managers in student mentoring is also required. A crucial issue was managers’ appreciation of student mentoring in nursing organisations. A positive, attractive student mentoring culture in placements will increase attraction of students to nursing. Systematic, high-quality student mentoring procedures will benefit nursing organisations in the future as an important investment.

References


Nursing students’ learning in nursing homes: Exciting and challenging

Kirsten Jessen Frøysa, Associate Professor; Aase B. Møellersen, Assistant Professor, Bodo University College, Mo i Rana, Norway

Introduction
Bodo University College, division Mo i Rana, and Rana county municipality, care division, have carried out a cooperative project, titled ‘Together we turn for the better…’. The project’s background rests on nursing students’ experiences of culture in nursing homes as less professional, and partly restrictive for their learning processes.

Also, the Rana county municipality administration wanted to develop and raise employees’ competence. Research shows that recruiting nurses to geriatric care, and nursing homes in particular, is difficult. Forecasts shows that the number of elders in need of nursing increases, and that nursing and care in nursing homes is getting ever more professionally demanding. We also know that few nurses work in nursing homes, and that there are both numerous part-time positions and high turnover. This, among other things, leads to great challenges related to nursing students’ learning in nursing homes. The graduate school also has a responsibility in contributing to nursing homes becoming good learning arenas for students, and in making the profession desirable for future jobs. With this in mind, we have carried out a project where we developed a new supervisory model for student learning in nursing homes.

The project was initiated in spring 2007 and ended in autumn 2009. It was carried out in three nursing home departments at three different nursing homes. Several students got work experience at the same department during an eight week practice period. One nurse was dedicated as practice supervisor one day a week, and the whole staff of personnel had supervisory responsibilities. University college instructors spent time at the departments one day a week, and participated in supervising of both students and employees.

The project’s focus has been split in two research questions:

1. How can a new supervisor model make safe student’s learning in nursing home practice?
2. How can a new supervisor model create learning and increased professional competence for employees at nursing homes?

In this abstract we present findings from the project’s first focus. These findings are connected to organising, learning methods, and the nursing home - university college collaboration.

Method and materials
We carried out focus group interviews with students in retrospect of their practice periods, and each group consisted of a combination of students from the different nursing homes. The number of students in each group ranged from four to ten participants. All in all we performed seven group interviews, each lasting for about one and a half hours, and students from three year classes participated. We have started the interview analysis process by reading through the interview texts individually, and by carefully selecting topics for further analysis.

Results
Our preliminary findings show that even if students are satisfied with the supervisor model, it is varying quality in the supervising itself. Students want to be challenged more on their professionalism, and also desire a more clear feedback on performed assignments. Further, students express a desire for clearer clarifications on who is responsible for each student’s learning and follow-up. They also experienced that as they got more integrated in the departments, they received less challenges for practicing nursing. The students are exclusively positive to the instructors’ weekly presence in the departments.

Conclusion
The supervisor model should be kept. The employees’ competence on supervising has to be improved, and the roles and responsibilities of various parties in student learning must be clarified.

Key words
Nursing homes, nursing students, practice, supervising.
Working in partnership: Preparing mentors to mentor

Fiona Doherty, Teaching Fellow, University of Stirling; Nicky Fishburn, Pre-registration Practice Education Facilitator, Salford Royal Hospitals NHS Foundation Trust, Salford, UK

Working in partnership – preparing mentors to mentor. An example of an Higher Education Institution (HEI) and a NHS Foundation Trust response to NMC Standards to Support learning and assessment in practice; NMC standards for mentors, practice teachers and teachers (2008).

NMC standards to support learning and assessment in practice; NMC standards for mentors, practice teachers and teachers (2008) state that:

‘An NMC Mentor is a registrant who, following successful completion of an NMC approved mentor preparation programme- or comparable preparation that has been accredited by an HEI as meeting the NMC Mentor requirements-has achieved the knowledge, skills and competence required to meet the defined outcomes.’

The collaboration between Salford Foundation Trust and the University of Stirling demonstrates one way to meet these standards.

Historical perspective
Kathleen Duffy’s research paper ‘Failing students: a qualitative study of factors that influence the decisions regarding assessment of students’ competence in practice’ (2003) recommendations were fed directly into the following consultation:

• NMC Consultation process during the review of the ‘standards for the preparation of teachers of nursing, midwifery and specialist community public health nursing in 2004’
• NMC Consultation of ‘fitness to practice at the point of registration’ in 2005.

This resulted in the publication of the ‘standards to support learning and assessment in practice’ in August 2006, effective from Sept 2007 and updated in 2008.

Collaboration between education and practice
This validated programme was designed to run either by an accredited or non-accredited module. As the majority of pre-registration students are now completing their programmes with degrees, the non-accredited mentorship programme is becoming more attractive. The University of Stirling was approached by Salford Royal NHS Foundation Trust for this reason. The mentorship module ensures that participants meet all the NMC standards and although non accredited the students have to produce a portfolio of evidence at (Level 9 SCQF degree level) that evidences that they have achieved competence in these standards while working with a student and a supervising mentor.

The module is designed to be flexible, in that face-to-face teaching takes place on three days spread across three months, with two days’ protected time in practice for undertaking student activities and five days’ unprotected time working with the student in practice. This flexibility reduces the strain on clinical areas releasing staff.

This innovative, collaborative approach to developing education in practice will allow Salford Royal NHS Foundation Trust staff to deliver the validated materials produced by the University of Stirling, and assess their students’ portfolios. University of Stirling Departmental staff would quality assure the materials and the students portfolios.

References

Creating professional doctorates in health and social care: A bridge too far for education and clinical practice?

Susan Cleary, Senior Lecturer Midwifery and Women’s Health; Rob McSherry, Professor of Nursing and Practice Development, Teesside University, Middlesbrough, UK

Background
The changing landscape of higher education and the complex challenges of the health and social care workplace are evidenced in documents such as Modernising Nursing Careers (2005), Modernising Allied Health Professional Careers (2008), Higher Ambitions: The Future of Universities in a Knowledge Economy (2009) and the ongoing Parliamentary Commission on Nursing and Midwifery. A common theme of these documents is that postgraduate qualifications are a necessity for developing careers in the public and private sectors. It is increasingly evident that postgraduate degrees will become the minimum qualification for entry to certain health and social care professions. Therefore, in order to strengthen the future flow of knowledge and skills at the highest level into health and social care, curriculum development teams should recognise the need to make professional doctorate programmes reflective in offering an integrated approach to working in practice.

Aims and objectives
The aim of this presentation is to illustrate the challenges of establishing a professional doctorate that responds to bridging the requirements of clinical practice and higher education institutes.

Method
The presentation will detail the relative challenges and associated debates surrounding the introduction of doctoral programmes that cross both clinical, education practices and boundaries. For example, the establishment of a teaching and learning strategy that accommodates both working at the highest level in order to engage with interdisciplinary, intellectual activity and operate effectively at the interface between disciplines and workplaces. Similarly, the development of a robust framework for supporting and supervising research which fluctuates between clinical and educational practice is paramount. Furthermore the development of a curriculum which offers creativity, innovation and the potential to enterprise at the frontline of care is critical in a political arena that focuses on promoting quality, prevention, productivity and people-centeredness.

Conclusions
Health and social care need to work effectively together in order that patients can access seamless services tailored to their needs. Professional bodies such as; ‘The Quality Assurance Agency for Higher Education’ (2001) and The ‘Nursing and Midwifery Council’ (2009) are reinforcing the need for quality standards of practice and services. Such bodies are reaffirming the need for professionals to continually advance and evaluate their personal and professional practice as a part of their professional accountability and lifelong learning.

Health and social care practices consequently must respond to an ever-changing environment to accommodate the needs of the workforce and clients/patients. The global popularity of professional doctorates is growing. The challenges facing education and clinical practice are in consulting and developing programmes that reflect the real world of practice and professional disciplines. The effectiveness of such programmes is having a review process that demonstrates that all stakeholders maintain confidence in the ability of the programme in offering visionary leaders who will have an impact on the social and economic future of health and social care.

References


Nurse teachers’ multifaceted role in clinical practice

Anne Virmajoki, MNSc Student, University of Turku; Mikko Saarikoski, Principal Lecturer, Turku University of Applied Sciences Health Care Education; Leena Salminen, Senior Lecturer, University of Turku, Finland

The nurse teacher in nursing education on the polytechnic level has many roles and the roles have been changed during last decades. In Finland nurse teacher is responsible both theoretical and clinical teaching. The role of the nurse teacher is multidimensional and ambiguous. Nurse teacher supports students in clinical practice, create a relationship with students and enables the integration of theory and practice in students learning. (Meskell, Murphy and Shaw 2009; Saarikoski, Warne, Kaila and Leino-Kilpi 2009; Holopainen, Hakulinen-Viitanen and Tossavainen, 2007).

The purpose of this study was to describe the nurse teacher’s role in clinical practice from the point of view of nurse students. Data was collected by a questionnaire with open questions. The sample consisted of 45 nurse students after their first, third and last clinical practice. The data was analysed by using content analysis.

The preliminary results show that about half of the students did not meet their teacher personally at all during their clinical practice period. Usually, students make contact with their teacher via telephone or via e-mail. The students appreciate the co-operation with the teacher even they do not meet their teacher during the clinical period at all.

The role of nurse teacher in the clinical practice is both pedagogical and supportive, but the teacher also ensures students – nurse mentor relationship. The nurse teacher has to be available, if the student needs her. The students want to discuss with the teacher alone, without the mentor, e.g. if the student has problems in clinical practice. The role of the nurse teacher is different depending which clinical practice period is going on. All students did not know the tasks of the teacher in clinical practice. More detailed results will be presented in the conference.

References


T13

Recruiting to retain: Can a student media-based recruitment package work?

Rose Hall, Project Lead, Media Recruitment Package for Healthcare Students Project, funded by NHS West Midlands, Birmingham City University; Susan Hine, Placement Practice Manager, Birmingham and Solihull Mental Health NHS Foundation Trust; Ava Gordon, Practice Placement Manager, South Birmingham Community Health; Catharine Jenkins, Senior Lecturer – Mental Health Nursing; Marie O’Boyle-Duggan, Senior Lecturer – Learning Disability Nursing, Birmingham City University; Caroline Oliver, Placement Practice Manager, Heart of Birmingham Teaching Primary Care Trust; Andrew Walsh, Senior Lecturer – Mental Health Nursing; Michael Adams, Head of Department of Practice Learning, Birmingham City University, UK

Introduction

Higher education and placement providers face ongoing challenges in recruiting and training the future workforce for the National Health Service, so it is crucial that we work in partnership to address these demands. To update the image of the nursing profession it needs to reflect an accurate portrayal of what nursing is about to attract those who are suited to the profession (Department of Health, 2006).

This paper reports on a media recruitment package for healthcare students funded by NHS West Midlands to address some challenging areas of recruitment. Working in collaboration with practice partners, existing students and professional academic representatives, footage was produced charting the student journey through two branches of nursing. Other health related professional courses were included in this project but this paper focuses on the development of the media recruitment package for mental health and learning disability nursing.

Aims

The aims of the project were to develop a video package that would:

• Chart the ‘Student Journey’ through nurse training for mental health and learning disability nursing
• Target those interested in a career in these courses but who are uncertain about what the branch of nursing or the required education programme entails.

Process

The project team worked in conjunction with a media company to develop ideas for the footage. It was necessary to formulate and agree the key messages that needed to be conveyed to potential applicants. The filming brief was developed following a series of focus groups involving practice staff, students and branch specific academic staff. The data from the focus groups allowed the production of filmed narratives that are grounded in realistic student experiences.

National Student Survey data (see recent survey link below) shows that the faculty of health is highly rated by its students, hence, it was decided that the films should reflect areas such as student support and overall satisfaction with the course experience. Student feedback also suggested that information about the locality of the area should be included, thus a segment of the footage contains information about the positive experience of living and working in the Birmingham area.

Dissemination

The completed DVDs and online footage are now being promoted by both branches as well as by both the marketing and admissions departments as follows:

• The footage is being shown at university open days and DVDs are being given to potential applicants
• Admissions tutors for each branch are using the film during school and further education college visits and careers fairs
• The films are shown to candidates prior to interview for each branch programme
• The footage can be seen on YouTube (see link below)
• An article has been published in the Link Ed newsletter circulated to schools across the UK.

Evaluation

Early informal evaluations from academic staff have found the footage to be a useful adjunct to existing recruitment efforts and the DVDs have been well received by potential applicants. Current students have indicated that the footage gives a coherent and accurate portrayal of each profession.

Formal evaluations will be collated when the DVDs are distributed en masse to local schools and colleges and data from Birmingham City University’s own intranet site and other social networking sites will be reviewed.
Student groups are to be surveyed about their responses to the footage. It is also intended to gather feedback on whether the footage may have been a factor in influencing decisions in applying for the programmes.

Conclusions
Although the outcomes of this project have yet to be formally evaluated it is hoped that using new media to market and recruit to under-represented nursing courses will firstly, ensure that recruitment targets are met with applicants that know what the course entails and will secondly, also appeal to a wide market audience by conveying a ‘true life’ example of a student’s experience on the courses.

This project was a collaborative and inclusive partnership approach to developing this media package and this is considered to be a more influential approach to recruiting the most suitable candidates to mental health and learning disability nursing.

References

Birmingham City University YouTube Channel (contains links to the films). Available from: www.youtube.com/user/birminghamcityuni


T14

The pre-registration nursing child and adolescent mental health workshop: Effective partnerships and inter-branch collaboration

Julia Terry, Mental Health Nurse Tutor, Swansea University, UK

Pre-registration nursing programmes have been highlighted for not adequately preparing nurses to work with children and young people with mental health problems (Davies, Lowes, 2006; Cresswell, 2003). Both mental health and child branches have lacked curricula content regarding child and adolescent mental health (CAMHS), including young people at risk of social and educational exclusion, mental health assessment and promotion, child protection, and children’s rights (Hooton, 1999). There is clear support for shared learning to be a future requirement of pre-registration nursing programmes to encourage collaborative working (NMC, 2008), and the importance of developing strategies across traditional branch boundaries has been emphasised (Hooton, 1999). Therefore a solution involving a unique learning opportunity was sought.

The school of human and health sciences at Swansea University began an initiative between mental health and child branches, and have designed and delivered an inter-branch four-day child and adolescent mental health workshop in collaboration with local partners from the statutory and voluntary sector. A priority was to influence the pre-registration programmes by increasing the amount of CAMHS content, and delivering this in an innovative way to students, so that they were able to participate in a dynamic learning experience. Key to the workshop’s success was the effective partnerships between the University and local service providers. Neighbouring NHS Trusts were invited to join the workshop planning team, with senior staff from local CAMHS teams responding, as close partnership working is essential (Adamson et al., 2009). The importance of negotiating service-education partnerships which encourage service user involvement, and enable the integration of wider notions of competence cannot be underestimated (Scott, 2008). The planning group agreed on the importance of including service users as educators in the workshop, and a wide range of statutory and voluntary agencies who work with children were invited to participate. Service staff were keen that student nurses have the opportunity of exposure to CAMHS topics, as this would increase their knowledge and competence, regardless of their area of employment on qualification. The focus being on sharing appropriate areas of learning, as there are considerable areas of commonality (Connor and Rees, 1997).

This workshop runs with a conference style, has been successfully evaluated by nursing students for the past three years, and has become a regular part of the curriculum (Terry et al., 2009). The aims of the CAMHS workshop include raising students’ awareness of child and adolescent mental health issues, providing the opportunity for them to meet local service providers and users, to promote inter-branch practice by encouraging both mental health and child branch students to network, and to relate issues to their current and future care delivery. The shared learning opportunity requires individuals to engage in dialogue and discussion, and has resulted in student nurses gaining greater knowledge about each other’s roles.

As children’s mental health is everybody's business (NAW, 2001), increased curricula content is vital in terms of preparing nurses for the future. The inter-branch CAMHS workshop also highlights how different branches of nursing overlap and need to work together to provide seamless care for children and their families. This
An integrated approach is favoured whereby students not only engage in shared learning opportunities at strategic points throughout their programmes, but also increase their knowledge of CAMHS service provision. The workshop included presentations and large and small group work sessions facilitated by University staff and 22 outside speakers from a range of specialist CAMHS services and voluntary agencies. In evaluations students stated that they gained a greater understanding of how the statutory and voluntary sectors work alongside each other, and that all speakers were competent and knowledgeable. Positive comments were particularly received regarding service users who took part, and were very open about problems they had experienced, which students found insightful.

This unique shared learning opportunity has only been possible through the strong partnerships that exist with service sector colleagues, and the intention is to widen this model to other parts of the curriculum.

References
Hooton, S. (1999) Results of a Survey undertaken to Establish the Degree to which Pre-registration Programmes address Child and Adolescent Mental Health. London: ENB.

T15

Can scenario-based learning provide a vehicle for meeting the educational needs of community practitioners in relation to long-term conditions management and leadership?

Pauline Alexander, Senior Lecturer; Irene Cooke, Senior Lecturer, University of Chester, UK

The impetus towards meeting the contemporary health care agenda and enabling health care practitioners to respond accordingly necessitates structured continuing professional development (CPD). CPD in health and social care has to respond flexibly to local trust needs, and continue to take a grounded and evidence-based approach.

The Department of Health (2008) High Quality Care for All – NHS Next Stage Review Final Report provides a vision of a health service that empowers staff and gives patients choice.

Fundamental to success in achieving these aims is ensuring that the NHS is delivering high quality care, which is safe, effective, personalised and tailored to the needs of patients, whilst maximising health promotion and illness prevention.

Care delivery in respect of long term conditions and the decision making skills required by community nursing practitioners in effective leadership are aspects of practice which can present with varying degrees of complexity. It is estimated that 17.5 million adults in Great Britain may be living with a long term condition (DH, 2005a) which is defined as:

‘...those conditions that cannot, at present, be cured, but can be controlled by medication and other therapies. They include diabetes, asthma and chronic obstructive pulmonary disease’ (DH, 2007).
This population requires active healthcare intervention, and there is evidence that community practitioners require a greater recognition of the centrality of the leadership role which they undertake (McIntosh et al., 2000) in facilitating high quality patient and client care.

In order to meet the diverse and complex health and social care needs of those patients with long term conditions, a highly skilled and flexible workforce is required to deliver the most appropriate level of care. Pratt (2006) identified that whilst community practitioners were well placed and primarily capable of undertaking these new roles in case management, they also felt insecure regarding their level of educational preparation in managing individuals with long term conditions. It was also identified within the study by Pratt (2006) that practitioners felt that clinical leadership was required to effectively meet the needs for this client group.

Facilitated workshops which focus on long term conditions and leadership have therefore been designed for community based practitioners. The workshops utilise a scenario based learning approach using case study material, to deal effectively and proactively with practice issues. The study is based upon the educational principles of adapted problem based learning (PBL) in the form of scenario based learning (SBL). This strategy uses ‘real life’ examples from clinical practice within a neutral environment away from the practice setting. This assists in enabling community practitioners to draw upon their experiences and share in the decision making processes with peers. It is well documented that scenario based learning enables participants to engage with and solve problems typical of those encountered within clinical practice in a safe environment (Hsu and Hsieh, 2006; De Marco et al., 2002) and encourages deeper learning (Tiwari et al., 2006).

The study aims to identify the influences and constraints on the design and delivery of the workshops. It also aims to identify the participant’s readiness to apply the outcomes to their practice in the longer term.

The research design uses a mixed method approach including an evaluation tool, focus groups and semi-structured interviews. This approach provides the opportunity to use different sources of evidence in an effort to develop converging lines of enquiry through triangulation of data whilst enhancing the validity and credibility of the findings (Denzin, 1978; Sim and Wright, 2000).

The evaluation will be conducted using a pre and post workshop questionnaire from which semi-structured interview schedules will be devised. A series of focus groups will then be facilitated at 12 months following participation in the workshop in order to explore the benefits to the participants’ clinical practice. NHS PCT managers and workshop facilitators will also participate in focus group interviews. A multi-method approach to data collection will be used. This approach provides the opportunity to use different sources of evidence in an effort to develop converging lines of enquiry through triangulation of data whilst enhancing the validity and credibility of the findings. The evaluation data will be analysed statistically using SPSS and the focus group and interview data will be audio taped, transcribed, coded and analysed using thematic content analysis.

The results of the study will be disseminated at local, regional and national levels via conference presentations and publication in peer reviewed journals.

References


Implementing all-graduate nursing: Experiences from Wales

Tessa Watts, Senior Lecturer; Jane Thomas, Deputy Head of School of Human and Health Science, Swansea University, UK

The aim of this paper is to share our experiences of implementing all-graduate nursing in a research focused Welsh university.

Following decades of well rehearsed debate, plans to ensure that in the future nursing will be an all-graduate profession throughout the United Kingdom have now been ratified (Department of Health, 2009). This represents a significant milestone in the history of nursing in the United Kingdom. Given changing patterns of health and illness, shifting paradigms of health service management and delivery, increasing sophistication of medical and scientific technology coupled with public expectations of health professionals in the information age, the move to all-graduate profession should surely be welcomed, not least by the profession.

The value to society of higher education in terms of developing individual’s knowledge, critical thinking and additional transferable skills, thereby enhancing employability is at the heart of UK education policy. Moreover, it is widely acknowledged that the ability to think critically is central to safe and effective nursing practice. Indeed whilst acknowledging that there is considerable scope for conducting further research into all-graduate nurse education, international studies have suggested patients may benefit from graduate nurse education (see, for example, Aiken et al., 2003; Swindells and Willmott, 2003; Estabrooks et al., 2005; Tourangeau et al., 2006). Nevertheless, despite the well documented limitations of the task focused ‘apprenticeship’ model of nurse education for the provision of high quality health care in the twenty first century, some professional and public attitudes toward an all-graduate profession appear ambivalent, even hostile. The flurry of correspondence in the nursing literature and national press following the Department of Health announcement in November 2009 illuminates well rehearsed concerns levied about the move to all-graduate nursing: for example, applications will fall; people with the ‘wrong’ kind of attitude will be attracted; nurses will be less concerned with care and may not be sufficiently able to meet patients’ needs and thus proficient for practice and purpose at the point of registration.

In Wales ‘Fitness for Practice’ (UKCC, 1999) degree programmes were launched in 2002. All-graduate entry to nursing was firmly established in 2004 as diploma programmes were phased out. The term all-graduate entry is used intentionally as students enrolling on undergraduate nursing programmes in Wales had (and currently in some institutions continue to have) the option to exit with a diploma level qualification. In order to illuminate how some expressed concerns regarding all-graduate nursing were managed in Wales, the paper will consider the following issues:

- Building collaborative partnerships within and between higher education institutions, further education, employers and the Welsh Assembly Government
- Negotiating the transition to an all-graduate profession: promoting inclusion, retention and student success.
- Developing a strategy and infrastructure to prepare and support practitioners to facilitate students’ learning in clinical practice settings.

References


United Kingdom Central Council (1999) Fitness for Practice: The UKCC Commission for Nursing and Midwifery Education. London: UKCC.

T16

‘Divide and conquer’: How restructuring a module led to improved collaboration

Deborah Dowsett, Senior Lecturer, Specialist Practice Programme Leader; Lazar Karagic, Principal Lecturer, Academic Lead/ Division Lead, Children’s Nursing, De Montfort University Leicester, UK

Tribal divisions between health care professionals are well documented and relate to historical hierarchies and professional differences (Dutton and Worsley, 2009). It is clear that there is often prejudice between branches of the same profession, none less so that between midwives and nurses, neonatal specialist practitioners and critical care paediatric nurses.

With this in mind our provision for nurses and midwives wishing to study towards a Specialist Practice Qualification (SPQ), recordable with the Nursing and Midwifery Council (NMC), comprises of a number of specialised modules delivered either as common learning for any relevant profession or as profession specific content.

This paper will discuss the high dependency module that was available as part of the SPQ programme and included staff from paediatric and neonatology specialities.

The paediatric and neonatal high dependency modules had been delivered in collaboration with local specialist practitioners from both the neonatal unit and paediatric critical care unit. Anecdotally we were aware of some professional tensions between the two areas and believed that bringing students together may help to break down barriers and engender mutual respect through increasing understanding of each other’s roles. Also there were educationally sound reasons and core competencies that could be shared between the two student groups.

We were keen to maximise collaborative learning hoping that this would translate back to the clinical area as well as the classroom.

After the first delivery of the new module student evaluations indicated that this had not occurred and in fact it appeared that hostility had increased as each professional group felt that their needs were not being met by the module content and the common learning delivery mode.

A partnership approach with local practitioners and managers has been crucial in the delivery of this module but conversely this seemed to be adding to the problem. Each time a clinical expert taught a subject it further enforced the divide as they championed either neonatology or paediatrics.

Consequently a series of workshops with both academic and clinical staff were set up to tackle the issues raised. After some frank exchanges and refocusing of outcomes some radical changes to the module structure ensued. The structure now uses both common learning and profession specific delivery to meet the needs of the students.

We have worked hard to ensure that students have the opportunity to learn together and share commonalities and experiences.

We have learnt that despite our best intentions on how the module would work, dividing the group and bringing them together for some collaborative learning has made everyone work better and improved the learning experience. This has taken some frank discussions between ourselves and our practice colleagues but through this developmental process we have been able to make the modules more effective.

The East Midlands healthcare workforce deaneary has provided funding for an evaluation of the module. Our paper will present the findings. Anecdotally the evidence is that the changes made have resulted in improved satisfaction from both groups who despite some continued common learning feel that they are receiving a more tailored provision.

Reference
Enhancing the Student Experience

Tuesday 7 September
First Group of Theme Sessions

Fiona Timmins, Senior Lecturer, Trinity College, Dublin, Ireland

The importance of reflection as a means of exploring learning opportunities in practice and developing and maintaining competence is evidenced by the bulk of literature surrounding the area of reflection (McMullan et al., 2003). Reflection is cited as a useful and valuable tool for professional development (Taylor, 2000; Rolfe, 2005) and has been particularly influenced by Schön’s (1983) in seminal work on professionals’ development of skills and knowledge, vis-à-vis reflection in and on action. Schön’s (1983) conceptualisation of reflection influenced the nursing profession, suggesting less reliance on traditional and scientific forms of enquiry and encouraging practitioners to learn from reflecting both within practice and on their practice (Rolfe et al., 2001). Schön’s (1983) seminal work is widely used and also underpins many other structured models of reflection for nursing practice (Rolfe et al., 2001).

Reflection is also utilised widely as a teaching and learning methodology for nursing students. Kolb (1984) describes a model for experiential learning within the classroom that is widely used in nurse education (Brackenreg, 2004). Drawing upon the work of Kolb (1984) Gibbs (1988: 46) further describes experiential learning methods for the classroom followed by a ‘structured de-briefing’ exercise, commonly referred to as a model of reflection. It is primarily an educational framework (Rolfe et al., 2001) for use in teaching environments. The later model became popular for use within nurse education settings (Rolfe et al., 2001) and is widely used for educational purposes (O’Donovan, 2006). Despite its humble origins, Gibbs (1988) model remains popular and continues to form a component of many undergraduate nursing programmes (O’Donovan, 2006).

However a critique of reflective practice (Carroll et al., 2002) suggested further empirical work is required to develop and test models of reflection. This view supported voraciously by (Newell, 2005). However, Rolfe (2005) opposes these latter arguments suggesting that the reflection itself provides the empirical evidence. This nebulous evidence base for reflection lends itself to a situation whereby the development and evaluation of models of reflection for use in undergraduate programmes is minimal. Consequently in traditional fashion models of reflection are sometimes used routinely with little or no thought about their overall ultimate usefulness for practice save the naïve rhetoric of becoming a ‘reflective practitioner’. Students often express apathy towards their use and negative attitudes towards reflection are prevalent (Facebook, 2009; Langen and Prendergast, 2007) in addition, one recent study indicated only superficial use of the model by students (Timmins and Dunne, 2009).

This paper aims to firstly critique literature on reflection, identifying patterns and trends as well as gaps and omissions. Suggestions will be made for more suitable models of reflection for nursing students and means of facilitating these in practice. This discussion will take place in the context of public ongoing Facebook discussions by nursing students and other research on students views of this topic. The discussion will focus on exploring ways to enhance the student experience.

References
The immediate life support (ILS) course and its perceived effect on final year, adult branch nursing students’ ability to assess patients in clinical practice

Patrick Gallagher, Teaching Fellow, Queen’s University Belfast, Northern Ireland, UK

Background
It is well documented that adequate assessment and management of patients experiencing acute illness can prevent further deterioration, admission to intensive care or even death (McQuillan et al., 1998; Cullinane et al., 2005; Smith et al., 2006). Furthermore, nursing staff are usually the first responders when a patient becomes critically unwell. A number of authors report that nurses skills in undertaking cardiopulmonary resuscitation and use of a defibrillator are poor (Irola et al., 2002; Chamberlain and Hazinski, 2003; Murphy and Fitzsimmons, 2004). Mozingo et al. (1995) explain that senior nursing students lack confidence in their clinical and technical skills, and new nurses are being burdened with more responsibility. It is recognised that good initial assessment and prompt intervention of the ill patient from both nursing and medical staff may reduce both morbidity and mortality. Therefore, it is imperative that newly qualified nurses are equipped with the basic skills of assessment and prompt intervention of the critically ill patient.

Study aims
This study aimed to establish whether the Immediate Life Support (ILS) course enhanced final year adult branch nursing student’s ability to assess and manage patients in different clinical environments. In particular this study helps determine the perceived effect the ILS course has on final year adult branch nursing students as they approach registration. Secondary aims of the study included whether the ILS course improved the ability of final year nursing students to participate in teamwork, initiate decisions affecting patient care and improve their confidence in managing the care of patients.

Methods
After approval from the local ethics committee a pilot study was undertaken in an effort to guarantee validity and reliability. Following the pilot study a thirty point likert scale questionnaire was used to collect quantitative data from a convenience sample of final year adult branch nursing students. Participants were assured of both their confidentiality and anonymity. These students had completed an ILS course and had approximately six weeks of clinical placement. Questionnaires contained a ‘free response’ section where students were encouraged to make qualitative statements. Subsequent quantitative data was analysed using SPSS v.17.0 and descriptive statistics were produced. Qualitative data was grouped into six different themes. These themes included; confidence in caring for patients, point of course delivery, relating theory to practice, additional skills/teamwork, inclusion of further skills and interprofessional education.

Results
One hundred and forty nine final year adult branch nursing student completed the questionnaire representing an 84% response rate. The responses demonstrated a positive endorsement of the ILS course as part of the final year adult branch program. Data also suggested that skills learned during the ILS course were extremely useful for students in their different clinical environments. 96.7% (n = 144) participants agreed that the ILS course improved their confidence in assessing and managing patients. 96.6% (n = 144) students agreed that the scenarios used throughout the ILS course helped them relate theory to practice. Furthermore, 86.6% (n =129) students agreed that the ILS course also improved their ability to work as part of a team. A number of students made qualitative comments suggesting that elements of the course should be taught throughout their nursing course. While a small number of participants were adverse to the idea of undertaking the course with as part of interprofessional education, the majority (70.5%, n = 105) agreed that the ILS should be taught jointly with other healthcare professionals.

Conclusion
This study has implications for how assessment and management of the critically ill patient is incorporated into the nursing curriculum and other healthcare curricula. The ILS course is one such program that is well placed to equip healthcare workers with the necessary skills and knowledge to assess and manage the initial care of critically ill patients. Providing students the opportunity to participate in the ILS course has improved their confidence in caring and managing patients in different clinical environments. The ILS course has also enhanced final year adult branch nursing students ability to practice in a more cohesive manner and may have the potential of improving patient care.

References
Mozingo and others, 1995; McQuillan and others, 1998; Cullinane and others, 2005; Smith, 2006. Irola et al, 2002; Chamberlain and Hazinski, 2003; Murphy and Fitzsimmons, 2004.

Male student nurses experience in training: Evaluation project

Milika Matiti, Lecturer; Natasha Thom, Lecturer; Jude Mohammed, Teaching Associate Critical Care, Pilgrim Hospital, University of Nottingham, Boston, UK

Quality is paramount in every higher education worldwide. Every institution is required to evaluate its services from time to time. Evaluating gender issues are part of this evaluation cycle. The University of Nottingham, Gender Action Plan 2007-2010 sets out objectives for promoting equality and preventing discrimination against transgender people, women and men on the grounds of gender (University of Nottingham, 2007). This policy urges schools and departments to promote gender neutrality. There is evidence that compels the school of nursing to look into the experiences of male students more (Matiti, 2002; Stevenson et al., 2006). These studies by Matiti (2002) and Stevenson et al. (2006) identified gender as central to influencing students’ practice experiences. There is evidence that nursing students have negative experiences while on training and as a minority group male students are likely to be subjected to more negative experiences than the female. Hence it is crucial to monitor this group from time to time.

Statistically, male students are underrepresented in nursing training. In UK for example, the UNISON national student survey conducted in 2005 showed 12% of students were male and 86% were female. (Unison, 2005). This is reflected within the United School of Nursing (University of Nottingham). According to school of nursing admission figures 2006-2008, 212 are male and 2141 female students are in training (10%). (Figures taken from school of nursing admissions).

To date there is a lack of evaluative studies specifically exploring male students experiences in training and consider the impact of gender on the student educational experience and the recruitment of other male students. The aim of the project therefore was to evaluate male student experiences in nurse education both in the classroom and in practice and have an opportunity to ascertain male students’ views on recruitment strategies to increase number of male students.

Objectives

1. Identify positive and negative experiences of male nursing students in classroom setting
2. Identify positive and negative experiences of male nursing students in clinical practice
3. If any negative experiences, identify how these could be addressed within the school of nursing’s policies and processes
4. Ascertain male students’ views on recruitment strategies.

The division of nursing in the University of Nottingham consists of five centres and all these centres have male students. Permission to conduct the project was sought from University of Nottingham ethics committee. The formal ethical clearance was deemed not necessary as the project forms part of the evaluation cycle of the division of nursing. It is part of the monitoring activity. Permission was also obtained from the school of nursing executive committee and centre lead of each centre.
To date, two focus groups and five individual interviews across five centres of the school the University of Nottingham have been conducted and it is envisaged to complete the interviews in March 2010. The results will be analysed and ready for dissemination by August 2010.

The aim of this presentation will be to share the finding to other nurse educators and clinical practitioners. Findings will provide recommendations for curriculum development and recruitment and retention strategies. Additionally, recommendations will be disseminated to practitioners looking at means of improving the student nurse learning experience within the clinical areas.

References

T21
Student and supervisor perspectives on a work-based approach to doctoral learning
Dorothy Ferguson, Head of Learning; Nicola Andrew, Senior Lecturer, Glasgow Caledonian University, UK

The PhD currently provides the main route for research training and advanced study within the United Kingdom (UK). There is however an ongoing debate in the literature regarding the fitness for purpose of a doctorate that is increasingly challenged as having ‘limited relevance to the economy’. Reflecting the findings of the HEFCE 2000 (Higher Education Funding Council for England), doctoral students themselves observed that, although the development of research skills were key, the work should seek to develop other areas of practice and reflect a project based approach (Johnstone and Murray, 2004, p.32). As far back as 1999, Becher suggested that a restricted approach to doctoral provision could lead to Universities missing an important market opportunity to engage with the academic needs of mid career professionals. Currently there is a move to respond to key drivers for change, a new emphasis on wider skills and training and increased pressure on universities to respond to issues of life long career development and employability (Park, 2007).

Park (2007), in his review for the UK based Higher Education Academy (HEA) suggests that a new doctoral level skills agenda must now go further than research training and include both personal and professional skills ‘transferable to a broad range of career paths’ (p.30). The UK and the wider international academic community, in particular the USA (Hambrick, 1997) and Australia (Pearson, 1999), have responded to this by developing a range of new doctoral degrees ‘tailored to particular niche markets’ (p.36). Professional and practice based doctorates are now contributing to an international dialogue on the scope of doctoral level study, however Park (2007) comments that there are challenges ahead to ensure comparability of quality and standards.

One potential route to a professional doctorate award is through a work-based learning contract. This presentation offers an opportunity for a critical exploration of the educational worth and value of relatively new practice based doctorate from two perspectives; the student and the supervisor. The authors, one the student and the other the supervisor, are both experienced academics. Reflection on their experience of the work-based learning approach to the professional doctorate identified important lessons for both the student and the supervisor. The work based portfolio on which this doctorate was based included a research project, published articles and international conference presentations. A first person reflective narrative is woven through the paper to provide continuity and contextualise the thesis to the authors’ workplace; a Scottish Post-92 University.

Within the presentation the authors will identify the key lessons learnt from the two perspectives of student and supervisor. The central role of the objectives will be explored, with discussion on the need to ensure relevance and currency. The development of doctoral skills throughout the process, impacting on assessment, will be highlighted. The challenges of assessment, and the comparisons between the traditional PhD and the Prof D, will be considered. For both the student and the supervisor, the work based approach can be stimulating whilst also challenging. As this is an approach highly relevant to practice, it should also be one valued by employers. Exploration of the challenges presented will contribute to enhancing the student experience for others involved in, or considering, the process.
New approaches to providing practice placements in the pre-registration nursing programmes: The development, implementation and evaluation of a ‘hub and spoke’ model

Michelle Roxburgh, Lecturer in Nursing; Pat Bradley, Teaching Fellow, University of Stirling, UK

Introduction
Currently students spend 50% of their programme in the environment of the NHS, in both hospital and community settings, other health and social care organisations such as nursing homes, or non-healthcare organisations and the prison service. Lauder et al. (2008) in their large scale evaluation of fitness for practice programmes in Scotland noted that this experience is planned and managed in a variety of different ways according to both programme specification and placement allocation. Lauder et al. (2008) further identified that whilst it is apparent that student nurses, in their various branch programmes will be prepared for their practice experience through the same theoretical curriculum in each university, it is not the same situation with regards to their clinical curriculum. The literature refers to the significance of this ‘being in practice’ as part of the socialisation process of becoming a nurse or midwife (Melia, 1987; Levett-Jones and Lathlean, 2007) and that students acknowledge the importance of ‘fitting in’ to the environment in which they are allocated as significant to their actual experience and their success in becoming a qualified nurse (May and Veitch, 1998). Furthermore a study by Last and Fullbrook (2003) found that the qualities of placements as well as the poor support received from some mentors and tutors, together with not being supernumerary and not being valued, were contributing factors to students leaving nursing and midwifery. Placement experiences also formed the basis of a study by Andrews et al. (2005), in which it was concluded that ‘…in particular the absence or presence of a supportive and positive learning environment, are seminal for many students in shaping their first destination employment decisions’ and also that ‘…experiences of one ward can impact upon the perception of the entire institution and consequently the decision to apply for work there’.

Project aim
To develop, implement and evaluate the impact of a hub and spoke model of clinical practice placement across three geographically diverse locations (NHS Forth Valley, NHS Highland, NHS Western Isles), with a particular focus on enhancing the student experience of belongingness, continuity, continuous support and contemporary and future focused practice.

Objectives
- To design, test and evaluate a hub and spoke model of clinical practice placement for 1st year student nurses
- To explore the contribution that such a model can offer in providing belongingness, continuity, continuous support and contemporary and future focused practice for student nurses
- To explore and identify positive and negative benefits of student nurses being placed in a ‘hub ‘ base for one year from the student, mentor, senior charge nurse (SCN) and personal tutor perspective.

Sample
- A total of 52 students (n=15%) across the programmes of adult, mental health and learning disability were recruited from the September 2009 intake to participate in this first year pilot
- A 15% convenience sample of the remainder of the cohort also participate.

Evaluation
This quasi-experimental study incorporates a process of illuminative evaluation utilising a number of data collection methods: before and after survey (mentors, SCN, Personal Tutors), administration of the clinical

References


learning environment inventory (pilot and non-pilot students) (Chan), reflective diaries (pilot students), administration of the short support questionnaire (pilot and non-pilot students) (Lauder et al., 2008), focus groups (students, mentors, personal tutors, SCN).

This presentation will report early quantitative and qualitative findings from the perspectives of students, mentors, personal academic tutors and senior charge nurses in relation to belongingness, continuity, continuous support and contemporary and future focused practice.

References

Nursing students and clinical evaluation

Fariba Bolourchifard, MSc, PhD Student in Nursing and Lecturer, Shaheed Beheshti Medical University; M. Neishabory, Lecturer, Semnan Medical University; T. Ashktorab, Assistant Professor, Shaheed Beheshti Medical University; S. Nasrollah Zadeh, Lecturer, Islamic Open University, Tehran, Iran

Background and aim
One of the most important parts of nursing education is clinical practice. The evaluation of clinical performance is a challenge for nursing education. This study has been conducted to compare the satisfaction of nursing students about two methods of clinical evaluation (objective structured clinical examination (OSCE) and practical examination).

Materials and methods
This research is a quasi-experimental study. Forty-four nursing students were convenience sampling in the second years (medical surgical nursing-orthopedic courses) of a four-year nursing program (baccalaureate nursing program) in the Shaheed Beheshti nursing and midwifery faculty in Tehran-Iran that each one evaluated by two methods of clinical examination. Data was collected by a satisfaction checklist about clinical courses require evaluation of cognitive, affective, and psychomotor achievements. Data collection form was validated by content method. Reliability was achieved by inter-rater method.

Findings
According to the results of this research the satisfaction of nursing students about two methods of clinical evaluation was positive and also they prefer objective structured clinical examination (OSCE) more than practical examination. (P<0.001)

Conclusion
It was the first time that an OSCE was used in a medical-surgical nursing course to assess the clinical competence of orthopedic nursing students. The students were more satisfied with OSCE.

Keywords
Objective structured clinical examination (OSCE), practical examination, clinical competence, the satisfaction of students.
Exploring Work-based Learning

Tuesday 7 September
First Group of Theme Sessions
Are we really putting patients first? The case for ‘incremental competence’©

John Carmichael, Lecturer Practitioner/Author, East Kilbride; Iain Rennie, Lecturer in Nursing, Dundee University, UK

The 4-month action research study of the innovative education model ‘incremental Competence© (iC), philosophy in a large teaching hospital in Scotland; ‘Are We Really Putting Patients First? An analysis of failed change in the support of newly qualified nurses on a medical rotation programme: The case for incremental competence’, provided significant personal and professional development of nurses (registered and pre-registered). It also impacted upon the prescribed quantitative indicators (table 1)

<table>
<thead>
<tr>
<th></th>
<th>Pre intervention</th>
<th>Post intervention</th>
<th>% Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Errors:</td>
<td>104</td>
<td>23</td>
<td>78%</td>
</tr>
<tr>
<td>Critical Incidents:</td>
<td>224</td>
<td>171</td>
<td>24%</td>
</tr>
<tr>
<td>Formal Complaints:</td>
<td>63</td>
<td>52</td>
<td>17.4%</td>
</tr>
<tr>
<td>Sickness and Absence:</td>
<td>6.23%</td>
<td>4.69%</td>
<td>1.54%</td>
</tr>
</tbody>
</table>

(Table 1)

The iC model was developed to address safe practice. The model encourages a supportive development though six stages allowing individual growth at the pace of the learner. The six-stage model initially focuses on the acquisition and development of a range of skills: then moves on to using the skills in a range of tasks through to developing responsibility and autonomy. There are clear differences in this model from the traditional model of knowledge then responsibility and autonomy often missing out assessment (Rennie, 2009).

The iC study sessions are scenario based, utilising every day situations which puts the patient at the centre of every decision made. The participants are encouraged to debate and discuss the scenarios which are structured and planned to encourage empowerment over ones actions and decisions and enlightenment around behaviours, actions and thinking skills.

The development of thinking skills is constructed through hands on, routine, frequent practice and exposure. This develops capability which provides a firm foundation to grow and allow the mind the freedom to form abstract concepts and solutions that may present in the clinical area (Eraut, 2004). Progression through six stages allowing individual growth at the pace of the learner, cognisant of clinical frequency, which gives the learner confidence in the routine core skills which when mature and automatic allow the mind to progress and deal with increasingly complex tasks. The six-stage model initially focuses on the acquisition and development of a range of skills: then moves on to using the skills in a range of tasks through to developing responsibility and autonomy. There are clear differences in this model from the traditional model of knowledge then responsibility and autonomy often missing out assessment.

The concepts and philosophies on which iC is constructed are found in a diverse range of literature and sources ranging from Socrates to Steven Hawking and includes many educational theories to support the assessment and development of competence in practice.

The iC action research although demonstrating effectiveness through the prescribed indicators (table 1) required further scrutiny to establish its reliability and validity. The author conducted a ‘critical reader exercise’ constructed and undertaken to validate the conceptual model of, incremental Competence© (iC), guided by established philosophical truth theories. The work, as agreed, was disseminated to 60 critical readers in 2004 and received many more accolades than criticisms (38 v 4).

‘This is a work of genius, it blew my mind’
‘An effortless read, which challenges the Profession to think again’

60 Critical Readers were recruited, 20 in each of 3 categories…

Academic (A): Recruited via NET conference papers
Practice Development (PD): Recruited through the Foundation of Nursing Studies and
Clinical Practitioner s (CP): Recruited from several Trusts in England.

The groups were intentionally diverse to represent areas of expertise, experience and geography. The readers were not aware of the action research prior to undertaking the exercise and advised that any questions raised in the responses would not be replied to. The exercise was also intended to identify the audience, with whom the
model did and did not resonate, with a view to eliciting deficits not only in the proposition, but also in the model literature, including suggestions for change or improvement.

An adaptation of the ‘Responsive Reader’ method of interview analysis (Sherblom et al., 1993) was designed in a discursive evaluation. The introduction, though factually accurate, was intended simply to inform the reader and provide simple directions.

**Read 1:** Please read ‘iC’ uninterrupted before completing section 1 (First impressions)

- ‘Written in a style that will suit an academic mind but would be tremendously useful for practice staff supporting students…’
- ‘I found this an intriguing read, which made a lot of sense! It also encouraged me to reflect on the processes of assessment…’
- ‘A stimulating thought provoker…I’d use this tool’

**Read 2:** Read again uninterrupted and complete section 2 (The Chapters)

- ‘Upon the second read, I can see where I may use some of these concepts as we are developing our new curriculum’
- ‘A very useful piece of work in the assessment arena and I would suggest that every practitioner who assesses students becomes familiar with this framework’

**Read 3:** Read again uninterrupted and complete the remainder of the form (Truth)

Three theories were offered for contention:

- **Correspondence:** suggests a proposition is true, if it corresponds to reality
- **Coherence:** a proposition is true if it is compliant to an existing body of knowledge
- **Consensus:** suggests that a proposition is true, if experts agree on it.

57 Readers indicated that iC is a proposition which ‘rings true’ (95%)
29 Readers indicated it satisfies ALL THREE philosophical truth theories (48%)
1 Reader indicated that it does not satisfy any of the theories, without comment. (5%)

**Conclusion:**

‘...incremental Competence reflects fundamental concerns in clinical practice about teaching, learning and assessing basic skills, knowledge and behaviours in an accessible and concise format.’

**References**


Facilitating online action learning for a senior staff nurse development programme

David Brighton, Professional Development Facilitator, The Royal Marsden School of Cancer Nursing and Rehabilitation, London, UK

Introduction
The senior staff nurse development programme is a nine month programme aimed at exploring and developing the management skills of newly appointed senior staff nurses. The programme is delivered over four face-to-face study days and two blocks of online activities. This study explores one of these online activities, online action learning as a method of encouraging learning in practice. Action learning is a model of group experiential learning chosen to encourage real world learning (Murphy, 2004). The study was an analysis of the transcripts of 19 online action learning discussions.

Action learning
Action learning is an experiential learning approach that encourages learning and action in relation to real world problems (Pedler et al., 1992). Action learning was devised by Reg Revans, who suggested that learning (L) results from programmed knowledge (P) plus questioning insight (Q) or:

$L = P + Q$

In practice, the process follows a similar pattern to experiential cycles (Kolb, 1993). The process shown in Figure 1 was devised from the description of the action learning process in the literature (12manage, 2009; Pedler, 1991).

![Action Learning Cycle](image)

Figure 1: Action Learning Cycle - adapted from the process described on 12manage (2009); Pedler (1991).

The model shown in Figure 1 is designed to support action learning follow these stages, but without the need for set meeting times and locations. There is similarity between action learning and other models of reflection and experiential learning, for example clinical supervision or reflective practice.

In practice, action learning is conducted in groups of 6-8 participants. They take turns to present real world dilemmas (ie problems that are not straightforward solutions) (Pedler, 1991; Revans, 1998; 12Manage, 2009). The other participants encourage learning in the presenter by questioning to encourage exploration and solution finding (Lawlor, 1991; Naftalin, 2005). The presenter should be able to formulate a course of action in relation to the problem, which they put in practice, reporting the outcome back to the group. Action learning encourages transference of learning into the real world problem solving of the learner (O’Neil and Marsick, 2007).
Facilitation of the group is also a key element in most models of action learning, and this study will examine the role of facilitation online, with comparisons made between facilitated and self directed action learning sets and how this affects the process of action learning.

The Focus of this study of online action learning

The use of online technology to host action learning sets is not unique to the senior staff nurse programme and is reported by a number of recent studies (OpenLearn, 2008; Cambridge Online Learning (undated); Sanders et al., 2007; McKeown, 2007; Waddill et al., 2006 and the survey by Dickensen et al., 2008). Some emphasis has been placed on the technology used in the process, but this study aims to answer a number of questions in relation to the effectiveness and facilitation of online action learning rather than trying to provide a comparison of different technological supporting mechanisms. For example, there is no comparison group of face-to-face action learning.

The study design covers an exploration of the process of action learning in an online environment. Action learning is traditionally conducted in face-to-face meetings, so the impact of the online environment will be a major factor in this exploration. The study (in progress at the time of submission) examines the effectiveness of the process as well as such as the frequency, depth and process of action learning as evidenced in the online transcript. Specifically, discussion will centre around:

- How much participation is evident, for example, how active participants were in the process and the number of messages?
- The stages of action learning – how well is the process evident in the online discussion?
- The depth of learning – what depth of learning or discussion is evident in the transcripts?
- What, if any, effect facilitation is evident from the analysis?

At the time of submitting this abstract, initial data analysis has just begun, so it is not possible to predict the actual findings. It is hoped that the process, role and benefits of action learning will be illuminated and that the perception of the process on the development of senior staff nurses will be described.

With the current pressure on efficiency and the higher expectations of healthcare education, ‘low maintenance’ options such as online action learning are attractive. By exploring the process as demonstrated in the online transcripts, this study will be able to provide a reasoned analysis of the issues to be considered and the effectiveness of this online activity. It is hoped that this paper will be a useful and challenging exploration of an alternative method of encouraging learning in relation to real world problems in education and practice.

References


**T26**

**Work-based Learning: Making it happen**

Lynn Swift, Nurse Clinician; Anthony Mayled, Nurse Clinician, St Helens Walk-in Centre, Merseyside, UK

Advanced nursing practice is at the forefront of enhancing the profile and scope of professional practice for all nurses, midwives and health visitors. Advanced nursing practice is what it says on the label ‘advanced’ and what constitutes an advanced nurse practitioner is still multifaceted, and to date no firm decision as to what constitutes this sphere of practice has been established.

There can be no doubt that the title of advanced nurse practitioner suggests that the practitioner requires appropriate advanced skills underpinned by appropriate education.

Higher education and university settings are now the accepted areas in which to achieve these academic competencies with the practitioner underpinning the theory with practice back in their area of work. Bridging the gap between theory and practice has always been a challenge in the drive to achieve high quality care within nursing. In response to this ever expanding demand for high quality care, providers and commissioning bodies throughout the northwest region have been keen to evaluate what educational opportunities are available locally in order to expand the levels of expertise among their nursing staff.

The walk in centre in St Helens regularly receives enquiries regarding educational opportunities for staff being employed in similar newly established centres. Many of these enquirers suggest that existing academic courses offered within the Northwest either focus on minor illness or minor injury but do not adequately combine the two.

Nurses working within a walk in centre require a wide variety of skills and knowledge relating to both minor injury and illness. The two are entwined and cannot be taught in isolation. In order to recognise and manage effectively the complexities of nursing care at such an advanced level requires a holistic educational approach.

The walk in centre in St Helens knew that their staff required more than a ‘chalk and talk’ course. They needed a programme that provided not only the theory but also the hands on practical aspects of advanced practice, thus providing the practitioner with the skills and confidence to go out into the work place and consolidate these newly acquired skills under the guidance of an experienced mentor.

In conjunction with the University of Chester, the nurse clinicians within the walk in centre investigated the feasibility of establishing a minor injury and minor illness course at first degree level standard. Given the wide range of clinical expertise available and wide patient clinical presentations encountered within the walk in centre, the question was raised, could St Helens walk in centre run a course ‘in house’ providing work based learning, delivered by experienced nurse clinicians and underpinned academically by a local university?

After discussions with educationalists and students regarding the possibility of learning taking place outside traditional educational settings the answer was a resounding yes.

The course has been designed by the clinical staff for clinical staff with academic assistance, underpinning and subsequent validation by the University of Chester. The programme has been designed to run over a six month period in house within the walk in centre and commenced its first intake in September 2008. The programme is modular and is delivered at level six with 30 credits recognition.

The course focuses on developing the student’s skills in health assessment and their ability to make effective, evidenced based decisions in the clinical environment.
The course is a head to toe journey of injuries and illness, with the emphasis on merging sound theoretical subject matter with practical skills including history taking and physical examination, resulting in appropriate patient management.

The course has just commenced with its 3rd cohort of students and to date the evaluation has been extremely encouraging. Some of the common themes emerging from the feedback include:

- A small friendly supportive learning environment
- Opportunity to learn both theory and clinical examination
- Peer support and the opportunity for benchmarking
- Developing knowledge and skills regarding a wide variety of minor injury and illness conditions
- Preparation and confidence to further develop advanced clinical skills.

The clinicians have found the whole experience extremely rewarding, the learning in many ways is a two way process and an excellent opportunity to expand on current evidenced based practice.

The evidence suggests that this work based learning programme meets the true needs of the advanced practitioner, bringing together theory and practice, delivered by experienced nurse clinicians within the work environment.

---

**T27**

**An impact evaluation of a work-based learning degree programme in East Africa**

Claire Matheson, Researcher; Andrew Main, Education Advisor to the Charity; Dianah Rouse, Education Quality Systems Coordinator, Mildmay International, London, UK; Yvonne Karamagi, Academic Programme Manager, Mildmay International, Kenya, Africa

**Background**

Mildmay International, is a not for profit christian organisation focused on providing AIDS care services, consultancy and training worldwide. In partnership with Manchester University, Mildmay has developed a work-based degree programme, BSc (Hons) ‘A Health Systems Approach to HIV and AIDS Care and Management’. This was in response to identified HIV service capacity needs in East Africa. The programme strategically targets multidisciplinary health practitioners and lecturers from a range of health care settings in Kenya, Uganda and Tanzania. The work-based degree programme is an intensive modular course with an exit diploma award after 18 months and full degree award after three years. It involves short residential taught weeks followed by students spending the majority of their time in their own workplaces implementing theory into practice. All assignments have a direct relevance to workplace programme improvement and student assessments are conducted at the workplace and during the taught weeks.

**Background and aim of this project**

Effective monitoring and evaluation of the degree programme is essential and the Kirkpatrick model of evaluation has formed the basis of this process. Encapsulated in this model are four key stages of evaluation, and whilst mechanisms are in place for the monitoring and evaluation relating to the first three levels, a comprehensive analysis of Stage 4, the Results of the programme, has not been undertaken. Analysis of this level is critical in ascertaining the extent to which the original objectives of the degree programme are being met and in determining the value of the programme.

To address this stage of analysis, Mildmay has conducted a series of interviews and focus group discussions with a sample of 31 degree (and diploma) graduates and visited them in their workplaces to gather information and evidence of their experiences since completing the programme. Analysis of these findings have formed the basis of the Impact Evaluation which seeks to assess the extent to which students have played a significant role in the development and implementation of HIV and AIDS care provision and had a positive influence in their workplaces and communities. The evaluation aims to ascertain the extent to which the programme has led to an increase in access to HIV and AIDS services, improved the quality of care provided, and strengthened health and education systems.

**Findings**

The work-based degree programme has had a major impact on those who participated and has equipped students with key skills, knowledge and information which they have been able to directly apply within their work contexts and communities. It has contributed to an improved understanding of clinical and nursing care which has subsequently led to improved service provision. Students have also been equipped with a wider range of skills which were vital in enhancing their standard of performance at work and their abilities to develop and improve services. For example, a majority of students reported that the quality of their written work and report writing had improved, as well as their communication and analytical skills, and teaching and management abilities.

A considerable number of graduates have developed schemes, projects and policies which have had a significant impact in enhancing service provision and the welfare of those living with HIV and AIDS. The work-based
approach of the programme has meant that the direct relevance of the assignments completed whilst studying has led in numerous instances to their implementation after students have graduated. For example, a report written by one of the students working for the Ugandan prisons service later formed the basis of a successful funding proposal in which the individual received $1.6 million from the United States President’s Emergency Plan for AIDS Relief (PEPFAR). This was for a five year project to assess in detail the HIV prevalence in prisons and to develop appropriate interventions to address the major needs of prisoners. Such a scheme has tremendous potential for improving the lives of thousands of HIV positive prisoners in Uganda. In Kenya, several degree graduates from Kenyan medical training colleges have taken a leading role in establishing a local HIV diploma programme and numerous short courses in home based care. At one institution, Kisumu Medical Training College, 49 students have graduated from the locally validated diploma programme and 1193 students have participated in short courses.

The work-based programme has contributed to increased access and improved quality of HIV and AIDS services within the localities where graduates have been involved. This has been primarily as a result of graduates work to challenge stigma and discrimination towards those living with HIV and AIDS within communities and health care settings, as well as initiatives introduced to expand services, improve accessibility and address gaps in health care provision. Health and education systems have been strengthened considerably with the enhancing of management and leaderships skills, analytical abilities and quality of training delivery. Graduates have been enabled to play significant roles in health policy development, extending and improving health service provision, and developing more effective training programmes.

**Conclusion**

The impact evaluation of the degree programme offers a considerable insight in to the key outcomes of the programme. The work-based learning approach and direct relevance of the course to the contexts in which students operate has resulted in significant changes and improvements which have served to increase access to HIV and AIDS services, enhance the quality of care provision, and strengthen health and education systems in East Africa, specifically in the contexts within which graduates are working.

**References**


---

**Can external change agents improve practice-based learning in nursing homes?**

Anneke Leenheer, Assistant Professor; Lisbeth Nerdal, Associate Professor, Bodø University College, Norway

The Norwegian health service, at local government level, is facing tough challenges for the next decades to come. According to the report ‘Eldre i Norge’, we will see fewer people in the age between 67 and 79, while the group of people aged 80 years and over, 90 and over in particular, will increase by the first part of the period by 2010.

By year 2050 the number of elder people in the population, age 90 and over, will grow at ever increasing pace and potentially triple or even sixfold. Major groups of diseases dominating elder people will increase between 40 and 60 percent by 2030. This imposes major challenges to health and social services. Nursing requirements will increase no less than 60 percent by 2030. The many municipalities in Norway have been given, and partly taken on, a wider set of functions toward particular groups of users. Shorter time in hospital nursing wards create a challenge for local governments. An increased number of patients require medicine-technical procedures such as total parenteral nutrition, suppurate and antibiotics treatment. In nursing homes there are patients in respirators, patients with pain therapy and analgesia pumps, and patients with tube nutrition.

One of the most pressing challenges ahead, is to safeguard sufficient access to health and social personnel. As a consequence of changes in the population’s age composition, there will be no considerable increase in supply of labour. Not only a sufficient number of personnel, but personnel with the professional qualifications necessary to secure quality in the services provided are needed. The Government aims at providing sufficient personnel and adequate expert knowledge to local government’s care services, and demands a high level of education at all levels, including nurses. Research shows that recruiting nurses to geriatric care, and nursing homes in particular, is difficult. The reasons to this are organizational, such as complex geriatric care, level of responsibility, and a limited professional social environment. This leads to a challenge for the University College, in making nursing home practice more attractive and desirable for future job opportunities. By systematically using knowledge to achieve good quality in services provided to patients, professional development will be achieved in practice.

Bodø University College, division Mo i Rana, and Rana county municipality, care division, cooperates for a planned alteration titled ‘Together we turn for the better…’. The project’s background rests on nursing students’ experiences of culture in nursing homes as less professional and partly restrictive for their learning processes.
Management in the care division aims at developing and raising employees’ professional competence in dealing with these challenges.

The project’s focus is split in two research questions:

- How can a new supervisor model make safe student’s learning in nursing home practice?
- How can a new supervisor model create learning and increased professional competence for employees at nursing homes?

The project was initiated in week 17, 2008, and ended December 2009. It was carried out in three nursing home divisions at three nursing homes in Rana municipality. Several students got work experience placements together at each division.

The purpose for this study is to describe the employees’ experiences in actively involving in the new supervisor model at three nursing home divisions in Rana municipality. Our assumption is that the new supervisor model will contribute to the employees learning and development of professional competence in the three nursing home divisions. To establish learning arenas, weekly group supervisory meetings were held for employees in the divisions. Students presented assignments and wrote weekly memos, with comments from employees.

Our research focuses on the employees’ experiences with the new model, whether it contributes to learning and alterations in nursing home divisions, and what possibly restrains and promotes these issues.

We performed in-depth interviews with division managers, and focus group interviews with employees in mid project period. In the light of findings from these interviews, we also performed in-depth interviews with two employees from each division by the project’s end, and these form the foundation for this research.

Preliminary findings describe employees as eager to develop professional competence. They also express uncertainty whether the divisions have the professional competence necessary to ensure quality in services provided. Informants express discouragement over the fragmented learning environment.

T29

Breastfeeding as a technical pain relief method for neonates in a selected medical centre of Tehran Medical Sciences University

Maryam Modarres; A. Jazayeri, Members of Scientific Board, University of Medical Sciences, Tehran, Iran

Background
This study identifies a behavioural and no pharmacologic means of preventing newborn pain. Breastfeeding links evolutionary biology and medical practice. Newborn babies, experience pain similarly and probably more intensely than older children and adults. They are also at risk of adverse long-term effects on behaviour and development, through inadequate attention towards pain relief in early life.

Objective
To provide neonatal and follow-up data for the effects of breastfeeding on pain relief. This article achieved for assessing of pain and evaluating, effect of breastfeeding on pain in newborns.

Methods
A prospective, randomised, controlled trial was designed to evaluate analgesic effect of breastfeeding during injection of hepatitis B vaccine. (participant) 130 newborns full-terms had been referred for hepatitis B vaccination, were selected from (setting ) Mirza Kochak Khan Hospital, Tehran, Iran. After describing the procedure was described the testimonial was took from parents. (outcome measures) They were divided randomly in tow groups. In cases group, feeding was begun two minutes before injection and continued for five minutes. In the control group injection was made without breastfeeding. Pain assessment was performed with Douler Aigue Nouveaune (DAN) scale. Crying, grimacing, and reflex differences were analysed between the breastfeeding and the control neonates before, during, and after hepatic immunization.

Results
In the case group 35.4% of newborns got four points and no one got more than seven points according to DAN scale. In contrast the control group 32.4% got eight points or more and no one got l less than three points. The mean of pain severity in case group was 3.5 and in control group was 6.7 and it show significant difference according to Mann-Whitney U test (p<0.0001).

Conclusions
Breastfeeding is a potent analgesic intervention in newborns during an injected procedure.
Global Challenges in Healthcare Education

Tuesday 7 September
First Group of Theme Sessions
Violence among nurse learners: A descriptive study examining nurse learners' experiences of violence

Tania de Villiers, Lecturer; Doris Khalil, Senior Lecturer; Pat Mayers, Senior Lecturer, University of Cape Town, South Africa

Background and need for the study
Over the last decade there has been a steady increase in media reports on violence in our society. This trend of violence is paralleled in the health care environment and has become a growing problem among nurses globally (Farrel, 2001; Blair and Wallace, 2002; Hiffe, 2002; Beech, 2008; Clark and Springer, 2007; Woelfle and McCaffey, 2007). For example, a terrifying event shocked the community of Arizona on 28 October 2002: Three professors of nursing at the University of Arizona were shot and killed by a nurse learner (in America referred to as student nurse) who later killed himself (Clark and Springer, 2007).

Violence among nurse learners is a concern because violence at this level could arguably impact on the quality of patient care and the ethos of nursing practice in general.

The primary purpose of nursing care is to provide for the patient's physical, emotional and spiritual needs. Impaired interpersonal relationships among nurse learners can cause poor work performance, errors and accidents (Farrell, 1997). Nurses are unlikely to perform at their best when tensions are high, the result often being poor patient care (Woelfle and McCaffrey, 2007). Violence in the nursing profession has risen steadily over the last 5-10 years (Blair and Wallace, 2002; Chapman and Styles, 2006; Edwards and O’Connell, 2007), with more and more incidents of violence perpetrated on nurse learners (Calvert, 1996; Beech, 2001; Muro, Tomas, Moreno and Rubio, 2002; Celik and Bayraktar, 2004). Considering the caring nature of nursing, it is of concern that violence among nurse learners – the future of the nursing profession – is a growing reality. If nurses are fighting among each other, where does it leave those who seek their care?

This study describes perceptions and experiences of violence among nurse learners at a college of nursing in the Western Province, and forms part of a larger study conducted by Khalil (2006) on violence in the nursing profession. The main study examined violence in nursing at three distinct levels, and assessed the extent to which five categories of nurses resort to specific behaviour patterns towards others. Nurse learners were one of the categories of nurses in the larger study on violence in nursing, and the presence of violence among nurse learners was confirmed.

Research questions
A number of research questions were addressed in this study:

- What is the profile of nurse learners at the nursing college?
- What are nurse learners’ perceptions of violence?
- What are nurse learners’ experiences of violence?
  - Interpersonal
  - Educational (lecturers, administrative staff, fellow nurse learners, nurse managers)
  - Observed violence.

Aims and objectives
This study set out to achieve the following aims and objectives:

Aim
To explore and describe factors contributing to violence among nurse learners.

Objectives
1. To describe the profile of nurse learners at the college
2. To examine nurse learners’ perceptions of violence
3. To explore nurse learners’ experiences of violence.

Methodology
Methods used to conduct this research study were both quantitative and qualitative. A questionnaire survey of 223 nurse learners at a college of nursing in the Western Cape was conducted. Semi-structured interviews were conducted with five nurse educators and focus groups took place with nine nurse learners.

Results
The survey results were analysed for meaning which reflected the occurrence, nature and extent of violence observed and experienced among nurse learners at the college of nursing. The semi-structured interviews and focus groups were audio-taped, transcribed verbatim and analysed for meaning. The interviews with nurse
educators revealed their experiences of violence, and thematic analysis revealed six themes: substance abuse, vandalism and violation of others’ property, abusive behaviour, clashes with the law, fearfulness and anxiety, and abuse experienced by nurse learners outside the college. The focus group interviews, which described the nurse learners’ experiences of violence, revealed five themes: violation of others’ property and space, substance abuse, abusive behaviour, anxiety about the environment and helplessness.

Conclusions

Similarities were found between the results of the survey, interviews with nurse educators and focus groups with nurse learners. A number of recommendations offered based on the findings of the study, which may facilitate awareness of and active participation in eradicating violence among nurse learners and within the nursing education environment.

References

Beech, B. (2001) Sign of the times or the shape of things to come? A 3-day unit of instruction on aggression and violence in health settings for all students during pre-registration nurse training. Accident and Emergency Nursing, 9: 204–211.


Bibliography


Greenberg, M., Scheiner, D. (1994) Violence in American cities: young black males is the answer, but what was the question? Social Science and Medicine, 39: 179-187.


Simulation and its effect on clinical decision making: A constructivist investigation

Jacinta Secomb, Monash University, Victoria, Australia

Background
Increasingly, simulation is being espoused as an educational method that will increase the competence of health professions (Flanagan et al., 2008; Mc Kenna et al., 2007; Bradley, 2006; Seropian, 2003). At present there is very little evidence to support the current investment in time and resources (Laschinger et al., 2008; Issenberg et al., 2003).

The objective of this research has been to explore knowledge development and clinical decision making in undergraduate nursing students using simulation activities. As previous research on simulation activities, has failed to fully inform pedagogies and its effect on clinical decision making (Kaakinen and Arwood, 2009).

Method
This study involved two investigations that followed a logical sequence of mixed methods. The theoretical perspective that underpins both investigations is William Perry’s (1970) cognitive constructivist theory. It is an assumption of this study that the higher the cognitive score, the greater the ability of the nursing student to make informed valid decisions in their clinical practice.

Firstly, following ethical approval at three differing Australian universities, twenty-four participants who gave their consent freely, were randomised using stratified random selection into a group parallel randomised controlled trial. The objective scoring instrument of cognitive development the Learning Environment Preferences (LEP) was used to test cognitive abilities in order to refute the null hypothesis that simulation activities have a negative effect on cognitive abilities.

Secondly, Perry’s scheme and previous research provided the initial coding framework in a directed content analysis of interview transcripts. This second investigation explored factors that students reported; and relates to their knowledge development and their increased ability to make decisions in their real world clinical practice from the use of computer based self instructive and laboratory based simulation activities.

Results
The results indicate that International nursing students prefer and have increased performance in laboratory based simulation tasks. Although there was no overall significant difference in cognitive development following two cycles of simulation. Recommendations for the use of simulation tasks in undergraduate education to increase student clinical decision making abilities and cognitive development are also reported.
Conclusions
It is reasonable to assume that two simulation tasks either computer based or laboratory based has no effect on an undergraduate students’ ability to make clinical decisions in their practice. More rigorous inter-professional longitudinal studies (eight or more cycles of simulation) that quantify the educational effects of simulation on the cognitive, affective and psychomotor attributes of health science students and professionals and further testing of the recommendations from this report is urgently needed.

References

The virtual exchange project

Bob Hallawell, Academic Lead Learning Disabilities; Fern Todhunter, Lecturer, University of Nottingham, UK; Deborah Pittaway, Clinical Lecturer, University of Queensland, Australia

The increasing movement of populations and changes in societal structures requires university students of nursing to demonstrate intercultural competence and international sensitisation to the need of people accessing health and social care services. Within statutory guidance from international professional bodies it is acknowledged that nursing curricula design and theory and practice products will be comparative in nature. The Virtual Exchange Project (VEP) is a collaborative Universitas 21 nurse education initiative between the universities of Nottingham, Auckland, Birmingham (UK), Lund and Queensland. This paper will focus on the specific link established between the universities of Nottingham and Queensland.

The initial objectives of the project were to develop collaborative links between the identified organisations and to create a pedagogical framework suitable for interactive technologies. The pedagogical structures of the project draw upon a constructivist philosophy and utilise enquiry based and problem based approaches to learning. These serve to promote curiosity driven exploration by students of the global nursing experience. Further objectives were related to the identification and implementation of web based technologies suitable for institutional and individual collaboration and establishing the best means for recruiting international students to such an initiative.

As a web-based learning and teaching application the VEP is designed to bring study-elsewhere experiences into the student’s own setting. It offers learners the opportunity to create a vicarious study abroad experience in the classroom utilising a range of technologies and learning activities. These include WebCT, web based discussion boards and social networking sites. Collaborative technologies of this nature can support learning through opportunities for students to develop and share both ideas and ‘digital products’ (Laurillard, 2009). A significant pedagogical component is ‘mobile learning’ where students may ‘come to know’ through ‘conversations across multiple contexts’ within personal interactive technologies (Sharples et al., 2007). Invariably these types of technologies will be hybrid containing academic and social networking elements and some may question this combination within a formal academic programme. However, it was anticipated that the familiarity of students with web based social networking would facilitate an ‘aspire, enjoy and achieve’ approach, the benefit of this being an emerging dialogue with and subsequent enlightenment about global nursing practice. This idea is supported by Tuijnman and Bostrom (2002) who argue that in order for learning to be meaningful and lifelong it should encompasses formal, non-formal and informal approaches.
An important aim of the project was to address issues relating to parity and equity for students wishing to engage with international learning experiences. It is widely acknowledged that a diverse student body may be found within nursing programmes. This recognition requires institutions to directly address issues of accessibility and to make reasonable adjustments to facilitate student learning where necessary. Olsen, Zimmer and Behr (2006) identify that whilst studying abroad is important to the experiential learning of students there are many obstacles to these experiences, particularly for ‘non-traditional’ students. There are economic, personal and family circumstances that potentially limit participation for such students. The VEP seeks to address educational disparity related to such circumstances through the provision of an environment that enables equality of access to valued experiential learning opportunities.

In summary, this conference paper will explore the experience of working across countries and continents and will include consideration of the impact, benefits and associated challenges of the use of educational technologies to support global nurse education.

References

T33

The development of an evidence-based conceptual framework for undergraduate nursing curricula for a developing country

Rasika Jayasekara, Lecturer, School of Nursing and Midwifery, University of South Australia, Adelaide, Australia

Background
In Sri Lanka, nursing education is moving from a three-year general nursing certificate to a four-year university bachelor degree. In this transitional stage, the development of a conceptual framework that uses evidence to underpin undergraduate nursing education is a crucially important step to improve nursing education and nursing service in Sri Lanka. However, there is no evidence to support the contention that existing and proposed undergraduate nursing curricula in Sri Lankan universities are based on a common philosophy or an acceptable needs assessment.

Purpose
The overall purpose of this study was to develop an evidence-based conceptual framework for undergraduate nursing curricula in Sri Lanka.

Method
This study has involved conducting critical reviews of literature, two systematic reviews, developing a draft conceptual framework, testing its appropriateness and feasibility with key stakeholders (nursing academics, administrators, clinicians) via focus group discussions in Sri Lanka, and formulating the final conceptual framework for nursing curricula in Sri Lanka.

Findings
The systematic reviews revealed that the evidence regarding the effectiveness and appropriateness of undergraduate nursing curricula is notably weak and direct transfer of the curriculum model from one country to another is not appropriate without first assessing the cultural context of both countries. The conceptual framework, which was developed using the finding of systematic reviews and literature reviews, consists of widely recognised nursing concepts in international and local contexts. However, some concepts cannot be directly applicable because of cultural and economic impediments.

Discussion
The cultural, social, political and economic contexts of a country have a direct impact on its health and education systems. This study identified several factors that shape the approach to nursing curricula in Sri Lanka. These factors include: Western influence; Sri Lanka’s cultural influence; the current healthcare system and demand for
healthcare; nursing systems and regulation; medical dominance; financial support; and Sri Lanka’s education system. All of these factors influence the conceptualisation of nursing and educational strategies needed to effectively and appropriately prepare nurses in Sri Lanka. I propose several recommendations to support the implementation of the study findings into practice in Sri Lanka.

**T34**

**A passage to interprofessional learning: The benefits for students of an educational visit to India**

Catherine Bernal, Senior Lecturer in Learning Disability; Laura Gilbert, Senior Lecturer in Child Nursing; Anne Kelly, Senior Lecturer in Social Work; Alison Smith, Principal Lecturer; Angela Gnanadurai, Professor and Vice Principal, Canterbury Christ Church University, UK

In the spring of 2008 an educational visit was made by a group of twenty two students from a university in the south of England to a hospital in Kerala, South India. Close links with the hospital in Kerala had already been established from previous study visits with students and staff from the university in England. The medical director of the hospital in Kerala had also visited the English university the previous year. The group of students represented all eight pathways, adult nursing, child nursing, mental health nursing, midwifery, operating department practitioner, occupational therapy, radiography (diagnostic) and social work on an interprofessional learning programme in health and social care.

The objectives of the visit were for:

- Students to experience health and social care in a different global setting
- Students to develop cultural awareness and sensitivity of working in India
- Students to share knowledge and skills with their Indian pre registration nursing colleagues
- Students to share their knowledge interprofessionally, both in the clinical areas and informally at meal times.

In preparation for the current visit and having reflected on previous visits the staff who were to accompany the students felt that it would be highly beneficial to have a more structured approach to support for them. The specific reasons for this were that many of the students had had little experience of foreign travel, and it was anticipated that they would find the environment emotionally challenging. Therefore, during this study visit two interprofessional clinical supervision groups were organised in order to support the students, during the time they were in India. Each group was facilitated by one member of staff and met at regular intervals during the two week placement.

At the close of the visit, qualitative data were collected that yielded insights into the extent of learning – cultural, interprofessional and personal – that had resulted. In addition, data from the reflective notes that staff had kept during the visit were also used to corroborate the results from the data obtained from the students. The conjunction of these data sets indicate multiple benefits for the English students, some quite unexpected, for all involved. The main findings were, the shock of difference, enhancement of Interprofessional learning, the benefit of peer assisted learning, enhanced self development, and increased passion and confidence for their own professional role.

An incidental but significant finding was that the themes identified from the English students were similar to the results of an investigation using focus groups that had been undertaken in 2007 into the benefits for the hosting Indian nursing students of a study visit undertaken in the same year. This study also found that following the visit the Indian students became more self aware, they gained confidence in their professional role and in their use of English, a skill vital for career development in India, and that they also appreciated having the opportunity to learn about different professions from the multi-disciplinary group of English students. In addition, when the final assessment marks for the Indian students were scrutinised to identify whether there had been any lasting impact from the visit from the group of English students, it was found that there was a highly significant increase in assessment scores (more than 10% of mean) in midwifery and child nursing students and a 4% increase in the mean community health nursing final assessment scores.

In conclusion, it appears that the benefits to students from both countries of this ‘passage to India’ were many, often exceeding those that were expected, and that the immediate benefits may also have ramifications for the future practice of interprofessional education in health and social care.
Graduating nurses’ medication competence: Challenges for nurse educators and researchers

Virpi Sulosaari, Lecturer; Riitta Suhonen, PhD, Professor (acting); Helena Leino-Kilpi, PhD, Professor, Department of Nursing Science; Risto Huupponen, MD, PhD, Professor, Department of Pharmacology, Drug Development and Therapeutics, University of Turku, Finland

Introduction
Nurses (RN) have an important role in safe, effective and high quality medication care of patients. The nurses’ role is very complex and their competence is constantly tested (Manias et al., 2005). Undergraduate nursing curriculum needs to prepare nurses to their demanding roles in medication management. However, previous studies have highlighted concerns over the nurses’ and nurse students’ medication competence. The problems identified in the studies have been similar globally although the educational systems are different (e.g. Ives et al., 1997; Grandell-Niemi et al., 2006). In the previous studies, the focus has been on different competency areas such as medication calculation and pharmacological skills. There is a lack of research focused on more comprehensive understanding of the medication competence. Therefore, it was necessary for this research to describe the competence required for medication management in more comprehensive manner by integrating different elements of competencies related to medication competence. This abstract for theme presentation is based on the literature review conducted by Sulosaari, Suhonen and Leino-Kilpi (2009).

Method
Integrative literature review based on the method described by Whittomore and Knafl (2005). The integrative literature review followed five stages: 1) problem identification, 2) literature search, 3) data evaluation, 4) data analysis and 5) presentation. Eligible articles were identified via systematic literature search of research databases.

Results
Twenty-one studies met the selection criteria. The studies were conducted in Australia (n=7), in UK (n=5), in Finland (n=5), in USA (n=3) and in New Zealand (n=1). In the analysis, eleven competency areas were identified that constitute nurses’ medication competence: 1) anatomy and physiology, 2) pharmacology, 3) communication, 4) interdisciplinary collaboration, 5) information seeking, 6) mathematical and medication calculation, 7) medication administration, 8) medication education, 9) assessment and evaluation, 10) documentation and 11) promoting medication safety as part of patient safety. These competency areas are all integrated to three major competence categories: 1) decision making competence, 2) theoretical competence and 3) practical competence. These competence areas are interrelated and linked to the nurse’s values and attitudes. Decision making competence requires well-grounded knowledge (theoretical competence) and the ability to apply that knowledge (practical competence), to often complex patients medication processes. Medication competence becomes visible in the medication processes in different clinical contexts.

Conclusion
The demands for nurses medication competence are growing since the number of drugs available are increasing and more demanding drug therapies are developed. Polypharmacy in geriatric patients with several co-morbidities and possibilities to treat previously untreated conditions will increase the complexity of pharmacotherapy. Nurses’ role in medication management is expanding as nurse prescribers become more common globally (e.g. Ndosi and Newell, 2008; Sulosaari et al., 2009). This challenges the nursing educators to develop more effective methods for teaching, learning and evaluating the outcomes of education. Once students graduate, they are immediately expected to be able to administer medications competently and safely (Wright, 2005). The evaluation and development of nurses’ basic education is important since the basic education provides foundation also for further education. Results of this literature review have been used to plan theoretical framework for this research. The theoretical framework for research as well as the definition of the concept medication competence will be presented in the conference based on the literature review.

References
Humanising Healthcare Education

Tuesday 7 September
First Group of Theme Sessions
Humanising Parkinson’s disease through the journey of Michael J Fox

Jaclynn Huse, Associate Professor of Nursing, Southern Adventist University, Tennessee, USA

Fascination with celebrities with health concerns continues to drive the media to deliver an unprecedented amount of coverage via the internet, television, magazines, and newspapers. Images of celebrity Michael J. Fox discussing his personal battle with Parkinson’s disease and his passion for stem cell research inspire human interest and compassion.

Learning-centered education is focused on the individuality of each learner and how to utilise the most effective teaching strategies to promote the highest levels of motivation, learning, and achievement for all learners (McCombs and Whisler, 1997). The development of the Michael J. Fox case study is an innovative learning-centered teaching strategy that motivates individual learners to construct knowledge through the emotional influence of Michael’s experience with Parkinson’s disease. This teaching approach caters to diverse learning needs while providing a learning-centered experience that humanises Parkinson’s disease.

Teaching strategy

This celebrity case study is a homework assignment designed to help medical-surgical nursing students learn about Michael J. Fox’s personal battle with Parkinson’s disease through the use of internet resources. Students are directed to Fox’s official website where they are able to read excerpts of his book Lucky Man: A Memoir (2002). Fox’s memoir provides a vivid picture of how the disease was diagnosed, how his treatment has changed, and how his own physical health has slowly deteriorated. The website also gives general information on the disease. Students then watch an online video clip of an interview that Fox granted to Katie Couric and the CBS Evening News (2006). Not only does this seven-minute video clip allow students to visualize how Parkinson’s disease is physically affecting Fox, but it stimulates the process of becoming more aware of how social and political policy impact the ability to find a potential cure through stem cell research. Students then completed a written assignment on Parkinson’s disease demonstrating how Fox’s experience changed their understanding of the disease process.

Method of evaluation

Students were asked to complete an anonymous online survey on their perceptions of having celebrity case studies for course assignments. A 62% response rate (n = 49) was achieved. The majority of students were female (79.6%) and between 20-21 years of age (71.4%). More than 90% of the students believed that this case study was a fun, innovative teaching strategy that motivated learning about Parkinson’s disease. Students expressed how the disease became more ‘real’ to them and how they cared more about the patients and families who deal with Parkinson’s disease on a long-term basis. Requests were made and suggestions were offered for even more celebrity case studies in the future. Students demonstrated that the case study met the learning outcomes of knowledge acquisition on the disease process, treatment strategies, and nursing interventions for Parkinson’s disease by achieving an average of 87.32% accuracy on Parkinson’s content on their unit and final exams.

Discussion

The Michael J. Fox case study is one of five celebrity case studies developed specifically for a medical-surgical course. However, there are many opportunities to expand this teaching strategy into other nursing courses utilizing national and international celebrities, politicians, and athletic superstars. For instance, a case study on Dennis Quaid’s twins and the overdose of Heparin could be developed for a pharmacology course. In addition, the issues with diagnosis and treatment of breast cancer could be met through a case study of British reality star, Jade Goody or the affects of Alzheimer’s on mental health could be learned through the journey of Ronald Reagan. Developing case studies based on stories of human interest provides a creative way to teach content but they also increase the ability to generate a more meaningful, active learning experience for students. These case studies can potentially be developed and utilised as an alternative to presenting the content in the classroom or they could be used as a supplement that parallels the theoretical content presented by the course instructor.

References


Humanising healthcare in the age of the obesity epidemic: Preparing health professionals for quality care of the client who is obese

Matthew Walsh, Lecturer, University of Newcastle, New South Wales, Australia

Obesity is rapidly becoming the most costly and significant health issue for the global community. There is a need for creativity, rethinking and analysis of conventional wisdom in the development of obesity prevention and minimisation strategies. This includes the education of health professionals in caring for clients who are obese in a humanising manner, rather than the dehumanising culture that is reported far too frequently.

The burgeoning pandemic of obesity threatens the steady rise in life expectancy that has evolved over the last two centuries. The World Health Organisation (WHO) proposed a global estimate of 300 million adults who are clinically obese in 2005 (World Health Organisation, 2005; World Health Organisation, 2006). In 2006 WHO revised this to 400 million adults who were clinically obese in 2006 with projections of 700 million by 2015 (Organisation, 2005; 2006). Obesity is defined by the WHO as a Body Mass Index (BMI) greater than 30 kg/m² (World Health Organisation, 2005; World Health Organisation, 2006).

Global patterns of obesity demonstrate the emerging pandemic that is affecting the global community. In Australia the prevalence of obesity exceeds 21%, whilst European countries and the United States demonstrate prevalence rates exceeding 26% (Wilborn et al., 2005) and 32% (Sharma, 2007) respectively. Obesity leads to a higher risk of premature death and associated life threatening morbidities such as hypertension, type 2 diabetes, cancer, cardiovascular disease, stroke and dyslipidaemia (Gibbs, 2006). Additional morbidities including osteoarthritis, liver and gall bladder disease, gout and musculoskeletal dysfunction significantly impact the obese person and potentiate the development of disturbances in mental health such as anxiety and depression.

The physiological cost in terms of mortality and morbidity creates additional strain on currently over-burdened health care resources. Population health studies suggest social and psychological consequences of obesity are emerging as equally significant. Societal impact is reflected in productivity losses, increased access to health care resources, and increased use of sick leave. Psychological consequences are visible in rising rates of anxiety and depression disorders among individuals who are obese.

The predominant discourse that obesity is a consequence of an imbalance between energy expenditure and intake belies the complexity of obesity. The dichotomy of energy intake and expenditure over simplifies the intricate and diverse mechanisms and responses that lead to and maintain obesity in more than 400 million people globally (World Health Organisation, 2005; World Health Organisation, 2006). The interplay of genetic, psychological, behavioural, physiological, environmental and societal factors obscures the aetiology of obesity. Confounding the complex interaction of these factors is the uniqueness of the individual and the intricacy of their personal experience of obesity.

This discourse leads to the persistence of a blame culture. The client who is obese is typically viewed as solely responsible for their weight and the comorbid disease associated with it. There is often little consideration for the factors that have resulted in the clients' increase in weight, disordered eating, and decreased physical activity. Consequently, the blame culture may lead to shame, social isolation and poor health seeking behaviours among clients who are obese.

The lack of consensus on the appropriate approach and successful management of the client who is obese compounds the above issues. Consequently, the need to develop enhanced understanding of the causes of obesity is required. Moreover, developing an individualised approach to obesity management that is multidisciplinary and involves the client is equally important. Central to this approach is understanding the interaction between the individual who is obese and the health care professional. Educating health professionals to abandon their biases toward the client who is obese and adopt a caring and humanistic approach that facilitates open dialogue between the client and the health professional.

References


The use of illness narrative to inform nursing practice

Marie McDaniel, Nurse Lecturer, Queen's University Belfast, Northern Ireland, UK

The focus of this small-scale, qualitative inquiry emerges from my personal and professional experience of being a nurse, a teacher and a patient and comprises two main strands of study. Firstly, it collects a sample of four illness narratives, which stand as illustrative first person accounts of experience of 21st century nursing care in Northern Ireland. Secondly, the study examines how focus groups, comprising nurse lecturers and third year degree nursing students, independently respond to these illness narratives, and contrasts themes and issues identified by the two groups as being potentially useful to enhance nurse education and nursing practice. Particular emphasis is given to the exploration of whether or not illness narrative can be seen as illuminating the concept of holistic person-centred care in nursing.

Illness narrative falls within the wider purview of narrative methods of inquiry, which emphasise that the autobiographical narratives we construct are self-organising processes that aid reflection and personal meaning-making. Narrative methods are expanding in interest in nursing, medicine and health care where illness narrative, in particular, is seen as privileging the voice of the patient and their subjective experience of illness in culturally specific contexts. Central to the conceptualisation of this inquiry is Frank’s (1991; 1995; 2000) discussions on illness narrative. The study addresses the questions of what patients have to say; what nurses can learn about nursing from the experience of being a patient, and what students and nurse teachers can learn about nursing from listening to narratives of illness.

The findings are presented as multi-layered accounts. Although narrative accounts may stand alone, the illness narratives and the focus group data were transcribed and subjected to thematic and comparative analysis. The nursing students and nurse lecturers identified common themes of pedagogical interest, including communication, patient advocacy, pain management and person-centred and organisation-centred care. Differing emphases rested on the stresses of nursing and management and leadership by the nurse lecturers and concerns over staff desensitisation and patient advocacy by the students. Despite the limited nature of this inquiry, the main impact of using illness narrative was that it conveyed a sense of the holistic nature of the patient.

References

Engaging undergraduate nursing students in the care of older people within a pre-registration nursing curriculum

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

The purpose of this paper is to share an innovative approach to older adult practice learning within a pre-registration nursing curriculum which places the diversity of ageing and associated health and social needs at the centre of the student experience. Involving students in the care of older people presents many challenges, not least addressing prevailing ageist attitudes, however the approach developed may provide an insight into person centred practice learning experiences that positively engage students in older adult care.

The growth of an increasing elderly population is having a direct effect upon nursing practice. Within the UK, the percentage of the population aged 65+ has increased from 15% in 1983 to 16% in 2008, an increase of 1.5 million people. The fastest increase has been in the number of those aged 85+, up from 600,000 in 1983 to 1.3 million in 2008 (Office for National Statistics, 2009). Such trends are mirrored globally (Rogan and Wyllie, 2003; Fagerberg and Gilje, 2007; Welford, 2007). Nurses are significant providers of healthcare for the elderly and thus in a position to influence quality of care (Rogan and Wyllie, 2003; Alabaster, 2007). However, care interactions for this group have often been evaluated as ageist and disempowering (McGarry, 2009). Nurses’ attitudes towards older people have long reflected wider societal values on ageing (Alabaster, 2007; McGarry, 2009). At the same time the role of caring for older people has been perceived to be low status work, requiring limited skills and offering few educational or development opportunities (Rogan and Wyllie, 2003; Alabaster, 2007; Welford, 2007; McGarry, 2009). Concerns regarding the quality of care provided to older people have been many; influencing specific campaigns to improve service provision (Age Concern, 2006 and 2008), a National Service Framework (NSF) for Older People (DH, 2001) and most recently professional body guidance (NMC, 2009). The need to provide dignified care to older people and the challenges this presents has been widely discussed (DH, 2006; Age Concern, 2008; Baillie, 2009; Perry, 2009; Price, 2009).
Nurse pre-registration programmes within the UK are delivered against specified standards of proficiency (NMC, 2004). For programmes for registration as an adult health nurse, it is mandatory that students experience practice ‘...in relation to care of the old and geriatrics’ (NMC, 2004, p.20). Historically this has been provided through allocating students to particular clinical settings for a specified period of time (ENB, 2001; Calpin-Davies, 2003). With respect to care of the older person this has not been without problems. An increase in the number of student nurses has occurred at a time when there is a decrease in traditional older adult placements but an increasing diversity of care provision for this client group (Kerridge, 2008). In addition students often witness ageist attitudes and suboptimal care (Alabaster, 2007). Students need to be provided with a broad range of practice learning opportunities to facilitate their development to deliver compassionate, dignified care (Rogan and Wyllie, 2003; Kerridge, 2008; Purdie et al., 2008; NMC, 2009).

Providing sustainable, quality practice learning opportunities prompted discussions within the Nursing Group at Leeds Metropolitan University about the possibility of developing a portfolio of experiences for students which could promote an understanding of the diversity of ageing and facilitate the development of person centeredness in older adult care. There is no general consensus about the best way to challenge ageism within nursing education and support students with the challenges of caring for older people, but there is evidence that structured support across a range of experiences may positively influence student engagement (Rogan and Wyllie, 2003; Alabaster, 2007; Fagerberg and Gilje, 2007; Welford, 2007; Kerridge, 2008; McGarry, 2009). Over time a framework of experience has evolved which seeks to provide a more meaningful and holistic view of older adults and their needs and better reflect the preventative, supportive and self help initiatives that exist. This framework will be presented. Students maintain a log of their experience and map their learning and development against relevant policies and guidance (DH, 2001; NMC, 2009). Practice experiences are provided within the independent and statutory sectors. Students then negotiate access to voluntary organisations to develop an understanding of services ‘run by older people for older people’, for example neighbourhood network schemes. A range of self-directed activities enables students to gather and explore individual narratives and provides opportunities to evaluate practice against recognised dignity standards (DH, 2006).

Students often consider the older adult portfolio to be unnecessary at the beginning as they ‘come into contact with older patients during the general course of our placements’. However students positively evaluate the experience and identify how ‘it opened my eyes as to what it is to be elderly’. We feel that we have developed a useful strategy that places the older adult at the centre of the student experience and provides opportunities for service user engagement in individual student learning.

References

Age Concern (2008) Q is for Quality: The voices of older people on the need for better quality care. Available from: www.ageconcern.org.uk/AgeConcern/Documents/Q_is_for_Qualitypdf


Nursing and Midwifery Council (2004) Standards of Proficiency for Pre-registration Nursing Education. London: NMC.


Innovative Approaches to Assessment

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
T40

Innovative approaches to assessment: Students play presentations

Carol Blackmore, Senior Lecturer, University of Central Lancashire, Preston, UK

Aim
To share experience of an innovative summative assessment a play presentation, for second year child branch nursing students.

Learning Outcomes
Recognise how a play presentation can be utilised to enhance learning and transferable skills within higher education.

Demonstrate an understanding of the use of play presentations as used within our pre registration module.

Abstract
The importance of play for children is highlighted within many key documents including The National Service Framework for Children (2003).

Play is seen as therapeutic, educational and an emotionally supportive activity (Mathisen and Butterworth, 2001) for children of all ages and this topic is very much included within our child branch nursing curriculum for the DIP higher education and BSc nursing students. Therefore we have considered it important to include as one of the summative assessments for our second year child branch nursing students which involves a 15 minute play presentation focusing on the importance of play for children in hospital or other clinical settings, how utilising this play activity may benefit the child, including underpinning evidence on relevant child development theories linking to the age of the child and to their choice of play activity.

This innovative assessment strategy involves students to prepare and demonstrate a play activity in the classroom setting, they are required to bring in resources and some examples have included bubbles for a distraction technique, a doll or teddy for preparing children for theatre or junk model making which can help children to express their creativity and help them to interact with others. Students are expected to reflect on their own practice during this presentation demonstrating clear links between theory and practice and provide recommendations for practice for how this play activity could be used in other ways or in other clinical areas.

This assessment clearly links to the child branch nursing curriculum and to the module learning outcomes for this second year module, which according to Biggs theories of constructive alignment (Biggs, 2003) aids deeper learning for students as all the components the curriculum, teaching methods and assessment strategies form a clear link for the students. The marks are out of 100% and usually a wide range of marks are achieved with some students getting as high as 90 plus with some excellent presentations. It is also acknowledged that assessment can act as a powerful motivator of study (Quinn, 2000) as students expect to be assessed and in this assessment students are also demonstrating their knowledge and skills to a small group of their peers.

This presentation also enhances the development and enhancement of key skills for our students especially communication, IT, literacy along with presentation skills which will assist in preparing our students for employment and hopefully build confidence encouraging our students to consider presenting at nursing conferences in the future.

Considering the importance of building on a range of clinical skills this assessment also enables students to demonstrate an important clinical skill especially in relation to preparing children for coming into hospital and various nursing and medical procedures (NAHPS, 2000) in which they are expected to demonstrate during the presentation.

To this end it has been developed as a pivotal aspect as a year one branch assessment strategy. This assessment evaluates well and comments from students include ‘the play presentation was fun and something different,’ ‘provided experience of speaking in front of the group’ and ‘it has strengthened my knowledge in development mile stones and how and why to choose appropriate play’. Although some students find the presentation a stressful experience many acknowledged it a one of the best features of the module as it helps to build their confidence and communication skills and enhances their knowledge and understanding of the various child development theories as they have to relate these to their child and to their practice setting.

It could also be considered as developmental for students as it is the first assessment of three during their first year in branch and feedback given will hopefully enhance their understanding of the requirements for this academic level of study and the importance of providing a sound evidence base which clearly links to their practice setting.
Included in this presentation will be examples of students work, students comments from their evaluations and the on going development and evaluation of this assessment strategy.

References

T41

Peer assessment: An innovative approach to student learning
Catherine Houghton, Lecturer; Rita Smyth, Lecturer; Dymphna Casey, Senior Lecturer; Eimear Burke, Lecturer; Lorraine Mee, Lecturer; Deirdre Van der Ruthen, Lecturer; Hilary Bradley, Lecturer; Margaret Folan, Lecturer, School of Nursing and Midwifery, National University of Ireland, Galway, Ireland

Abstract
The school of nursing and midwifery at the National University of Ireland, Galway introduced a system of peer assessment into the undergraduate nursing and midwifery programme in September 2009. Peer assessment involves students commenting and grading each others’ work, the aim of which is to encourage students to become critical independent thinkers who can appraise their own work as well as that of their colleagues. With an increasing emphasis on student-centred learning, interest is growing in the use of peer assessment (Elliot and Higgins, 2005). The structuring of assessment in any course has a major effect on how students learn. The integration of peer assessment into the learning process can enhance learning (Cooke and Alavi, 1995). Involving students in a peer assessment process also allows them to get involved in the assessment culture and understand the contexts surrounding the assessment process. Peer assessment is being used increasingly in education to allow students to become involved in their learning and its evaluation and to understand what is expected of them (Race, 2001).

Peer assessment is defined as students assessing the work of others (Hanrahan and Isaacs, 2001) and it can be categorised as both a process and outcome (Elliot and Higgins, 2005). Race (2001) is of the opinion that peer assessment works best when the students own the assessment criteria and are involved from the outset in the process. The involvement of students in criteria setting, assessing, receiving and providing feedback to others helps to develop a range of transferable skills that are desirable in the workplace (Morris, 2001). It allows students to learn from their peers strengths and weaknesses (Race, 2001). The development of peer and self assessment skills allows student nurses to become the critical thinking reflective practitioners as proposed by the Irish Nursing Board, An Bord Altranais (An Bord Altranais, 2001; Elliot and Higgins, 2005).

The aim of this study was to explore undergraduate nursing students’ perspectives and experiences of completing peer assessment. The initiative was introduced in the ‘assessing and promoting health module which takes place in the first semester of the second year of the programme. Both general and midwifery students were included in the study. Firstly, students were involved in the development of the assessment criteria and a feedback document which would provide the framework for the assessment process. Students then graded each other’s assignments using this framework. This was an anonymous process, whereby numerical codes were assigned to the submitted essays. Following completion of the peer assessment exercise, students were invited to attend focus group interviews to discuss their experiences of peer assessment. Ethical approval was granted from the University Research Ethics Committee. A qualitative interpretive descriptive design was used based on the work of Thorne (Thorne et al., 2004). The constant comparative method of analysis was used to analyse the data.

The purpose of this presentation is to discuss the preliminary findings from this research. This discussion will highlight students’ perspectives of peer assessment. It will examine their perceptions of both the process and the outcome. It will describe their views regarding the assessment criteria, the feedback documentation and the challenges and benefits of reading and assessing their peers’ assignments. In addition, students’ experiences of reading feedback from their peers will be explored. These findings will establish areas that worked well or alternatively areas that require improvement when conducting peer assessment in the future. Recommendations from this research will provide guidance for implementing peer assessment and assist in the development of an information resource on peer assessment for students and staff.
T42

Patchwork text: What are level 6 midwifery students and lecturers’ perceptions and evaluations of this innovative type of assessment? Findings from an Action Research study

Ros Weston, Senior Lecturer in Midwifery, Birmingham City University, UK

Introduction

Patch-work text is a relatively new, innovative form of assessment. At the core, as Winter (2003) states, are various short ‘patches’ of writing, written in different genres. A theme is threaded through each patch, giving unity to the completed text. During action learning sets, the pieces of writing are shared for formative peer feedback. Students revise the patches as a result of this feedback. The patches are then synthesised, with students adding a reflexive commentary prior to submission.

Despite the recognition that patch work text is a valued means of assessment in other disciplines, for example, McKenzie (2003) and Rees and Preston (2003), a literature search suggests a paucity of understanding about this in undergraduate midwifery programmes. Therefore a small exploratory action research study, which will be completed in June 2010, is being conducted with a group of midwifery students.

The research question

‘What are midwifery students’ and lecturers’ perceptions and evaluation of patch-work text as an assessment for a new level 6 module ‘supporting transitions to parenting’?’

Aims

The aim is to explore midwifery students’ and lecturers’ perceptions of patch-work text, and to evaluate its introduction as an assessment for a new level 6 module, within a BSc midwifery programme. Ethics permission has been given.

Methodology

Action research is being used since it is a useful methodological approach when seeking to explore practitioners’ own practice (Winter and Munn-Giddings, 2001). The theoretical framework for the study is based on McNiff and Whitehead’s (2002) flexible transformational evolutionary model, where dynamic practice, dialogue and social formations occur.

Methods:

Sampling

The target population consisted of all forty-one final year midwifery students in the three year BSc midwifery programme, and all lecturers on the teaching team for the module.

Data collection

A focus group with five midwifery students has been conducted and the data digitally recorded. A further focus group will be conducted after the students have submitted their assignments. Two other focus groups will occur, with the module team lecturers, one during the module and a further one after the assignments have been
marked. A short non-validated questionnaire has also been distributed to students who have given informed consent, but who do not wish to be part of the focus groups.

**Analysis of data**

The verbatim transcriptions of the focus groups and the responses from the questionnaires will be separately coded and thematically analysed. Once this data analysis is completed, this will then be drawn together and compared. Similarities and differences in the responses will be identified. The synthesised data will be thematically and narratively analysed as described by Riessman (2006) and Hollway and Freshwater (2007). The findings will be set within the context of what is already known from the literature about patchwork text. Direct quotes from the focus groups and questionnaires will be used to illustrate the findings.

**Reflexivity and methodological rigour**

Critical friends and a validation group are being used to assist me in being open and reflexive about the analytical process. A reflexive diary is being kept throughout the research process. The validation group – students, lecturer colleagues, and others – will comment on progress reports, scrutinise the data and evaluate the quality of the research, as will the two ‘critical friends.’ All co-participants in the study will have the opportunity to comment on the documents whilst the research is being conducted and prior to the final reporting.

Preliminary analysis of the data suggests that students are enjoying the opportunity to be assessed by exploring a theme in depth over a period of time. The motivation of being required to bring their work for peer assessment and feedback in action learning sets has meant that some students are well ahead of their usual assignment writing timescale. This has enabled them to manage their other work loads more easily.

A dyslexic student in the focus group has found that writing the ‘patches’ has helped her to feel she is achieving her goals with more confidence. The third patch is a short creative piece that communicates the woman’s ‘voice’ as she makes the transition to becoming a parent. Students have valued this opportunity to be creative in their assessment.

This study will be of interest to other health educators who are considering developing innovative assessments. The findings are expected to contribute to the evidence for patchwork text as a tool for assessment within a new midwifery module. Patchwork text may facilitate the assessment process, particularly for students with learning disabilities. It may also assist students to develop their creativity in the way they approach assessment.

**References**


results were studied through calculating Cronbach's alpha coefficient for internal consistency. Of all faculty members, 90% (10 from clinical and 10 from non-clinical departments) were aware of having been evaluated by students. 78.5% of them recognised educational development center of the University as the responsible body for evaluation. 88.9% of them received the feedback of the evaluation results. 44% of them agreed that announcement of evaluation results was helpful to improve teaching.

**Introduction**

Accurately measuring the quality of teaching by clinical faculty has long been recognised as important for promoting and recognising faculty and for identifying faculty for skills improvement. Recognising teaching skills in promotion decisions requires adequate, objective documentation of evaluation is one of teaching performance (Lubitz, 1997). The main factors can direct education from a static status to a dynamic and high quality one (Hadjyabadi and Ghourchaie, 2002)

There are two main reasons to conduct educational evaluation. Firstly, the attitude of program participants about the results of evaluation may be uplifting and improve activities; secondly, evaluation helps us to be accountable of the expenses including time, money and facilities.

**Results**

Twenty out of 24 faculty members and 205 out of 300 students responded to questionnaires. Therefore the response rate was 80% and 93% respectively. 50% of faculty members who responded were from basic sciences departments and 50% from clinical. 85% of them were aware of evaluation of faculty members in non-clinical units and 88.9% were aware of evaluation of faculty members in clinical stages. 88.9% have received feedback of evaluation’s result. 78.5% have received feedback of evaluation’s result. 78.5% thought of educational development center of the University as the responsible agent for evaluation. 41.7% believed that results were comprehensible and 41.6% perceived them as partially comprehensible. 88.3% believed that the results didn’t reflect their academic position of one faculty member among others. 44% perceived this method was not influencing on teaching. 44% of faculty members believed that evaluation had a great impact on teaching, 44% believed that it had a moderate impact and others thought that this kind of evaluation had a slight impact only. 26.8% of faculty members agreed with running method and others believed that it was not suitable and needed to be changed. 71.7% disagreed to continue evaluation using this method. 55% believed that changes in implementation of this method needs to be made, and 14% of faculty members agreed that faculty member and others believed that it was not suitable and needed to be changed. 99.3% students believed that an explanatory program needed to be delivered before distribution of question names among students.

**Discussion**

Faculty members’ evaluation is a sort of educational evaluation to determine how successful are faculty member in reaching their educational goals (Seif, 1997). Regarding this fact, evaluation results could be used to enforce strengths and removes drawbacks. The results could also be used as basis to make decision for educational planning and led to academic improvement of university (Ghafoorian, Shakormia and Elhampoor, 2004).

The impact of evaluation in this study confirmed by a study in Medical University of Ahvaz in 2001, which showed that most of faculty members believed feedback of evaluation results to faculty members was useful to improve quality of teaching (Ghafoorian, Shakormia and Elhampoor, 2004). Another study in the same university in 2000 showed that 72.6% of faculty members agreed with evaluation of faculty members by student (Sharifi, Joorabchi and Alipoor Heidari, 2002). However 57.5% of faculty members of Shahid Beheshti University thought that evaluation had a moderate impact on educational process and believed that students’ lack of information about teaching process cause their judgment to be inaccurate. Therefore they didn’t believe in the results of evaluation. A similar study in Iran Medical University showed that in heads of department and faculty members’ view point evaluation of faculty members by student shad a slight impact (Sarchami and Salmanzade, 2005).

**Key words:** Evaluation, faculty member, student, medical department.

**References**


T44

Training needs analysis of nurses in Australia: A critical review of current practices and research agenda

Joanna Carlisle, Honours Student, Charles Sturt University, Wagga Wagga, Australia

Despite a significant degree of academic and practitioner interest, the topic of Training Needs Analysis for Nurses (TNAN) remains underdeveloped. A key limitation is the fact that TNAN lacks a consistent conceptual periphery and an unequivocal proactive model. The specific contribution of the current paper is in developing a logical model of TNA for Nurses employed in health care organisations in Australia. In so doing we draw insights from a number of discreet literature bases. Thus, the paper should aid future research in the area of TNAN through:

1. helping researchers to clarify the conceptual boundaries of TNAN and
2. providing a theoretical framework that could help researchers in framing their research efforts in the area.

Key words: Human resource management, public sector, Training needs analysis, Nurses, Australia

Appropriately trained employees are vital to any organisation in any industry, as staff members are generally the only resource a firm has that cannot be reproduced, indeed that provide the principle source of a firm’s competitive advantage. In this sense, training becomes an essential element to organisational success, and can have significant benefits to the organisation. Thus, appropriate and systematic approaches to training specifically; and investment in human capital more generally, can raise the productivity of workers resulting from skills improvement, thus helping to ensure better qualified workers and managers (Kai Ming Au, Altman and Roussel, 2008). Stone (2005) suggests that a systematic approach to training involves a three step process

(i) an assessment of training needs
(ii) conduct of the training activity, and
(iii) evaluation of the training activity’.

Bowman and Wilson (2008: p38) share this view stating, ‘Training needs analysis is an important step in the systematic training cycle, the following stages are: training design, training delivery, and evaluation’. Boydell (1976 p3) provides further support by arguing that, "The identification of training needs must be resolved before training can be usefully undertaken". The process of ‘training needs analysis’ is the focus of this study. This paper will therefore examine the training needs analysis (TNA) process by examining literature regarding the importance and benefits of TNA, and issues relating to TNA and current practice and models. This paper will then look at how TNA applies to; and is currently practiced within, the healthcare industry, specifically amongst a group of nurses. This paper will also address how TNA tools relate to healthcare workers, particularly nurses, within Australia and how it may be able to improve the current TNA process for nurses in Australia, which have not previously been reported in literature.

References


T45

The effectiveness of innovative assessment of clinical competence relating to advanced nurse practitioners within United Kingdom higher education

Yvonne Denby, Programme Leader MSc Advanced Education, University of Derby, UK

The aim of the study was to firstly systematically review key theories, research and evidence that identify the effectiveness of innovative assessment of advanced nurse practitioners clinical competencies. Secondly, it was to relate these finding to advanced nurse practitioners in higher education within the United Kingdom.

This review set out to identify the effectiveness of innovative assessment of advanced nurse practitioners clinical competence and relate the findings to ANPs in the UK higher education. The identification of such is multifactorial there is no singular piece of research or collective understanding identified within the literature as to what constitute effective assessment. There are a number of identified applicable constructs. It has been possible to justify the application of findings in the literature through the commonalities found in advanced nursing assessment and those identified in the medical professions. Through the evaluation of the literature we are to search for the ‘gold’ standard of clinical competence assessment of one that will be explicit, demonstrate reliability, validity, acceptability, feasibility. Have educational impact, considers interprofessional, multi-professional focus and be transparent and be by direct observation.

For this reason assessment using a range of methods is repeatedly advocated as producing the most conclusive evidence of practitioner competence. Literature research highlights the distinct need for assessment tools that acknowledge all aspects of student performance.
Learning and Teaching Strategies

Tuesday 7 September
First Group of Theme Sessions
Compassion: Should compassion be included in the curriculum?

Katrina Rowan, Student, University of Central Lancashire; Sally Duffield, Staff Nurse Lancashire Care Trust, Preston, UK

Our presentation will discuss compassion and how it is taught in student education. We believe that this vital aspect of nursing care should be afforded more time on the nursing curriculum, and that current nursing education overlooks the possibilities for the development of this essential quality in favour of a focus on clinical skills. We believe that the identification and nurturing of compassion as a key skill in student nurse training can enhance the student experience, and ultimately make us better nurses.

The Nursing and Midwifery Council (NMC) clearly indicate that compassion is an attribute required of nurses. Their recent guidance on professional conduct for nursing states students must be compassionate (NMC, 2009). Compassion is also identified as an essential component of what should be expected from newly qualified nurses in the NMC’s Essential Skills Clusters (ESCs) for pre-registration nursing programmes (NMC, 2007). Yet the NMC does not provide a definition of compassion. We can only summarise that the NMC has made an assumption that we know what compassion is. But do we?

Nurses advocate compassion whilst being diffident to what it means (Johnson, 2008). Within contemporary literature the word compassion is often linked to nurses and Schantz (2007) identified compassion as a precious asset particular to nursing. However, there is no universally accepted single definition of the word compassion yet there are many different interpretations. As an ethical consideration, compassion is hard to define as it subjective to an individual's perception.

Cornwell and Goodrich (2009) argue that compassion is afforded a secondary status within nurse education and that this could have detrimental effects on staff patient relationships and ultimately the quality of care. We believe that student education practitioners should give compassion substantial, if not equal, importance as the teaching of clinical skills. This is equally important in practice, where nursing students look to their mentors and peers as role models.

When asked about what caring meant to them, a group of nursing students put compassion at the heart of care (Wilkes and Wàllis, 1998). To these student compassion means love, friendship, and being concerned for another. This caring and compassion is then actualised through caring actions. In a study by McGarry and colleagues (2009), nursing students described examples where the essentials of person centred care were redefined as ‘the little extras’ such as simply spending time with patients, or ensuring a patient’s hair is brushed. It is clear that these experiences are as important to the students as they must be to the patients, and we believe it is these elements that transform care into compassionate care, so why are such experiences deemed as ‘extras’ rather than the norm? Unfortunately, this view is not an uncommon one amongst nursing students. In Pearcey’s 2007 study, a student comments that whilst they believed many staff would like to spend more time ‘caring’ for patients, constraints mean that the nursing priority is to ensure that a patient’s medical needs are met first, and then only if there is time the nurse can work beyond what is expected. It is little wonder that students are becoming disillusioned and deskilled in the art of compassion. Looking to model their values on those of the nurses they see are successful, students see that values of compassion for patients have been replaced by those centred on effective attainment of targets and other managerial and bureaucratic imperatives (Johnson, 2008).

As part of our student nurse education we are assessed on our ability to show compassion within the placement area. As already stated however, there is no definitive agreed upon definition of compassion and compassion is subjective to an individual’s perception. If compassion is subjective, if there is no singular definition of the word compassion, and the NMC does not have a definition of the word compassion, how can nurses and healthcare teams understand what compassion is? One persons interpretation of compassion may be vastly different to another’s, it can therefore be reasonably argued that this could lead to discrepancies in nursing care relating to compassion and also in the assessing of a student’s ability to show compassion.

We have shown that nursing literature and anecdotal evidence suggests that compassion is seen as being an important virtue of a nurse. This must surely then be problematic if everyone has a different understanding of compassion? Compassion is expected by the public yet the concept of compassion is difficult to identify. Whilst subjective to the individual’s views and beliefs we believe that nurse education could and should enhance the student experience by highlighting the importance of compassion. This would ultimately benefit the student by encouraging the engagement of compassionate care, and the patient by providing nurses who are not only clinically skilled, but compassionate also.

References
An evaluation of clinical education within a rural undergraduate nursing curriculum: Insights into the clinical facilitation model

Helena Sanderson, Lecturer; Jackie Lea, Lecturer/Clinical Coordinator, University of New England, Armidale, Australia

Introduction
Education providers across Australia use various models for undergraduate student nurses’ clinical education. This paper presents the findings of a research project conducted at a rural university, in Australia, that aimed to explore and analyse the impact of the clinical facilitation model of clinical education. This study aimed to identify and determine barriers to the provision of effective clinical learning during facilitated clinical placement by exploring the perceptions of student nurses and clinical facilitators. The study also aimed to develop strategies to improve quality with this model of clinical education to meet student, health service and education provider needs.

Methods
This qualitative study used a hermeneutical-phenomenological design. Individual face-to-face interviews and focus group discussions with students and clinical facilitators were conducted. The data was analysed using thematic analysis and several major themes emerged that represent important barriers to the provision of effective clinical learning during facilitated clinical experience.

Results
The findings from this study identify the role of the clinical facilitator as one that is demanding and challenging and perceptions of the role were not consistent. Clinical facilitators identified the ward culture, student and health service expectations as contributing to their ability to perform their role effectively. Conversely, students identified aspects of the model that were most effective in meeting their learning needs, however this was influenced by the personal traits of the clinical facilitator and the students individual understanding of the facilitators role.

Discussion
This study will add significantly to the small body of knowledge that currently exists in Australia and internationally regarding the challenges of providing a model of clinical education that is cost effective and more importantly meets the learning needs of students. The findings from this study will inform undergraduate clinical curricula, and will inform the planning for and implementation of, a model of clinical education that meets the needs of the student, clinical facilitator, health service and education providers.
Transferable skills in nursing education: An evaluation of skills transfer between first- and second-year group poster projects

Jan de Vries, Psychology Lecturer and Subject Leader; Sylvia Huntley-Moore, Director of Staff Education and Development, Trinity College, Dublin, Ireland

Traditionally, university education has concentrated on students’ acquisition of disciplinary knowledge also known as intellectual skills. There is however growing recognition of the need to produce graduates who possess a range of skills in addition to disciplinary knowledge. Such skills are known variously as transferable skills, generic skills, core skills, soft skills and generic or graduate competencies. The literature provides numerous definitions for these terms (Barry and Prosser, 2004). Common to most of these definitions is the assertion that such skills learned and applied in one context should be transferable to and useful in other contexts.

Internationally, the range of skills which can be described as ‘transferable’ is extensive but as Macintosh states ‘the skills… tend to vary more in terms of the way they are described than in their substance’ (2003:9). In general, governments, professional bodies, higher education institutions or employer groups emphasise: written and oral communications skills; teamwork skills; leadership skills; and independent learning or life-long learning skills.

The researchers’ interest in transferable skills began with a study of the potential educational benefits of a group project for first-year undergraduate nursing students’ (Huntley-Moore and Panter, 2008). A key finding of the study was that a group project can be an effective means of integrating the development of students’ transferable skills and subject knowledge. This finding raised two further questions: Firstly, do students use transferable skills learned in one group project in future group projects and second, do students continue to develop or build on these transferable skills in future group projects?

To answer these questions the researchers’ surveyed three cohorts of second year undergraduate nursing students in relation to their experiences of a group project which was the assessment vehicle for a module on Psychological Themes for Nurses.

Aim of the study
Establish the perception of students on the transfer of generic skills acquired in a first-year group poster project for sociology to a similar second-year project in psychology.

Method
Participants in three nursing BSc student cohorts (2006/2007: n=99; 2007/2008: n=60; 2008/2009: n=125) completed a short mixed methods questionnaire after they completed their second year psychology group poster. The questionnaire contained three questions addressing:

a) Transfer of skills from the previous project
b) Perceived improvement on ten aspects of group project skills that could be ticked if participants considered them to have improved due to doing the project they had just completed. These aspects were 1) Time Management; 2) Allocating Tasks; 3) Managing Tasks; 4) Arranging Meetings; 5) Negotiating with Peers; 6) Giving and Receiving Peer Feedback; 7) Sorting Out Problems; 8) Interpersonal Skills; 9) Leadership Skills; 10) Research and Information Skills

c) Further comments.

Data analysis
The results from the open questions were subjected to a content analysis based on grounded theory (Strauss and Corbin, 1990). For the list of ten skills aspects, descriptive statistics were computed and comparisons were made between cohorts.

Results
In response to the open questions students in each of the three cohorts reported the effective transfer of time management skills, teamwork, planning and organisation, research, and design and presentation skills. There were between-group differences across the three cohorts in regard to how lectures, course information, and timetabling, which differed in the three years, had affected their work.

In response to the ten skills list, participants reported improvement in all categories. A general trend emerged highlighting as most improved, negotiating with peers (77%), and research and information skills (74%). In contrast leadership (53%) was least often mentioned as improved in all three years. All other skills were mentioned by more than 55% of participants as improved. Response to the further comments question highlighted that many students had perceived the second project as more manageable because of what they had learned from the first one.

Discussion and conclusion
Participants reported significant transfer of skills both in their own words and in response to prompts from the skills list. Findings also indicate that mastery of skills generates a positive experience for students. Differences in
results between student cohorts suggest that variations between the three years in clarity of assessment guidelines, marking criteria, course timetable, and timing of the questionnaire, impacted the results.

References


T49

Numeracy skills applied to drug administration: Part 2 of a project within pre-registration nursing programmes at Middlesex University

Charmagne Barnes, Director of the Programmes Pre-registration Nursing Framework; Marion Taylor, Director of Programmes CFP and CPD, Middlesex University, London, UK

Overall aim
To describe the implementation of the second part of the numeracy project, as further development of the numeracy strategy at Middlesex University.

Abstract
The numeracy strategy within the pre-registration nursing framework at Middlesex University, London was implemented in September 2008 within the first year of the programme, and presented at the NET Conference September 2009. The impetus for this came from professional concerns; media attention to drug errors made by nurses (Sabin, 2002), and specifically the implementation of the essential skills clusters by the Nursing and Midwifery Council (NMC, 2007). A literature review conducted by the authors’ (2009), supported the fact that a significant proportion of student nurses and indeed qualified nurses, struggled with drug calculations in clinical practice.

The Nursing Times summit (January, 2009) made known that up to a third of nurses present felt that the profession had lost support due to the bad press related to numeracy competence and its impact upon the safe administration of medicines. Discussion at the NET Conference 2009, shared concerns related to the above. Colleagues supported the appropriateness of the strategy implemented to date, and strengthened the authors’ view, that the challenges encountered were shared at a national level. There was consensus, that development of numeracy skills and the ability to apply these to clinical practice was vital for safe and effective professional practice. This gave the authors’ further impetus for moving the strategy forward, to support and enhance what is currently in place.

The numeracy strategy of 2008, which is incremental in its approach to the teaching, learning and assessment of the students' ability to apply numeracy skills, integrates online material with tutor monitoring and support of progress, group tutorials and referral for specific numeracy support and its application. This has now been further developed to identify the effect of teaching and learning of drug calculations within a simulated practice setting.

Data will be elicited by March 2010 and the results presented for discussion in relation to:

- The effectiveness of the additional teaching and learning strategy with students in the pilot group
- The feasibility of this strategy the curriculum for the graduate pre-registration nursing programme commencing September 2011
- The need for this development to be further developed across Years 2 and 3 of the current programmes, relevant to stage of the programme.

It is anticipated that this work will stimulate discussion and ideas for the continuing implementation and embedding of this essential skills for pre registration nursing students.
The mentor's lived experience of supporting learners

Liz Rockingham, Tutor, University of Surrey, Guildford, UK

Historically the education and training of the health professions has been by 'on the job' training where the student was part of the workforce and was taught through working alongside both their qualified and unqualified colleagues, with the input of tutors from the appropriate school. The training was an apprenticeship which had been long accepted as being educationally unsound but the student often felt that they made a service contribution in what was a working environment rather than received an educational experience.

In the 1990s the education of nurses moved from the hospitals to the universities (Royal College of Nursing, 1985). Project 2000 changed the curriculum to a more theoretical one, giving the students knowledge of underpinning theories rather than just practical knowledge. Students were now supernumerary and observers rather than part of the working establishment with the hospital being a clinical placement rather than an employer who taught the student. A system of supervision and support by practitioners, mentoring, was adopted to help the student bridge the gap between the education providers and the clinical placement.

Mentoring can be described as a multi faceted and a complex activity that according to Garvey and Alred (2000) is widely recognised as a valuable method to support both professional and personal development. Student nurses spend 50% of their learning experience in practice and the importance of this experience has been emphasised by the Nursing and Midwifery Council (NMC) (2004). Whilst spending this time in practice the expectation is that they will be mentored by appropriately qualified and experienced clinical staff who will support the student, their learning and assess their practice (NMC, 2008).

The Royal College of Nursing (2007) propose that 'good' mentoring requires a level of supervision commensurate with the student’s level of training with well planned learning opportunities and the provision of support. Cahill (1996), Lloyd Jones et al. (2001) and Spouse (2003) expand on this and suggest that within mentorship where 'good' support was given to the student, the opportunities to learn were increased and the student achieved more.

The NMC (2008:1) is emphatic that student nurses must be ‘supported and assessed by mentors’. The term of support and its importance to the education of student nurses has been discussed by many authors within which they acknowledge that they are unable to arrive at a consensus of its meaning (Brown and Edelman, 2000; Gray and Smith, 2000; Spouse, 2001; Andrews and Roberts, 2003) although they can list the positive attributes expected of an effective mentor.

Although there is a plethora of writing about the importance of mentorship within nursing, there would appear to be little research on the mentor’s experience of supporting student nurses in clinical practice. The aim of this study was to explore the lived experience of mentors who support students in clinical practice. This will provide insight into their lived experience of supporting student nurses giving greater understanding of the support mentor’s give learners.

In this study eight people who supported learners in practice were interviewed using unstructured interviews to gain insight into their lived experience. The study is qualitative and uses Heideggerian hermeneutic interpretative phenomenology as a means of understanding the essence of being that, of supporting students. This framework is thought to be particularly suitable for the study of the human experience according to Wimpenny and Gass (2000) and the data analysis of transcribed interviews provides a description of the mentor’s lived experience.

This study found that interpersonal relationships were paramount to the growth of a positive learning environment with the quality of the clinical experience having a significant impact. These results demonstrate the need for greater support for the mentor, increase opportunities for mentors to remain up to date and create circumstances for senior nurses to support learners.

References


Nursing and Midwifery Council (2008a) *Standards to Support Learning and Assessment in Practice*. NMC standards for mentors, practice teachers and teachers. London: NMC.

Royal College of Nursing (RCN) (1985) *The Education of Nurses: A new dispensation*. Commission on Nursing Education. Royal College of Nursing of the United Kingdom, Chair: Dr Harry Judge. London: RCN.

Royal College of Nursing (2007) *Helping students get the best from their placements*. London: RCN.


**T51**

**Service learning: A pedagogical tool for promoting cultural sensitivity and civic engagement**

Dymphna Casey, Senior Lecturer; Kathy Murphy, Head of School; Deirdre Van der Putten, Lecturer, National University of Ireland, Galway, Ireland

Peoples’ health and illness behaviour patterns are governed by their beliefs and values (Leninger, 1978). Nurses therefore need to understand a client’s cultural background in order to provide appropriate care. Over the past ten years, Ireland has seen a dramatic change in the demographic profile of the population. Recent statistics indicate that approximately 10% of the Irish population is made up of migrants. Approximately 25% of these are from the United Kingdom, with persons from Poland, Lithuania and Nigeria being the next largest group. In addition, people from Brazil, the Philippines, USA, India and other countries now work in Ireland. Irish nurses therefore are increasingly coming in contact with and caring for clients from diverse cultural backgrounds. It is imperative therefore that nurses are sensitive and aware of the different perspectives of people from different cultural backgrounds (Shanahan et al., 1995).

However many nurses lack an understanding of the importance of culture in shaping health beliefs and practices. Nurse education curricula therefore are appropriate contexts by which ‘transcultural competence could be developed within current and future nursing practice as it plays a major role in development of skills, knowledge and attitudes of nurses in providing individualised and appropriate care for clients’ (Serrant-Green, 2001, p.673).

The value of international experiences, which focus on understanding the impact of cultural factors on health and health care, is well supported in the literature (St Clair and McKenry, 1999; Thompson et al., 2000; Anderson et al., 2001). In particular it is suggested that programmes which provide students with the opportunity to travel, live and work among the ethnic culture’s health care system create more ‘culturally competent practitioners’. Kauffman et al. (1992) suggest that students who have the opportunity to undertake experiential learning in an international context may develop intellectually, personally and also have improved understanding of global issues. Similarly Ryan et al. (2000) report that experiential learning in a different culture facilitates learning to care and has a positive impact on students’ personal and professional development. Thompson et al. (2000) report that Northern Ireland students who completed a three month international experience in developed and developing countries led to both personal and professional development and improved students understanding of the impact of culture on health. While others report that even a short two-three week experience of ‘...stepping out of ones own culture to live and work in a completely different one can make a significant difference in students educational achievement of cultural competence’ (St Clair and McKenry, 1999 p.234).
However, there is no agreed method as to how best to develop cultural understanding in students (McGee, 1999; Davidhizar and Giger, 2001). Approaches used within nursing curricula include special modules on cultural issues or the integration of cultural issues across the curriculum (McGee, 1992; Davidhizar and Giger, 2001). A more recent trend in nurse education is the use of service learning as a method of promoting cultural sensitivity (Casey and Murphy, 2008). Service learning is defined as a teaching tool that connects academic study to community service (Olsan et al., 2004). It allows the provision of a needed service to the community while, simultaneously, students learn and apply concepts learnt in class in the real world (Eyler and Giles, 1999). Reflection, which facilitates a systematic examination of the service learning experience (Seifer, 1998), enables students to connect their service learning experience with their academic learning and provides opportunities to examine their attitudes and value systems in relation to others (Bailey et al., 1999).

Therefore, in 2003 an elective module for students undertaking the bachelor of nursing science programme incorporating a service learning placement in a different culture was developed at the National University of Ireland, Galway.

This presentation will focus on the development of this module, the teaching methods and assessment strategy used as well as outlining some of the difficulties encountered to date and how the programme has been modified over the years to overcome some of these difficulties. Finally a description of student’s experiences of their service learning practice as well as the service learning communities’ perceptions and experiences of having students complete their service learning placement in their communities will be provided.

The indications are that service learning as a pedagogical tool has the potential to contribute and improve nursing/midwifery practice and enhance civic engagement. Over all a reciprocal relationship between the service learning communities and the module team has developed. While the students who participate in this service learning experience bring back important knowledge, skills and understanding to the Irish health system the service learning communities also report benefits.

References
Policy Drivers

Tuesday 7 September
First Group of Theme Sessions
T52

Graduate attributes: Nurse education provider perspectives

Steve Tee, Associate Director Post Graduate Education and Clinical Skills Development, School of Health Sciences and Assistant Dean, Faculty Graduate School, Medicine Health and Life Sciences, University of Southampton; Brian Webster, Head of School, School of Nursing and Midwifery, The Robert Gordon University, Aberdeen, UK

Current approaches towards articulating ‘graduate attributes’, namely the skills and understandings students will attain whilst studying at University, often extends beyond the narrow confines of specialist ‘taught’ programmes. This work has particular relevance for providers of nursing programmes, in the UK, who are expected to provide all-graduate outputs by 2016 and who will face increasingly competitive recruitment environments in which students will expect and demand more from their university experience.

Two universities providing nurse education in Scotland and England undertook comparative analysis of graduate attribute development work to determine the benefits of such an approach to students and institutions and identify similarities and differences in the attributes identified. Findings indicate that explicitly articulating graduate attributes suggests a move toward more person-centred approaches to programme design, embracing activities beyond learning outcomes and employer demands. Whilst this trend could be considered at odds with the ‘prescribed’ outcomes from professional bodies, the reality is that there is considerable overlap between ‘professional’ attributes, ‘graduate’ attributes and benchmark statements. The paper concludes by arguing that flexibility within programmes is key to enable students to take full advantage of the opportunities on offer and to increase their employability on completion of their programme.

Background

In response to the Nursing and Midwifery Councils policy announcement that nursing programmes will be at an all-graduate output by 2016 there has been growing movement towards articulating what attributes a graduate can expect to glean on completion of their university programme. Whilst these attributes may well overlap with those expected of the professional body there may be additional attributes achieved beyond the narrow curriculum.

The term ‘graduate attributes’ is best defined by Bowden et al. (2000) as the ‘qualities skills and understandings that a university community agrees its students should develop during their time with the institution and consequently shape the contribution they are able to make to their profession and society’. They are qualities that also prepare graduates as agents of social good in an unknown future.

This trend considers learning, teaching and scholarship beyond knowledge-based and curriculum-centred approaches, focussed on completed learning outcomes assessed as part of a programme - to person-centred designs, focussed on what graduate attributes are acquired by an individual to take beyond their programme. Consequently this allows consideration of wider graduate experience into the total student experience.

Barrie (2003) describes this movement as an attempt ‘to articulate the generic outcomes of the educational experiences they provide, beyond the content knowledge that is taught’ due to a necessity to prepare an increasingly diverse student population for an increasingly unknown future when there is less certainty about the knowledge required for that future.

In Scotland, the Quality Assurance Agency has dedicated an enhancement theme to augmenting graduate attributes aiming to ensure economic prosperity through citizenship, employability and lifelong learning. Integral to the graduate attribute movement is a kickback on focussing solely on employability and employer demands as it is argued that this does not do justice to a comprehensive and contemporary university education nor to the variety of future destinations graduates are likely to avail themselves (Barnett, 2000).

Findings

The review found significant benefits for articulating person-centred graduate attributes in terms of providing a framework for academics to connect teaching and research agendas through considering the impact graduates will make inside and outside the university, a pedagogical approach focused on person-centred teaching and learning and the acquisition of attributes beyond specialist knowledge. The discourse on graduate attributes recasts the agenda away from this narrow focus on employability skills to a wider model that encompasses knowledge, research capability, values, skills and attitudes.

Categories of graduate attributes include academic, citizenship, digital, employability, global, leadership, and the reflective learner.

A comparison of ‘attributes’ between institutions understandably found considerable overlap but also key differences reflecting the relative strengths of each institution. It is evident however that narrowly defined nursing programmes alone will not achieve all the attributes articulated by their institutions which suggests the need for
more flexible approaches to curriculum design enabling students to participate in the opportunities provided, thus increasing their potential value to employers.

**Conclusion**

Articulating graduate attributes serves several purposes, namely, guiding the pedagogy of the institution, enhancing the students experience, developing the student as a whole person and therefore increasing the employability of the graduate. However flexibility within programmes will be key to enabling students to take advantage of the opportunities on offer beyond professionally prescribed outcomes. Whilst achieving professional attributes for an all-graduate output might be the focus of many nursing programme providers it is clear that graduate attributes may become key to distinguishing institutions from comparator and competitor institutions. With increasingly discerning student consumers and greater competition to achieve recruitment targets, articulating the added value of such programmes will take on increasing importance.

**References**


---

**T53**

**The end-of-life care continuum: Ethics and pragmatics for health professional education**

**Martin Johnson**, Professor in Nursing, University of Salford; **Moira Attree**, Senior Lecturer in Nursing, University of Manchester; **Ian Jones**, Senior Lecturer in Cardiac Nursing, University of Salford, UK; **Ekhlas al Gamal**, Lecturer in Nursing, University of Jordan, Jordan

**Aim**

This presentation will draw on policy, research and theoretical literature to develop an understanding of the current situation in relation to end-of-life care education and training in the UK and elsewhere. We aim to generate debate and action in this vital area.

**Background/Context**

The provision of quality care for people at the end of their lives is increasingly a focus and concern for health and social care practice, as well as education and policy makers. Lord Darzi's NHS review (DH, 2008) and Next Stage review (DH, 2008) signalled the governments’ commitment to providing high quality care for all and linked achievement of this vision with the need to develop a high quality workforce. The UK Government’s End-of-life Care Strategy (DH, 2008) emphasises the critical role of knowledge, skill and attitudes in improving end-of-life care, and that all staff groups involved in providing end-of-life care require appropriate initial and continuing education/ training for their role. However, the National Audit Office End-of-life Care Report concluded that 'end-of-life care training is patchy at best' (NAO, 2008). To date end-of-life care has not had a high profile in health and social care professional educational preparation.

The workforce delivering end-of-life care is large and diverse in professional/disciplinary background, level of preparation and level of involvement. End-of-life care is provided in a variety of locations from acute hospitals to primary care and nursing homes, including both generalist and specialist services. Indeed, it is increasingly provided by staff who lack specialist palliative care preparation. There are approximately one million social care
staff in England; only 5% of care home staff have NVQ level 3 (Skills for Care, 2009). The workforce delivering end-of-life care practice at different levels, from specialist, through to generalist and basic care provider. There is a wide range of worker involvement in the provision of end-of-life care; from full time to infrequent end-of-life care provider. Such a diverse workforce has an extremely wide range of education/training needs, requiring complex educational commissioning.

High quality end-of-life care requires communication and clinical skills that are not explicitly developed and assessed in current initial preparation healthcare professional curricula (NAO, 2008). Dickinson et al. (2008) national survey of UK school of nursing managers presented an optimistic picture, claiming a national average of 44 hours ‘teaching’ in end-of-life and palliative care. However, this teaching was in a range of related areas, and whether consistent and programmatic approaches such as the Gold Standards Framework, Liverpool Care Pathway and Preferred Priorities for Care are embedded in the knowledge, skills and competence of those qualifying remains to be seen. Other studies revealed concerns about healthcare students’ preparation and fitness for practice (Moore, 2005) although Lauder et al. (2008) present a more optimistic picture based on a very large study of all education providers in Scotland.

Evidence is emerging that the adoption of end-of-life care pathways and models: Gold Standards Framework, Liverpool Care Pathway, Preferred Priorities for Care and Advanced Care Planning and The North West End-of-Life Care model can improve end-of-life care across a range of care settings (Badger et al., 2007; Clifford et al., 2007; Hockley, 2006). Hewison et al. (2009) also identified the importance of teamwork in the provision of high quality end-of-life care. One of the key arguments for interprofessional learning is that students who learn together work better together (Zwarenstein et al., 2006); however, very little end-of-life care education is fully interprofessional (NAO, 2008). A key challenge is to spread what has been learnt from good practice in one area across the whole sector. Education and training is an important part of implementing these clinical pathways into all areas of practice across different staff groups.

The literature reveals that there is little empirical evidence about the quality, content or outcomes of current end-of-life care education and training. Neither is there clear evidence identifying what knowledge, skills and competencies are essential to the delivery of high quality end-of-life care or how these can best be provided.

A particular challenge, though one much glossed over in the literature on ‘formal’ end-of-Life care, is the degree to which for as many as 80% of the UK population and up to 46% of the nursing profession, a comprehensive approach to end-of-life care would include facing up to mechanisms for ending life which in the UK and by far the majority of countries remain outside the law. These include assisted suicide which has achieved a good deal of prominence in the media recently through a number of high profile cases with arguably confusing legal outcomes. In the discussion we will try to examine the practical and the ethical must necessarily co-exist in taking a 21st Century approach to this important area of practice and education.

References


T54
Pharmaceutical company influence on nurse practitioners’ prescribing
Elizabeth Blunt, Director, Villanova University, Philadelphia, USA

The purpose of this study was to investigate the relationship between pharmaceutical company sponsored educational programs, samples and gifts and the self-reported prescribing beliefs and practices of certified nurse practitioners in three states.

This correlational, descriptive study surveyed certified NPs in three states to document their prescribing beliefs and practices related to pharmaceutical company interactions. The survey was sent to 1,000 certified NPs in all specialty areas. The states of Pennsylvania, New York and Florida were used due to high numbers of certified NPs in these states, which also have urban, suburban and rural population centres. A 45% response rate was obtained.

Results show 51% of NPs believe they are influenced by pharmaceutical company products, promotions, and gifts while 48% do not believe they are influenced. NPs in urban areas have more contact with pharmaceutical company representatives than their suburban or rural counterparts. Eighty percent of NPs reported having changed or modified their prescribing practice after a pharmaceutical company interaction. Interestingly, that number is significantly less than the number of NPs who report believing they are influenced by these encounters (51%). Sixty percent (60%) of the respondents stated that having sample medications available in their office was very important or somewhat important in choosing which prescription drug to select for their patients. Thirty seven percent (37%) of the NPs stated that they had changed or modified their prescribing practice because the patient requested a specific drug. Eighty two percent (82%) of respondents agreed or strongly agreed that pharmaceutical companies do provide an important education function.

Implications for nurse educators and nurse practitioners: Although this research was focused on US nurse practitioners and some of the prescribing and advertising issues differ from those in other countries, this research demonstrated that nurse practitioners are influenced by pharmaceutical company representative interactions such as educational programs, samples and gifts. Practicing NPs need to be aware of this influence on their practice, this influence should be addressed in NP programs and NP organisations may want to consider position statements on pharmaceutical company-NP interaction as many physician organisations have already done.

T55
Sub-doctoral student research: Ethical considerations and the student experience
Leslie Gelling, Senior Research Fellow, Anglia Ruskin University, Cambridge; Carol Haigh, Professor of Nursing, Manchester Metropolitan University, UK

Sub-doctoral student research can be challenging as students and supervisors endeavour to meet the demands of internal and external ethical review, often within tight programme time constraints. Over the past decade in the United Kingdom changes to the requirements for ethical review, in the National Health Service and more recently in universities, mean that students who might not in the past have considered the need for ethical review are now required to acquire ethical approval before they can commence their research. A consequence of this is that many students are not now encouraged to undertake primary research and data collection. Instead they often undertake literature reviews, systematic reviews or other projects that are not research, do not require contact with human research participants and do not develop the research skills required by health care professionals. It would seem that increasing numbers of nurses and other health care professionals are completing programmes of education without the requirement that they undertake research. As English nurse education moves towards all-graduate profession status, this is a concern. For new generations of nurses, who are expected to base their clinical practice on best available research evidence, poor research training will have consequences for their learning and for the future of the profession. Not offering a meaningful research training will undoubtedly have implications for the student experience.
UK Students who are undertaking their research in the National Health Service (NHS) are required to seek a favourable ethical opinion from a National Research Ethics Service (NRES) Research Ethics Committee (REC). This process is now time-limited with RECs being required to provide a final decision within 60 days of submission but the preparation of a long and sometimes confusing application form, and other documents, can be time-consuming. The process can also be frustrating because the application paperwork and review process is the same for all research, ranging from large well-financed multi-national pharmaceutical company sponsored studies to sub-doctoral student projects where the plan might be to interview a relatively small number of participants. The RECs might also struggle to review the many different, and sometimes complex, protocols in an appropriate manner. The primary function of a REC is to ensure that no harm comes to research participants or researchers as a result of the research but it is the proportionality of the review that is not always meaningful. The risks associated with the large clinical trial of a new pharmaceutical product are very different to the risks associated with interviewing a patient group about their experiences of a particular illness.

The primary objectives of the various types of research are also different. Sub-doctoral student research is a learning process so it has been argued that the ethical review should be proportional to that objective (Humphreys, 2008). In such circumstances it is the supervisory team that should be taking a leading role in ensuring the quality of the research and educational development of the student, with the obvious proviso that no-one will be hurt as a result of the research. Many RECs find it difficult to repeatedly shift between the different types of research and to apply a proportional approach to their ethical considerations.

University Research Ethics Committees (URECs) place a clearer emphasis on the educational imperative of sub-doctoral student research but ethical review within universities is not without its problems. In recent years, however, ethical review in universities has developed considerably from being almost non-existent or ad hoc to offering through review and support in some locations (Tinker and Coomber, 2004; Tinker and Coomber, 2005). Further development is required but it is essential that URECs do not begin to adopt the same standardised approach to ethical review as that seemingly demonstrated by NRES RECs.

The ethical considerations of sub-doctoral student research are many and in this paper the authors will present an overview of some of the ethical matters to be considered, including the implications that increased ethical vigilance has for educationalists and the implications for the student experience. The authors will also offer some suggestions for how the ethics of student research should be managed in the future and how, as a result, the student experience might be enhanced.

References


Curriculum Innovations

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
Collaborative partnerships: A journey towards implementing a new undergraduate nursing curriculum

Sharon Gan, Head, Centre for Undergraduate Studies; Susan Hunter, Lecturer; Gerald Farrell, Associate Dean and Head of Division of Nursing and Midwifery; Renzo Vittorino, Lecturer; Linda Pannan, Educational Designer, La Trobe University, Bendigo, Australia

Health care is a dynamic and increasingly more complex system that is influenced by government reforms, workforce shortages, restructuring of traditional roles, technological innovation and better informed clients who desire a more active role in their care. Health professions are socially and morally bound to keep abreast with changes in health care and incorporate these into practice and theory. The educational preparation of future members of a profession is a cornerstone to ensuring that new graduates are adequately equipped to enter the health care sector, but more importantly to ensure that they are competent in the delivery of current, safe and quality care. The challenge for the educational process is to not only reflect change, but predict what skills and knowledge graduates will need when they eventually enter the health care workforce.

In 2007, the faculty of health sciences (FHS) at La Trobe University, one of the major tertiary institutions in Victoria, Australia, embarked on a significant review and redesign of all its health professional undergraduate curricula. In 2008, the new undergraduate nursing curriculum, redesigned by the division of nursing and midwifery, had been accredited, and implementation started in 2009.

The focus of the change was to provide nurses of the future with a contemporary curriculum that better prepares them for their critical role in the provision of person centred care in an unpredictable, highly complex technological and interprofessional environment.

An integrated curricula was developed that has as a key aspect a first year that is common to all the discipline programs within the FHS, before students move on to their discipline specific streams throughout the rest of their program. The process of curriculum design created an opportunity for nursing academics to critically reflect upon the essential core nursing elements and also those shared with other health disciplines. It was imperative that they identified the key concepts that form the foundation of nursing and nursing education, identifying the cornerstone elements in nursing knowledge, nursing skills, nursing values and nursing experience, as well as concepts that positively affect student learning outcomes for all health sciences students.

The university-wide project, ‘Design for learning: curriculum review and renewal’ at La Trobe University, places emphasis on creating a learner-centred learning environment. A learning-centred curriculum forces a shift from what faculty want to teach to what students need to learn, raising the issues of teaching to achieve intended learning outcomes and graduate capabilities, and the place and status of content in this equation. With enquiry-based learning (EBL) and blended methodologies being encouraged as the methods of choice across the faculty, what supports and processes are required by nursing academics who are adopting teaching and learning methods that are largely new to them? What challenges and pitfalls are inherent in these new methods that promise greater student-centred approaches to learning and student engagement, and may arise in their implementation and in the administrative and academic management required across geographically dispersed campuses? What infrastructure dimensions relate to implementing curriculum changes? Introducing a new curriculum and methodology raises many questions and issues, not least how to gain staff and student acceptance. What are the processes for facilitating the cultural change that is necessary to successfully introduce and establish a new learning and teaching methodology as well as a new nursing curriculum that meets the challenges of interprofessional health care in a globalising health care environment?

This presentation will discuss and encourage participants to consider these issues and the implications for health care education when introducing and implementing new innovative approaches to the structure and delivery of a nursing curriculum that prepares nurses for the 21st century.

A collaborative, interdisciplinary approach to standardised patient recruitment

Elizabeth Blunt, Director, Villanova University, Philadelphia, USA

This presentation will discuss the collaborative efforts of the college of nursing and the communication arts department at our university to develop a standardised patient training program within the context of the university community. This collaboration provided much needed standardised patients for the nursing program while fostering interdepartmental collaboration between faculty and students across disciplines.
Standardized patients (SPs) are individuals who are educated to assume the role of a person with a medical condition in a systematic or unvarying manner (Becker, Rose, Berg, Park and Shatzer, 2006). Utilizing SP cases in healthcare education has been shown to increase student confidence, improve history-taking and physical assessment skills, increases awareness of cultural and behavioural biases and improve student performance in the clinical setting (Becker, Berg, Park and Shatzer, 2006; Ebbert and Connors, 2004; Heitz, Steiner and Burman, 2004). Additionally, the literature reports studies in which the following findings have been made: SPs appear to create accurate portrayals of real cases, and SPs appear accurate in recording results of the student’s performance (Becker et al., 2006). Actor scripts are developed and include pertinent information such as a personal, family, social and emotional histories, physical exam findings and related diagnostic studies. SPs are taught how to assume the roles and provided the NP student with enough details to make themselves appear realistic.

Recruitment of individuals to portray standardised patients and funding to pay for training and role-play encounters is often a challenge. However, in a college or university setting, several collaborative options become available to those developing standardised patient experiences if they use some imagination and innovation. Through collaboration with the communication arts department our nursing programs have been able to establish a program that trains undergraduate and graduate students to become standardised patients who perform their scripted roles in the standardised patient facilities at the university.

Student response to this learning method has been overwhelmingly positive and nursing students have requested additional opportunities to participate in these experiences. This trial program allowed the college of nursing to validate SP encounters as a valuable learning opportunity for our nursing students and provided the groundwork necessary to move into a formal, professional SP program.

Collaborative recruitment strategies, selecting appropriate partnerships and program goals will be addressed. Challenges (such as course credit issues, training and course delivery, student turn-over and scheduling meetings), successes and failures in program development will be discussed and explored. Suggestions for establishing a similar program at other universities will be discussed.

References

T58

Reflection and e-fection: Using digital storytelling to promote deep reflection

Cathy L. Jaynes, College of Nursing and the Center for Medical Transport Research, University of Colorado Denver, USA; Tony Sumner, Director; Pip Hardy, Director, Pilgrim Projects/Patient Voices Programme, Cambridge, UK

Reflective practitioners and, perhaps even more so, reflective students, must be able to hear, shape, articulate, acknowledge and reflect upon their own stories of professional and educational experience, and those of others, if they are to process, build upon, and learn from those experiences.

Models of reflection, from Flanagan (1954) to Gibbs (1988), Boud et al. (1985), Johns (2004), and beyond, are often presented to students and professionals as a structured, detailed, often complex, and possibly mechanistic, process that may disempower rather than free them to capture the ‘emotion recollected in tranquillity’ of their experiences. As one student commented: ‘We are asked to reflect all the time, and then to reflect on our reflection until we’re sick of it’.

The Patient Voices approach to reflective digital storytelling is founded on years of experience that support the belief that stories are a laboratory in which students can construct meaning from their experience (Paulson et al.,
1991). So, underlying the Patient Voices reflective digital storytelling process is what we refer to as ‘the ultimate open-ended question’: ‘tell us a story that matters to you’.

For the reflective learner, true learning is about transformation at a personal level as well as a professional one and, ultimately, organisational and societal level. We use a storytelling approach because ‘storytelling is the mode of description best suited to transformation in new situations of action’ (Schön, 1987).

Storytelling approaches bring with them the problem of how to capture the story in a way that may provide opportunities for reflection beyond the span of the story:

‘Stories are products of reflection, but we do not usually hold onto them long enough to make them objects of reflection in their own right.’ (Schön, 1987).

Through the processes and technologies employed in digital storytelling, we can hold onto – and share – those previously ephemeral stories. However, it can be tantalising to over-use the technology, emphasising its importance at the expense of the story – or, indeed – the reflective process. Rapid advancements in video editing software, rendering the interface ever-simpler, increase the temptation to reduce digital storytelling to a relatively mechanistic approach, relying on a narrated piece accompanied by a series of images relayed via PowerPoint or similar programmes created for the purpose.

This dangerous pitfall can trap the unsuspecting, resulting in stories of a simplistic nature, with little evidence of any reflection, focusing instead on the use of the technology (Hartley and McWilliam, 2009). The potential of the medium remains unexploited, either in terms of learning for the storyteller or the viewer. On the other hand, Barratt (2005) and others celebrate the potential of digital storytelling to promote deep reflection and contribute to deep learning.

The Patient Voices approach ensures that it is ‘story’ and the facilitated storytelling process that is pre-eminent in order to avoid the pitfalls of a narrow focus on new technology that would parallel Ed Murrow’s comments on television:

‘This instrument can teach, it can illuminate, yes, and even inspire, but it can do so only to the extent that humans are determined to use it to those ends. Otherwise it is merely wires and lights in a box.’ (Murrow, 1958)

The Patient Voices approach to digital storytelling aims to provide an immersive, facilitative and reflective process that will result in greater understanding and insight while also allowing storytellers and viewers alike to ‘attend to the meanings’ (Schön, 1987) in the stories. In doing this, the Patient Voices model moves from methodologies of structured conscious reflective competence, to a methodology that, through its emphasis on story, provides a safe space in which the inherent unconscious reflective competence of each storyteller can be nurtured and developed.

As that same student commented after creating a reflective digital story at a Patient Voices workshop ‘But now, with the digital storytelling I understand for the first time what reflection really means, and how powerful it can be for me, and as a way of sharing my experiences with others’ (Critchfield, 2008).

Keywords
Reflective digital storytelling, Patient Voices, structured reflection, technology, meaning, learning, transformation.

References
T59

Developing an evidence-based approach to curriculum development and delivery

Karen Holland, Research Fellow (Evidence-based Nursing Education Innovation); Moira McLoughlin, Senior Lecturer, Strategic Lead – Student Experience, University of Salford, UK

Evidence in the context of nursing practice has been a predominant feature in the international nursing literature, as well as the development of a body of evidence on key aspects of nursing care (Ferguson, 2005). However, in the context of nurse education this is not the case, although there are numerous papers articulating evidence of best practice or innovations in such areas as inter-professional learning, problem-based learning and mentorship. Ferguson (2005) however believes that much of what nurse educators base their knowledge and practice on is ‘tacit, experiential and based on practice’. She believes that in the current climate of resource limitations and faculty shortages that ‘…nurse education practice must also be effective’ (p.107). In keeping with her adaptation of DiCenso and Cullum’s (1998) definition of evidence-based nursing for nursing education, four areas need to be considered in any review of the practice of nurse education: ‘…evidence, professional judgement of nurse educators, the value of students as clients and resource issues’ (p.107).

Ensuring an evidence-based approach to curriculum development and delivery became the focus of a 'Whole School project' at one school of nursing and midwifery, focusing initially on pre-registration nursing programmes. Central to this evidence-based approach was the quality of the student experience. Examples of challenges facing schools of nursing and midwifery in 2010 are meeting the widening participation agenda whilst changing to an all graduate profession and exit to employment where the age of employees raises concerns for the future sustainability of the workforce as well as the variable levels of attrition from academic programmes. This latter issue has serious financial and staffing repercussions for universities as well as sustainable workforce planning in the NHS.

To address some of the specifics of enhancing the student experience locally and address some of the potential issues above, twelve initial areas of curriculum development and delivery were identified as the core projects. These covered the period of a student's progression, from first entering the university, their learning experience over the period of the course, to the exit point at registration and preparing for professional practice as a qualified practitioner. Each of the projects are at varying stages in their progress, with data now available from the following: attrition and retention, role of personal tutor, assessments, induction and entry to the programme, study skills, exit and transition to practice and the organisation and management of programmes. Findings have not only begun to make an impact on current curricula and ways of working, but have also begun to make a positive difference to the student experience across the pre-registration programmes. Most importantly the approach taken across the school has involved academic and administrative staff working together to resolve challenges and enhancement of the student experience.

An important aspect of the approach taken to develop the evidence-based approach to curriculum development and delivery in this way has also been the strategic decision to encourage staff development in areas such as project management, searching and reviewing literature, data gathering and analysis and dissemination through conference presentations and writing for publication. The findings from all the projects are also being incorporated into the new all graduate programme for 2011/12 and a recommendation from the exit to employment study has already been instrumental in setting up a collaborative project in the area of future mandatory preceptorship preparation with a local NHS Trust.

Ferguson (2005, p.114) sums up the principles adopted in our approach to evidence-based practice in nursing education:

‘Evidence-based nursing education is dependent on a research-based body of knowledge to create the 'best evidence' needed for the judicious application of evidence to individual nursing programmes and student situations. Applying evidence-based practice to nursing education also has significant implications for nursing's research agenda, in that researchers and funding agencies must place greater emphasis on the development of the science of nursing education’.

This paper and presentation will explore both the approach taken in this one school of nursing and midwifery to develop an evidence-based culture to the development and delivery of our pre-registration programmes, share some of the evidence from the 'whole school' projects and most importantly stimulate a discussion and debate on the way forward for developing the evidence-base for nursing and midwifery education for the future.

References


Evaluating 'placement problem-based learning' as a learning strategy for Masters occupational therapy students making the transition to qualified practitioner

Anne Killett, Lecturer in Occupational Therapy; Nicola Spalding, Senior Lecturer in Occupational Therapy and Associate Dean for Learning Teaching and Quality, University of East Anglia, Norwich, UK

Purpose
This paper reports on an evaluation from two cohorts of occupational therapy students who engaged in an adapted approach to PBL. This adaptation required students to identify their learning needs as a focus for writing their own trigger material, based on case examples brought back from their clinical practice.

Background and Rationale
A problem based learning (PBL) curriculum was first developed and implemented by Barrows in the 1960s at McMaster University Medical School. Now PBL is internationally established as an approach to education in a range of health and social care professions. Since its introduction PBL has evolved. The original characteristics documented by Barrows and Tamblyn (1980) have been developed and enhanced so that the approach used for any curriculum can be flexible, based on the needs of the discipline being studied (Savin-Baden and Howell Major, 2004). Therefore it is difficult to compare and judge transferability of the efficacy of PBL. With such variation it is essential that each programme of study evaluates their unique approach to the use of PBL. It is only through such contextual understanding that the curriculum can be assessed against the particular needs of the students and the discipline.

Context
In a second-year of a pre-registration Masters course in occupational therapy at a UK university, David et al. (1999) typical PBL approach has been adapted so that students write the 'trigger' material for learning. This adaptation of PBL is named placement PBL. Students are required to identify and reflect on their learning needs at this final stage in their professional education. They then develop trigger material based on clients they had worked with during recent clinical experiences. Each student then presents their client trigger to the group and the groups selects six cases for the subsequent six weeks of PBL.

Methods
Placement PBL was evaluated by the authors with two student cohorts. Questionnaires and focus groups were used to gain insight into the students’ views of the efficacy of placement PBL as a learning approach. The advantage of questionnaires was that they would enable the students to give anonymous feedback. The focus groups (one per cohort) were undertaken for the purpose of discussing the questions and responses further from the questionnaire. Themes identified from questionnaire responses could be validated and discussed further. Initial ideas for making changes to improve placement PBL could also be discussed. The potential advantage of this method was that it resembled their PBL learning experience. Consequently they were familiar with discussions in this group. This evaluation was in keeping with the normal university procedures for evaluating education, thus ethical approval was not required. Participation was voluntary, and only anonymous data was stored. Permission was given by all students to use the findings for dissemination.

Results
Ninety per cent of the students completed the questionnaires and 96% attended the focus groups. The evaluation provided insight to the students’ perspectives. Students found placement PBL both interesting and challenging. They found learning was context rich and relevant to practice and the approach strongly linked theory and practice. However, they experienced a tension between engaging in the process of learning whilst also preparing for final assessments. Findings from the evaluation enabled the authors to make a number of changes to improve placement PBL. These included changes to reduce the student workload, guidance from the authors in developing learning objectives, and supporting the students in selecting six triggers to address their learning needs.

Conclusions
Placement PBL was seen to be a useful approach to support the students in the important process of transition from student to qualified occupational therapist. Placement PBL provided current, relevant and complex learning scenarios that helped students to move from a theoretical understanding, to application of theory in actual service situations.

Limitations
A possible limitation of this study was that both evaluators were the PBL facilitators (and the second author was their course director). Therefore, students may have been reticent to give honest feedback. However the form was anonymous and previous interactions with the students had not shown them to hold back on critiquing their study experiences.
Further Research
Further research could usefully include a longitudinal approach with additional data collection post registration.

References


T61

Strengthening midwifery by gaining ‘baby friendly’ accreditation in pre-registration midwifery education

Sophie French, Lead Midwife for Education, Supervisor of Midwives, Florence Nightingale School of Nursing and Midwifery, Kings College London, UK

Infant Feeding is an essential topic in all pre-registration midwifery education. The knowledge, skills and attitudes of midwives who help support mothers breastfeeding are key in determining successful outcome. Research has identified that where effective education and hospital practices make initiating breastfeeding a priority, breastfeeding rates amongst mothers increase (Renfrew et al., 2000).

The latest post-natal guidelines (NICE, 2006) in the UK outline ‘best practice’ standards and state these as being those set-out by the Baby Friendly Initiative (BFI). However, figures from the Office of National Statistics 2005 Infant Feeding Survey (DH, 2008) indicate that only 35% of babies are exclusively breast fed at one week and that this rate falls to 3% by five months. The BFI was established in 1992 and has set a ‘gold standard’ in breastfeeding practice and education. It is a UNICEF (WHO) project which details ‘Ten Steps’ a maternity unit (or ‘Seven Point Plan’ for community) must implement to gain accreditation. To date there is wide geographical variation in BFI accreditation progress in the 162 maternity hospitals and 52 Primary Care Trusts in the UK ranging from 10.9% in England to 46.2% in Wales. Although many maternity hospitals are in the process of working towards the accreditation goal, there continues to challenging disparity in the quality and support women receive about breast feeding between strategic health authorities. There continues to be much work required towards improving breastfeeding rates so as to ensure that equitable and accessible care are available to women as outlined in Maternity Matters (DH, 2008).

Alongside working with hospitals and communities, the BFI launched ‘Educational Standards’ in 2002. These educational standards set out best practice in education for student midwives and health visitors. The focus is on pre-registration midwifery (and health visiting) education and include learning outcomes deemed essential for midwives to have attained at the point of qualifying.

The initiative has been welcomed in higher education as it provides agreed standards in relation to infant feeding within midwifery education. The accreditation of curricula has helped tackle inconsistencies in the knowledge and skills of newly qualified midwives and address concern with breast feeding improvements as outlined in local public service agreements.

The Florence Nightingale School of Nursing and Midwifery at King's College, London, was the first university in England to gain full accreditation for both its pre-registration graduate midwifery programmes in 2007. This has been achieved despite the fact that none of the maternity units who work in partnership with the university are themselves BFI accredited.

This themed paper aims to summarise how accreditation was achieved within the pre-registration midwifery programmes with regards the following:

• Integration of the BFI Educational Standards in the three year direct entrant year programme
• Integration of the BFI Educational Standards in the shortened route 18 month degree programme
• The use of Objective Clinical Structured Examination (OCSE) to assess students’ breastfeeding skills and knowledge
• The financial implications of achieving accreditation.

The presentation will demonstrate how BFI learning outcomes were included in each curriculum and how the teaching was delivered. It will also discuss how clinical and OSCE assessment can be used to demonstrate
compliance with Nursing and Midwifery Council (NMC, 2009) essential skills cluster for breastfeeding knowledge and skills attainment as outlined in the standards for pre-registration midwifery education. In addition financial implications of pursuing BFI educational accreditation within the Higher Educational context will be explored. The session will seek to share and encourage others involved in pre-registration midwifery education to consider working towards gaining BFI accreditation for pre registration programmes. It aims to stimulate creative discussion in order to improve opportunities for women and their families in this important area of public health.

References
Nursing and Midwifery Council (2009) *Standards for Pre-registration Midwifery Education.* London: NMC.

### T62

**Bridging the gap: The impact of a preparatory module for pre-registration nursing students**

Mary Milligan, Senior Lecturer; Jean Brown, Lecturer; Eugene O’Neill, Lecturer, University of the West of Scotland, Ayr, UK

Changes to the University entrance criteria meant that a significant number of applicants to pre-registration nursing programmes could be disadvantaged. This prompted the development of two modules that would provide an opportunity that would enable those entrants to gain sufficient academic credit to apply for the nursing programmes. This contribution to widening access could also potentially influence retention and it is this element that the team wish to explore.

The modules, ‘first steps to nursing’ and ‘personal qualities for nursing’, are each accredited with 20 SCQF Level 7 points. First steps to nursing provides an introduction to undergraduate study and is designed to promote the development of key skills including critical reading, academic writing and reflection. It ensures that the NMC requirements for literacy, numeracy and IT skill on entry to pre-registration nursing programmes are addressed. Evidence of learning is demonstrated through completion of learning activities and assessed as a portfolio. A thematic approach is adopted with activities guiding students to examine health-related topics. Activities involve essay and report writing, presentation, critical reading and evaluation, calculation and problem-solving. The module aims to stimulate the development of understanding the accuracy of what is read, said or heard whilst fostering skills of constructive criticism and team membership.

Personal qualities for nursing on the other hand involves a process of reflection on personal attributes that are relevant to nursing and promotes consideration of personal and professional boundaries. Engagement raises individual consciousness of actions and thinking and influences critical examination of values, attitudes and beliefs and their impact within given situations.

The modules are designed to be taken together but can be taken separately without compromising outcomes. First steps to nursing is the module of choice for entrants requiring only 20 SCQF credit points and it has attracted a larger number of students since its introduction in February 2009. This paper will focus on formal evaluation of this module which, to date, has been positively evaluated with students reporting that they had felt motivated to study and that it had prepared them well for their first year at university. Further exploration of the potential impact of the module on preparing students for pre-registration nursing programmes is desirable.

Government promotion of wider participation has highlighted four key areas influencing entrants to higher education:

- Attainment
- Aspiration
- Application
- Admission.

Furthermore the existence of potential barriers to participation are suggested (DfES 2008). Evaluation will focus on the experience of the students and the perceived impact of the first steps to nursing module in relation to the
four areas of influence. The extent to which students are enabled to demonstrate achievement of their potential for undergraduate study will also be explored.

Higher education institutions have been charged with a responsibility to close the opportunity gap and widen access to higher education by easing progression to degree level (Scottish Government, 2003). This paper will examine the extent to which a pre-entry module encourages potential entry to pre-registration nursing programmes by enabling the entry criteria to be met. Providing necessary support is a continual challenge for higher education institutions and Fergy et al. (2008) maintain that pre-entry preparation can address this challenge and offer scope and realistic expectations to the student. Possible influences on the skills, confidence and expectations of first steps to nursing module participants in relation to pre-registration nursing programmes will be explored. Rodgers and McCreadie (2009) highlight that pre-registration nursing students are 'surprised' by the academic expectations of the course. It is important to consider the extent to which pre-entry modules such as First Steps to Nursing could influence expectations and to explore the possible impact of this on retention.

The paper will consider issues surrounding widening participation and student retention. Interim findings of a proposed evaluative study of the experience of pre-registration nursing students who have completed the first steps to nursing module will be presented.

References
Developing Teachers

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
‘The man in the mac’: An acting/teaching analogy

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

The notion that lecturing has similarities to acting is not an unfamiliar one to teachers (Quinn and Hughes, 2007). This is because, standing in front of a large number of people communicating a narrative, creating a presence, whilst using captivating devices to hold the audience’s attention could potentially result in either teaching or acting (Street, 2007). This analogy is particularly pertinent because the emphasis on managerial performativity places the lecturer in a vulnerable position for scrutiny and evaluation (Avis, 2005; Muijs, 2006) as delivering a lecture is one of the most public elements of a lecturer’s role (Race, 2001). Hence considering how acting may have influenced the development of teachers could add another perspective to the development of teachers.

A purposeful sample of 10 teachers, who were also trained actors, participated in the study. The aim was to explore whether they perceived any similarities between acting and teaching. Data was gathered via unstructured in-depth audio taped interviews and analysed thematically.

Within the findings six key themes emerged, these represented the main similarities between acting and teaching from the perspective of these participants. Although these themes were clearly delineated, there was a degree of interrelatedness between them. Furthermore, each of these themes was underpinned by the element of performance in terms of both being able to physically perform each element but also creating a performance in its own right.

The theme of ‘communicating and sustaining an impact’ was based on verbal and non-verbal communication techniques, but also included issues like timing, improvisation, humour, pace and energy. These allowed the actor and teacher to initially create, but then maintain, an impact with the audience through the performance or session, an issue that they clearly felt was important both to acting and teaching.

While the first theme dealt with how you created an impact the ‘presenting confidence’ theme represented the type of impact you created e.g. confident, enthusiastic or nervous. It was considered that presenting confidence was important both to actors and teachers as the participants felt that an audience or students may be able to tell if the performer was confident or not. However, they did identify that their acting training had given them the ability to control their verbal and non-verbal cues to maximise a confident persona on stage or in front of a class.

The ‘narrative and creating meaning’ theme dealt with the communication of the subject knowledge or narrative, whether that was concerned with the physiology of the heart or portraying love in Romeo and Juliet. This theme not only included subject knowledge, but dramaturgical and pedagogical knowledge in terms of knowing how to portray a convincing character or being able to communicate a dry theoretical subject in an interesting way. Hence creating meaning was an integral part of communicating the narrative in both education and acting.

The theme ‘sensing and responding to the audience’ was important. It was clear that these participants felt that an actor or teacher can evidently sense the audience and that this in turn can influence the way the teacher/actor then performs. This was based on the actor/teachers ability to build relationships and ‘work off’ other people either actors or the students, but this was reliant on the level of confidence.

Within the theme ‘finding your place’ it was evident that as a teacher you need to find your own style or persona, by using elements of yourself. Similarly in acting the actor would use elements of themselves to find the character they are portraying. But it was evident that experience for both teachers or actors would enhance their ability to find their place.

‘Commitment and motivation’ was the final theme and dealt with the performers commitment to acting or teaching and their motivation to do it well. This also dealt with issues of value for money as audiences and students would have paid for the theatre ticket or education.

In conclusion, it appears there were six key similarities between acting and teaching identified within this study. These teachers all felt that their acting training had made a significant impact on their development as teachers. This was not to say that all teachers should be actors, more an acknowledgement that learning from the performing arts could make a positive contribution to teacher development. In the words of one respondent:

‘I was an actor for a long time before I was teaching. When I started teaching, I thought I would have to readdress all of that. But, as I began to teach I quickly realised that everything I learnt at drama school and everything I learnt acting, writing and directing was exactly what I needed to be a good teacher.’
Surviving and thriving as a novice academic: The challenge of nursing scholarship

Matthew Walsh, Lecturer, University of Newcastle, New South Wales, Australia

Novice nurse academics encounter significant challenges in the formative years of their academic career. The transition from clinical practice to nursing academia involves a period of socialisation that necessitates adjustment. The promise of nursing academia is an opportunity to explore education and research interests, and further develop one's nursing practice. These opportunities are an invitation to survive and thrive.

Teaching commitments, research activities and community responsibilities are referred to as the triple threat of academia. These principles of academia create a challenging environment for the novice nursing academic. Nevertheless, adoption of a philosophy that enables the novice nursing academic to negotiate these challenges and develop their scholarship amidst this poutice of opportunities, is integral to developing the nursing profession.

As contemporary nursing practice and practice settings continue to evolve nursing academia evolves. The tendency to enter nursing academia predominantly as an educator or researcher is inconsistent with the evolving needs of the profession. Consequently, nursing academics need to embrace these fundamental precepts, adopting a holistic stance to nursing scholarship.

The challenges of nursing academia therefore are akin to those encountered by nursing clinicians. High acuity, scarcity of resources and the complex interplay of comorbid disease, ensure that contemporary nursing practice abounds with challenges and opportunities. Likewise, nursing academics face the challenges of a continually evolving tertiary education landscape that is shaped by politics, competing discourses, and the competitive pursuit of funding sources for education and research.

However, government policies, the allocation of endowed enrolments and research funds drive the tertiary education sector in contrast to the client-centred outcomes that drive clinical practice. Novice nursing academics must adapt to this environment whilst navigating novel professional challenges and developing an academic profile. The responsibilities of teaching, the necessity of research and the desirable contribution to the university and broader community necessitates the development of strategies that enable the novice nursing academic to appropriately and adequately manage the transition to academia and establish their academic profile.

Teaching responsibilities transcend teaching practice. An aptitude for a broader gamut of teaching activities including course administration, curriculum and course development, responding to student needs and enquiries, teaching preparation, assessment grading, and successful application for teaching grants is required. Despite this complex set of responsibilities the novice nursing academic develops a sense of the type of educator they desire to be (Kenny, Pontin and Moore, 2004). To survive and thrive one must work systematically towards achieving realistic goals with an awareness of the values and environment of the institution. As this is a skill that is common among nurses, the novice nursing academic is equipped to survive and thrive. With success and achievement come job satisfaction, motivation, passion, resolve and enthusiasm.

Similarly, research activity is multifaceted, necessitating the continual development of a publication and research profile, presentation and attendance at relevant conferences, and successful application for research funding. The novice nursing academics role in research is to extend the body of knowledge of the profession via research that is empirical, theoretical and/or conceptual. Consequently, research, scholarship and the establishment of a publication profile enables the novice nursing academic to develop, whilst advancing the body of knowledge of the profession.

References


In achieving these goals a research mentor is important (Zambroski and Holbrook, 2004). The mentor assists the novice nursing academic in establishing research and publication goals and the opportunities for dissemination of their research findings. Moreover, the mentor assists with grant writing, and role-models research activities that facilitate the development of the novices’ research skills and activities.

Likewise, involvement in the university and broader community is equally challenging. The need for committee involvement, the preservation of existing networks and the establishment of new networks, meeting collegial expectations, supporting and guiding students, and the maintenance of currency in clinical practice are all aspects of the role of the academic in the community. Collegiality is of vital importance and facilitates the establishment of formal and informal mentor relationships (Mullen and Forbes, 2000). Siler and Kleiner (2001) and Kavoosi, Elman and Mauch (1995) found that mentoring facilitated psychosocial and career support enabling the novice academic to socialise to their new environment and role.

Consequently, novice nursing academics must balance the demands (Zambroski and Holbrook, 2004) of establishing their identity as a nursing scholar with educating nurses equipped to satisfy the needs of society. Novice nursing academics are significantly challenged in managing these demands. However, the benefits and rewards of nursing academia re-establish the balance creating a unique sense of meaning. The opportunity to shape the beliefs and attitudes of nursing students towards caring, nursing care and the nursing profession are among nursing academia’s greatest rewards. Moreover, being at the forefront of nursing scholarship and the development of nursing education and clinical practice heighten the attractiveness of nursing academia as a career path for nurses.

**References**


---

**T65**

**Bridging the gap for the novice lecturer**

Jacqueline Chang, Senior Lecturer; Gall Rees, Senior Lecturer; Grace Williams, Senior Lecturer; Eszter Bakody, Senior Lecturer, Kingston University and St George’s Medical School, Kingston-upon-Thames, UK

As four new lecturers working for a university we felt well placed to examine the experience of the developing teacher. We were all clinical nurse specialists in our chosen fields, but we did not have teaching experience. This reflective paper critically examines the challenges we faced when we started in our new roles. For the purpose of this paper we will examine our journey using Bridges’ ‘Three Phases of Transition’ (2003). We chose this model because we felt it truly reflected our experiences.

**Transitions of change**

In our clinical roles we had a strong identity and felt very comfortable. We had worked through Benner’s (1984) ladder from novice to expert. Suddenly we had to let go of our old identities and deal with that loss. Bridges (2003) calls this the stage of ‘...letting go of the old ways and the old identity people had’ (p.4). However, that was only possible for one of us as the other three still worked in their clinical areas. For those three the challenge of not being able to fully let go and embrace the new role completely presented some conflict. The next phase is an ‘...in-between time when the old is gone but the new isn’t fully operational’, (Bridges, 2003, p.5) or the neutral zone. The final zone is a new beginning when a new identity has been created in the new role. This paper focuses on the neutral zone as that is where we feel we currently are.

**Motivation to teach**

We were motivated to teach for different reasons. However, we all felt that as expert nurses in our chosen fields we would be well placed to teach future nurses. We believed that with our knowledge and experience student nurses would respond well to us and that we would be able to bring up to date practice into the classroom. We were all enthusiastic entering this new role and wanted to embrace it as well as we could. However, we were well
aware that, ‘...clinical expertise alone is not a qualification for being an educator’ (Neese, 2003, p.260) and this caused heightened anxiety. Bridges (2003) discusses the different challenges that the Neutral Zone presents. These include heightened anxiety and low motivation. People often feel overloaded and unsupported in the neutral zone and this was something we could identify with.

**Support required**

One method we utilised while in the neutral zone was that of clinical supervision. Clinical Supervision is used extensively in nursing as part of the DH ‘A Vision for the Future’ (1995a) but there is not a system in place in education for this level of support. The four of us with other staff who joined the faculty a few months earlier made a clinical supervision group in order to offer support to each other. Proctor (2000) declares that clinical supervision should allow the practitioner to become creative and reflective in their work by allowing them to examine their work and any conflicts which arise without feeling threatened or fearing that they are on trial. Clinical supervision offers staff the opportunity to reflect on and develop clinical practice. We found that this supervision group was an essential form of support that helped us develop within our new roles. Through this group we were able to discuss common themes and by using Kolb’s Learning Cycle (1984) we were able to move forward and embrace the role more fully.

**New structure**

The biggest challenge for all of us as new lecturers was the lack of understanding about the role of the nurse lecturer. In nursing we were used to a great deal of structure and a defined managerial ladder but academia is very different to this. McArthur-Rouse (2007) suggests that the reason for this challenge is that the ‘...job, culture and organisations are very different and possibly more different than they had anticipated’ (p.403). This difference caused the highest level of anxiety for us.

**Recommendations for the future**

We are still very new in our roles and very much in the neutral zone. We hope to progress into the new beginning and return to being at expert level in our new roles. However, we would advise to future new lecturers to form a support group to help each other manage the transition process. Nursing is very different to academia, but in many ways quite similar and with all roles, needs to be embraced fully. It is important for faculties to embrace experienced practitioners in order to bridge the theory-practice gap and to support them in their new roles.

**References**


---

**T66**

**Collective culpability: The connection between pedagogical practices and student plagiarisms**

David Kennedy, Lecturer, University of the West of Scotland, Paisley, UK

**Introduction**

Student plagiarism is an international phenomenon of international concern. But the very phrase ‘student plagiarism’ predicates a skewed perspective on the problem. Plagiarism is not so much an activity that some students engage in as a response that students may make to the tasks that teachers set. As teachers we overlook the part that our teaching, assessing and organisational practices can play in promoting student plagiarism.

This paper identifies and analyses, from key trends in the literature over the last decade, from observation and from experience, five teaching practices which promote student plagiarism. It makes recommendations for reducing student plagiarism by enhancing our pedagogical practices.
Five mechanisms by which teachers promote student plagiarism

1 Setting a poor example
Our own writing practices as teachers can set an example to students that tacitly endorses plagiarism. Such practices include not divulging our sources in lectures, producing written handouts without a reference list, uploading pages to our virtual learning environments without reference to sources, or (Bao and Malcolm, 2005) copying the text of one paper into another for a conference presentation. Our writing practices set a model for student writing, particularly in the early stages of their academic experience.

2 Underestimating the writing task
The task of writing from sources is a complex one - for students and teachers alike. The cognitive processes in the task include: reading a text, understanding its meaning, discriminating new knowledge from common knowledge, combining ideas from the text with ideas that one already possesses, writing a new combination of ideas and attributing the ideas gleaned from texts to the authors of these texts. Howard (2004) points out that avoiding ‘copying’ and ‘patchwriting’ in such circumstances is actually more than some students can accomplish, even with guidance on citing sources.

3 Following a flawed assessment strategy
It is in assessable work that plagiarism becomes a pressing issue. We acknowledge that there are students who will cheat to improve their grades in assessable coursework or examinations. But as teachers we are not without blame here also. As Kennedy (2004) points out, if our assessment strategy bunches assignments into a tight time-frame, focuses on content rather than process, tolerates vague questions or perpetuates the same questions from one year to the next it encourages plagiarism as a strategic response.

4 Failing to fail at an individual level
Detecting plagiarism and responding to it is a major and time-consuming task for any teacher. Under the time pressures of grading assignments, and knowing that a formal investigation will consume more time, teachers can be unwilling for pragmatic reasons to report suspected plagiarism.

Additionally, as Carroll (2007) points out, teachers can ‘excuse’ plagiarism, regarding it as incompetence rather than as cheating. It may well stem from incompetence, but the teacher still has to challenge it, or else the student cannot rectify it.

5 Failing to fail at an institutional level
Failing to tackle plagiarism also occurs at an institutional level - and this is where both student and teachers become vulnerable. Stothart (2007) reported that most universities defeat their own efforts because of flaws in their own anti-plagiarism procedures. When procedures are vague, inconsistent or apparently unreasonably draconian, students are left uncertain about the boundaries, risks and penalties associated with plagiarism and staff are unclear on how to respond to it. In such a culture, plagiarism continues.

Remedies for the problems of teachers’ practice
Tackling student plagiarism, then, is a matter of teacher development as well as one of student development. We can help students to avoid plagiarism by attending to our own pedagogical practices.

Our teaching, assessing and organisational practices need to reflect the following:

- Clear acknowledgment of the sources of our information in the lecture notes, handouts, guidance booklets and web pages that we design
- A commitment to teaching literacy and writing skills, not as an add-on activity to the discipline which we teach but as a component part of that discipline
- An assessment strategy that reduces the bunching of multiple assessments and that creates assessment instruments that reduce the opportunity for students to plagiarise
- Willingness to confront the student who has plagiarised as a teaching responsibility rather than an administrative and punitive chore
- Advocating a holistic, institution-wide approach that supports both students and teachers in creating a culture that avoids plagiarism
- Recognition that reducing student plagiarism is a shared responsibility that involves the students, the teachers and the policy makers of an educational institution.

References

HIV, ARVs and nursing education: Enabling nurse educators to integrate the management of HIV into the nursing curriculum and learning environment

Pat Mayers, Senior Lecturer, School of Health and Rehabilitation Sciences; Gill Faris; Bev Draper; Lara Fairall; Ruth Cornick; Deanna Carter, for the PALSA PLUS study group, Knowledge Translation Unit, UCT Lung Institute, University of Cape Town, South Africa

This paper reports on some of the challenges faced in nursing education in South Africa with reference to the management of persons with HIV and AIDS, and strategies that have been utilised to assist nurse educators in meeting the challenges.

The quadruple burden of disease (Coovadia et al., 2009) in South Africa is imposing escalating demands on public-sector primary care services which are staffed by nurses with minimal input from doctors. In 2008, approximately 5.2 million persons in South African were living with HIV and AIDS, accounting for 31% of the total DALYs of the South African population (Coovadia et al., 2009). Currently approximately 750,000 people are receiving life-giving antiretroviral treatment, yet many more need access to ARVs. Accessible and affordable care at primary level in South Africa is reliant primarily on nurses, thus in order to facilitate the effective and comprehensive care and treatment of person with HIV and AIDS, it is essential that all nurses, and particularly those in the primary care settings are adequately prepared at undergraduate level. As the rollout of ARVs is expanded, nurses will be expected to initiate treatment for patients as well as manage those on treatment. Nursing curricula will need to be revised to include comprehensive HIV and AIDS care and treatment in order to meet the goals of the South African National Strategic Plan for HIV/AIDS 2007-11.

The Practical Approach to Lung Health and HIV/AIDS in South Africa (PALSA PLUS) is 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 et al., 2006; Fairall et al., 2005; Stein et al., 2008). The project has trained primary care nurses, using an educational outreach approach, to use evidence-based syndromic, algorithmic guidelines in the care of patients with respiratory disease and sexually transmitted infections including HIV (Zwarenstein et al., 2009).

‘Nursing Colleges and University based nursing education institutions are at the heart of building and sustaining the capacity of Professional Nurses to be able to provide comprehensive care to HIV positive individuals, including treatment’ (Jhpiego South Africa, 2008). Nurse educators in South Africa, however, do not generally have joint clinical appointments, yet are expected to remain abreast of current clinical practice and supervise and mentor students in the practice settings. Many nurse educators do not have experience in the management and treatment of persons with HIV and AIDS.

In order to meet their learning needs, nurse educators were invited in 2007 to attend the first three-day workshop on the use of the PALSA PLUS guidelines and the integration of these into nursing curricula. Annual workshops have been subsequently been held in the provinces in which the guidelines have been implemented. During the three-day training, the educators are provided with information on the history and development of the PALSA PLUS guidelines and implementation strategies, introduced to and afforded the opportunity to engage in the PALSA PLUS training methodology, assisted with the integration of PALSA PLUS into their curricula and encouraged to network with colleagues across campuses.

Educators are familiar with the use of guidelines, in particular the IMCI (Integrated management of childhood illness) and TB. The integrated approach to patient care of the PALSA PLUS guidelines was felt to not only be an invaluable tool in their teaching but that as a guideline it was also well presented, colourful and user-friendly. Those who had used IMCI at the primary care level found the PALSA PLUS guidelines easy to use as there is a strong similarity in the presentation of the algorithms.

Educators found the programme to be useful, relevant and stimulating, were positive about introducing the PALSA PLUS guidelines to their fellow educators and were motivated to include the guidelines in the undergraduate and postgraduate curricula. It is hoped that by introducing the PALSA PLUS guidelines as a
practical tool into nursing curricula that nurses will be better equipped to manage patients with HIV and AIDS in their clinical practice.

References


Education in Clinical Practice

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
T68

A systematic review of peer teaching and learning in clinical education

Jacinta Secomb, Nursing Lecturer, Australian Catholic University, Fitzroy, Australia

Aims and objectives
The purpose of this review has been to provide a framework for peer teaching and learning in the clinical education of undergraduate health science students in clinical practice settings and make clear the positive and negative aspects of this teaching and learning strategy.

Background
The practice of using peers incidentally or purposefully in the clinical education of apprentice or undergraduate health science students is a well-established tradition and commonly practiced, but lacks definition in its implementation (Secomb, 2007).

Method
The author conducted a search of health science and educational electronic databases using the terms peer, clinical education and undergraduate. The set limitations were publications after 1980 (2005 inclusive), English language and research papers. Selection of studies occurred: based on participant, intervention, research method and learning outcomes, following a rigorous critical and quality appraisal with a purposefully developed tool. The results have been both tabled and collated in a narrative summary.

Results
Twelve articles met the inclusion criteria, representing five countries and four health science disciplines. This review reported mostly positive outcomes on the effectiveness of peer teaching and learning; it can increase student’s confidence in clinical practice and improve learning in the psychomotor and cognitive domains. Negative aspects were also identified; these include poor student learning if personalities or learning styles are not compatible and students spending less individualised time with the clinical instructor.

Conclusions
Peer teaching and learning is an effective educational intervention for health science students on clinical placements. Preclinical education of students congruent with the academic timetable increases student educational outcomes from peer teaching and learning. Strategies are required prior to clinical placement to accommodate incompatible students or poor student learning.

Relevance to clinical practice
The findings from this systematic review, although not statistically significant, do have pragmatic implications for clinical practice. It can increase clinical placement opportunities for undergraduate health students, assist clinical staff with workload pressures and increase clinician time with clients, while further developing students’ knowledge, skills and attitudes.

Reference

T69

Learning in practice: Are postgraduate students’ needs any different?

Margaret Lascelles, Senior Nursing Lecturer, University of Leeds, UK

Introduction
This paper will draw on findings of a larger piece of research; mentoring and learning: students’ experiences of an accelerated nursing programme as part of an educational doctorate thesis. With the changes in the preparation of nurses over the last ten years and the recent announcement of a move towards an all graduate preparation in the United Kingdom in the near future then the way in which students are supported in practice is crucial to attract and retain students. Accelerated nursing programmes for graduates with a health related degree has been a route into nursing since the late 1990s however there is little research on these programmes, particularly in the United Kingdom (Halkett and McLafferty 2006; Stacey 2009, in press). These studies identified that these students bring with them a wealth of experience including both academic and life skills.

Methodology
This paper will draw upon the research from this qualitative longitudinal case study of six nursing students clinical experiences over a year of their two-year nursing programme. Semi-structured interviews were conducted with
students on completion of each of their four main placements. In addition, mentors were also interviewed separately at the end of the student’s placement experience.

Findings
This paper will discuss the finding related to the interactions between the student and mentor in facilitating learning, recognising their prior learning and the importance of developing trust and participating in care. There is evidence from this study that these students were ‘active’ learners who were quite self-directed in their approach to learning. They wanted to ask questions and have answers provided and they were keen to learn and recognised that they had less time to do this due to the shorter nature of the programme. Some of the mentors who supported these students felt that they used their initiative, were interested and learnt quickly, and it appeared that this encouraged mentors to challenge students and clearly link the more propositional knowledge to knowledge in use. The findings suggest that the mentors who were able to recognise these students individual learning needs and support their self directed approaches to learning were themselves experienced mentors and had been qualified nurses for a number of years. These students bring a wealth of life experience and learning from their degrees and where mentors were able to recognise and support this through providing learning opportunities, critical thinking and involvement in care then students felt this enabled them to learn. There is evidence that learning was both planned and unplanned and sometimes occurred through ‘opportunistic’ encounters with patients and clients in peoples own homes, in the car and within ward environments. However, the mentor was mainly the catalyst to providing access to these opportunities and assisting students to make ‘sense’ of these learning situations. Students were moving from dependence on their mentor to greater independence and more indirect supervision. This participation focused on having a sense of ‘belonging’ and ‘identity’ and feeling ‘comfortable’ within the team as well as greater involvement and interaction with other members of the team. Indeed through participating in care students gain access to learning opportunities and to the complexity of nursing work.

The reality of the messiness of nurse’s work in a variety of contexts highlighted to students the rich learning opportunities they were encountering in their everyday practice and how the mentor helped them to make ‘connections’ between the theory and practice of nursing. This paper will also draw on the educational theory to support learning in practice as situated learning and social participation (Lave and Wenger, 1991; Spouse, 1998; Billett, 2004).

Conclusion
The role of the mentor is therefore crucial and this paper highlights some of the benefits to students of an effective mentoring experience, but also recognises the importance of the context and culture of the learning environment.

References

T70
Promoting the motivation to care: Evaluation of a senior nurse development programme
Kay Currie, Reader in Nursing, Glasgow Caledonian University, Arian Mallis, Practice Development Nurse, NHS Forth Valley, Scotland

Background
Arguably, in commenting that 'caring is fundamental to nursing and midwifery services and remains core to all nursing and midwifery functions' the Scottish Executive document Delivering Care, Enabling Health (2006, p.10) may be accused of stating what should be the obvious. However, recent political and professional debate has raised questions about whether we have somehow lost the ‘art’ of nursing and have moved instead to a
technically focused culture, as opposed to one which sees the primacy of caring at its heart (Moody and Pesut, 2006). Subsequent Scottish Government strategies have therefore sought to emphasise the centrality of the patient experience within health care and re-affirm ‘caring’ as the underpinning ethos for the nursing profession (Scottish Executive, 2007; 2008).

Responding to these policy imperatives, NHS Forth Valley has established a strategic nursing priority around improving patient care and experience. The aim of this strategy is to ensure that patient care and experience meets physical, psychological, social and spiritual needs. To support this objective, a two day pilot educational programme ‘Motivation to Care’ has been developed to equip senior nursing staff in key leadership roles with a skill set which aims to provide information, education and familiarisation with motivation theories and their relationship in enhancing care within the nursing workforce. More specifically, the ‘motivation to care’ initiative illustrates aspects of nursing practice which are relevant to individual patient experience, particularly around respecting individuals and preserving dignity. By re-focussing on and raising awareness of aspects of caring, the educational programme aims to provide practical ways of promoting the core principles of our profession, caring about people.

**The motivation to care project**

Whilst ‘caring’ is also at the heart of the pre-registration nursing curriculum, the decision to engage experienced senior clinicians with this educational initiative sought to create a critical mass of change agents, ready to carry forward practice development and to change nursing culture to one that places greater value on the caring aspects of nursing care delivery. Thus, the ‘motivation to care’ initiative aims to explore and develop nurses understanding of the role of different components of caring such as patient autonomy, complexity, communication and releasing time to care. The study days have a particular focus on understanding the benefits of care components individually, as a team and for the patient, encouraging senior nurses to participate in meaningful dialogue with others for decisions relevant to practice. The theoretical content is intended to develop participants’ ability to analyse care components and implement these as part of good practice in their individual clinical settings within the organisation, thus translating learning into practice with the goal of improving service delivery, quality and efficiency. The initial learning outcomes indicate that on completion of the study days and a period of consolidation within the workplace, participants should be able to:

- Develop a critical understanding of motivational theories.
- Develop an understanding of the effective interpretation and application of time, autonomy, complexity and communication and how these influence behaviour.
- Identify and apply leadership and managerial strategies to support nurse’s delivery of care.
- Develop ways to improve the gathering, collation and presentation of information related to caring, to ensure its relevance to stakeholders.

**Project evaluation**

In order to gauge the impact of this pilot initiative, researchers from Glasgow Caledonian University were commissioned to undertake an evaluation study. The objectives of this study were to:

1. Evaluate changes in senior nursing staff self-assessed knowledge of the four components contained within the professional development programme (autonomy, time, complexity & communication).
2. Explore senior nursing staff attitudes towards the relevance for practice of each of the components of the professional development programme.
3. Generate recommendations from programme participants to enhance the content or delivery of the programme.

Following approval by the University ethics committee, all senior nurses who participated in the first two cohorts of the pilot educational initiative were invited to take part in the evaluation. Data collection consisted of:

i) Pre and post-intervention comparison of self-assessed levels of confidence in knowledge of course content areas (using a tailored Developmental Needs Analysis Tool).

ii) Survey of participant views on the relevance for practice of each of the course components.

iii) Nominal group technique discussions to generate recommendations for future course delivery.

This paper will present the findings of the evaluation study and highlight recommendations for the future development of the ‘motivation to care’ initiative.

**References**


T71

Working at the coal face: The contribution of programme tutors in supporting practice-based learning in nursing

Lin McDonagh, Assistant Head of Department (Professional and Practice Lead); Jan Draper, Professor and Head of Nursing, The Open University, Milton Keynes; Gillian Davis, Practice Education Facilitator, OU Programme Tutor, Argyll and Bute CHP; Wendy Mowbray, Senior Charge Nurse, Mid-Argyll Community Hospital and Integrated Care Centre; Donna Gallagher, Staff Tutor Nursing, The Open University, Belfast, UK

This paper reports the findings of a centre for excellence in teaching and learning-funded project to explore key features of effective support for pre-registration nursing students in practice settings.

Background

The cultivation of positive practice learning environments for students of nursing, including high quality learning support, has been long established as a thorny issue for nurse educators and practitioners. Indeed it was a key theme for the very first nursing research series, supported by the Royal College of Nursing, in the early 1980’s. This included Fretwell’s (1982) work on ward teaching and learning, Orton’s (1981) work on the ward learning environment and Ogier’s (1982) work on the role of the ward sister. Since then there has been an explosion of research in this area.

As a profession we have a responsibility to ensure high quality learning support for students in practice settings. If we do not, there will be wide-ranging implications for the quality of patient care, work-related stress, role satisfaction, retention and attrition and professional reputation. Given the significant investment in nurse education and the need to retain nurses in the workforce, it is unsurprising therefore that the practice learning environment has emerged as a key policy issue in the United Kingdom and internationally.

Previous research indicates that relationships between the learner and staff are crucial in supporting learning in practice (Pearcey and Elliott, 2004) and that ‘...learning is maximised when the learner is effectively partnered with a clinician and experiences are shared’ (Henderson et al., 2009, p.178). In this context, The Programme Tutor (PT) – a role unique to the pre-registration nursing programme at The Open University (OU) – is crucial in facilitating learning in the practice setting. The purpose of the PT role is to work longitudinally with both students and their mentors to support learning in practice and monitor student progress. The PT therefore plays a pivotal role in facilitating learning in the practice setting, aspects of which may have potential for transfer to the wider health education sector.

Objectives

The overall aim of the project was to critically examine the experiences of a sample of PTs supporting students and mentors on the pre-registration nursing programme at the OU in order to identify the key features of effective PT practice. These features would then inform the continuing development of the programme. Two PTs were recruited as co-researchers on the project, the objectives of which were to:

- Explore PT’s experiences of supporting students and mentors
- Explore PT’s views regarding student progression
- Identify how PTs ‘grow’ into their role
- Identify enabling and disabling factors contributing to role effectiveness
- Examine the boundaries between the role of the PT and mentor
- Explore variations in the PT role across the UK.

Data collection and analysis

A sample of 20 PTs working on the final practice module of the pre-registration nursing programme, and located across the nations and regions of the UK, was identified. Following ethical approval, telephone interviews were conducted using an interview guide informed by both a review of the literature and the experience of the PT co-researchers. Telephone interviews were used in preference to individual face-to-face interviews in order to accommodate the dispersed geographical spread of participants. The interviews were recorded using digital recording equipment and following transcription, conventional approaches to qualitative data analysis were used to identify common themes across the data.

The ethical principles of confidentiality, anonymity and informed consent were upheld throughout the study. The sample was assured that confidentiality would be maintained at all times throughout the project. Anonymity was
protected by using pseudonyms both for PTs and organisations. Informed consent was gained at the start of the project and participants were able to withdraw from the project at any stage.

Findings suggest that PTs find their role both rewarding and vital in the context of creating supportive learning environments and ultimately supporting students’ transition to become registered practitioners. Being an effective communicator and establishing and maintaining relationships with students, mentors and service managers was described as crucial to the success of the role. Understanding the pressures within practice environments and being able to acknowledge the realities of ‘working at the coalface’ enabled PTs to support both students and mentors in such settings.

**Conclusion**
This paper will elaborate more fully the findings of the project, illustrated with reference to verbatim quotes from the data. Although a role unique to the OU pre-registration nursing programme, there may be aspects of the role which could be transferable to other practice-based learning settings. This will be interactively debated with conference delegates.

**References**
E-Learning, including Blended Learning

Tuesday 7 September
First Group of Theme Sessions
Re-visioning an academic development learning

Lioba Howatson-Jones, Senior Lecturer, Canterbury Christ Church University, UK

Blended learning is becoming an increasingly popular solution to the problem of supplying courses for students who are geographically diverse. The taught version of an academic development course has become very busy as more diverse and multidisciplinary students recognise its relevance and value for their development. Recent interest from a group of optometrists who are nationally distributed has necessitated re-visioning delivery of the module. This paper aims to share some of the pitfalls, successes and lessons learned from delivering such an inter-professional course via blended learning.

The case for blended learning

Integrating e-learning approaches with more traditional methods of teaching offers the opportunity to reach wider audiences and provide some face to face support (Clarke, 2008). Making use of technology provides the option for different ways for staff and students to interact, and for professionals from different disciplines to collaborate in their learning (Pulman, Scammell and Martin, 2009). This, it might be suggested, is encouraged by the diversity of the student group as well as through an inter-professional approach to course provision. However, for some students, the loss of taught structure and corresponding increase in student control and responsibility might also be challenging. The philosophy behind using blended learning for delivering the course for the optometrist group is that it eases some of these tensions through still providing some face to face support which, it might be argued, provides a containing boundary for some of these anxieties.

Course structure

The module is divided into six learning units. Each unit introduces theoretical concepts and learning activities which students complete at their own pace. A discussion board via the Blackboard virtual learning environment (VLE) and wiki supports student interaction and sharing of resources for learning. The first learning activity encourages the students to examine their own biographies in order to develop their understanding of their learning strategies and feelings about learning. Becoming aware of potential influences is an important starting point to engaging with something new. Writing an educational biography helps adult learners to actively interact with past learning experiences (Dominic, 1999) animating such experience through the relevance it might have for present learning (Boud and Miller, 1996). The other learning activities are related to study skills such as searching the literature, critical reading, academic writing and referencing and assignment preparation. Two taught days include self-paced computer exercises, an introduction to the e-library, assignment guidance, learning to weave an argument and individual tutorials. The following section identifies some evaluation points from the course. Students consented to their own words being used.

Evaluation points

Student: I suppose I know my approach is very scientific. Things will be done in a set order. I can see this in how I have written my educational biography and my re-view on it. It is all sub-headed and done in order of the questions asked.

Student: I have already identified several areas of inefficiency in my study techniques at this stage.

Student: Whilst using the e library, I found that I needed to reflect on the terms used, review them and then amend them in order to find relevant information.

Student: To sum up, my experience of this course so far has been very stressful but on reflection I can say that I am learning several new skills with regard to my academic abilities and will be able to use these to further my education in the future.
While being prepared to enter into topic discussions, students were less willing to share tutorial space.

Some students had identified in their learning biographies that they preferred to work independently. Others desired more feedback and returned completed tasks for further feedback.
Table 3. Unit task completion for feedback

<table>
<thead>
<tr>
<th>Unit tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formative writing</td>
</tr>
<tr>
<td>Referencing</td>
</tr>
<tr>
<td>Self assessment</td>
</tr>
<tr>
<td>Preparing educational biography</td>
</tr>
<tr>
<td>Searching for information</td>
</tr>
<tr>
<td>Draft essay plan</td>
</tr>
</tbody>
</table>

Elements associated with assessment were prioritised. Learning processes seemed to be of less importance.

**Recommendations**

Training in new technologies is needed in this field. Students require access to start up information, earlier in order to digest instructions. Storyboarding is essential to course construction and needed to be reviewed in order to make better links between the units. Setting deadlines for unit completion would help to provide some of the boundary structure identified in the earlier discussion.

**Conclusion**

Translating courses into an on-line mode requires technical support and funded release from teaching. Storyboarding is vital for building learning. Face-to-face contact at the start and end of the course allows opportunity for answering questions and problem solving. Exploring expectations is important to reduce anxieties. Inclusion of the educational biography enables the tutor to get to know students and their learning preferences and potential blocks which is important in a distance learning environment.

**References**


---

**T73**

**Using live interactive webcasts in undergraduate nurses’ and midwives’ education: Participation and satisfaction**

Graham Williamson, Lecturer; Inocencio Maramba, Former E-Health, E-Learning Facilitator; Ray Jones, Professor of Health Informatics; Jenny Morris, Senior Lecturer, University of Plymouth, UK

**Introduction**

E-Learning methods are being used increasingly in nursing and midwifery education but have tended to be asynchronous with students accessing learning materials in their own time. With the development of new technologies there is potential for the development of interactive, participatory, synchronous methods of e-learning (Jones *et al.*, 2006), with webcasting an example. In live interactive webcasting students participate in text ‘chat room’ interactive discussions via a webpage whilst viewing and hearing live video of a presenter and their presentation.
Aims
This presentation reports student participation and satisfaction with webcasting in a third year undergraduate nursing and midwifery research module in one university faculty of health. Students were located in four counties across southwest England.

Methods
The focus of the module was the development of a research proposal. The module had previously been delivered by a combination of six two-hour lectures and small group tutorials. In the 2008 academic year the format was changed to four two-hour lectures available either as live webcasts or face-to-face lectures held at the same time at the university’s central site and all supported by group tutorials. 129 third-year nursing and midwifery undergraduate students were enrolled on the module.

To explore how the students engaged with the webcasts an online questionnaire was developed that contained 12 questions concerning students’ experience of the webcasts. The first question asked if students were able to view the webcast; nine questions concerned the content of, and students’ satisfaction with, webcasting as a delivery method; and one question asked about time and costs saved as a result of viewing webcasts as opposed to travelling to the university. A final open-ended question asked for any other comments. Following each webcast the students who attended the webcasts were sent a web link containing a unique token, which expired when the student completed the questionnaire, ensuring that the student answered the questionnaire only once. The focus of the analysis was to describe the student experience.

Ethics
The questionnaire contained a statement guaranteeing students’ confidentiality and anonymity. As it was an audit of module delivery and therefore a legitimate part of the faculty’s existing quality assurance mechanisms, formal ethical approval was not required. To protect students from any suggestion of harm, responses were returned electronically not to the module and webcast lead (GRW) but to a separate database. The responses were then anonymised and analysed.

Results
Two thirds of students took part in webcasts and found them acceptable. On average students saved one and a quarter hours’ travelling time and £10.89 on travel costs per session through not having to travel to the main university campus. This was of importance for students: travel and cost savings were correlated with students’ perception of gaining from the module and their overall satisfaction with webcasting (Spearman’s $r = 0.442, p = 0.02$). We have not calculated reductions in ‘carbon footprint’ but with a large proportion of 129 students travelling considerable distances, there will have been a major saving.

A number of students noted that it was easier to ask questions. Two quotes illustrate this: ‘... don’t feel intimidated asking a question, as no one can see you, or you’re not fighting to be the next person to ask a question, and all the questions were answered timely [sic]’ and some that it was easier to concentrate e.g. [concentration is] ‘...major problem in lectures due to the noise in the room, therefore webcast is FANTASTIC!’. Across the four webcasts approximately 5446 purposeful messages were posted indicating engagement with the material under study.

Conclusions and recommendations
Synchronous methods such as live interactive webcasting offer structured distance learning that fits with nursing and midwifery timetables. For the presenter it is an easier transition than to asynchronous forms of e-learning. This study has shown that webcasting is an effective teaching and learning strategy. It is popular with students, some feeling that it allows them to ask questions and become involved in the session compared to lectures. Distance learning offers time and cost savings to students and this is important in their satisfaction with teaching and learning.

It is likely that other higher education institutions would find similar savings on offer to students; greater cost and time savings would obviously be accrued in more geographically dispersed locations. Webcasting would make ‘attending’ some modules in nursing and midwifery programmes easier for those with family commitments. Many students taking nursing and midwifery programmes are mature men and women who have needs and family commitments over-and-above that of traditional undergraduate students.

Further research is required to investigate the educational potential of this new technology.

Attribution
This project is discussed more fully in a recent publication and the abstract and presentation are adapted from it, in accordance with the publisher’s licence agreement:

Reference
The listening learner

Cath Grob, Senior Tutor in Adult Nursing/Physiology, University of Surrey, Guildford, UK

This paper aims to demonstrate how enhanced podcasts (both audio and visual downloadable content) can help in the understanding and learning of medical language for health care students. It may be argued that delivering activity enriched bioscience lectures and following this up with key fact podcasts/relating Anatomy and Physiology (A&P) to clinical practice is a blended learning strategy at its best.

The pedagogical development of enhanced podcasting in nurse education, building on the conversational frameworks cited in the literature and how students and teaching staff can collaborate in the design of new learning technologies will also be explored.

Background and context

Nursing students find the learning and use of professional language and A&P challenging. A nursing student stated 'I was sitting in handover and they started to talk about cabbages and then they spoke about S.O.B. and I didn’t have a clue what they were talking about – I had to ask one of the staff nurses what it meant'. From this lack of understanding the student went on to describe how inadequate she had felt in the clinical setting. Learning the medical language and abbreviations used in practice is essential for understanding and being able to communicate effectively. Being able to relate the taught anatomy and physiology within the curriculum and applying this to the practice setting has always been a challenge.

Methods

In this participatory action research study, enhanced podcasts, based on terms and abbreviations used in practice were produced. Focus groups involving students, mentors and teaching staff enabled the podcasts to be developed and utilised. In this way phrases such as C.A.B.G. is a coronary artery bypass graft and S.O.B. meaning shortness of breath were incorporated into the materials.

A blended learning approach using a rich variety of multimedia learning objects situated within the university’s virtual learning environment (VLE) was also demonstrated during the delivery of the A&P lectures. These included multiple-choice questions (MCQs) on-line, reusable learning objects, and Interactive Physiology: animated body systems on-line or on stand alone CD-ROMs.

A series of 10 interactive bioscience lectures and five enhanced podcasts were developed allowing the students to revisit the key concepts.

The podcasts were produced using Garage/Band software and an Apple Mac notebook. They were produced using pictures from the lectures, scripted and edited by mentors/consultants in practice and nurse teachers to check for quality and accuracy. They were loaded onto the University VLE and accessed by students any time, any place and any where. Using this approach enabled students to make better links between theory and practice.

Evaluation

Whilst the time taken to produce enhanced podcasts/a blended learning strategy is considerable this is offset by the reusability, cross-disciplinary usage and ease of improving the original material. The podcasts were shared between professionals and viewed far and wide exceeding expectations of the scope and distance of usage. They proved invaluable, particularly for students with dyslexia and those with English as a second language. Feedback from previous cohorts of students had indicated that sometimes the plethora of information was too overwhelming, however with a constructivist approach students could learn at their own pace and in a place convenient to the user. Directing the students to appropriate resources to support their learning of the biomedical sciences early in the programme appears to enable the emergence of self managed learners.

Reflection

Limitations – this is a snapshot of the students’ and tutors’ perceptions and views of using new technologies however the collaborative approach in producing podcasts enabled innovative ideas to crystallise out of thin air. It is debatable as to whether this level of interaction between students, tutors and mentors can be sustained unless protected time is made available for learning developments.

Following this study discussion has taken place with NHS connecting for health to use terminology podcasts as part of a national suppository of learning tools for health care practitioners. The future is bright with podcasting.
Biology in the blender!

Jenny Prior, Midwife Teacher, University of Nottingham, UK

At one university offering midwifery education, students had been taught pure biology as an isolated, theoretical subject in lecture format, delivered either by biologists or nurse teachers with limited application to midwifery, clinical practice. For some students this made biology irrelevant to and distant from clinical practice, and consequently boring. In addition to this, students in general, had performed poorly when assessed.

Drastic changes were required to make biology more important, relevant for student midwives and to improve their learning in this field to make them fit for practice and fit for purpose (UKCC, 1998). Changes were made to the style of delivery of the biology module.

Of primary consideration was how to impart a manageable volume of biological science information in such a way that students could engage with it, learn it and could apply it to everyday clinical practice so that it had meaning. This required the combination of a multitude of teaching tools including lectures, problem based learning, clinical skills and e-learning.

Blended learning is the current gold standard approach to learning, combining elements from cognitive, attitudinal and skills domains. These are essential skills for tomorrow’s midwives. Confucius (551BC - 479BC) is supposed to have said ‘I hear and I forget, see and I remember, I do and I understand’. It seems blended learning addresses all these aspects.

Flexibility in delivering education as part of a blended learning approach should include the use of e-learning and information technology (IT). The national committee chaired by Dearing (1997) commented on the ‘under exploitation’ of available technology, mainly due to staff resistance and limited computer aided learning (CAL) resources in the midwifery and nursing educational institutions. Lowry and Johnson (1999) also reported this. Since then there has been improvement in attitudes towards such use of technology. Opportunities to provide a more appropriate mix of educational tools have increased immensely.

It was decided to continue to use a biological systems approach to learning. Midwife teachers developed further biological sciences knowledge in all areas to deliver taught content. Where nurse teachers do lecture, information has been provided by midwife teachers to ensure application is made to midwifery clinical practice during those sessions.

By using a systems approach, associated clinical skills could be matched alongside the theory for students to see relevance to clinical practice. Fifteen sessions on a systems approach were devised with appropriate learning outcomes for anatomy, physiology and clinical skill acquisition.

Students were given manageable chunks of anatomy to learn for a particular biological system through the use of computer aided learning packages (CAL), reusable learning objectives (RLOs), study guides and links to web based materials. The RLOs cover a variety of biological science subjects, some pure biology and some linked to clinical practice and feed into the learning outcomes of the sessions and module. They can be used as standalone items for students to undertake as pre-session preparation, as revision or be included in part or whole in teachers’ lessons, power points or clinical skills drills. Students can access all RLOs and CAL packages via a virtual learning environment (VLE) known as webCT from the internet at any time from home or by using university terminals.

Examples of The RLOs used can be accessed via: www.nottingham.ac.uk/nursing/sonet/rlos/rlolist.php

Through webCT students can also access hyperlinks to various sites with biological sciences simulations (e.g. BBC site for the body, heart foundation). Students find these sites useful as animations can bring to life meaningless drawings in textbooks, aiding further understanding.

Students had weekly tests for the anatomy learned. Physiology for that system was taught the following week in the morning, followed by an afternoon practical session on associated clinical skills. Students were taught the clinical skills with the obvious link to the associated anatomy and physiology. Clinical skills are then practised and developed with midwife teachers and lecturer practitioners helping and supervising students. All midwife teachers and lecture practitioners are also practising midwives providing clinical credibility to the sessions.

Consideration was given to the timing of when the students were allocated to their first clinical placement and enough biology with associated clinical sessions was delivered before this time, so that they entered the clinical area equipped with knowledge and having had some practice of basic clinical skills.
Podcasts and digital recordings of the lessons were made available for students to either listen to at their PC or download to their MP3 players or ipods. All power points and handouts were made available for students to download. They accessed these also via the VLE.

This blended approach to learning offers students a diverse range of facilities at their disposal. Since adopting this approach attitudes to biology have much improved as have results.

Further plans for biology include the use of second life where a virtual maternity unit is in the process of being built.

References

T76
Aseptic technique: Myth or reality? Developing an innovative educational strategy to facilitate evidence-based-practice; One year on
Collette Straughair, Senior Lecturer; Margaret Scott, Senior Lecturer, Northumbria University, Newcastle-upon-Tyne, UK

Reducing the risk of healthcare associated infection remains a significant government priority in contemporary health care delivery. 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; 2008a).
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). Unsworth and Collins (2009) emphasise this point claiming that even when clinicians are able to identify the key principles of asepsis, contamination during aseptic procedures still occurs. 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 was to compliment and provide a ‘rich mix’ that would enhance the development of student nurses’ clinical skills in relation to aseptic technique and facilitate the integration of theory and practice. Introducing and applying a creative, interactive web based e learning package that students are able to access remotely and at their own convenience pre-empts Darzi’s (DH, 2008b) promise that by 2012 all employees within the National Health Service will have access to common IT systems and to new best practice.

It is well recognised that a single mode of instructional delivery may not provide sufficient choices, engagement, social contact, relevance and context needed to facilitate successful learning and performance (Singh, 2003). Khan’s Octagonal Framework (1998) was used to guide the approach to blended learning in anticipation of creating a meaningful distributed learning environment. The electronic based educational package consists of evidence-based theory, a range of audio visual film clips and a variety of self-assessment activities and quizzes. Students are able to undertake the activities at their convenience and download evidence of their knowledge and understanding of asepsis to support achievement of the relevant professional proficiency. Previous learning achieved via traditional methods of clinical skill delivery is valued and recognised and the electronic based package serves as a vehicle to build upon existing knowledge and skill.

Student evaluation to date suggests that the package is an effective learning tool and a useful educational strategy. Feedback has been positive with students making comments such as; ‘…the package is user friendly and easy to understand’, ‘…allows you to think about theory and practice to ensure you are performing the
procedure correctly’, ‘...tells you if you have an incorrect answer which is good feedback to the student’. Singh (2003) echoes the claims made by students, suggesting that anecdotal evidence indicates that blended learning not only offers more choice but is also more effective.

Further to the implementation of this e-learning package for student nurses at Northumbria University, a collaborative working partnership with a local NHS trust has been established. This partnership between higher education and practice aims to further develop the learning package to meet the educational needs of clinicians working within the context of a NHS primary care setting. Evidence from Unsworth and Collins (2009) identifies that clinicians do not benefit from further education relating to aseptic technique following initial nurse preparation, therefore, potentially contributing to ritualistic practice and increased risk of contamination during aseptic procedures. Furthermore, current government guidance from The Code of Practice (DH, 2008c) states that aseptic technique should be standardised across organisations and that all staff undertaking aseptic procedures should be provided with appropriate education and training and undergo individual assessment. Therefore, it is envisaged that the development of the existing Northumbria University e learning package will serve as a vehicle to achieve this.

Overall, the aim of this presentation is to identify key learning points and share best practice in relation to this blended educational approach giving recognition to the fact that learning is not just a one-time event – learning is a continuous process.

References

User participation in the development of learning materials for an online conference
Mary Beadle, Midwifery Lecturer; Mary Dearing, Learning Disability Lecturer; Yvonne Needham, Senior Lecturer, The University of Hull, UK

This paper describes the involvement of users in the development of a scenario and learning object for use in an online interprofessional conference.

There is an increasing importance in the facilitation of user participation in the development and evaluation of health services and as a consequence of this the need for this involvement to continue into the education of health professionals (Phipps and Fletcher, 2009). The need to have learning which is based on reality and
The project team for an interprofessional conference identified the importance of developing a real life scenario based around the chosen topic of learning disability. The authors have previous experience in setting up such a conference, the feedback from this conference emphasised how the participants enjoyed using a scenario that was then embedded within a virtual town. (Whittaker and Taylor, 2004). The project team chose this topic due to the reviews around the care of people with learning disability, which highlighted problems with care (Department of Health, 2009; Mencap, 2007).

Once agreed the scenario would relate to learning disability it was important to ensure that the development of the scenario involved people with a learning disability. There are many others ways to develop a scenario, Ward and Hartley (2006) discuss the use of case notes, real cases from the lecturers and students experiences. However, when discussing the areas of concern about the care that people with learning disability receive (Mencap, 2007), it was felt that it was important that the users were allowed to tell their stories (Whittaker and Taylor, 2004). This was achieved with the involvement of an already formed user group, a visual presentation was devised to explain the purpose of the conference and how the information from the group would be used. The session was facilitated by a learning disability lecturer, and generated a great deal of valuable information and the framework for a scenario. The project team made amendments however, the main themes from the group were retained. These themes included poor communication with professionals, lack of explanation of what was going on, exclusion by the community in general and the paternalistic attitude of staff. This scenario involves a woman and her partner she has a moderate learning disability and he has Down’s syndrome.

Once the scenario had been finalised it was then important to decide on how this story would be told. It was decided to approach a local theatre group for people with learning disabilities to reproduce the story in an audio and film format. The two actors who will take the lead roles have disabilities. We have met with the actors and theatre group organisers and discussed the scenario and how these scenes would be developed. The actors seemed to understand many of the themes. The filming will occur in February 2010, ready for the conference on 1st March 2010. Following filming the actors will be given the opportunity to access professional support in order to debrief. Once this resource has been completed the actors and the original user group will have access to the film and audio to ensure that they feel this is representative of their views.

To date the outcome of this development is that there is great value in the participation of users in ensuring that any teaching scenarios used are real and based on ‘lived experiences’. That this can be further enhanced with user involvement in the making of learning objects. There are many difficulties in involving users in the development of educational programmes, these include, defining who is the user, logistical problems, financial and time implications (Lathlean et al., 2006; Whittaker and Taylor, 2004). Gutteridge and Dobbins (2009) have also highlighted the importance of the involvement being real and of some value, rather than just something that we have to do. We were fortunate that as there is a research project attached to the conference we had funds available to develop the scenario and for travel, expenses and payment for the users and their carers time. There is also a significant amount of time taken to develop the scenario and to make films, which can be difficult to achieve. However, we have found that this process is very worthwhile and makes effective use of everyone’s time. The importance of hearing and listening to users voices and for that to influence health care practitioners should be our goal and this may be one way to achieve it.

References


Effective Partnership Working

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
T78

Developing partnerships in learning that benefits the practice, pocket and pedagogy: A collaborative model

Claire Carter, Programme Leader, University of Derby; Robin Pepper, Business Development Manager, University of Derby Corporate; Kate Cuthbert, Associate Safer Care, NHS Institute for Innovation and Improvement, Coventry, UK

Overview

In the current economic climate how does an organisation maintain learning as a priority? This presentation will demonstrate a Collaborative model for developing work-based learning and the recently developed patient safety leader’s programme with the NHS III. We will outline the roles for a commercial manager, the academic partner and the practice lead, and using these three narratives highlight the key considerations for developing the partnership and the learning points.

Take home messages: This presentation will demonstrate the many layers to collaborative partnership from organisational approval, business modelling, risk assessments to the final academic validation event. Participants will be invited to consider the ways in which learning within their organisation is dependent on the three partners.

Background to the partnership

The University of Derby (UoD), University of Derby Corporate (UDC) and the NHS Institute for Innovation and Improvement (NHS III) formed a collaborative partnership in November 2009. This partnership was based on the delivery of a series of modules including a programme for patient safety leaders (PSL). PSL is specifically designed for individuals who have responsibility for implementing or delivering safety improvement at an operational level.

Developing partnership

The faculty was already working with the NHS III on a number of projects including undergraduate and postgraduate provision. The collaborative partnership was a natural progression. Like many HEIs we have financial targets and responding to the non-traditional learner market is not new, however the formation of UDC as a commercial unit within the university is in its infancy. Validating the PSL programme via this route was an opportunity to test out the ways in which collaborative provision can effectively thrive.

Working as a partnership we had to address the initial validation of external provision and the placing this provision into an educational framework, tasks highly reliant on developing good partnership arrangements. Collaborative processes focussed on securing agreement on the operations manual, assessing the academic provision and preparing partners to deliver a validated programme.

The three voices in the partnership; business, practice and academia are indicative of the current market where learning opportunities must meet several agendas, fit for purpose, both academically and for practice need and economically-sound. Innovation and partnership working exists in both the collaborative approach we have taken and the nature of the PSL programme.

Throughout the presentation we will demonstrate the milestones in the collaborative model, highlighting the roles of each partner and the decision-making points from the point of view of business, practice and academia.

Conclusion

We will conclude with learning points from our experience of our journey as three partners in providing an educational provision to support patient safety.

An evaluation and assessment of the impact of education and partnership working on safer care will commence this summer upon completion of first cohort. Our first PSL cohort of the newly validated programme has been oversubscribed with minimal marketing and we are now managing a reserve list.

Lessons learnt/take home message:

- Effective partnership depends on everybody understanding the process from each perspective, acknowledging the, at times, contrasting agendas, language and ways of working
- Equal partnership and adaptive leadership based on expertise
- Lessons learnt about negotiating timescales – ensuring all partners are signed up to the timescales involved
- Understanding the market and brand according to the different partners
- Previous research to underpin the requirements for the collaborative.
T79

Understanding endorsement: Partnership working for maximum benefit
Anita Gaudion, Senior Manager, Institute of Health and Social Care Studies, Guernsey; Julia Hubbard, Director of Pre-registration Nursing/Senior Lecturer, University of East Anglia, Norwich; Rachael Major, Adult Branch Programme Lead/Lecturer, Institute of Health and Social Care Studies, Guernsey, UK

The term 'endorsement' refers to the approval of an academic programme in the UK and its delivery in a specific location outside the UK, as approved by the Nursing and Midwifery Council (NMC). This includes programmes leading to either registration or to recording on the NMC register. Programmes are monitored using UK wide NMC programme-monitoring arrangements (NMC, 2006).

This paper will discuss the formation of a partnership between the University of East Anglia (UEA) and the States of Guernsey (Channel Islands) for the delivery of an endorsed pre-registration programme in nursing.

Guernsey is a crown dependency, with a population of approximately 60,000 inhabitants. A pre-registration programme for nurses has been delivered on the island for some time, however, the concept of endorsement is a recent development, requiring consideration.

A case study approach has been used to record and discuss partnership working between the school of nursing and midwifery (UEA) and the institute of health and social care studies (States of Guernsey). The case study highlights the experiences of staff preparing for an endorsement event and also focuses on how comparable student experiences were achieved on both sites, with consideration from both the lecturer and student perspectives. The pre-registration programme in question includes both the adult and mental health branch.

Issues raised during the first-year of delivery (such as curriculum philosophy debate; teaching and assessing strategies; and staff expectations) are used to illustrate shared problem solving approaches, and the impact of mutual gain for both partners.

As the partnership enters its third-year, the outcomes of the partnership are also considered in terms of ‘benefit realisation’ and ‘next steps’. This includes consideration of staff development and increased understanding of partnership working and comparison of student experiences. The positive results from recent monitoring events are also included to demonstrate the success of the partnership arrangements to date.

References
Nursing and Midwifery Council (2006) NMC circular 14, Endorsement of NMC Programmes Approved in the UK for Delivery in Specified Locations outside the UK. London: NMC.

T80

Enhancing the awareness of the reality of practice for non-medical professions project
Pauline Walsh, Director of pre-registration; Helene Stubbs, Nurse Lecturer, Keele University, Stoke-on-Trent, UK

Introduction
Attrition from pre-registration nursing programmes is a significant issue for all those involved in the commissioning and delivery of the nurse education. Much of the literature surrounding it attempts to quantify the rate of attrition or seek to prove a correlation of cause and effect for single variables (Deary et al., 2003; Anionwu et al., 2005; Waters, 2006). The Department of Health (DH) Good Practice Guidance has identified key risk factors for organisations to consider, one of which is linked to effective marketing recruitment and selection (DH, 2006).

Keele University school of nursing and midwifery has established robust strategies for marketing, recruitment and selection which included the implementation of a task and finish group within the school of nursing and midwifery to review recruitment and retention. From this it was identified that wrong career choice was the main reason for leaving and that further enhancement of the recruitment strategy could be achieved by strengthening the ways in which we ensure candidates have a realistic understanding of what it is like to work in a health care profession as well as the reality of being a university student. Evidence to support these local findings can be found in the literature demonstrating that it is a national concern. Brodie et al. (2004) identified that students’ perceptions regarding nursing change as they progress though the course in a negative way with an initial lack of understanding of the amount of academic work and professional accountability involved. Year one has been identified as a critical point for risk of leaving so it is important to ensure students have an understanding of what
to expect. (Yorke and Thomas, 2003; Palmer and Trotter 2005). There is some evidence to suggest that programmes with higher retention rates provide comprehensive pre-entry information to students (Palmer and Trotter, 2005).

This paper will outline the initial results of a project, funded by the West Midlands Strategic Health Authority (WMSHA) aimed to enhance prospective candidates understanding of the expectations of them as health care students both in terms of the academic and clinical components of the programme. The impact of which could potentially result in a reduction of attrition due to wrong career choice.

Methods
The faculty of health at Keele University comprises four schools (medicine, nursing and midwifery, pharmacy and health and rehabilitation), which offers opportunities for collaborative working across different professional groups. This project includes nursing, midwifery, physiotherapy and operating department practitioner programmes. The project included three distinct but interlinked areas, namely the development of a package of documentary style films involving students, practitioners and user/carers, development of a register of career champions for use within the recruitment process from local placement providers alongside the exploration of the possibilities of developing a taster experience within a local trust.

Evaluation
The project time frame which was determined by the WMSHA only included evaluation of the DVDs, however, it is intended to evaluate the other elements at the appropriate time in the future. The use of the DVDs was piloted in an open day at the end of October, and a questionnaire was given out at the end of the session. The findings from the questionnaire demonstrate that potential applicants found the videos useful and that they enhanced their understanding of the realities of undertaking a course in nursing or midwifery. The inclusion of the service user/carer was seen as particularly beneficial with a number of participants commenting on being able to see what the patients expect of practitioners.

Benefits of the project include:

- Facilitated registered practitioners to influence how potential candidates perceive their role
- Engaged service users and carers in the marketing strategy for health professional programmes
- Facilitated collaborative working across organisations
- Identified potential areas for further collaboration in the future
- Provided professional development opportunities for staff in project management.

Conclusion
This project has been successful in developing resources and influencing policy change within marketing and recruitment which has the potential to enhance student retention. Ongoing assessment of the effectiveness of the strategies will be achieved through analysis of data from a questionnaire given to students in the early stage of the course alongside attrition statistics. Appropriate sections of the DVDs will also be utilised within the schools website. In addition to the retention agenda the project has facilitated effective collaboration and partnership working across departments within the university and with placement provider organisations.

References


Undertaking a final pre-registration placement in a community setting: Implications for students, healthcare services and higher education institutions

Kate Brown, Principal Lecturer, Middlesex University; Sally Clinton, Senior Clinical Practice Facilitator, Camden NHS Provider Services, Practice Development Unit, London, UK

Since the Nursing and Midwifery Council published their standards to support learning and assessment in practice in 2006 it has been a requirement that pre-registration students in the UK are required to have a ‘sign off mentor’ in their final placement (NMC, 2008). The same standards identify a range of requirements for those who act as sign off mentors ‘sign off’ mentors are required to have an ‘…in depth understanding of their accountability to the NMC for the decision they must make to pass or fail a student when assessing proficiency requirements at the end of the programme’ (NMC, 2008, p.21).

In many parts of the UK, final placements, and therefore sign off mentors, have tended to be concentrated in in-patient environments. However, in the recent consultation on the future of pre-registration nursing considerable emphasis has been placed on how students are to be prepared to work in a variety of settings (NMC, 2009). In addition, UK government policy places considerable emphasis on shift of health care from in-patient to community settings (Department of Health, 2006; Department of Health, 2008).

This presentation will describe a pilot study where two adult branch students were placed with community district nursing teams for their final 12 week placement. Ethical consent to interview the students was sought from the university ethics committee and the local NHS research committee gave permission to interview practitioners as part of educational evaluation.

Students were interviewed before commencement and during their placements and researchers had access to their written evaluations. Practitioners were interviewed during the placement and feedback was also sought from district nursing managers. One of the presenters was directly involved in supporting the practice mentors achieve their ‘sign off’ status. The presentation will explore the preparation phase for the pilot in both the higher education setting and in the placement area. It will examine the student and practitioner perceptions of the placement prior to the placement commencement, during the placement and at conclusion. The process of preparing ‘sign off’ mentors in a community health setting will be explored.

The study has yielded significant information about how students and practitioners can best be prepared, including practical information (e.g. introducing the students to the electronic patient information systems used in community settings) to how community placements can be utilised to teach students the skills of management of patients, workload and risk management. The interviews with students yielded rich data about their learning opportunities and the nature of the learning process on these placements. The possibility that undertaking a final placement in a community setting could disadvantage a student who subsequently wanted to apply for a first post in an in-patient setting was directly addressed in the project and a number of safeguards were put in place to address this concern which was initially raised by academic staff.

The pilot has already led to interest from a number of other provider services who are keen to provide end of programme placements in community settings. Another finding is that both of the students who participated in the pilot have applied for community posts at the conclusion of their programme.

References


Implementing a framework for academic support for registered nurses working in an acute hospital NHS Trust: A collaborative approach

Jessica Knight, Lecturer; Debra Ugboma, Lecturer, University of Southampton; Debra Elliott, Head of Nursing and Midwifery Education, Portsmouth Hospitals NHS Trust, UK

This paper will describe the collaboration between a National Health Service (NHS) acute hospital trust and a university school of health sciences, to implement a framework for academic support for registered nurses undertaking learning beyond registration.

This NHS Trust opted to utilise a small percentage of the educational budget to fund two academic staff (0.6 whole time equivalent) to work with their own learning and development department for what was eventually a period of three years. It was hoped, as Campbell and Lloyd (2005) have noted, that the academics could provide a critical and constructive view of problems. The aim being to provide a sustainable academic support service for the workforce.

Collaboration between service providers and higher education institutions is not unusual. However, a notable difference in this project was that the focus of work for the academic staff was at a strategic level, rather than within an individual clinical service or in relation to a specific study module. Having academic staff on-site allowed for greater networking and partnership working and a more immediate access to information and resources. Embedding within the culture of the Trust was important for the academic staff to understand and gain the service/user perspective to some of the barriers or issues concerning learning beyond registration. Support networks and infrastructure for the learning beyond registration student is perhaps less clear-cut than the full-time university student (Presho, 2006). Whilst student support does lie with the higher education establishment, an employee whose study is funded by their employer, may also look to their own organisation for support.

Following a scoping exercise, the multiplicity of issues that required action and attention led to the creation of an academic support framework which was further refined as the project progressed. This framework identified potential for intervention in four phases; planning for study, application and access to learning, during study and outcome of study. At each of these points, interventions were identified with the purpose to set up a service that was complimentary and an adjunct to the academic support provided by the higher education institution. New resources included a pathway planning proforma (for modular degree pathways) which assisted with planning and funding allocated study. Study skills cue cards and a series of ‘preparation for study’ workshops, along with some specific on-line resources were also created. One resource which staff accessing the service felt was very important was a dedicated point of contact for learning beyond registration queries or advice. Specific groups were also targeted for study support and preparation, for example, mentorship students and those undertaking work-based learning, where it was felt that additional support was required. A ‘live’ database of those undertaking learning beyond registration study was also developed and proved useful in tracking and following-up students.

Evaluation of the project was undertaken via questionnaire, focus group feedback and review of examination board data. Staff evaluation through questionnaire (40% response rate) identified that 86% found the academic support service helpful/extremely helpful and favourable qualitative comments were obtained. An important aspect of the project was to develop a service that was sustainable. Handover and integration of the service was successful, and it continues to be maintained and developed with on-going links and partnership working.

References
institutions have a key role in working with the primary health care sector to enable registered nurses to engage in post registration education. Christchurch Polytechnic Institute of Technology has worked in partnership with Pegasus Health, a primary health organisation in Christchurch, New Zealand to provide relevant educational courses to practice nurses. The aim of this research was to explore the opportunities and constraints encountered by practice nurses when participating in post registration education.

An exploratory qualitative research design was utilised in this study, incorporating focus group interviews with sixteen practice nurses who were employed by Pegasus Health, Christchurch, New Zealand. The participants represented a range of ages from 29-65 years, experience as practice nurses and educational qualifications. Qualitative thematic analysis was utilised with a general inductive approach. The aim of the presentation is to discuss the seven key themes that emerged and the implications of this study for practice nursing. The themes were motivation to learn, enablers for learning, challenges for accessing education, negotiating with the employer, changing clients and the changing role of the practice nurse and finally the vision of the practice nurse for herself and practice nursing in general.

The focus groups captured the practice nurses’ enthusiasm and motivation for learning, particularly that which enhanced clinical skills and health outcomes for clients and their families. Participants identified several factors that inhibited their ability to access post registration education. The study highlighted the importance of supporting practice nurses to develop their roles in primary health care. This includes provision of educational opportunities and the development of a career pathway and educational framework. The support of the Pegasus Health primary health care organisation was emphasised by participants, who actively encouraged their professional development and provided opportunities to overcome barriers to post registration education.

Christchurch Polytechnic Institute of Technology offers courses for registered nurses to develop practice skills and engage in learning at a post registration level, building to a graduate certificate in nursing practice (level 700) (Christchurch Polytechnic Institute of Technology, 2009). Courses have been developed collaboratively between the nursing service providers and the school of nursing. Nurses from practice were involved in developing the learning outcomes of each course and the graduate profile. Pegasus Health provides scholarships for practice nurses to attend courses together, encouraging collaboration in learning. The courses provided are relevant to their practice, such as understanding diabetes and rapid assessment of the acutely unwell patient. Participants from the study had all engaged in post registration education, most commonly from the level 700 courses.

This study has considered how accessible, and to what extent, nurses are embracing the development of further education to meet the needs of future possibilities for practice. The implementation of the primary health strategy has assisted practice nurses in fostering their roles and encouraged ongoing professional development. Practice nurses already do, and have potential to make an even greater contribution to primary health care in the future.

References

Enhancing the Student Experience

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
The development of an innovative, pragmatic learning assessment tool, in order to augment the student learning experience within the Advanced Diploma in Nursing Studies

Fiona Davies, Senior Lecturer; Alison Hogg, Head of Nursing and Health Care Practice; Louise Sherratt, Lecturer, University of Derby, UK

Advanced diploma in nursing studies students perceptions of learning support needs

Purpose
To present a traffic light initiative to reduce nurse attrition based on progress to date of a qualitative study which commenced September 2009 with an anticipated completion date of June 2010.

Background and rationale
Attrition of student nurses poses important professional and political challenges for higher education. Recognition for the need to investigate the causes of student nurse discontinuation within nursing programmes acknowledges that factors contributing to attrition are complex. The NHS guide to good practice (DH, 2006) has identified: ‘Academic and clinical skills failure’ and ‘student support’ as risk factors for the attrition of students. In addition, the Royal College of Nursing (RCN, 2008) highlighted in a UK-wide student survey, one in four students confirmed they had considered leaving their course, yet only 25% of these had informed their university of their thoughts.

By focusing on the Traffic Light Self Assessment Tool (TLSAT) students will be able to self identify problems affecting their progression early in the programme so that multi level supportive interventions can be ‘signposted’ and implemented.

Study
Aim
To gather data concerning student support needs and by the development of a ‘traffic light system’, a pragmatic easy to use assessment tool, that can be embedded within the nursing curriculum.

Objectives
1. To develop a ‘traffic light’ system to enable student nurses to assess their own learning support needs
2. To evaluate how the red, amber and green indicators of the traffic light system signpost to the required support
3. To examine through focus groups the learning support needs of student nurses
4. To test the viability of providing a menu of learning support activities for student nurses to access during their common foundation programme
5. To evaluate whether meeting student support needs has an impact on student achievement and retention by comparing previous data on achievement and attrition rates.

Methodology
This qualitative study has used a purposive sample (Parahoo, 2006) drawn from students representing each year of the programme. During November and December 2009 current nursing students were invited to participate in one of three focus group interviews based on a series of open ended questions. Interviews have become a commonly used qualitative methodology for collecting data (Aronson, 1992). The video recorded focus group interview was led by one of the researchers with another member of the academic team taking notes. The data generated from the focus groups will be transcribed and analysed with key themes identified. From the transcriptions, ideas will emerge that can be better understood under the control of a thematic analysis. Thematic analysis focuses on identifiable themes and patterns of living and/or behaviour (Benner, 1985). The emerging themes will be used as the basis for the development of the ‘traffic light’ self evaluation grid and menu of learning support activities for the commencement of the March 2010 intake of nursing students.

The development of research skills and knowledge gained from undertaking this small study will be utilised to:
- Further develop the system to be used with second and third year student nurses
- Submit a project bid to undertake evaluation of the traffic light system.

References
T85

Understanding educators’ knowledge of, and support needs for, students with a mental health problem

Thomas Laws, Lecturer; Brenton Fiedler, Associate Professor, Associate Head of School; Barbara Parker, Lecturer; Peter Hall, Program Director; Chris Kandunias, Program Director, University of South Australia, Adelaide, Australia

The prevalence of mental health problems among young people is such that university based educators can expect to encounter students with mental health issues during every teaching period (Russell and Shaw, 2009; Laws, 2008; Laws, 2007; Kashdan and Herbert, 2001). A greater social acceptance and more supported study paths are reasons given for an apparent increase in prevalence of mental health issues in student populations (Butterworth and Berry, 2004). Whilst university study is a source of interest and support for these students, all educators require evidence based information to approach this form of illness with intelligent empathy, safe strategies and a range of targeted services (Cameron, 2009; University of South Australia, 2009a; 2009b). An understanding of educators’ experience, in recognising and supporting students with a mental health issue, rarely appears in the literature. Consequently, little is known about the staff’s mental health literacy, choice of support strategy or outcomes from interventions (Freeburn and Sinclair, 2009).

The aim of the study was to:
• gain an understanding of how the educator experience and respond to students who exhibit an actual mental health problem
• to gain an understanding of how teaching staff identify students who have an increasing risk of developing a mental health problem.

The study took place at the University of South Australia within the disciplines of nursing and commerce. There was an underlying assumption that staff teaching within the school of commerce, where course had no health science content, would have mental health literacy similar to that of the general population. In contrast, school of nursing and midwifery staff who teach to a curriculum where mental health literacy, assessment practices and interventions (primary and tertiary) are embedded within all courses, would have advanced knowledge (Laws and Rouse, 1995). This approach allowed for comparative analysis of data between two schools, shaped by distinctly different disciplines, yet governed by a single university’s set of policies for students with disabilities. It was anticipated that responses would differ markedly between commerce staff and nursing staff educators; allowing for the identification of gaps in knowledge and skills. Findings of this nature would give direction to the content needed for staff development and up-skilling, to meet the needs of students with mental health problems. This is an example of applying nursing research, in the context of primary health care, to improve educational practices.

Data was collected from a series of individual interviews with teaching staff (n = 30) using semi structured questions that were developed from information gathered during a search of Australian university web sites (n = 41) between 2009 and 2010, and a systematic search of literature using key words: students, mental health, support, university, educator, academic, and teacher. The interview data was presents in the form of a content analysis. Verbatim transcripts of interviews, used in the content analysis, contributed to the formulation of questions distributed as electronic survey to a wider population of staff within the divisions of health science and business.

Please note: The final report of this funded research is required by the end of June and data is still being analysed. Ergo, conference organisers can expect to be provided with the complete set of findings at least 10 weeks prior to the commencement of the conference.

References

Deconstructing and reconstructing professional identity through interprofessional group work

Gayatri Nambiar-Greenwood, Senior Lecturer in Nursing, Manchester Metropolitan University, UK

There is significant comment within Inter-professional literature that emphasises the need for health-professional students developing their own identity within their chosen profession.

Early literature strongly emphasised the complexities of setting up IPL. As it has made its mark within higher education, there is a persistent argument, not just within the United Kingdom, that early ‘exposure’ to IPL can inhibit the development of the professional identity of what they have chosen to become (i.e. doctor, nurse, physiotherapist etc).

This theoretically focused presentation intends to challenge this notion and provoke debate by saying that Inter-professional interaction and learning within higher education actually should be started early and embedded in all learning outcomes and not set apart. This, it is felt, will have three effects: One, IPL will not be a special or extra subject that involves extra work to which students often fail to deliver. Two, this which will challenge how the student sees themselves (the deconstruction) within their own profession and their own pre-conceived identity, and three, out of this, the student, despite initial confusion, will reconstruct a more accurate image of the health-professional and what role that they should play in the care of the patient rather than an insular image of an independent practitioner.

The discussion around the deconstruction and reconstruction will include theories from psychological theories regarding Social Identity (Stets and Burke, 2000) and the notion of threshold concepts (Land and Meyer, 2005) to argue its validity.

References


Building medication safety into the nursing curriculum: An interprofessional educational initiative

Karen Page, Teaching Fellow; Aidin McKinney, Teaching Fellow, Queen's University, Belfast, Northern Ireland, UK

Background
It is acknowledged that the majority of medicines are prescribed and used safely however medication incidents remain a persistent problem in today's National Health Service (NHS). Indeed the National Patient Safety Agency (NPSA) noted that in England and Wales in 2007, one in ten medication administrations resulted in error (NPSA 2007). This can have serious consequences for individual patients, their families and healthcare staff and undermines public confidence as a whole. Reducing medication errors and improving patient safety are therefore higher than ever on today’s healthcare agenda. In view of this it is imperative that all healthcare professionals be aware of the causes and risks of medication errors and develop strategies to improve medication safety if the incidence of errors is to be reduced. However, it is acknowledged that undergraduate healthcare programmes do not always adequately develop the knowledge and skills required for the complex process of prescribing, dispensing and administering medicines (DH, 2004). Indeed despite the focus on patient safety gaining increased attention in clinical practice it is considered that similar initiatives have been slow to achieve recognition within undergraduate curricula. (DH, 2004; Wakefield et al., 2005). This highlights that educationalists urgently need to reflect on this issue and ensure that students develop a greater awareness into how medication errors occur and how future errors can be avoided. Students also need to appreciate that errors can occur at any stage of the process of prescribing, dispensing and administering medicines and thus must be aware of the multidisciplinary nature of the problem. Consequently a team of lecturers from the schools of nursing and midwifery, pharmacy and medicine collaborated with pharmacists from the Northern Ireland Medicines Governance team to introduce an interprofessional educational initiative which would provide valuable learning opportunities to discuss the causes and risks associated with medication errors. A workshop was therefore designed to allow medical, nursing and pharmacy students to explore medication incidents together. It was considered that this would help to foster an understanding of the risks associated with medicine administration and the contributions different professions make to this process. This paper presents the findings of nursing students’ experiences following their participation in this initiative.

Aim of the initiative
The aim of this initiative was to heighten medical, nursing and pharmacy students’ awareness of the many diverse issues which must be considered to ensure safe medicine administration. It was also anticipated that this would foster an understanding of the contributions different professions make to this process and promote communication and understanding between the professions.

Method
40 nursing, 40 pharmacists and 40 medical students participated in the interprofessional workshops. The workshop allowed the students to consider cases in which serious medication errors occurred. Students discussed the different factors which contributed to the incidents and considered strategies to avoid errors in the future. These workshops were facilitated by staff from the various schools to ensure that students focused on the relevant issues in each case. Students’ experiences were then evaluated through the use of a semi-structured questionnaire containing closed and open questions and a focus group. In relation to the nursing students 40 (100%) completed the questionnaire and eight volunteers participated in a focus group.

Results
The closed questions were analysed using SPSS. Open questions and focus group transcriptions were analysed using thematic analysis (Charmaz, 2006). The main themes to emerge were role identification, skills development, personal development and application to practice.

Discussion
Overall the evaluations were positive. The participants acknowledged that they developed a greater insight into the role of self and others in the medication process together with an appreciation that reducing errors is a shared professional concern. The introduction of the initiative also seemed to encourage skills development with students reporting enhanced communication and team building skills. Personal development also appeared to be promoted by the introduction of this initiative with students reporting increased personal confidence to challenge issues of concern in the medication process.

Application to practice/conclusion
This paper contributes to the view that interprofessional education initiatives are beneficial to the preparation of nursing students to work in collaborative practice. It also highlights that interprofessional educational initiatives appear to be a constructive way of addressing medication errors while also promoting communication amongst professions and development of personal skills.
The support needs of students accessing undergraduate healthcare programmes using the AP(e)L route

Tessa Watts, Senior Lecturer; Mary Paget, Lecturer; Jill John, Tutor; Mike McIvor, Lecturer, Swansea University, UK

This paper is based on preliminary findings from an ongoing study which seeks to explore undergraduates’ experiences of accessing healthcare programmes through the AP(e)L route.

Background
Accreditation of prior experiential learning (AP(e)L) has been 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). The Fitness for Practice Report (UKCC, 1999) advocated greater flexibility in the use of AP(e)L. Moreover, as part of its current review of pre registration nurse education, the Nursing and Midwifery Council has proposed reduced AP(e)L restrictions with a stepping on point of a maximum of 50% AP(e)L (NMC, 2008; NMC, 2009).

Drawing on the principles of AP(e)L as set out in the All Wales Fitness for Practice Initiative (Welsh Assembly Government, 2006), since 2007 the school of human and health science at Swansea University has developed a range of innovative, flexible routes of access to health professional programmes which are tailored to the particular needs of each individual. Nevertheless as Scott (2006) has noted, AP(e)L can be an intensive, complex process for candidates to complete and academics to support and assess.

Aim
This ongoing study seeks to identify ways in which the overall quality of AP(e)L students’ application experiences could be enhanced in order to provide evidence based information that will inform institutional policies and practices.

Method
A descriptive qualitative research approach was adopted. Audio-taped, in-depth semi structured interviews are being used to generate data from a purposive sample of students (n= 10) and analysed using interpretive thematic analysis. Ethical approval has been sought and obtained.

Findings
To date a range of experiences relating to the students’ application experience have been recounted and described. The preliminary data analysis has revealed the emergence of three themes relating to the students’ experience of accessing programmes using AP(e)L: ambiguity; support and collaboration. Moreover early analysis has also revealed an unexpected theme, namely the stresses associated with being an AP(e)L student.

Conclusion
Early findings illustrate that students value and welcome the opportunity to access higher education using AP(e)L. However whilst students value the role, availability and support of the AP(e)L coordinator, this is tempered by the perception that the process is lengthy, complex and even vague.

References


Comparison of teaching strategies on teaching drug dosage calculation skills in fundamental nursing students

Jaclynn Huse, Associate Professor of Nursing, Southern Adventist University, Tennessee, USA

Background
Eleven years has passed since the Institute of Medicine issued an alarming report, 'To Err is Human: Building a Safer Health System' emphasising the significant issues on medical errors (Institute of Medicine, 1999). Medical errors exceed the number of deaths related to breast cancer, AIDS, and motor vehicle accidents combined (Kohn, Corrigan and Donaldson, 2000). Medication errors are one of the most common types of medical errors and are responsible for 7000 deaths per year (Kohn, et al., 2000) with costs up to 3.5 billion dollars per year (Institute of Medicine of the National Academies, 2007).

Some contributing factors to medication errors have a direct relationship with nursing education including a lack of appropriate education, verification of skills (Gregory, Guse, Dick and Russell, 2007) and an inability to accurately calculate dosages (Polifroni, McNulty, and Allchin, 2003). Nursing education has concentrated on instilling the five rights of medication safety. This type of educational practice gives nursing students a false assurance that adverse events will not occur if they just follow the five rights (Cohen and Shastay, 2008). This type of teaching methodology fails to include the exercise of clinical judgment skills that are so vital to the process of medication administration (Harding and Petrick, 2008; United Kingdom Central Council, 2000). Students should learn safe medication administration and calculation skills in an environment that allows the student to learn and perform authentic tasks in a realistic setting with actual charts, equipment, and drug labels to help formulate the problems (Glaister, 2005; Rice and Bell, 2005; Wright, 2007, 2009).

Methodology
This dissertation study was guided by a quasi-experimental, quantitative design. A pre-test/post-test was utilised as a measurement system to analyse changes that occur as a result of the interventions for the experimental and comparison group. Polya’s Four Phases of Problem-Solving framework and the Nursing Education Simulation Framework were utilized to design a traditional case study in the classroom and a low-fidelity scenario in a simulation lab. The purpose of this dissertation study was to (a) compare medication administration dosage calculation scores and scores of self-perceived judgment in medication dosage calculations in fundamental nursing students who experience either a traditional classroom experience or a low-fidelity simulation lab experience and (b) determine if there was any difference between satisfaction and self-confidence in learning when comparing the two previously identified teaching modalities.

Instrumentation
The Pre-/Post-Dosage Calculation Tool is a 31-item, researcher-designed instrument that reflected the original medication administration dosage calculation instrument utilised in this school of nursing for many years. The original tool was modified to test the accuracy of medication administration dosage calculation skills and the transfer of these calculated dosages into a realistic format for medication administration in fundamental level nursing students. This was followed by the Self-Perceived Judgment in Dosage Calculation Scale, a 15-item, researcher-designed instrument that assesses a students’ ability to examine the solutions obtained to see if they perceived the calculation to be logical and reasonable. Finally, the National League for Nurses Satisfaction and Self-Confidence in Learning Scale was utilized to measure the level of satisfaction and self-confidence with the learning experience.

Findings
The simulation group (n = 22) went from a mean score of 24.14 (SD = 5.401) on the Pre-test to a mean score of 28.23 (SD = 2.759) on the Post-test, whereas the comparison group (n = 25) increased from 22.92 (SD = 4.957) to 27.36 (SD = 3.915) on the Post-test. The experimental group increased their mean test scores by 13.2% whereas the comparison group increased 14.3% from Pre- to Post-test. There was no significant difference when comparing the two strategies together although both groups did increase their Pre- to Post-test scores.
significantly. In addition, only one student was able to achieve a 100% score on the Pre-test as compared to 16 students on the Post-test. Cohen’s d scores revealed that the traditional case study in a classroom and the low-fidelity simulation in a laboratory had a medium sized effect (.49 and .55 respectively) on the mean dosage calculation test scores. Students perceived their responses to the calculated dosages to be more logical on the Post-test than they did on the Pre-test but the difference between the two groups was insignificant.

Students in the simulation group were significantly more confident than the students in the traditional classroom group that they were developing the necessary skills to perform this task in the clinical environment and that their instructor was using helpful resources. The simulation group was also significantly more satisfied than the traditional classroom group with how helpful and effective the teaching module was, the variety of learning materials and activities provided that would promote learning, how the teaching materials motivated them to learn, and how the instructor taught the simulation to make it suitable for their own learning needs.

References
Learning and Teaching Strategies

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
T90

Students’ experience of action learning in pre-registration education: A focus group study

Angela Christiansen, Head of Adult Nursing; Trish Prescott, Senior Lecturer; Judith Ball, Senior Lecturer, Edge Hill University, Ormskirk, UK

This paper reports upon a study to explore how participation in action learning is perceived and experienced by pre-registration nursing students with a university in the North West of England. While action learning is increasingly used within continuing professional development there are very few accounts of it use within the initial education of health care professionals. Within the pre-registration nursing programmes action learning is used to act as bridge between learning in the university and practice setting.

Action learning is defined as the ‘continuous process of learning and reflection supported by set members with the intention of getting things done’ (McGill and Beaty, 2002). It is a valuable strategy to support the development of critical reflection to address problems arising in the workplace. It involves working with uncertainty and requires skills of group facilitation and open questioning and a move away from more traditional teaching methods (McGill and Brockbank, 2004). Set meetings are structured to give each member time to focus on his/her issues allowing time for reflection on past action to inform future purposeful action and practice.

The Action learning set approach is predicated on the belief that adults reach deeper levels of learning through engagement in meaningful, situated learning in communities of practice (Lave and Wenger, 1991). The process of agreeing a course of action through open questioning, reflection and review are significant to the learning cycle within a set (Mc Gill and Beaty, 2002). The issues an action learning set considers are drawn from the complex area of practice, where there are no easy solutions and ways forward. Thus action learning sets facilitate the development of the skills required in the unique and unpredictable context of professional practice.

This study uses an educational case study approach described by Bassey (1999) as ‘…an empirical enquiry which is conducted within a localised boundary of space and time, into an interesting aspect of educational activity, mainly in its natural context in order to inform the judgements and decisions of practitioners or policy makers’ (p.58). To explore the ‘case’ and gain a multiplicity of perspectives a number of data sources are sampled but data reported here have been generated from focus group interviews with a purposive sample of nursing students draw from the adult, child and mental health branches. Permission to undertake the study was granted by the University research committee and student participation was voluntary.

Focus group interviews align with the underlying study approach as they create a reflective environment in which insight are generated through explicit interaction between participants. In essence focus group participants are influencing and influenced by each other (Krueger and Casey, 2000). This creates synergistic data embedded in a naturalistic social context in which participants express ideas, use common language and negotiate meaning to make visible the way in which they perceive and make sense of their learning experiences.

The study uses a whole group analysis approach which treats the data produced by the group as a whole rather than as a collection of individual contributions. Data analysis process was guided by a matrix based thematic framework used to clarify and organise key themes, concepts and categories following familiarisation with the data and indexing of key units of data (Ritchie and Lewis, 2007). Key findings/themes are considered through an interpretive lens drawing upon key constructs from socio-cultural learning theories.

References
Prepared for practice in the 21st century? Exploring and evaluating the extent to which undergraduate nurses are prepared for the effective use of technology in the healthcare workplace

Sheila Counihan, Lecturer in Nursing, The Open University, Milton Keynes, UK

Definition
For the purpose of this paper technology is defined within the paradigm of electronic hardware and software that may be used for the creation and sharing of information and the augmentation of existing practices through assistive means.

Abstract
In an age when the ubiquitous use of information and communications technology (ICT) encompasses all aspects of social and working life it is essential that ICT forms an integral component of the education of healthcare professionals. We need to develop the competence and confidence of nurses in the use of appropriate technologies if we are to ensure that they are not left behind in the evolution of modern healthcare service provision.

Kennedy et al. (2008) suggest that there is a need to ensure we have a clear picture of whether and how the technological experiences of students at different stages in their programme of study vary in order to address their learning needs within specific learning contexts. This paper will discuss the preliminary findings of a study that examined the extent to which student nurses feel that they are adequately prepared for the effective use of technology in the healthcare workplace.

The objectives of the study were to identify how technologically minded nursing students are with particular emphasis on how homogenous they are as technology users and to identify the ways in which they are initially taught to use newly encountered ICT within the workplace. The role of the mentor and members of the wider healthcare team in helping the student to use and understand relevant technologies will also be explored.

Background
There is a common perception that modern day students, so called 'digital natives' (Prensky, 2001) are familiar with and comfortable in using a wide variety of technologies. The majority of nursing students, however, do not easily fit in to this category for two distinct reasons: (1) nursing is a person-centred profession therefore nurses are naturally more interested in the interpersonal aspects of their work rather than the technological aspects and (2) a significant number of nursing students are mature entrants with less exposure to and comfort with the use of many of the technological innovations of recent years.

Many nurses’ experience and confidence in using ICT is, for the most part, confined to basic use of common applications such as word processing, e-mail and internet searching but even within these areas it is lower than desirable (Eley et al., 2008). Nursing education has long been at the forefront of the drive to incorporate learning technologies into teaching and learning practices. However, there is limited if any proof that students who are familiar with the use of learning technologies as an integral part of their education become information-literate practitioners (McGowan, 2008). Neither is it evident that they are more willing and able to engage effectively with the myriad of technology-based systems and devices that are encountered in healthcare practice.

For many nursing students introduction to the use of ICT in the healthcare environment is demonstrated by their practice mentors. Many of these mentors are not confident themselves in the use of ICT and have learned through trial and error following a basic introduction to the system which may have been provided by colleagues who are not always overtly interested in ICT or competent to provide training regarding its use. This tends to create a cycle of unenthusiastic or reluctant learning for the student that has an ongoing negative impact on their willingness and ability to embrace appropriate technology where it has the potential to enhance clinical practice and care delivery.

Context
The Nursing and Midwifery Council has recently announced that all pre-registration nursing education is to be undertaken at degree level from 2013 onwards (NMC, 2009). This presents an opportunity to examine training and education provision for the use of ICT during students’ clinical placement experiences. As an identified feature of ‘graduateness’ the Quality Assurance Agency (QAA) states that healthcare graduates need to have the capability to ‘…gather and evaluate relevant information from a wide variety of sources using appropriate manual and electronic systems’ and to ‘use information and communication technology to store, retrieve and produce material, as appropriate’ (QAA, 2008).

The extent to which student nurses feel that their programme of study is preparing them to effectively utilise work-based ICT and the factors that influence the respondents’ use of technology in the healthcare workplace will be
discussed with a view to identifying ways in which future nurse education programmes may be improved to ensure future graduates are better prepared for the use of technology in healthcare practice.

References


Nursing and Midwifery Council (2009) NMC confirms date that new pre-registration nursing education programmes will be introduced across the UK. Available from: www.nmc-k.org/aArticle.aspx?ArticleID=3949 (accessed on 24 January 2010).


Learning and teaching strategies for building scholarly writing capacity in nursing

Maria Shirey, Associate Professor of Nursing Graduate Program, Leadership and Management, University of Southern Indiana, Evansville, USA

Background and Purpose
Scholarly writing is not generally a topic taught in schools of nursing. The typical nurse practicing in the clinical environment writes to complete medical records of the facility and not for publication. Writing to complete a medical record is different from writing for publication. In general, the literature suggests that nurses fear writing for publication and as a result, they do not routinely integrate scholarly writing into their practice. Clinical nurses have important messages to convey, however, they do not generally possess the skill set necessary to write for publication. Building scholarly writing in nursing is necessary to elevate nursing’s voice within the health care industry and to increase nursing’s influence in broader health policy arenas. In a global health community where the voice of nurses has become increasingly important, scholarly writing capacity is no longer a skill set that should exist exclusively within the academic domain. The purpose of this core paper is to discuss learning and teaching strategies for building scholarly writing capacity in nursing. The author presents an effective approach that has been used with doctorate of nursing practice students entering the program from the practice arena and planning to return as effective leaders to those same or similar health care environments.

Strategies and methods
The author developed the 666 developmental approach to building scholarly writing capacity in nursing. This approach incorporates six strategies, six methods, and six outcomes to build scholarly writing capacity and tackle a skill set that many nurses refer to as ‘The Beast.’ The six strategies include re-iterating standards of professional excellence, building the discipline as a professional responsibility, dispelling fears about scholarly writing, empowering with knowledge and support, facilitating independence, and rewarding and celebrating scholarly writing excellence. The six methods used to expand upon the six strategies included scholarly writing assessment, planning and structure, evaluation and feedback, doing and re-doing, mentoring for scholarly writing and publication submission, and reiterating knowledge dissemination as a vehicle for professional influence and change. In this presentation the author will discuss in detail the elements of each of the six strategies and methods.

Outcomes
The 666 developmental approach to building scholarly writing capacity in nursing can achieve six key outcomes. First, students who experience the developmental approach have the capacity to become better writers. During one semester, students are able to witness visible writing improvements both in the quality of their writing and in the grades they achieve through this targeted effort. Second, third, and fourth, student evaluations of teaching suggest that this developmental writing approach is valuable and accordingly, they rate faculty teaching highly at midterm, end of course, and following the mentored manuscript writing experience. Fifth, following the guided manuscript development and submission portion of this scholarly writing experience, students can begin to see the relationship between the didactic content and mentored activities that promote scholarly writing independence. The students validate that learning through doing is a most effective format. Lastly, students completing this scholarly writing mentored approach can learn that every professional activity provides a potential writing experience. Overall, these evaluation outcomes validate the effectiveness of the scholarly writing learning.
and teaching strategies. More controlled research studies, however, are needed to determine the empirical relationships between the 666 developmental approach to building scholarly writing capacity and substantiate the anecdotal outcomes associated with the described strategies and methods.

Conclusions and implications
Scholarly writing in nursing is a necessary skill set that can be learned and cultivated. Achieving success requires a concerted effort and considerate time and human resource investment. The approach requires guidance from faculty members who lead by example, have scholarly writing expertise, and possess passion for the scholarly writing process. The 666 developmental approach to building scholarly writing capacity in nursing proved effective primarily because it used a ‘guide by the side’ approach as compared to traditional ‘sage on stage’ principles. Enlisting nurses to pursue a guided scholarly writing journey proved to be more effective than merely providing the didactic content and expecting nurses to learn and effectively implement the strategies and materials. Institutions that want to build scholarly writing writers must invest in capacity building now to reap undeniable future benefits. The benefits of scholarly writing efforts have potential to affect not only the nurses within the developmental writing programs, but also the broader global health community beyond the sponsoring institution.

---

T93

Using video-conferencing to link theory to practice: An evaluation of a ‘clinical practice teaching and learning observatory’

Brenda Rush, Associate Professor in Mental Health Nursing; Nicki Walsh, Lecturer in Adult Nursing; Heather Wharrad, Reader in Education and Health Informatics, University of Nottingham, UK

This paper describes a novel approach to help student nurses to link theory and practice using videoconferencing. The process of implementing and evaluating what we have called a ‘Clinical Practice Teaching and Learning Observatory’ (CP-TLO) is discussed, to show how the concept was applied to connect students in a classroom with a clinic setting in which a specialist diabetes nurse was undertaking group education with patients and carers.

The project was supported by the University of Nottingham, School of Nursing, Midwifery and Physiotherapy and the Visual Learning Laboratory (VLL). The concept of a Teaching and Learning Observatory was founded by Coyle (2006) in the School of Education and developed in nurse education as a ‘Clinical Practice Teaching and Learning Observatory’ with the following aim and objectives.

Aim
To use videoconferencing technology to investigate the feasibility of establishing a Clinical Practice Teaching and Learning Observatory (CP-TLO) on a Diploma/BSc in Nursing course at the University of Nottingham.

If successful, the innovation has the potential to provide learning opportunities to enable students to interact in real time with specialist clinicians, service users and carers.

Objectives
1. To set up a Clinical Practice Teaching and Learning Observatory in a diabetes clinic to link with students in a classroom
2. To gain student feedback on the value of the CP-TLO.

Method
Participants in the project were a lecturer, a diabetes specialist nurse, eight patients and two carers attending a diabetes clinic, an Information Technology Officer, 38 student nurses: two cohorts (n = 16) and (n = 22) on the adult branch of a Diploma/BSc in Nursing course. Access to participants was gained with permission from senior managers in the local NHS Trust. A letter, information sheet and consent form were sent to the participating service users.

In preparation for the CP-TLO the students completed a workbook focusing on diabetes. A lead lecture provided information on diabetes management, group education and user and carer involvement. The CP-TLO process was explained to the students, the technician prepared the equipment and was available for technical support.

At an identified time a videoconferencing link was made between the classroom and the clinic. After introductions the camera and microphone in the classroom were switched off to enable the students to observe group education facilitated by the diabetes nurse. At the end of the session the students asked questions and a discussion took place between the students and participants in the clinic.
Results
All students (n=38) strongly agreed or agreed that they had been well prepared for the session. Four students from cohort 1 and one student from cohort 2 did not enjoy the videoconferencing. Students in cohort 1 commented on inadequate sound quality but the problem was rectified and all students in cohort 2 stated that they would be happy to participate in future videoconferencing. Students provided additional positive comments, for example:

‘Great way to learn from clinical setting in school. Respectful and ethical way for observed learning. Good balanced discussion’

Since the initial evaluations, the CP-TLO has become an integral part of an Adult Branch module, at one centre of the University of Nottingham, Division of Nursing. The concept has also been adopted on the mental health branch programme to link students with mental health nurses and service users in practice.

Discussion and Conclusion
Feedback from students suggests that the Clinical Practice Teaching and Learning Observatory provides a useful learning opportunity to help students to link theory to practice, a necessary component of nursing courses and discussed by writers over many years (Rolfe, 1996; Gallagher, 2004). It further involves service users in nurse education, which can have transformative effects on learning (Rush, 2008). The CP-TLO is a synchronous e-learning method that provides group learning which would not be feasible in small clinics or group education sessions. The establishment of a CP-TLO involves partnership working, and the effort involved should not be underestimated. However, any difficulties are outweighed by the benefits to student learning. Although the project was focused on group education in diabetes in the UK, there is the potential for the concept to be developed in other areas of nursing or health and social care at an international level.

References
Visual Learning Lab (VLL) Available from: www.visuallearninglab.ac.uk

T94

Introducing enquiry-based reflective learning in the African context
Geraldine Main, Senior Lecturer, University of Manchester; Andrew Main, Education Advisor to the Charity, Mildmay International, London, UK; Yvonne Karamagi, Academic Programme Manager, Mildmay, Uganda; Elias Ooko, Academic Programme Manager, Mildmay, Tanzania; Alice Bakunda, Lecturer, Mildmay, Uganda

Background
Mildmay International UK is a not for profit Christian organisation involved in consultancy, training and HIV and AIDS services worldwide. Mildmay is a partner organisation with the University of Manchester to deliver a work based degree programme, BSc (Hons) ‘A Health Systems Approach to HIV and AIDS Care and Management’. The programme was developed and delivered by Mildmay in response to a HIV and AIDS service capacity need in East Africa. Students are recruited from Uganda, Kenya and Tanzania principally to support Mildmay projects in those countries. It has enabled senior health personnel to take a lead and strengthen the scaling up of HIV and AIDS service provision, develop effective training programmes, programmatic management and policy development in their workplaces.

Delivery of the taught weeks for the different Course Units are rotated through the three countries so that students have an opportunity to explore the range of approaches to HIV and AIDS care and the management adopted in each.

The curriculum and learning activities for the degree programme are kept under constant review, not only to ensure that the programme addresses current issues in the care and management of HIV and AIDS services, but also to make the best use of learning resources.

We have developed the use of Moodle as a Virtual Learning Environment and on line submission of students work is now commonplace.
The curriculum was recently re-approved by the University of Manchester to enable greater use of on line facilities as we develop the course from a primarily taught programme to a blended learning programme. At Level III which follows this Course Unit the primary method to facilitate learning will be Action Learning.

The subject of this report is the final Course Unit at Level II, 'Management Skills', which we have developed using an Enquiry Based Reflective Learning approach. The unit is currently delivered in Tanzania.

**Background and aim of this project**
A review of the way we were facilitating the Management Skills Course Unit, led us to consider a more student centred approach from delivering key lecturettes in the introductory ‘taught’ week, as a prelude to group work. During the following nine weeks, students are back in their own workplaces, observing and reflecting on a number of organisational activities including their own and others management skills.

Now, as access to reading matter and the internet has made information more readily accessible we feel it is appropriate to take advantage of this by developing a more student centred approach to learning.

However, the facilities are still not as developed or readily available as we would wish. Also there is the need to develop the staff to enable them to manage this different approach to facilitating learning.

The age range of our students is from mid twenties to mid fifties. In addition to doctors, nurses and allied health professionals we have students from the army, police, prison service and the clergy as well as members of the civil service. All of whom are engaged in one way or another in the delivery and management of HIV and AIDS services.

Most students have experienced didactic approaches in their schooling and in their professional education. Our use and development of group work has moved them some way toward more independent learning styles. We are encouraged by the fact that outside of the formal education systems that students have experienced there is a cultural trait in the African context for adults to come together to undertake tasks in groups, for example in a learning situation (Fasokun et al., 2005). It is upon this trait that we will build our approach to Enquiry Based Learning.

**Evaluation Study**
We intend to present an evaluation, using qualitative and quantitative approaches, of the way we developed the Course Unit as we moved from the former approach to that of Enquiry Based Learning with the teaching team developing their lecturing role to become learning facilitators and the students becoming more independent learners.

We will explore the challenges met in developing a workable model for the Course Unit and the staff development approach used to enable the lecturers to develop their role. The implications for further resources and developments will also be considered.

In conclusion we will assess the extent to which the intended learning outcomes have continued to be achieved and interdisciplinary team working and sharing of knowledge between the course participants has been strengthened.

**References and other sources**
- Designing Sustainable and Scalable Courses. Available from: www.jiscinfonet.ac.uk/InfoKits/effective-use-of-VLEs/designing-for-sustainability/sustainable-steps-problem-based
- Designing Learning Activities. Available from: www.jiscinfonet.ac.uk/InfoKits/effective-use-of-VLEs/designing-for-sustainability/sustainable-steps-model-st2
- Planning Sustainable Course Design: The Seven Step Model. Available from: www.jiscinfonet.ac.uk/InfoKits/effective-use-of-VLEs/designing-for-sustainability/sustainable-steps-model

**T95**

**Facilitating entry to the professional community of nursing for overseas qualified nurses using simulation**

Stephen Guinea, Lecturer, School of Nursing, Australian Catholic University, Melbourne, Australia

This theme paper will present a research project that aims to examine the factors that influence overseas qualified nurses (OQNs) enrolled within an accelerated bachelor of nursing program ability to access and learn within the Australian professional nursing community during the clinical practicum. The experiences of OQNs will
be viewed through the social constructivist framework of Etienne Wenger’s (1998) *Communities of Practice* and authentic learning activities (simulation) will be developed as an innovative strategy to prepare future OQNs for their initial clinical practicum.

This research project is the subject of a master of education by research project for which ethics clearance has been obtained.

**Background**

The globalization of the nursing workforce as a response to the chronic global shortage of nurses is now an established feature of the international health-care landscape (Kingma, 2008; Konno, 2006; Hawthorne, 2001). Whilst there has been some investigation into the experiences of and challenges facing OQNs entering the healthcare workforce in the United Kingdom (Daniel, Chamberlain and Gordon, 2001) and Australia (Konno, 2008; Gerrish and Griffith, 2004; Jackson, 1995) and workplace innovations to support these nurses (Brunero, Smith and Bates, 2008), there has been little attention paid to the experiences of OQNs as nursing students in western education settings in particular, the clinical practicum. Whilst it has been acknowledged that clinical practicum provides the crucial link between theory and practice (Hartigan-Rogers, Cobbett, Amiraulit and Muise-Davis 2007; Levett-Jones, Lathlean, Maguire and McMillan, 2007), and an understanding of factors that impact on student learning on clinical practicum (Zilembo and Monterosso, 2008; Hoel, Giga and Davidson, 2007; Levett-Jones *et al.*, 2007) there is a paucity of research investigating innovative approaches to facilitate OQNs ability to not only learn about the role of the registered nurse in western countries but to learn to become a member of the professional nursing community.

**Aims**

The aim of this study is twofold: (i) to identify the barriers to entering the Australian professional community of nursing experienced by OQNs enrolled in an accelerated bachelor of nursing program during their initial clinical practicum and (ii) to investigate the effectiveness of authentic learning opportunities (as simulations) in empowering OQNs to enter the professional community of practice.

**Design**

A case-study design will be used to investigate the research question: 

*In what way can simulation as an authentic learning activity facilitate nursing students’ learning within the professional community of practice?*

**Sample**

Sample size for stage one and stage two of this project will consist of approximately 20 OQNs who are nursing students enrolled at Australian Catholic University accelerated bachelor of nursing program and who have not yet attended a clinical practicum in Australia. All participants have volunteered for this project and have provided consent.

**Methods**

A planned staged program is being developed for implementation during 2010. Stage One: during February 2010, a series of focus groups will be conducted for OQNs after completing their initial 154-hour clinical practicum in an Australian healthcare environment.

The theme of these focus groups will be embedded within the social constructivist theoretical framework of Wenger’s (1998) *Community of Practice*; the perceptions of OQNs accessibility to the nursing community as learners, the barriers confronting OQNs as learners by the members of the professional community (what the OQNs did not know), and the experiences and knowledge OQNs have gained from clinical practicum that will assist them to access the professional community of nursing during future clinical practicum (what would have benefited OQNs to know). Stage Two: the themes extrapolated through the data collected in Stage One will form the foundation of authentic learning activities (as simulations) for a second cohort of OQNs prior to their commencement of their first clinical practicum in semester two 2010.

It is the intent that through the use of human-patient simulators (realistic computer-driven mannequins), role-play and debriefing sessions, carefully constructed simulations providing OQNs with ill-defined problems will assist these learners to develop generic skills such as inferential reasoning and problem solving which may be applied to function successfully within the professional community of nursing in future clinical practicum.

**Results**

Results of Stage One and the subsequent simulations including the process of development will be presented at this conference. Data collection for Stage Two will have been completed and preliminary results will be discussed at the conference.

**Future implications**

It is anticipated that the investigation of OQNs experiences of learning on clinical practicum using a social constructivist framework such as Wenger’s (1998) *Communities of Practice* will inform future curricula for this cohort of nursing students.
References


Researching Healthcare Education

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
Embedding new roles in practice using effective partnerships between higher education institutions and service providers

Colette Bennion, Senior Lecturer; Fiona Irvine, Professor of Nursing, Liverpool John Moores University, UK

The aim of this paper is to explore, using evidence from a recent research study, what higher education institutions (HEI) can learn about embedding new clinical roles in practice from partnerships with service providers.

Background
The foundation degree (FD) in radiography educates students to reach the assistant practitioner (AP) grade. It delivers training to level 2 undergraduate status. The AP will ultimately assist in professional activities such as specific imaging duties traditionally performed by the radiographers, as opposed to undertaking the support duties of lower banded health care workers. This is an emerging role in radiography and forms part of a skill mix framework known as the 4 tier system (Society and College of Radiographers, (SCoR) 2003). This system includes several bands of staff. The AP grade (band 4), the newly qualified professional (band 5), those qualified with several years experience (band 6) and advanced practitioners (band 7), whose duties encompass more sophisticated roles such as reporting on clinical imaging, a role usually performed by the radiologists. It was felt the addition of the AP grade would streamline the profession, improve patient care and effectively save money (SCoR, 2003). Several courses were developed around the UK to train such practitioners but this research centres on the course run in the Northwest of England.

The overarching aim of this study was to evaluate the AP role in terms of service delivery and educational provision. Essentially the HEI would benefit from information on how effective its partnerships with the service providers had been and what improvements it could make.

This paper will offer an account of some of the findings from the research and make recommendations based on what has been learned from undertaking the study.

Method
Purposive sampling was used to select 9 radiology managers (1 from each clinical site), who by their experience, would reveal valuable insight and quality information with respect to the assistant practitioner. They assessed the training provision and evaluated subsequent service delivery by attending focus group (FG) sessions conducted at the university. These were structured by a series of questions based on the aims and objectives of the study and guided by emergent themes from the literature review. The issues emerging from the FGs were carried forward into the follow up interviews because some managers offered opinions that warranted further investigation. The interviews were designed to encourage discussion rather than posing direct questions to gain an understanding of the managers’ views.

Ethical issues
Formal approval from the university research ethics committee was granted and ethical guidelines were adhered to throughout to protect the participants.

Analysis
The FG and interview process were audio-recorded and transcribed verbatim to avoid problems of memory error and interviewer interpretation. A thematic framework was applied to both data sets giving a systematic approach that was not so rigid as to compromise the data. It also provided a clear audit trail which enhances the consistency of findings (Ritchie and Spencer, 1994).

Results
Three main themes emerged through the analysis, namely: Individual perspective; Educational perspective and Organisational issues. In this paper, I will share the findings that characterised the educational perspective theme. The data revealed that numerous factors exist, which have the potential to either facilitate HEI partnerships with service providers or indeed inhibit their development and I will explore these in the presentation.

Conclusions
HEIs need a better understanding of organisational arrangements within the service establishments. They also need a better appreciation of how educational provision is perceived by practice partners. The study was undertaken in one geographical area and therefore caution should be taken when interpreting the results. However, important contextual detail can be retrieved from the study and used to inform other branches of healthcare practice and assist HEIs in the pursuit of smoother service partnerships in the future.
Recommendations
On the basis of the findings of this study the following 3 recommendations are tendered:
1. The HEI needs a better awareness of resource implications with respect to the level of support they offer and how much needs to be invested in staff allocation and necessary ‘protected time’
2. The HEI needs a comprehensive understanding of the scope of practice across the skill mix framework when developing new roles, to ensure job satisfaction, prevent ‘deskilling’ and optimise patient care.
3. The HEI needs to educate itself into the true perceptions held by service managers with respect to learning strategies. This will enable them make more pertinent decisions in relation to the learning that is undertaken in the workplace.

References

Effect of a diabetes self-management programme requiring self-care behaviours among Thai patients with diabetes mellitus type 2

Supunnee Thrakul, Assistant Professor, Community Health Nursing, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand; Pranee Lundberg, Associate Professor, Department of Public Health and Caring Sciences, Uppsala University, Sweden; Petcharat Kerdonfag, Instructor, Community Health Nursing, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand

Background
The prevalence of diabetes in 2030 has been estimated to be 366 million in comparison with 177 million in 2000 (World Health Organization, 2006). Traditional diabetes education tends to focus primarily on improvement of knowledge in order to improve self-management, but sole knowledge does not result in improvement of glycaemic control, nor does it produce behaviour change (Glasgow, Fisher, Skaff, Mullan, and Toobert, 2007). To achieve long-term self-management effects, changes in patients’ attitudes and motivation for preventing complications are more important than purely improving knowledge (Norris, Engelgau, and Narayan, 2001). Goal setting and making specific plans to meet the patients’ goals are the core determinants of actual performance (Carver and Scheier, 1998).

Objective
The aim of this study was to explore the effect of a diabetes self-management programme for Buddhist and Muslim patients with diabetes type 2 who have prolonged self-management difficulties at the urban communities of Thailand.

Methods
The total participants were twenty patients with nine Buddhist and 11 Muslim patients with diabetes type 2. The qualitative approach with a focus group discussion to explore the effect of a diabetes self-management programme in the context of patients’ own socio-cultural environment was conducted between July and August 2009 at Buddhist and Muslim communities in Bangkok Metropolitan (Krueger and Casey, 2000). The instruments were the interview guidelines for the focus group discussion. Audiotapes were transcribed verbatim. Qualitative content analysis of the transcripts was used to elicit themes.

Results
The results revealed that healthcare professionals could provide input into the self-management of diabetes such as symptom management, self-care techniques, social and emotional management, or other information necessary to make the patients’ decisions to control diet. However, the diabetes could not control their blood sugar due to a great impact of diabetes self-management. Both Buddhist and Muslim patients with diabetes type 2 needed the ability to self-regulate their chronic conditions.

Conclusion
The diabetes self-management programme with empowerment approach would be helpful to improve understanding of how the diabetes could control their disease by successful treatment at home and their self-care behaviour.

References
T98

Methodological treasures and tribulations: Using realistic evaluation to evaluate the impact of end-of-life care education on practice in care homes in the UK

Moira Attree, Senior Lecturer in Nursing, University of Manchester; Martin Johnson, Professor of Nursing; Ian Jones, Senior Lecturer in Cardiac Nursing, University of Salford, UK

Introduction

This paper will present a critical analysis of the methodological treasures and tribulations involved in using Realistic Evaluation (Pawson and Tilley, 1997) to evaluate the impact of end-of-life care education on practice in care homes in the UK. Realistic Evaluation offers an alternative to quasi-experimental designs and aims to produce an in-depth analysis of how programmes work in context, dissemination and implementation of findings are seen as primary objectives; however, empirical evidence of the efficacy of the evaluation design is lacking. Realistic Evaluation is increasingly adopted in nursing and healthcare education; recent examples include an evaluation of Pre-registration Fitness for Practice Curricula (Lauder et al., 2008a; 2008b). The paper aims to promote scholarly debate of the methodological issues involved in using Realistic Evaluation in education.

Methods

Realistic Evaluation was used to evaluate the impact of introducing The Gold Standards Framework in Care Homes (GSFCH) programme in two case study care homes in the North-West of England. Mixed methods of data collection were used: quantitative measures included a pre and post-training staff attitude scale, confidence log and an after-death analysis. Qualitative data were collected by interviews with 2 Care Home managers, 24 staff, 6 residents, 9 relatives, fieldwork observation and documentary analysis. The methods and data collection tools will be critically evaluated.

Although the paper will focus on methods, we will outline key outcomes and discuss how these may have been affected by the methods used. Each (of 4) researchers found different challenges and problems when working in busy nursing homes. We will explicate some of the key dilemmas faced and examine the role of reflexivity in ensuring analyses are as rigorous as possible whilst taking account of local circumstances.

Discussion

The methodological issues and efficacy of Realistic Evaluation will be critically debated and evaluated in relation to the rhetoric and reality of claims made about the design and its ability to address the study aims. Scholarly debate of the methodological issues and future challenges involved in evaluating the impact of education on practice will be facilitated.

Key words

Methodology; Realistic Evaluation; Education; Practice.

References


The changing needs of supervision in students on interprofessional Masters degrees

Tim Clark, Senior Lecturer, Canterbury Christ Church University, UK

The changing needs of health and social care services demand practitioners who can not only access but analyse sources of evidence for practice. Traditionally students undertook a piece of research as part of an honours degree. However, following changes within Research Governance (DH, 2001) most HEIs, significantly reduced the opportunity for undergraduate students to complete an empirical study. At our university currently most interprofessional (IPL) pre-registration undergraduates in health and social care complete a literature critique in the third year. Currently only those radiography students researching radiation doses using phantom models can complete empirical research.

There is little evidence in the literature regarding the teaching of research to IPL students and little is known about the research knowledge of students on completion of undergraduate programmes. Anecdotal evidence of students entering the MSc programme suggests that few have any experience of research knowledge or skills leading to a need to increase taught input. Those that have completed a study have usually only used one research methodology.

This presentation explores the findings of a study that clarified the research knowledge of students entering the MSc Programmes and identified their needs. Similarly, the impression gained from colleagues is that staff acting as supervisors had limited experience of different methodologies. This study also explored the research training needs of staff within the department to enable a tailored staff development programme to be developed and inform curriculum planning. The aims of the study were to:

1. Determine the level of research knowledge and skills in MSc students in the interprofessional learning programme
2. Identify the specific training needs for supervising staff.

A mixed case study methodology was used (Bowling, 1997; Gomm et al., 2000) and involved several stages.

Stage 1: The MSc students in the IPL MSc Programme were identified on entry to the programme and their knowledge regarding research was evaluated using a questionnaire. Stage 2: Students in the research proposal modules in one MSc cohort were identified and their knowledge regarding research evaluated using a questionnaire. Volunteers were invited to a focus group to discuss their perceptions regarding research and their supervision needs. Stage 3: Data from a recent audit of staff research knowledge was used to develop a questionnaire to assess Faculty staff knowledge and research experience and volunteers participated in individual interviews to discuss their perceptions regarding research supervision and training needs.

A total of 14 different disciplines were involved in the sample of 51 students. MSc students entering the programme had somewhat limited research knowledge and skills. The performance of peers at the proposal writing stage was not significantly different, so little research knowledge had been gained throughout the programme; there are no research specific modules until the proposal stage.

There were 10 different disciplines represented in the staff sample. Despite the belief that staff had a limited range of research skills, most staff had research skills in several different methods although few described themselves as highly skilled. However, whereas 80% were confident in supervising undergraduate studies only 44% of them were confident in supervising MSc studies. There was a limited range of methods and variance in staff confidence in these with 26% having skills in using interview methods whereas only 7% had skills in RCTs. Interview key themes were elicited from the data and coalesced around; the process of supervision, academic development of students, programme development issues and staff development issues.

The study identified where student needs and staff support was required. There was general agreement that programmes within the faculty should be developed further to incorporate research within them. The hope was expressed that a new curriculum for undergraduates may go some way toward achieving this.

Student needs were clearly identified and areas where greater focus was needed informing curriculum developments. The necessity to have a structured process for supervision was identified as being paramount as was the need to set ground rules for the basis of a good working relationship. This was seen as especially important in those with limited prior experience of research.

The academic development of students enabling them to blossom and achieve their potential was seen as a very rewarding aspect of supervision; all participants enjoyed the experience and gained a great deal of intellectual satisfaction from it. Most staff participants thought that there was a need for the development of staff in research methods and would welcome more research supervisor training in a broad range of specific methods. There was general agreement of anticipated benefits of extra workshop and seminar activities.
T100

Applying Watson’s nursing theory to assess patient perceptions of being cared for in a multicultural environment

Wafika A. Suliman, Associate Professor; Elizabeth Welmann, Associate Professor; Taqwa Omer, Assistant Professor, Dean; Laisamma Thomas, Lecturer, King Saud Bin Abdulaziz University for Health Sciences, Jeddah, Saudi Arabia

Background
Watson’s (2002) caring theory addresses caring relationships among humans and the deep experiences of life itself. Leininger (2002) noted that caring is a universal phenomenon, which is likely to be perceived differently by patients and nurses if they come from different cultural backgrounds. Little is known about the patients’ perception of ‘being cared for’ in the Kingdom of Saudi Arabia, where the majority of nurses in the workforce comes from cultural backgrounds different from their patients.

Purpose
This study was designed to explore Saudi patient perceptions of important caring behaviours and those most frequently attended to by staff nurses in a multicultural environment.

Method
A probability sample included patients (n=393) drawn from three hospitals in three different regions of Saudi Arabia. Cronin and Harrison’s (1988) ‘Caring Behaviors Assessment (CBA)’ instrument was used for data collection. The CBA is a 63-item self-reported, five-point Likert-type scale ranging from (little to much importance), and is based on Jean Watson’s seven carative factors. Reliability was evaluated by examining the internal consistency of nursing behaviours against Cronbach’s alpha. The alpha coefficient for each subscale demonstrated acceptable reliability (ranging from .66 to .90).

Results
Patients rated overall caring behaviours as important (97.2%) and frequently experienced (73.7%). The discrepancy between the importance of and frequency of attendance to caring behaviours by nurses was statistically significant (t = -4.689; p = .001).

Conclusions and relevance to clinical practice
The caring behaviours based upon Jean Watson’s theory were valued by Saudi patients irrespective of their cultural differences with the caregiver. However, the frequency of caring attended to by nurses in teaching/learning and helping/trust behaviour subcategories were rated as low. Such is most likely the result of culture differences and language barriers existing between patients and nurses in Saudi Arabia. Results showed that the carative factors in Jean Watson’s theory were applicable to patients in Saudi Arabia and that nursing professionals should base their care on such theory in order to meet patient needs.

Key words: caring behaviours, Jean Watson’s theory, multicultural environment.

References


Symposia

10.15 – 11.45
Wednesday 8 September
Introducing placement development teams for student support and interprofessional learning in the south west peninsula of England

Graham Williamson, Lecturer, Adult Nursing; Val Heath, Associate Dean; Sue Twose, Practice Quality Division Developmental Manager and Lecturer; Jenny Temple, Practice Quality Division Developmental Manager and Lecturer, University of Plymouth; Liz Tipping, Lecturer in Occupational Therapy, University of Plymouth and Academic Lead, Placement Development Team, Yeovil Hospital NHS Foundation Trust; Pam Nelmes, Lecturer in Critical Care Nursing, University of Plymouth and SW Ambulance Trust Academic Team Leader, UK

Outline
This symposium includes conference themes including interprofessional learning, education in clinical practice, effective partnership working, and enhancing the student experience. Its strongest element concerns interprofessional learning.

Placement development teams were established in 2007 as a response to the requirements of the New Standard Model Contract, in partnership with the South West Strategic Health Authority, as an means of better supporting students and mentors in an interprofessional context. This symposium details the work of the University of Plymouth Faculty of Health and its placement provider partners in establishing this new system of supporting students in non-medical healthcare education programmes in clinical placements in NHS Trusts, the private, voluntary and independent sector. Each presentation in this symposium examines a different facet of PDTs and their interprofessional remit.

Objectives for the symposium
- Outline our innovative work with placement development teams.
- Illustrate how we have established new structures to improve education in clinical practice, interprofessional learning, effective partnership working, and the student experience, in response to the English Standard Model Contract.
- Invite delegates to reflect on their own organisations’ experience of these issues.

Linkage between presentations
An introduction will outline the contextual issues and findings from our two research studies which looked at issues of student support with adult nurses and with interprofessional groups. Presentation 1 discusses the extent to which PDTs have fostered partnership working between the university and placement providers, particularly for enhancing capacity and allocations. Presentation 2 discusses the PDT role with occupational therapy students and invites delegates to discuss the strengths and weaknesses of PDTs in relation to student support. Presentation 3 examines PDTs’ support for students in our ambulance trust, focusing on achievements in mentorship, supervision and the assessment of practice learning; strategic service improvement/workforce redesign; and quality monitoring to enhance learning in practice.

Introduction: Contextual issues: Partnership working and the national model contract; Val Heath, Associate Dean; Graham R Williamson, Lecturer, Adult Nursing, University of Plymouth, UK
Recent policy and research has focused on how clinical practice experience can best be facilitated (e.g. NMC, 2005; 2006). A new Model National Partnership Agreement for pre-registration healthcare education programmes has been introduced, which seeks to 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.

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. Their roles will be outlined as will findings from our two research studies evaluating issues of student support for adult nurses (Callaghan et al., 2008) and interprofessional learning (Callaghan et al., 2009)

References
1. Partners in healthcare education; Sue Twose, Practice Quality Division Developmental Manager and Lecturer; Jenny Temple, Practice Quality Division Developmental Manager and Lecturer, University of Plymouth, UK

This session will show delegates how the creation of a new role for experienced educationalists supports students to enhance placement learning and enrich their experience.

The placement development teams (PDTs) were a response to Schedule 2 (DH, 2006) of the contract and benchmark price for non-medical education within part of the South Western Strategic Health Authority (SHA). We will demonstrate how through the PDTs, the higher education institute (HEI) providers, the SHA and NHS Trusts are working together in partnership to respond and address many of the standards and demands of their stakeholders. It will also show how the requirements of the relevant professional bodies and the quality monitoring demands of the university are met.

It will identify the resources involved in providing this high level of support, across a wide geographic area, for all HEI students and their supervisors in the practice environment. It will show how multi-professional support for learners is possible within the NHS.

Two important areas have yielded significant results even at this early stage, these are:

- Capacity and allocations
- Private, voluntary and independent sector placement activity.

Clinical areas are now much more pro-active rather than reactive, and Trusts, the private, voluntary and independent sector are more receptive to increasing the number of learners in clinical placements as a result of the support offered to the mentors both new and experienced by the placement development teams. Placement quality is vital and the closer working relationship between providers and the HEI via the PDT has enabled further developments with regards to improving the learning opportunities for the students in the individual clinical areas.

Reference

2. PDTs and occupational therapy placement provision; Liz Tipping, Lecturer in Occupational Therapy, University of Plymouth and Academic Lead, Placement Development Team, Yeovil Hospital NHS Foundation Trust, UK

This presentation will describe the structure, roles and responsibilities of the PDTs in relation to the clinical placement activities of occupational therapy students at this University. We will then conduct an interactive session in which delegates will be encouraged to explore the advantages and disadvantages of this multi-professional approach versus more traditional systems currently in place for occupational therapy students, practice educators and university placement tutors.

The Darzi Report (Darzi 2008) states that high quality care requires the provision of high quality education and training. He also suggests this should be integrally linked with current and emerging models of care (p9). As occupational therapists, we need to ensure that we have the necessary systems in place to support our learners and this session will offer the opportunity to explore innovative ways of providing quality practice placements within existing and emerging services.

Reference

3. South Western Ambulance Service NHS Trust (SWAST) Placement Development Team; Pam Nelmes, Lecturer in Critical Care Nursing, University of Plymouth and SW Ambulance Trust Academic Team Leader, UK

South Western Ambulance Service NHS Trust (SWAST), are working collaboratively with the University of Plymouth and NHS Southwest Strategic Health Authority, through PDTs. Introduction of the PDT concept in the NHS Southwest region, represents the ‘first-wave’ of initiatives created to underpin and sustain support for learning in practice. The PDT in SWAST focuses on all learners within the Trust, reflecting changing workforce requirements, service developments and need to continuously monitor, support and enhance learning in a practice setting.

This presentation will outline our achievements concerning mentorship and practice learning.
From shifting sands to lasting prints

Ruth Dawson, Practice Development Lead Nurse; Mary Douglas, Head of Learning and Development; Jill Windle, Lecturer Practitioner Emergency Nursing; Nicola Fishburn, Practice Education Facilitator; Mike Hollinshead, Practice Education Facilitator, Salford Royal Hospitals NHS Foundation Trust, Salford, UK

The progression from student nurse approaching registration to qualified practitioner should not be viewed as a series of hurdles or indeed as separate events. At Salford Royal Hospitals NHS Foundation Trust we share the view that this progression is a continuum and have put processes in place to shape, nurture and develop practitioners into effective clinical role models.

The first part of the cycle is a programme of consolidation for student nurses reaching the point of qualification. The programme provides a positive mechanism to enhance practice skills in a safe environment to ensure that newly qualified nurses develop their confidence to integrate into their career in clinical practice.

Consolidation feeds in to the preceptorship programme which is designed to ensure newly qualified healthcare professional take responsibility for being clinical role models early in their professional careers. More importantly moving some of the core content into consolidation has created time in Preceptorship for greater development of the individual’s specific learning needs.

The final piece of the cycle is the vitally important element of effective mentorship. The process of mentorship is absolutely vital to staff development and the delivery of quality patient care. Mentors are required to support new staff and aid them in their early career development whilst providing a strong point of contact to monitor progress. The Trusts mentorship programme enables the organisation to prepare staff for this important role and ensures we have the required numbers of qualified mentors to support this intense level of supervision and development.

The ultimate goal of this cyclical process is the development of problem solving and critical thinking skills to prepare nurses for the challenges of working in the modern health care arena.

1. Supporting the development of nursing students’ confidence and competence in safe and effective practice prior to registration

Nicola Fishburn, Practice Education Facilitator; Mike Hollinshead, Practice Education Facilitator

The transition from student to qualified nurse can be a time of challenge to students. A recent study by Lauder (2008) identified that students needed to develop confidence in their abilities rather than competence. Despite considerable input for HEIs to teach essential skills, and from mentors to facilitate their application in practice, feedback from newly qualified nurses in preceptorship indicated that students would benefit from a programme of consolidation focusing on the skills needed for safe, effective practice upon qualification. With the establishment of the practice education facilitation team, and the opening of a purpose-built education centre, an exciting opportunity arose to develop an innovative consolidation programme to assist students in developing both their confidence and competence in practice. Consolidation provides the opportunity to practice, develop and be assessed against a range of skills and abilities, both in a skills laboratory environment and out in practice in the context of total patient care, to ease the transition from student to staff nurse in preceptorship.

Feedback from students following the first consolidation programme has been positive as it had allowed them to practice skills in a safe environment and helped to develop their confidence in clinical practice. Comments from students included: ‘My practice will change a lot for the better after today…I will feel more confident about delivering a high standard of care’.

2. Preceptorship: preparing healthcare professionals of the future to challenge and lead in a changing healthcare system

Ruth Dawson, Practice Development Lead Nurse

The context of nursing is changing. Healthcare is changing. The expectations of patient’s and carers are changing. Patients and carers have more knowledge and expect to be treated as partners in their own healthcare, and to have options and choice available to them.

Nursing careers needs to respond to the profound changes that are taking place in the structure of healthcare delivery, and there is a need for nurses to exercise leadership to bring about change (DH, 2006).

Modern healthcare requires a more independent, autonomous and innovative nurse to meet the current changing requirement of future healthcare provision (DH, 2009).

The Nursing and Midwifery Council (NMC) are currently reviewing and developing a new set of standards for pre-registration training. Once developed this suggests a different type of preceptorship will be required.
SRFT has had a structured approach to preceptorship and developing newly qualified healthcare professionals for several years. The programme itself has evolved according to priorities from both the Trust and the national agenda.

Meaningful preceptorship involves ensuring that newly qualified healthcare professionals take responsibility for being clinical role models early in their professional careers. Preceptorship at SRFT develops problem solving and critical thinking, and is not merely for the development of clinical skills missed during pre-reg education (DH, 2009).

This interactive session will show this evolving programme moving from being process driven to developing autonomous competent practitioners, preparing healthcare professionals of the future to challenge and lead in a changing healthcare system

3. An innovative, collaborative approach to mentor preparation for a new age
Mary Douglas, Head of Learning and Development; Ruth Dawson, Practice Development Lead Nurse; Nicola Fishburn, Practice Education Facilitator; Mike Hollinshead, Practice Education Facilitator; Jill Windle, Lecturer Practitioner in Emergency Nursing

The NMC recognises the importance of supporting all students to achieve their full potential in both practice and academic learning environments (NMC, 2006, p.14). ‘Mentors are an essential element of practice learning, and Salford Royal NHS Foundation Trust is fully committed to ensuring the provision of high quality clinical placements. A quality indicator of one student per mentor has been introduced by the practice education facilitation team and practice development colleagues to ensure the best possible quality experience for students and mentors alike.

Increasing numbers of graduate nurses joining the Trust provided an opportunity to explore more creative, innovative approaches to mentor preparation. One area that was looked at was the Scottish national approach to mentor preparation, which was ideal for the needs of healthcare staff who were already graduates or who did not require academic accreditation for their study. A partnership arrangement between the Trust and Stirling University facilitated a high-quality non-accredited mentor preparation programme, delivered ‘in-house’ by Trust educational staff, with the flexibility to arrange additional cohorts as required. The module enables staff to develop their mentoring and assessment skills while gaining a recognised NMC mentorship qualification and represents a highly innovative approach to mentor preparation at the Trust.

References:

S3

Mentoring in Nursing in Europe (MINE): An Erasmus-funded intensive programme
Caroline Reid, Head of Learning Development; Alex Chapman, Manager E-learning Support, Middlesex University, London, UK; Michelle Camilleri, Lecturer, University of Malta, Malta; Kathy Wilson, Lecturer; Charmagne Barnes, Lecturer, Middlesex University, London, UK; Mirja Ojala, Lecturer, Satakunta University of Applied Sciences, Finland

Symposium Outline
MINE: ‘Mentoring in Nursing in Europe’ is an Erasmus funded Intensive programme which focuses on the mentorship and practice learning of undergraduate nursing students exchanging in Europe, and their mentors. The project aims to facilitate the movement, and enhance the experience of, pre-qualifying nurses to gain clinical practice experience in EU partner countries, by identifying and addressing the challenges posed for students, mentors/practice teachers and nurse academics.

Funded by the EU Erasmus Lifelong Learning Programme, it is being coordinated by Middlesex University with EU partners from the University of Firenze, University of Malta, and Satakunta University of Applied Sciences, Finland.
Symposium Objectives
This symposium aims to describe the opportunities afforded to European higher education institutions to work in partnership to develop learning and teaching through the Erasmus funded intensive programme scheme and to:

1. Outline the opportunities for learning in all contexts afforded to pre-qualifying students engaging in Erasmus exchange opportunities
2. Discuss the challenges for both students and mentors when participating in nursing theory and practice in a partner European country
3. Present the student and mentor toolkits developed as part of a co-operative inquiry project to support the preparation and facilitation of nurses and mentors for EU exchange experiences
4. Explore the triumphs and challenges of using web 2.0 technologies to promote communication and collaboration in learning and teaching across four partner countries.

Linked Papers:
There are four linked papers within this symposium which capture the development of the MINE programme, the individual journeys, achievements and outcomes to date.

1. The developmental value of an Erasmus ‘intensive programme’
   Charmagne Barnes, Lecturer; Caroline Reid, Lecturer, Middlesex University, London, UK
   MINE ‘Mentoring in Nursing in Europe’ Erasmus funded intensive programme (IP) developed from work at Middlesex University in collaboration with our EU partners. Over the last 10 years, particularly in collaboration with Satakunta University of Applied Sciences, a BSc European Nursing programme has been developed which leads to initial registration of our students as qualified nurses, whilst incorporating a whole year exchange for these nursing students. This is currently the only such existing Nursing programme(s) in Europe.

   Building on this work, the partner countries, led by Middlesex, have been successful in securing the Erasmus funded intensive programme (IP) and the opportunity this has afforded these four partner countries to work with students, mentors/practice teachers and academics to enhance EU student practice exchange experience. This paper will outline how a co-operative inquiry approach has been adopted to achieve the objectives of the MINE programme to date.

2. MINE: developing student and mentor toolkits to support the preparation and facilitation of Erasmus exchange students in practice in Europe
   Kathy Wilson, Lecturer, Middlesex University, London, UK; Mirja Ojala, Lecturer, Satakunta University of Applied Sciences, Finland; Caroline Reid, Lecturer, Middlesex University, London, UK
   Within the intensive programme a two week study visit, hosted by Middlesex University, brought together a minimum of eight participants from each country (five students, two mentors and one academic) to explore the nursing students’ learning experience, focusing particularly on the challenges of undertaking clinical nursing practice placement as part of their exchange programme.

   Students and mentors worked together to develop toolkits to enhance the preparation and facilitation of the mentoring of Erasmus exchange students in practice. These resources were then presented as part of a student led conference to showcase the learning and work undertaken during the intensive programme. The conference was attended by members of the IP as well as invited guests from local NHS Trusts and other university academics. The experiences of all the participants and the range of resources developed will be presented within this paper for discussion.

3. Oh my Blog! Flipping, Facebook! Strategies to enhance communication and collaboration in an Erasmus mentoring project across four European partners
   Alex Chapman, Manager E-learning Support; Caroline Reid, Lecturer, Middlesex University, London, UK
   This paper will introduce how web 2.0 technologies, including digital videos, Facebook, Blogs and Wikis, were utilised to facilitate communication and collaboration across the four European higher education partner countries, and explore the educational value of such approaches.

   Working together over a fifteen week period, but with only two of these as a direct contact event where all participants meet, required the development of alternative strategies to enhance the groups’ collaboration and communication. To these ends, a range of web 2.0 technologies were adopted.

   Facebook was used as a pre-event platform to facilitate introductions and promote interaction amongst the group. Digital technologies such as ‘Flips’ (DV Cameras) were used to capture significant moments and create enhanced blogs to share reflections.

   Ultimately, individual learning experiences were captured, and shared, in the form of digital stories.

   This paper will highlight the triumphs and challenges of introducing web 2.0 technologies to facilitate communication and collaboration amongst this diverse enquiry group. Reference to, and grounding of discussion in the context of this collaborative Erasmus Mentorship project, will also be outlined.
4. Using digital diaries and telling digital stories
Michelle Camilleri, Lecturer, University of Malta, Malta; Caroline Reid, Lecturer, Middlesex University, London, UK

This paper reports on the use and evaluation of digital diaries and stories as a means of critically reflecting upon, assessing and evaluating the learning that took place in the co-operative inquiry led module. Each student and mentor produced a five minute digital story that captured their learning journey during the MINE programme and through critical reflection, clearly articulated and evaluated their learning. These stories were told with the aid of music and carefully selected text and images, and the challenge of producing the images reflects the complex experiences and cultural diversity that emerged within the group.

The findings of this evaluation demonstrates that students not only respond well to the use of new educational technology, but that there appears to be scope for further use and development into the use of digital learning processes.

S4

The virtual reality of dying: Using high-fidelity simulation to harmonise the art and science of end-of-life education
Debbie Roberts, Lecturer in Nursing; Leah Greene, Simulation Laboratory Coordinator; David Garbutt, Lecturer in Long-term Conditions and End-of-life Care, University of Salford, UK

A symposium submission: high fidelity simulation.

These three papers will explore:
1) The theatre of high fidelity simulation education
2) The pedagogy underpinning high fidelity simulation in nurse education: bringing together art and science
3) The virtual reality of dying: new applications of high fidelity simulation.

The three papers will provide delegates with a useful introduction to the concept of high fidelity simulation and will explore a new model aimed to demystify the approach. The second paper explores the educational philosophy of simulated learning using high fidelity human patient simulators. The third paper outlines the application of high fidelity simulation in helping students develop a holistic approach when caring for the dying.

1. The theatre of high fidelity simulation education
Debbie Roberts, Lecturer in Nursing; Leah Greene, Simulation Laboratory Coordinator, University of Salford, UK

High fidelity simulation is a useful mechanism to aid progression, development and skill acquisition in nurse education. However, nurse lecturers are daunted by sophisticated simulation technology. This paper presents a new method of introducing human patient simulation to students and educators, whilst seeking to demystify the roles, responsibilities and underpinning pedagogy. The analogy of simulation as theatre outlines the concepts of the theatre and stage (simulation laboratory); the play itself (simulated clinical experience); the actors (nursing students); audience (peer review panel); director (session facilitator); and the production team (technical coordinators). Performing in front of people in a safe environment, repeated practice and taking on a new role teaches students to act, think and be like a nurse. This in turn supports student learning and enhances self confidence.

Key words: high fidelity simulation, nurse education, teaching and learning model.

2. The pedagogy underpinning high fidelity simulation in nurse education: bringing together art and science
Debbie Roberts, Lecturer in Nursing; Leah Greene, Simulation Laboratory Coordinator; David Garbutt, Lecturer in Long-term Conditions and End-of-life Care, University of Salford, UK

Clinical simulation within a skills lab affords students with opportunities to observe, rehearse and practice in a controlled environment. It is evident from the literature that simulation is becoming an increasingly important aspect of learning clinical skills in nursing. Using simulated learning sessions enables the students to learn in an environment which Schon (1987) describes as a practicum: a setting designed for the purpose of learning a practice, in a context that approximates a practice world where students learn by doing. Within the practicum there should be the suspension of disbelief in order to both view the scene as an audience member, and become an actor as part of the scene.

This paper outlines the potential of high fidelity clinical simulation as a mechanism which enables students to exercise a variety of learning styles to explore both the art and science of nursing. Through the performance of the scenario as both audience member and actor on the stage the students can refine their practical, psychomotor, reasoning and decision making skills. As the scenario is played out, the students are able to lean
vicariously through each other’s experience (Roberts, 2010). Finally, through the de-briefing process, high fidelity clinical simulation has the potential to enable students to learn experientially and formulate plans for future practice.

**Key words:** pedagogy, learning styles, vicarious learning, experiential learning.

3. The virtual reality of dying: new applications of high fidelity simulation
David Garbutt, Lecturer in Long-term Conditions and End-of-life Care; Debbie Roberts, Lecturer in Nursing; Leah Greene, Simulation Laboratory Coordinator, University of Salford, UK

The use of high fidelity simulation in nursing education has been steadily increasing in recent years (Wilford and Doyle, 2006). However these techniques have focussed largely on acute and emergency care education and the development of highly technical and practical skills. End-of-life care is fast becoming a national priority in health care (DH, 2008) yet evidence exists that nursing students and qualified staff feel inadequately trained in delivering this type of care (Dickinson et al., 2008).

This paper outlines one potential use of high fidelity simulation in order to provide students with a realistic, yet safe and supportive, end-of-life care learning experience. High fidelity simulation provides realistic, real-time physiological feedback from state of the art human patient simulators. It is our assertion however that through the use of mixed reality scenarios students can practice a reflective, holistic, problem solving and critical approach, whilst developing the emotional intelligence skills required for end-of-life care.

Through the creation of a realistic simulated scenario of care focussing on the last two to three days of life students will practice skills highlighted within the Core Competencies for End-of-life Care (DH, 2009) and the Liverpool Care Pathway (Ellershaw and Wilkinson, 2003). A combination of self assessment, peer feedback and standardised patient carer reporting will be used to identify any increase in levels of confidence, skills and comfort when dealing with such a scenario.

**Key words:** end-of-life care, palliative care, high fidelity simulation, nurse education.

**References**
Department of Health (2008) *End-of-life Care Strategy: Promoting high quality care for all adults at the end-of-life.* DH.

Department of Health (2009) *Common Core Competences and Principles for Health and Social Care Workers Working with Adults at the End-of-life.* DH.


Of relevance to practitioners, students, educationalists and commissioners, the objectives of the symposium are:

- to problematise traditional constructions of how learning takes place in practice settings
- to critically examine the key features of a high quality learning environment from the perspectives of students, mentors, employers and educationalists
- to identify the implications for service, education, commissioning and policy.

1. Breaking circuits
Julie Messenger, Assistant Director Nursing (Academic Lead); Verina Waights, Lecturer in Professional Healthcare Education, The Open University, Milton Keynes, UK

This first paper sets the historical and political context underpinning current models of practice learning in pre-registration nursing. In the UK, nursing students traditionally have rotated through a range of placement circuits, undertaking a set number of weeks in designated settings in order to complete a total of 2300 hours of practice learning set by the Nursing and Midwifery Council. An assumption inherent in this model is that 4 weeks ‘doing’ time on an acute surgical ward, for example, will equip students with the necessary skills to care for patients. The model therefore privileges time ‘done’ rather than emphasising the key features of a quality learning environment.

We argue therefore that this model of placement circuits does not necessarily assure a quality learning experience. Drawing on vignettes and scenarios from practice, we propose a more contemporary approach to learning in practice. The ‘breaking circuits’ metaphor implies a move away from ‘doing time’, where students are seen as short-term visitors in practice settings, to a different model that recognises the vast diversity of and potential for learning in practice, whatever and wherever that practice happens to be.

2. Making connections
Lin McDonagh, Assistant Head of Department (Professional and Practice Lead); Linda Kenward, Lecturer in Nursing; Rosemary Bottoms, Staff Tutor, The Open University, Milton Keynes, UK

In response to the call for a more contemporary approach to the support of learning in practice outlined in Paper 1, this second paper identifies the key constituents of meaningful learning in practice.

Students’ learning of theory (most often done in the class room) and their learning of practice (most often done in practice) have become, over time, conceptually and geographically divorced. This ‘fracturing’ of the academic and practice components of education (Melia, 1987) has underscored a belief in two types of learning and contributed to the so called ‘theory-practice’ gap. It has also resulted in students feeling ‘caught between the socialising forces of academia and the day-to-day reality of nursing’ (Ross and Clifford, 2002, p.546). However, whilst some learning remains clearly more suitable for classroom settings, the real ‘nitty gritty’ learning of the what, where, how and who of nursing is done in real-life practice. A contemporary model of quality practice learning – underpinned by strong partnerships between students, employers, practitioners and educationalists – has the potential therefore to make a significant contribution to the modernisation of the preparation of nurses in the 21st century.

With reference to our experience of delivering pre-registration nursing across the UK, we draw on the experiences of students, mentors and the unique role of the programme tutor, to illustrate the potential impact of such a model. This tripartite model promotes continuity of support ensuring that both student and mentor are equally supported. It also explicitly values the diversity and range of learning opportunities in the workplace that add richness to the student experience. Mentors, students and programme tutors will be involved in sharing their experiences of this model of learning support.

3. What is the difference that makes a difference?
Sheila Counihan, Lecturer in Nursing; Jan Draper, Professor and Head of Nursing; Lesley Holland, Senior Lecturer, The Open University, Milton Keynes, UK

In the third paper we further elaborate on our proposals for a modernised practice learning model and seek to identify the implications for education, service and policy. We draw on a range of projects undertaken at the OU in relation to students’ experience of learning in practice, such as the development of emotional resilience (Brigham and Smith, 2008), experiences of the transition from student to staff nurse (Draper, Sparrow and Gallagher, 2009), the experience of the Programme Tutor role (McDonagh, Draper and Gallagher, 2009), students’ use of and interaction with portfolios (Holland and Buckeldee, 2008), and the development of a framework to maximise the impact of learning on practice (Clark, Draper and Sparrow, 2008). In doing so, we conclude that significant investment is required in the environments within which practice learning takes place.

These environments are located in organisations and these organisations need to become ‘learning organisations’ in order to cultivate the success of learning in practice. Through interaction with other delegates, we debate the key features of a learning organisation and how these facilitate effective learning in practice. Changing the culture of practice learning will require continued investment. Placing an emphasis on practitioners also being creative teachers in and of practice will have significant implications for pre-registration nurse education, mentor preparation, practitioners, educationalists, commissioners and policy makers. The paper will conclude by identifying these implications and ways in which they may be taken forward.
Conclusion and debate

Jan Draper, Professor and Head of Nursing, The Open University, Milton Keynes, UK

Using an interactive approach, the symposium will conclude with an open discussion amongst delegates concerning the issues raised. The challenges posed by this or indeed other models of practice learning support will be debated and the potential for transferability to other work-based health programmes discussed.

References


The dedication of hands to nursing: A new tradition

Julia Ball, Dean of Nursing; Thayer McGahee, Faculty Member, University of South Carolina Aiken, USA

Symbolism and rites of passage that were part of the nursing school tradition are now largely extinct. Formerly, many nursing schools held a capping and/or candle lighting ceremony to help student nurses understand the gravity of the new role they would be assuming as they went to their first clinical experiences to care for patients. However, along with the disappearance of nurses’ caps, has gone the tradition of capping and right of passage from regular student to student nurse.

To bring back a rite of passage to nursing education, a new tradition has been born at USC Aiken. Before their first clinical experience, students go through a symbolic and spiritual ceremony of hand dedication to the nursing profession and human caring. The ceremony begins with lighting a candle that is part of the world-wide chain of light spread by Dr. Jean Watson symbolising the unity of nurses and our common commitment to human caring. We light the candle at our hand dedication ceremony and again at our graduation pinning ceremony. The candle that each student lights at their pinning ceremony is lighted from this candle as a reminder of the dedication of their hands to the nursing profession and their commitment to human caring.

First semester nursing faculty conduct the ceremony which asks students to think about their hands and the work their hands will accomplish as they provide care for their patients. Great emphasis is placed upon the students’ hands because it is their hands, guided by their spirits and hearts combined with their new knowledge and skills that will transform technical nursing tasks into acts of nursing and human caring. The dedication ceremony continues with a ceremonial hand washing, hand drying, and the application of oil as faculty members provide this act of caring for each student emphasising the dedication of their hands to nursing and their commitment to human caring. The ceremony concludes with nursing faculty and students holding hands in a circle with the ceremony leader making the closing statement: ‘Go in peace with the knowledge of the human and spiritual caring that your hands will convey.’

Exploring the role of the lecturer practitioner in supporting the development of qualified nurses on a children’s unit: An appreciative inquiry

Karen Blake, University of Central Lancashire, Preston, UK

The role of lecturer practitioner has evolved over many decades, responding to changes within nurse education and consequently changes to how theoretical and practical aspects of nursing practice could be integrated in teaching. Originally suggested by the Briggs Report (1972), the role became more popular in the 1980s with the implementation of the Project 2000 curriculum and changes in way nurse education was delivered. A nationally accepted job description has never been developed, but suggestions have been made with regard to the themes of responsibility a lecturer practitioner should have: working with students, support of mentors, staff development and research (Elcock, 1998).

This research was designed, as part of an Med project, to explore and hopefully enhance the aspect of staff development, which was absent from the role as performed by one individual lecturer practitioner. Working on a paediatric unit in a district general hospital, the role had concentrated on working with students, supporting mentors, and involvement in research with colleagues at the university, very little time had been spent supporting the trained staff in their ongoing personal and professional development.

The research was intended to be the first part of an action research project, providing information that would provide data to support the development of an action plan which could be put into practice, the situation would then be re-evaluated with ongoing changes made to the action plan as required.

Appreciative inquiry, a form of action research designed by Cooperrider and Srivasta (1987) as a means of collecting data to aid in developmental change, was used as the methodology for the research. The original intention was to use interviews as the method for data collection, however consideration of ethical issues and the nature of the research raised questions regarding whether this would be the most appropriate method to obtain accurate, unbiased data. Therefore, a nominal group approach was used, a method proposed by Van de Ven and Delbecq (1972), as an alternative to interviews, to reduce the potential problems presented by them as a method of data collection. Two Groups of staff on a district general paediatric unit were asked first of all for their perceptions of the benefits to their personal and professional development, of working with a lecturer practitioner, and secondly they were asked for any additional support they would like the lecturer practitioner to provide for them. Group A consisted of six band 6 staff, while Group B was made up of three Band 5 staff, all staff on the unit.
were invited, by letter, to take part, with the only exclusion criteria being any one who had not worked on the unit for more than one year. It had been hoped that each group would contain seven members, but this did not materialise.

Six themes emerged from the study:
- Teaching skills to students and new staff
- Link lecturer role – supporting mentors to support students
- Liaison between hospital and university
- Evidence-based practice
- Lecturer practitioner as a teacher of skills and teaching how to teach
- More lecturer practitioners.

It was interesting to see that some of the themes related to other aspects of the lecturer practitioner role, and that the benefits and additional support were interlinked, improving knowledge and skills to improve care of the children and their families was seen as of paramount importance.

Each group formulated an action plan that could be used to implement their suggestions, these were then combined to form an action plan for discussion with the ward managers, and ultimately to be disseminated and discussed with all the staff at a ward meeting, for their consideration and suggestions.

References


---

**P3**

**Nurses’ emotional labour to patients with end-stage and non-end-stage cancer**

Kanae Yoshida, Assistant Professor; Tomoko Hasegawa, Professor; Edmont Katz, Associate Professor; Momoe Sasaki, Assistant Professor; Yoshiko Uehara, Associate Professor; Rica Tonami, Assistant Professor; Eiichi Ueno, Professor, University of Fukui Faculty of Medical Sciences, Fukui, Japan; Rie Kashihiara, Assistant Professor, Hiroshima International University, Hiroshima, Japan

**Introduction**

Several researchers have stated that nurses are emotional labourers (Hochschild, 1983; Smith, 1992). Demanding emotional labour is required in nursing especially for the patient nearing life’s end (Smith, 1992). In Japan, not all patients with end-stage cancer stay in hospice care facilities (Ogasawara, et al., 2005). For this reason, nurses need to provide dying care to the patients, and at the same time, encourage cancer patients to fight with their illness to survive. Such emotional labour is extremely demanding. It is very important to educate nurses on how to manage and relieve the burden of emotional labour so that nurses can avoid burn out.

**Purposes**

In order to construct an educational support system to manage emotional labour for the nurse who provides nursing care to patients with both end-stage (ES) and non-end-stage (NES) cancer, this study aims to clarify the differences in emotional labour tasks provided by nurses.

**Methods**

The research method was approved by the Ethical Review Committee of the University of Fukui, Department of Medical Sciences. The sample was a convenience sample of nurses who provided nursing care to patients with both ES and NES cancer. A self-oriented questionnaire was delivered to 567 nurses who had 13 months or more clinical experience. Each nurse was asked to choose two patients in the past, one with ES and the other with NES, and to respond concerning patients, nurse’s feelings, and emotional labour.

**Results**

A total of 372 subjects agreed to participate in the study. The total score of the emotional labour was higher for providing nursing care to ES patients than to NES patients. The nurses responded that they did more ‘Expression of caring,’ and ‘Suppressed expression’ emotional labour tasks for the ES patients than for the NES patients. The
nurses’ feelings of friendliness toward their patients and feelings of psychological distance were negatively correlated ($r_{p}=-.237$, $p<.001$) with ES patients and positively correlated ($r_{p}=.246$, $p<.001$) with NES patients.

Conclusion
The nurses performs various emotional labour tasks for patients with both ES and NES cancer. Especially for the patients with end-stage cancer, the nurses always cared for patient’s pain, and tried hard to provide a smile to the patients. In addition, the nurses showed emotional conflicts between having intimate relationship with the patients and feeling grief. In order to avoid nurses’ burn out it is important to educate nurses about the existence of emotional labour tasks and emotional conflicts, and stress management techniques.

References

Nurses’ physical assessment skills and mode of skill acquisition in Japan
Tomoko Hasegawa, Professor; Edmont Katz, Associate Professor; Momoe Sasaki, Assistant Professor; Yoshiko Uehara, Associate Professor; Kanay Yoshida, Assistant Professor; Rica Tonami, Assistant Professor, University of Fukui Faculty of Medical Sciences, Fukui, Japan

Introduction
Physical assessment provides a complete database for nurses to understand their patients’ conditions. Thus, nurses should be competent in performing physical assessment skills. However, several studies (Giddens, 2007; Yamauchi, 2002) have reported several barriers to the implementation physical assessment skills, such as lack of consideration for nurse responsibility, lack of time, lack of knowledge, and lack of support from colleagues. Enhanced knowledge of physical assessment optimises nurses’ abilities to identify patients’ problems and to monitor changes in patient status. It is important, therefore, to clarify nurses’ actual performance levels of physical assessment skills in clinical settings.

Purposes
The specific purposes of this study are (a) to identify knowledge about and mode of skill acquisition of physical assessment skills, (b) to identify physical assessment skills practiced by clinical nurses, and (c) to analyse the relationship to the nursing process: nursing diagnoses, nursing interventions, and evaluations.

Methods
A descriptive study was conducted to identify knowledge and practice of physical assessment skills and their relevance to nursing process. The research methods were approved by the Ethical Review Committee of University of Fukui, Department of Medical Sciences. The sample was a convenience sample of registered nurses who were providing direct patient care in both inpatient and outpatient settings in Japan. A questionnaire included demographic data, possession of physical assessment instruments, responsibility on physical assessment in nursing professions, knowledge, mode of skill acquisition, and practice of physical assessment skills, and their relationship to nursing diagnoses, nursing interventions, and evaluations. Ninety-three physical assessment skills were selected from major textbooks used in universities in Japan.

Results
Majority of the subjects stated that Japanese nurses should take more responsibility to perform physical assessment skills. Frequently performed skills were taking vital signs, including blood pressure, body temperature, respiratory rate, and pulse rate, measuring level of consciousness, assessing skin lesion and decubitus, evaluating gait, auscultate lung and bowel sounds, and inspect sensory motors. Many subjects stated that they moderately utilised physical assessment data to nursing diagnosis and nursing interventions.

Conclusion
The results suggest that not many physical assessment skills were performed by nurses in clinical settings. In addition, data from physical assessment were utilised in nursing process.
P5

An interprofessional, ward-based learning experience

Temby Chigaru, Renal Clinical Educator; Morwenna Wood, Director of Medical Education, Consultant Physician; Lisa Robertson, Renal Social Worker, Renal Services, Fife; Arther Doyle, Consultant Physician; Veronica O’Carroll, Lecturer, University of St Andrews, Fife, UK

In the demands of a modern healthcare environment, there is a large emphasis on health and social care professionals to collaborate more effectively with each other as they learn and work together (Department of Health, 2001). The professional regulatory bodies’ requirements for education and training share this as a common aim of ensuring students are prepared for these demands (Nursing and Midwifery Council, 2004; General Medical Council, 2009; Scottish Social Services Council, 2009; Health Professions Council, 2009). These requirements continue to challenge educators and traditional educational approaches in planning and delivering Interprofessional learning experiences. In response to these challenges, NHS Fife and the University of St Andrews collaborated in developing a clinical based programme. Undergraduate students from healthcare and social care professions participate in ward based learning activities in order to promote long term professional effectiveness.

The programme aims to create a supportive clinical learning environment and introduce students to the ward setting. It provides students with patient contact and promotes the theory to practice link. Students are encouraged to reflect on their interprofessional learning experiences and the implications for practice.

The programme consists of four stand alone interlinked modules to allow for flexibility in the content delivery. Students participate in small group learning activities that are patient centred. High quality interaction is identified as being important for an effective interprofessional learning experience (Freeth et al., 2005). The activities are planned to allow the students to interact and engage in the activities within a real clinical setting. The students are able to identify the professional roles and responsibilities that are common to them all within the healthcare setting. The students develop confidence and capability in clinical decision making as well as clinical and interpersonal skills.

The evaluation of the effectiveness of this programme has provided positive feedback supporting interprofessional learning in a clinical based setting. Students are able to identify the knowledge skills and behaviours that they share with their professional colleagues in order to provide effective care and also recognise and respect role expertise. The long term future plans are to continue the programme with aim of influencing healthcare team working practices and patient outcomes.

References


General Medical Council (2009) Tomorrow’s Doctors. London: GMC.


Nursing and Midwifery Council (2004) Standards of Proficiency for Pre-registration Nursing Education. London: NMC.

British Social Services Council (2009) Codes of Practice for Social Service Workers and Employers. Scotland: BSSC.

P6

Introduction of service improvement in pre-registration education

Julie Collier, Senior Research Associate; Jonathan Larner, Course Director; Jill Jepson, Course Director, University of East Anglia, Norwich, UK

A priority of the National Health Service (NHS) Institute for Innovation and Improvement is to develop capability for a self-improving NHS. One current stream of work is a partnership with Higher Education Institutes (HEIs) and local NHS employer organisations to develop teaching on improvement with an emphasis on safer care.
applicable to all professions as part of their pre-registration education. The principle is that the responsibility for improvement needs to be embedded in the initial stages of education and training with the message that everyone, whatever discipline or grade, has a contribution to make to provide better, safer healthcare, which will result in the willingness and ability of students to:

- Take action according to the scope of their role and work
- Engage with colleagues and communicate improvement ideas
- Challenge in a non-threatening way and be challenged in their own work
- Be objective and assess the impact and learning of improvement ideas.

In 2006 the NHS Institute commissioned three consortia to pilot the introduction of the principles of service improvement into healthcare professional training. In 2008, the University of East Anglia (UEA) joined the initiative working with the Institute to introduce service improvement tools and techniques into pre-registration education and facilitate the successful implementation of the training from classroom setting in the School of Allied Health Professions (AHP) into the workplace.

This initiative supports the NHS in delivering its quality and efficiency commitment through a greater focus on quality, innovation, productivity and prevention (QIPP).

**Aim**

To work between the UEA School of AHP, Trusts and other health and social care providers to facilitate the implementation of pre-registration service improvement so that students have the opportunity to put into practice the tools and techniques of improvement during their practice placement in year 2.

**Desired Outcomes**

1. A model of practice that collaborates with health and social care and is effective in student placements
2. Fully educated graduates in service improvement tools and techniques
3. All educators will fully understand and support the service improvement process
4. Enhanced placement arrangements with placement educators and colleagues evidencing positive service improvement outcomes from students placements
5. Solid foundation to underpin further developments for providers and students
6. Cost effective, safe and quality assured service development
7. Benchmarking of successful outcomes that can be shared regionally and nationally with student/placement provider experiences.

---

**P7**

**Can scenario-based learning provide a vehicle for meeting the educational needs of community practitioners in relation to long-term conditions management and leadership?**

**Pauline Alexander, Senior Lecturer; Irene Cooke, Senior Lecturer, University of Chester, UK**

The impetus towards meeting the contemporary health care agenda and enabling health care practitioners to respond accordingly necessitates structured continuing professional development (CPD). CPD in health and social care has to respond flexibly to local trust needs, and continue to take a grounded and evidence-based approach.

The Department of Health (2008) 'High quality care for all – NHS next Stage Review Final Report' provides a vision of a health service that empowers staff and gives patients choice.

Fundamental to success in achieving these aims is ensuring that the NHS is delivering high quality care, which is safe, effective, personalised and tailored to the needs of patients, whilst maximising health promotion and illness prevention.

Workshops which focus on Long Term Conditions and Leadership have been designed for community based practitioners. The facilitated workshops utilise a scenario based learning approach using case study material, to deal effectively and proactively with practice issues. The study is based upon the educational principles of adapted problem based learning (PBL) in the form of scenario based learning (SBL). This strategy uses 'real life' examples from clinical practice within a neutral environment away from the practice setting. This assists in enabling community practitioners to draw upon their experiences and share in the decision making processes with peers.

The study aims to identify the influences and constraints on the design and delivery of the workshops. It also aims to identify the participant’s readiness to apply the outcomes to their practice in the longer term.
The evaluation will be conducted using a pre and post workshop questionnaire from which semi-structured interview schedules will be devised. A series of focus groups will then be facilitated at 12 months following participation in the workshop in order to explore the benefits to the participants’ clinical practice. NHS PCT Managers and Workshop Facilitators will also participate in focus group interviews. A multi-method approach to data collection will be used. This approach provides the opportunity to use different sources of evidence in an effort to develop converging lines of enquiry through triangulation of data whilst enhancing the validity and credibility of the findings.

The results of the study will be disseminated at local, regional and national levels via conference presentations and publication in peer reviewed journals.

P8

Meeting the needs of pre-registration Masters students at induction: An evaluation

Nikki Daniels, Senior Lecturer; Teresa Rushton, Senior Lecturer, University of Derby, UK

Little research exists which investigates student induction packages. Traditionally inductions provide information. However, with the introduction of a new pre-registration MSc programme in Occupational Therapy at the University of Derby, it was felt essential for students to develop crucial level 7 skills (Gurney, 1989) from the onset to enable them to engage fully with module content. Students registering on such graduate-entry Master’s degrees have a range of educational backgrounds. Therefore the curricula needs to accommodate and further develop existing competencies to equip these students to meet the professional challenges of the 21st century through increased educational preparation (Allen et al., 2001).

An induction package including sessions on critical appraisal, research methods, level 7 expectations and learning styles was delivered. A focus group was used to evaluate the extent to which the content of this induction had enabled students to participate in the learning, teaching and assessment methods used in the first three taught modules. Eight students, from a cohort of 22, participated in the study. Students identified social cohesion activities used within the induction to be of value as relationships formed assisted with group and peer learning activities. Analysis of learning styles was seen as a positive way of addressing strengths and weaknesses and future development needs. Although a session on critical appraisal was appreciated, it was felt that the type of appraisal addressed was not relevant to the assessment component of any of the modules. Students felt that exploring the expectations of level 7 assessment and guidance on writing at level 7 would have been beneficial and could reduce assessment anxiety. Suggestions were made on how sessions could be improved. The benefits of learning strategies used within modules, for example the use of a discussion board and peer learning activities, were identified.

These findings will influence the review of both the induction package and the teaching and learning methods used within these and future modules. This will ensure that the varied learning needs of students on this programme are addressed to enhance their experience whilst enabling tutors to make seamless links between the induction content and the learning, teaching and assessment methods used within modules. Findings may also assist other academics planning similar programmes to inform induction and module design for level 7 pre-registration courses.

References:

P9

Peer-review of educational audits: An innovative approach to quality assurance

Nicky Fishburn, Practice Education Facilitator; Mike Hollinshead, Practice Education Facilitator; Gilbert Martis, Practice Education Facilitator, Salford Royal NHS Foundation Trust, UK

Audit of the clinical learning environment is an integral part of the quality assurance process, in making judgments about the effectiveness of the learning environments in meeting NMC requirements. Ensuring self-assessment of their placement’s effectiveness in meeting these requirements, and maintaining and providing supporting evidence, is part of the role of the Placement Educational Lead, a designated member of staff with responsibility
for developing and maintaining the quality of practice learning within the ward or department. At Salford Royal NHS Foundation Trust, clinical placements are audited in partnership between Placement Educational Leads and link lecturers from the Trust’s partner HEIs on a two-year cycle. Whilst ‘...the outcomes of audit should lead to the dissemination of good practice’ (ENB/DH, 2001), there was no system in place to facilitate the sharing of good practice amongst Placement Educational Leads. In addition, there was no agreed, standardised mechanism of ensuring periodic review of the currency of self-assessment and evidence between formal audits. This led to a wide variance in the quality of portfolios presented for educational audit and a lack of continual review and updating of self-assessments and evidence.

The introduction of a peer review of educational audits conducted by Placement Educational Leads, as part of a bi-annual development day for the role, began in April 2009, with the aim of sharing examples of good practice and ideas for development, and ensuring that audit portfolios were current and of high quality. The process was assisted by benchmark examples of evidence compiled by the lead Link Lecturer and the Practice Education Facilitation Team to ensure consistency amongst reviewers, and a form designed by the Practice Education Facilitation Team to guide reviewers.

Feedback from Placement Educational Leads indicated that the peer review was valuable on generating ideas for the development and improvement of the content and structure of their own audit portfolios.

This poster illustrates the benefits of peer review of educational audit in facilitating the development of Placement Educational Leads’ skills in undertaking self-assessment and providing appropriate evidence, enabling the sharing of ideas and good practice, and in helping to raise the standards of audit portfolios across the Trust’s placement circuit.

References

P10
Supporting students in Objective Structured Clinical Examinations
Cath Hill, Clinical Skills Lecturer; Kim Sargeant, Common Foundation Programme Lead, Keele University, Stoke-on-Trent, UK

The use of simulation as both a teaching and learning strategy and method of assessment, to demonstrate competence, most commonly in the form of Objective Structured Clinical Examinations (OSCE), has gained popularity in pre-registration nursing courses in recent years (McCallum, 2006).

A Nursing OSCE was implemented at Keele University School of Nursing and Midwifery in 2008 in order to supplement students’ continuous assessment of clinical practice and to meet NMC (2007) requirements relating to the essential skills clusters. Administration of medication was the procedure chosen to assess the four branches of pre-registration nursing students in the final module of their Common Foundation Programme.

With the potential for high levels of anxiety in mind, at Keele University’s School of Nursing and Midwifery, various strategies are put into place in order to lessen some of the anxieties experienced. Student anxiety is identified as a major cause of dissatisfaction by students when undertaking an OSCE (Marshall and Jones, 2003; Cottell, 2007; Jay, 2007).

Students are provided with details of what to expect and where to access supporting resources, such as a video example of an OSCE assessment, and an example of an examiners checklist or marking criteria. Practice sessions are provided with a lecturer to student ratio of 1:5. On the day of the assessment students are, provided with an area to debrief known as the ‘chill out room’, following their assessment which is facilitated by an experienced lecturer. This is a resource intensive process necessitating the allocation of a room and lecturer time which is not provided for in any other School assessment.

An evaluation of students OSCE experience was undertaken, the results highlighting that the OSCE process had been anxiety ridden for many of the students, despite the provision of the strategies outlined above. On evaluating the chill out room facility most students (66%) found this to have been a helpful resource.

Whilst there is much in the literature to support the uninitiated in using an OSCE process for assessment, this tends to be in regard to the implementation of the logistics of the process, with very little addressing the student support element. This poster intends to redress this balance and provide some examples of student support.
References


Nursing and Midwifery Council (2007) *Essential Skills Clusters (ESCs) for Pre-registration Nursing Programmes*. London: NMC.

---

**P11**

Growing up healthily: Risk behaviour assessment in adolescence

João Manuel Garcia do Nascimento Graveto, RN, MSc, PhD and Nursing Teacher; Providência Pereira Marinheiro, RN, MSc, PhD and Nursing Teacher; Jorge Manuel Amado Apóstolo, RN, MSc, PhD and Nursing Teacher; Ana Maria Pacheco Mendes Perdigão, RN, MSc and Nursing Teacher; Maria de Lurdes Freitas Lomba, RN, MSc and Nursing Teacher; Ana Paula Miranda, RN, MSc, Nursing University School of Coimbra, Portugal

The idea that lifestyles adopted by child and teenagers may be decisive in future behaviours and the relevance of nurses’ role as privileged actor on the prevention of disease, health promotion and assessment of needs in health, motivated the development of this research project.

‘Growing Up Healthily’ can be seen as a programme based on the assumption that improved knowledge will affect behaviour.

**Objectives**
The main aims of the study are: to identify teenagers’ risk behaviours, to define risk factors, to assess teenagers’ health condition perception and to develop a health promotion program. The project falls within philosophy from Countrywide Integrated Non-Communicable Disease Intervention Programme, spread out by World Health Organization (WHO).

The challenge that we have is the development of innovate strategies, its implementation, assessment and the spread of good practices on health education for children and teenagers, through the inclusion of a curriculum focus: to be, to participate, to decide and take responsibilities.

**Methodology**
A longitudinal study of research-action is developed in two schools from Coimbra/Portugal to children/adolescents from 10-17 years. It is conducted by nurse-researchers and nursing students from University School of Nursing.

**First Sample**
All the children/teenagers who are in the two schools from 5th to 9th grade in the year 2005-2006 (n=216).

**Second Sample**
All the teenagers, which were in the health promotion program, attending the 9th grade in 2009-2010. The collection of data was made through a questionnaire on the health behaviour of school age children – WHO and through evaluation of biological parameters, in particular, capillary blood glucose, blood cholesterol, blood pressure and body mass index.

**Results**
Preliminary data shows excessive consumption of candies and chocolate (43%), fried foods (36%) and sugar-sweetened drinks (43%). However, it is noted that there is concern in consuming vegetables and fruit, since the data show that children eat fruit regularly (81%). This food habits may be responsible for Body Mass Index in the participants: more than a half of the participants were in a healthy weight, which can be justifiable by the high percentages of the children who consume fruit (83%) and vegetables (48%) often. In terms of physical activity, 73% of inquired participants watch television 3-4 hours a day and 83% spend 1-3 hours daily in front of the computer screen. But, it is also notable that 38% do physical exercise every day or 4-5 times a week. In what concerns addict behaviours, 26% had begun their smoking habits very early. It is also worrying that 2% of the participants related that they smoke 3-4 cigarettes packets per week and that 67% had already tasted alcoholic...
drinks and 10% had already got drunk. To this end, we are developing educational, recreational and interactive activities – training sessions, competitions, pedy-papper – aimed at increasing the knowledge and acquirement of skills to promote health and prevent harmful consequences for their welfare at physical, psychological and social spheres.

Conclusion
Certain behaviours are initiated during the adolescent years, while others, such as eating habits, can be established ever in early childhood. Given this, research into young peoples' health and health behaviours is essential for the development of evidence-based policy and practice. It is clear that health promotion programs in childhood should focus on food habits and obesity, addict behaviours and physical activities and, yet, that interventions should be school-based, because school can provide an excellent setting for promoting healthy behaviours.

References


**P12**

**Effectiveness of nursing instruction in breast cancer patients for initial chemotherapy**

Chin-Yen Lien, Assistant Head Nurse; Ying Liang, Supervisor; Ya-I Hsieh, Assistant Head Nurse; Shu-Hui Chen, RN; Pei-Pin Tsai, RN; Kang-Min Chen, Assistant Head Nurse, Nursing Department of Taipei Veterans General Hospital, Taiwan

The purpose of this longitudinal study was to explore the effectiveness of nursing instruction on uncertainty, anxiety and self-care in breast cancer patients for initial chemotherapy. Purpose sampling was used to recruit seventy-five patients from four wards in a medical centre in northern Taiwan from January - September 2008. Participants were randomly assigned to either the control (n=37) or the experimental (n=38) group. The control group was given usual nursing care. The experimental group was given nursing instruction that provided ‘Self-Care of chemotherapy’ handbook and individual education. Both of group received repeated questionnaires in
first, third and sixth chemotherapy. Demographic Data, Mishel's Uncertainty Illness Scale, Hospital Anxiety and Depression Scale and the Self-Care Scale were used to collect data. There was a significant decrease in uncertainty and elevation in self-care at the third data of both groups. There was significant decrease in complexity uncertainty of experimental group. In conclusion, the findings can assist nurses in providing structured nursing instruction for initial chemotherapy of breast cancer patients could ameliorate the degree of complexity uncertainty.

**Key words:** Nursing Instruction; Uncertainty; Anxiety; Self-care; Breast cancer; Chemotherapy.

---

**P13**

**Work-based facilitated learning to support and enhance the competence and quality of leadership and management skills in community specialist practitioner students**

**Stephanie Hodgson, Practice Education Facilitator, NHS Blackpool (PCT), UK**

Community specialist practitioner students are experienced healthcare professionals who have been recruited to study at degree level to be able to lead in practice and manage community service teams. This case study aims to support professional students' development in the workplace, alongside their academic course. It also incorporates work-base learning strategies to support, enhance and develop complex competencies in leadership and management by using reflection on practice and promoting emotional intelligence.

By drawing on previous personal and clinical experience, the programme builds students confidence and ability with enhanced communication skills. It seeks to empower the practitioners with more flexible and creative leadership and management skills to work flexibly in a modernised NHS community care setting. As a work-based learning opportunity, it supplement the students’ existing curricula activity provided by the University of Cumbria and was created in response to local Primary Care Trusts needs in workforce development.

Evaluation of the process involves the use of self assessment tools reflecting on competencies in leadership and management. The assessment tool is aimed at raising awareness of relevant emotional competencies and promoting capability building through reflection and peer support. The proposal for a six months post qualifying repeat self evaluation tool is also planned for a comparative study.

The study also includes an evaluation of the role of the Practice Education Facilitator as a work-based catalyst for enhanced and flexible learning in line with learning and development agreements and the quality assurance process in support of students and developing the workforce in NHS work place settings.

Key programme areas in this study are reflective practice, peer support, emotional intelligence and conflict management. Aimed initially at community nursing, it is hoped that future work will consider if the programme's generic principles will be suitable for interprofessional learning and transferable for multiprofessional teams. Further pilot studies are to be considered for this. Further partnership working with other stakeholders is also to be considered.

---

**P14**

**Less is more**

**Allyson Lipp, Principal Lecturer; Alex Holmes, Senior Lecturer, University of Glamorgan, Pontypridd, UK**

This poster is based on a paper entitled 'Facilitating small-group learning in the operating department' (Lipp and Holmes, 2009). In the current political climate of the operating department it is imperative that learners are given the opportunity to enhance their clinical skills and evidence based knowledge in order to fulfill professional and clinical obligations. One-to-one teaching is an expensive option, making small-group learning an attractive proposition. This poster outlines how small groups can shift the emphasis from teaching to learning:

**Small-group facilitation**

*Being a facilitator*

The facilitator may be a mentor, assessor, supervisor or manager. Their position session topic needs to be taken into account when planning the learning.

*Letting go*

Facilitation requires the shift from didactic teaching to non-directive learning by 'letting go'. This could be the most challenging for a novice facilitator as they may feel vulnerable to learners being in control of their learning needs.
Building trust
Trust has to be earned and is facilitated by the use of ground rules which need to be flexible. A respectful relationship in the group will foster trust and thus promote learning.

Freedom to learn
Exploration and discussion of experiences allows the learner to self-evaluate and understand what they need to know. In a small group participants can stimulate each other to develop a curiosity around the subject and develop ideas, which converge with the ethos of life-long learning (DH, 2004).

Challenges of small group learning
Small group learning is not without its challenges which include the choice of facilitator and participants may be inhibited. Confirming that learning has taken place needs to be considered, but the normal range of assessment techniques could be applied.

Learning through small groups
Aims of learning will differ depending on the purpose of the group. For example, teaching the skills of a new surgical technique would demand a structured session with concrete aims and outcomes. Mandatory training also requires an ordered set-up to ensure, for example, that health and safety requirements are achieved.

In comparison, reflection and clinical supervision demands a more informal approach to ensure that participants are able to reflect in safe/supportive environment. Reflection in small groups can extend reflection beyond the self to include the benefits of other viewpoints and perspectives (Rolfe, Freshwater and Jasper, 2001). Given effective facilitation, participants can be encouraged to develop critical analysis in order to revisit their motives for care.

References

Teaching undergraduate critical care nursing with YouTube
Jacinta Kelly, Lecturer and Undergraduate, Trinity College, Dublin, Ireland

Introduction
Generation Y students are students born between 1980 and 1996 who have grown up in an environment saturated with communication technology. It is thought that these Generation Y students who comprise the majority of the undergraduate student body have lower attention span and need to be entertained and stimulated. Further to this many aspects of critical care nursing are difficult to explain without effective imagery, illustration and animation.

Method
YouTube is a popular online video sharing for both scholarly and non-scholarly communication. 8–10 minute scholarly YouTube videos on ECGs interpretation, obtaining Arterial Blood Gases, Central Line and Arterial Line insertion together with Endotracheal Intubation and Invasive and Non-Invasive Ventilation methods and more, were broadcasted in each lecture to promote student engagement and enhance understanding.

Findings
Using YouTube videos as an adjunct to lectures resulted in a general enrichment of student learning experience as an increase in student engagement measured by level of student attention as well as in-class and after-class questioning and positive student evaluation was evident. Students felt that material presented intermittently via YouTube maintained their attention and made the subject come alive for them.

Conclusions
Using YouTube as a teaching tool in combination with other pedagogical approaches has proven successful in engaging students in critical care nursing studies. As assessment of this module is through written assignment, low stakes writing for example – lecture entry and exit writing exercises related to YouTube content – could be added to further enhance learning about critical care nursing through writing.
P16
Online learning and teaching together: TerveysNet the Finnish university network in health sciences as a teaching network

Kerttu Tossavainen, Professor, PhD; Ari Haaranen, Coordinator, MSc Doctoral Student; Virpi Kemppainen, Coordinator, MSc Doctoral Student, University of Eastern Finland, Finland

Background
TerveysNet is an academic network of health sciences in Finland, which is composed of all Finnish departments of health sciences from six different universities. The main purpose of TerveysNet is multidisciplinary cooperation in teaching and research of health sciences. Target group is comprised of the undergraduate, postgraduate and international students of the member universities and teachers, tutors and researchers in the departments.

The aims
The network’s aims are 1) to improve the level of education and research in health science students by utilising the diversified areas of competence of the member health science departments, 2) to offer high quality online courses to the students of health sciences and increase their available choices in a web-based learning environment, 3) to create shared objectives in current educational policy questions in health sciences, and 4) to strengthen the significance of field as an disciplinary entity in the social services and health care sector and in development work.

Activities
TerveysNet offer online courses in management in health care studies (30 ects), research methods (9-13 ects) and other relevant studies of health sciences (25 ects) in Finnish, Swedish and English. In 2009, about 720 students studied in the nine courses and four new online courses were implemented. Network organises an education or research symposium for members annually, takes a part of discussion in national educational policy and cooperates with Finnish Virtual University and other university networks.

Educational development of web-based learning is an important activity in TerveysNet. To assure the high quality of online courses, TerveysNet has developed common feedback system, developed and used common electronic enrolment system JOOPAS in collaboration with Finnish Virtual University and other university networks and distributed good educational practices (e.g. crediting framework, common evaluation criteria, guidelines for web-based tutoring and own online tutoring course for tutors) for member departments. Network also follows and evaluate systematically online courses and own activities.

In the future
Today TerveysNet has functioned ten years and collaboration has been settled. Now it is time to develop collaboration in teaching and research with other disciplines and networks in Europe. TerveysNet will start to do collaboration with other disciplines like medicine and pharmacy in Finland and is eager for international collaboration in health sciences.

P17
Web-based continuing education courses for nurses

Minna Stolt, PhD Candidate; Camilla Laaksonen, PhD Candidate; Elina Kaitala, MNSc Candidate; Leena Salminen, PhD, University of Turku, Finland

Introduction
Web-based learning has attracted a great deal of attention in nursing education and recently also health care agencies have begun to develop web-based courses for their staff (Field, 2002). Online programmes benefit from post-registration nurses point of view are flexibility and control over where and when learning happens (Wilkinson et al., 2004). E-learning can be implemented in any organisation to enhance learning outcomes and keep staff nurses updated (Dornan et al., 2003).

The aim of this study was to describe how continuing education course on the web for nurses improves their knowledge to implement empowering patient education and describe nurses’ experiences of the web course.

Materials and methods
Nurses (N=7) from specialised health care in Finland participated in the web course which was designed to improve nurses’ ability to implement empowering patient education in clinical practice. The course lasted for four weeks consisting of four parts: 1) familiarising with basic concepts of health promotion and empowering patient education; 2) familiarising with previous research in empowering patient education; 3) solving two theoretical patient education cases in groups and 4) writing a plan for implementing empowering patient education with an imagined patient.
The web course consisted of individual and group learning methods: reading references given by the teachers, written tasks and online discussions. The web course ended up with written feedback from each student.

The learning process was evaluated inductively by analysing the discussion between the course participants as well as the produced conclusions of the discussions and written assignments. The outcomes of the course were analysed from the participants’ feedback.

**Results**
The participants discussions in the web were mostly very short, such as comments on certain issues and no deep discussion emerged. The conclusions of the discussions, however, contained elements relevant to empowering patient education such as basic concepts and principles such as patient centeredness, target-orientation and evaluation.

Nurses’ knowledge of empowering patient education increased and they felt satisfied about their learning experience. Flexibility of the learning, such as time and place, were expressed as advantages. Limited timeframe helped their learning and management of the learning tasks.

**Conclusions**
Web course can be an alternative method in updating nursing skills in patient education. It allows individualised learning and flexible schedule and physical environment for learning. Further research is needed to examine how skills, learned on a web-course transfer in the clinical practice.

**References**


---

**P18**

**Three different learning methods in learning decision-making: Views of nurse students**

Maija Hupli, Senior Lecturer; Tiina Jekkonen, MNSc; Sanna Kiskinen, MNSc, University of Turku, Finland

Decision-making is an integral part of nursing practice, and teaching decision-making is an important part in nursing education.

The purpose of this study was to investigate and compare three different learning methods used by nurse students and their decision-making knowledge, skills and attitudes both before and after studies. The purpose was also to describe the nursing students’ evaluations of the learning methods of decision-making.

The sample consisted of nurse students who were studying in one polytechnic. Students (N=95) were divided into three groups. Lecture was the primary teaching method for one group, the other used cooperative learning and the third group used self-directed learning. The data were collected using a questionnaire which included both structured Likert-type and open questions. The data were analysed statistically and by inductive content analysis.

The results showed that students in all groups defined decision-making and decision-making in nursing more diverse after studies than before. The students knew more about decision-making, they evaluated their skills to be better and they opinions towards decision making were more positive after the studies than before.

From three used learning methods lecture and cooperative learning seemed to apply best for learning nursing decision-making. Learning decision making was supported by making nursing plans, getting feedback and an opportunity to practice decision-making in simulate situations. The learning process was hindered by a small amount of guidance and too abstract and theoretical teaching.
P19

Competence of recently registered nurses

Maija Hupli, Senior Lecturer; Tuija Laine, MNSc, University of Turku; Elina Kaitala, MNSc; Riitta Meretoja, Development Manager, Hospital District of Helsinki and Uusimaa, Finland

The purpose of the study was to describe the expected level of competence of recently registered nurses assessed by nursing experts working in different operational environments and the actual level of competence of recently registered nurses assessed by experts in nurse education.

The study was conducted in one major university hospital district area and in five polytechnics. The sample consisted of nurse managers, nurse administrators, clinical nurse teachers and experts (n=142) and nurse educators (n=86).

The data were collected by using an electronic questionnaire, Nurse Competence Scale©, a 73-item instrument which is structured into seven competence categories: helping role, teaching and coaching, diagnostic functions, managing situations, therapeutic interventions, ensuring quality and tasks related to work role (Meretoja, 2003). In every variable the quality and the importance of the activity were assessed. The data were analysed by statistics.

The results showed that the expected level of competence of recently registered nurses assessed by experts in nursing working life was good or rather good in all sub-categories of competence. Expectations were at their highest in the sub-category of helping role and lowest in therapeutic interventions. The experts of nurse education assessed the competence of recently registered nurses to be good in all sub-categories. The expectations assessed by experts of nursing working life were significantly lower than the actual level of competence assessed by experts of nurse education in all subcategories.

The results can be utilised in health care organisations in staff recruitment, staff planning and developing career models, continuing education and developing curricula. Collaboration between nurse education and practice is needed to evaluate curricula’s relevancy to clinical practice and to enhance recently registered nurses’ transition to work environment.

References

P20

An exploration of stakeholders’ views on the practice development and research partnership between NHS Halton and St Helens (Community Health Services) and the University of Chester (Faculty of Health and Social Care)

Katie Buchanan, Practice Development and Research Partnership Coordinator, NHS Halton and St Helens, Widnes; Helen Carr, Senior Lecturer; Ann Bryan, Head of Community and Child Health, University of Chester, UK

Introduction
NHS Halton and St Helens have a longstanding, well-established partnership for the preparation of nursing, midwife and social work students for their professional registration and continuing professional development.

The Community Health Services of NHS Halton and St Helens and the Department of Child and Community Health, Faculty of Health and Social Care at the University of Chester have formed an exciting new partnership. Academics and NHS staff will work together on a range of research, clinical audit and service evaluation activities aimed at embedding a culture of learning and evidence-based care within every day practice.

Both partners have agendas and priorities for these activities. The PDRP is intended to meet collaborative objectives and add significant value to the remit of both. Specifically, the university can develop its research capability with a clear focus on practice development, whilst NHS Halton and St Helens can offer and deliver evidence based healthcare to its population informed by research, service evaluation and audit.

Aims and Objectives
The aim of the proposed is to explore stakeholder’s views of the partnership. Specific objectives will be to focus on exploring stakeholders experiences of the PDRP and the barriers or challenges that face the stakeholders in delivering projects within the PDRP. This will provide information that will enable the development of a more effective partnership.
**Research design**
This research will be a purposive qualitative study to explore stakeholder’s perceptions of the PDRP. One time semi-structured interviews will provide in-depth data on the stakeholder’s experiences and their current engagement in the PDRP and identify barriers and challenges to such involvement.

**Research population**
The research population is all the main stakeholders of the partnership. They are partnership managers, clinical leads and University leads.

**Analysis**
Verbatim transcripts will be read and reread by two researchers, one of whom conducted the interviews. Sections of significance will be identified and grouped into categories. The categories will be used to generate raw data themes characteristic of each participant. By grouping the themes among participants first order themes will be generated. These will then inform broad dimensions. Consequently, a thematic approach to data analysis will be adopted (Miles and Huberman, 1994; Braun and Clarke, 2006).

Analysis will be conducted in two stages:
1) Will use data codes based on the interview questions to analyse the data (deductive analysis)
2) Will focus on creation of codes from the data, allowing unanticipated themes to emerge (inductive analysis) (Braun and Clarke, 2006).

**References**


---

**P21**

Evaluation of a 'student developed' practice placement experience for undergraduate adult branch nursing students: Leeds Festival 2009

Jay Stacey, 2nd Year Student Nurse; Sarah Burden, Senior Lecturer/Teacher Fellow, Practice Experience Coordinator; Janine Lee, Senior Lecturer/Course Leader Adult Branch – CFP, Leeds Metropolitan University, UK

In August 2009, 12 Adult Branch undergraduate nursing students from Leeds Metropolitan University undertook a placement with Events Medical Services (EMS) at the Leeds Festival at Bramham Park. The placement was organised by the students themselves. Students camped on site and undertook a range of shifts during the festival. They were provided with opportunities to work in the festival medical centre, accompany EMS staff to assess health needs on the campsite and manage health events for the Main Stage (the Pit).

**The lecturer’s perspective**
'The primary aim in pre-registration nursing programmes is to ensure that students are prepared to practice safely and effectively' (NMC, 2004). Thus, there is a need to ensure that students are exposed to diverse, quality practice learning which is reflective of a broad range of healthcare environments (ENB, 2001). However, allocating students to particular clinical settings becomes increasingly difficult as healthcare provision diversifies, and may limit choice for students related to where and what they learn. Facilitating student involvement in the development of practice learning opportunities supports principles of user involvement, leading to increased student choice and exposure to a variety of healthcare environments (DH, 2002; Calpin-Davies, 2003; Purdie et al., 2008).

**The students’ perspective**
Leeds Metropolitan University is unique. What other university would allow a pre-registration nursing student to plan and run a placement experience for 12 students in what can only be called a different placement area? This poster presentation describes the creation of the placement experience and demonstrates that high quality placements in a supportive environment, helps students to gain practical skills (NHSE, 1998). The poster draws upon the experience and thoughts of the students and lecturers involved. It describes the benefits and successes, alongside the barriers faced in the development of the placement. The change of setting allowed the students to explore different models of care and experience the role of practitioners in a varied setting (ENB, 2001).

Student feedback after placement was obtained by the use of a questionnaire examining the quality of the placement, the contribution to student learning and whether the experience would be of value to future student
learning. A small group of students were also interviewed to gain a deeper insight. These findings and the implications for future practice learning will be presented.

References


---

**P22**

**Nursing students’ patient education skills: Empowerment as a point of view**

Elina Jokinen, MNs, RN; Heli Virtanen, Coordinator; Helena Leino-Kilpi, Professor and Chair, Nurse Manager; Salanterä Sanna, Professor, Nurse Manager, University of Turku, Finland

The purpose of this study was to evaluate nurse students’ description of identification of patients resources of knowledge and expectations. Patient education was under discussion from the empowerment point of view. The aim of this study was to perfect learning, teaching and evaluating patient education in nursing education.

The target group was graduating nurses (n=37) from one Finnish Polytechnic. The data was collected with a form which contained a concept map and a structured questionnaire concerning the students’ background information. The content of the maps were analysed inductively with the help of Atlas.ti – the tool for qualitative study. A concept of the students’ description of patient education was achieved by analysing the data.

Nurse students’ description of patient education was mainly empowering when comparing to previous research of empowering patient education (Faulkner, 2001). The starting point was observing patients individual characteristics, situation in life and feelings (cf. Virtanen et al., 2007; Kettunen et al., 2005). Nurses professional capacity, especially their interaction skills, were exploited in patient education situation which is essential for empowering patient education (Virtanen et al., 2007; Kettunen et al., 2005). There were a few maps among the data which included less empowering elements. Students mentioned only discussion and written material as a method of patient education which are the mainly used patient teaching method (Johansson et al., 2003). Nurses were mentioned most often of carrying out patient education, doctors were not mentioned as often. In nursing education attention should be paid to treating the patient as an individual during the patient education situation, exploiting different teaching methods and the possibilities of cooperating with other occupational groups. In nursing education attention should be paid that every student attains the preparedness of implementing empowering patient education.

References


Nurse teachers' attitudes and competence in entrepreneurship

Elina Kaitala, MNSc-candidate; Leena Salminen, PhD; Jarna Heinonen, Professor; Helena Leino-Kilpi, Professor, University of Turku, Finland

There are about 0.5-1% nurses in the world who works as an entrepreneur. The popularity of the entrepreneurship has increased because of economic recession and unemployment (ICN, 2004). There are several obstacles becoming a nurse entrepreneur. One is inadequate information about the entrepreneurship (Elango et al., 2007) as students do not get enough relevant information about the entrepreneurship during their basic education (Shirey, 2007). The teachers ‘...who are familiar with entrepreneurship possessed better prerequisites for the teaching of this subject (Hytti and O’Groman, 2004).

The purpose of this study was to investigate entrepreneurship competence and attitudes towards entrepreneurship among nurse teacher. The data was collected via e-mail from six Finnish polytechnics in 2009. The final sample consisted of 111 nurse teachers and the response rate was 23%. Data were analysed statistically.

About 76% of the teachers considered the entrepreneurship in the health care necessary or extremely necessary. Almost 60% of the teachers experienced the entrepreneurship important or extremely important in their own training programme. About 24% of them were willing to teach entrepreneurship in their own training programme. Teachers not willing to teach entrepreneurship (76%) justified their opinion with their weak competence which in this study was measured on a five-scale Likert format. The highest scores were given to intrapreneurship (mean 3.24), characteristics of an entrepreneur (mean 2.96) and leadership skills (mean 2.88). The competence was perceived poorest in taxation (mean 1.81), book keeping (mean 1.86) and financing (mean 1.9).

Based on this study the attitudes of nurse teachers towards entrepreneurship are positive but they are not willing to teach entrepreneurship due to their inadequate entrepreneurship competences. Enterprise education is global challenge for nurse teacher and thus awareness raising and competences in entrepreneurship need to be promoted.

References:

Gerontological nursing education's connection to nursing students' interest in elderly care: A Finnish point of view

Sanna Koskinen, MNSc-student; Leena Salminen, PhD, Senior Lecturer; Maija Hupli, PhD, Senior Lecturer, University of Turku, Finland

It has been stated that the population in many countries is aging. The increasing need for nurses to take care of elderly is evident. However, researches have revealed worrying results: nursing students are not interested in working in gerontological nursing. (Williams et al., 2006; Robinson and Cubit, 2007). Equally concerning is that in some research students have brought out that the quality of gerontological nursing education is not the best possible (Hayes et al., 2006; Abbey et al., 2006).

The purpose of the research was to find out what is it like to study gerontological nursing and is there a connection between gerontological nursing education and students' interest in working in gerontological nursing. The research subjects were final year nursing students. The data were collected from three optionally chosen polytechnics in the Southern Finland. The data were collected by structured questionnaire. The questionnaire included background factors and 84 items. VAS was used as an evaluation scale for every item (0 = strongly disagree and 100 = strongly agree). 176 nursing students have answered the questionnaire. The data collection is proceeding. The data will be analysed statistically.

According to the preliminary results it seems that some over half of the students are not interested in working in gerontological nursing after graduation. However, majority of students thought that gerontological nursing studies
are important. Most of the students felt that the teaching methods were traditional. Approximately half of the students thought that the gerontological nursing education did not increase their interest to gerontological nursing.

The final results and conclusions will be represented in the conference.

References:


---

**P25**

**Requirements of graduating nurses’ medication competence: Achieving national consensus for the development of undergraduate nursing curriculum in Finland**

Virpi Sulosaari, Lecturer; Kaija Lind, Director of Administrative Unit, Health Care, Turku University of Applied Sciences, Finland

**Introduction**
Registered nurses need good medication competence to be able to provide safe, high-quality care. However, there is evidence which indicates that undergraduate nursing education is not at an adequate level and that education provided by the undergraduate nursing programmes in different universities is inconsistent. The Finnish Ministry of Social Affairs and Health has challenged the universities of applied sciences to collaboratively develop national requirements for graduating nurses’ medication competence.

**Development process**
An expert group of nursing and health care teachers was appointed in the Turku University Applied Sciences for the purpose of developing the first draft of the requirements in 2008. The foundation for the requirements was the Finnish national guidelines. The next phase was to analyse and develop the draft based on national and international nursing research, and to define learning objectives and criteria. The basis of the first draft was introduced to the Finnish National Network of Directors in Health Care Units. The National Medication Education Development Group was then appointed for the evaluation of the requirements and for promoting national consensus among universities.

**Results**
The evaluation work was completed in October 2009, and the National Network of Directors in Health Care Units accepted the Medication Competence Requirements for Graduating Nurses in December 2009. The requirements are divided to 4 areas: 1) Foundation of the nursing profession for medication management, 2) multi-professional collaboration in medication management, 3) medication management as nursing practice at different stages of medication process, and 4) promotion of medication safety. Every competence area includes learning objectives and criteria for the evaluation of learning outcomes. The described national requirements are used for the evaluation of curriculum and implementation plans. The requirements also constitute the basis for the National Medication Passport, an instrument for supporting and evaluating nurse students’ development in medication management during undergraduate studies.

**Discussion**
It is important to have a nationally shared understanding of what we understand as graduating nurses’ medication competence and what are the learning outcomes of education. This national level consensus will support us in developing more consistent curricula in different universities in Finland. However, the results can also be useful for other European countries, since the nursing education in the Europe is directed by regulations from the European Union.
The positive learning environment: Mental health student nurses' perspectives

Fran Maplethorpe, Lecturer; Julie Dixon, Lecturer, University of Nottingham, UK

Aim of evaluation
To explore Mental Health Student Nurses opinion of helpful strategies to promote learning whilst on placement.

Participants: Out of a cohort, 12 third year Mental Health Nursing Students studying the Diploma/BSc course at the University of Nottingham, who were in their management placement discussed this topic. Consent: The Students agreed to participate in a focus group discussion and being photographed. Data Collection: Using the principles of focus groups (Kreuger and Casy, 2000), data was collected to explore the question: ‘In your experience what makes a good placement?’ Data Analysis: The recorded data was transcribed (verbatim), Thematic Content Analysis (Burnard, 1991) was used to produce five common themes: ‘Pre-Placement Info’, ‘Welcome’, ‘Management and Organisation’, ‘Mentors’ and ‘Working in Partnership’.

Welcome
- Being called by your name, not ‘the student’
- Orientated to the ward, shown where things are kept e.g. the paperwork
- The manager and staff to introduce themselves and explain the purpose of their roles
- All staff to wear name badges
- Introduced to Service Users by staff
- Having a personal alarm/card/keys

Pre-Placement Info
- Getting an up-to-date Introductory Pack
- Identified mentor and associate mentor prior to placement
- Having mapped unique learning opportunities identified in each placement and relevant insight visits
- Specific uniform or being specific about what ‘smart casual dress’ means

Mentors
- Sets dates/times for meetings, pre-booked supervision
- Who get to know you as ‘a person’
- Finds out your strengths and learning needs and helps construct an action plan
- Being approachable and encouraging - shares experiences/self disclosure
- Helps you move out of your comfort zone
- Offers constructive feedback
- Explains the evidence base for practice, linking theory to practice
- Takes an interest in assignments and portfolios
- Signs off Outcomes/Proficiencies throughout the placement, rather than leaving it to the last minute
- Arranges co-mentor cover when on leave

Working in Partnership
- Having a ‘Befriender’, working with a support worker for the first few days
- An integrated team, where everyone works together
- Being listened to and acknowledged as having credible opinions
- Shadowing different members of the team e.g. Psychiatrists, Social Workers, Domestic Staff
- Service Users and Carers who are welcoming
- Learning from Service Users and Carers e.g. What it feels like to take medication
- Consistency - seeing same Service User from the start, watching their progress

Management and Organisation
- Access to the computer systems
- Resource area with textbooks, journals, latest information
- Pre-planned activities e.g. training days with my mentor
- Easier systems for identifying relevant Service User information e.g. colour coded information on a whiteboard
- Opportunities to get involved in all aspects of care
- Being involved in the delegation process e.g. administrating medication, ward rounds etc
- Being given responsibility relevant to stage of training
- Having a small caseload

Summary
The Students highlighted key issues that helped their learning in practice. The themes identified appear to be relatively simple to implement and can make a positive contribution to their learning.
**Recommendations**

Placements need to ensure that Information Packs are up-to-date and readily available for learners. That students are perceived as individuals and a valuable resource. There are planned meaningful activities to promote participation in the care of Service Users. Frequent meetings with mentors are arranged to encourage learning and ensure service needs are met.

**Action**

Dissemination of these findings to practice areas through Practice Learning Teams and submission of an article for publication. The issues raised within this focus group would suggest the need for further evaluation so the facilitators to undertake a larger study with students from other branches of nursing.

**Acknowledgements**

Many thanks to the students, Jan Moss and Richard Shore for their inspiration and contributing to make this a successful evaluation.

**References**


---

**P27**

**Taking a fresh look at pre-registration nurse education: Retention not attrition of mature access learners, using a grounded theory approach**

**Kathryn Hinsliff-Smith, PhD Educational Researcher, University of Nottingham, UK**

Within the UK, current levels of attrition on pre-registration programmes have attracted a range of studies. Indeed a recent UK survey across all 83 nurse-teaching institutions for 2000–2004 revealed that of 19,995 recruited trainees overall attrition rates were 24.8%. Studies demonstrate that this phenomenon of attrition and nurse education is not just limited to a UK concern studies in the US, Europe and developing countries China and India purport similar concerns and seek solutions. However, the focus for this study presents a different picture, that of persistence in staying the course and in particular persistence of entrants with an Access to HE qualification.

This empirical qualitative multi-case study was based on participants who had successfully gained an Access to HE qualification and progressed to a full-time Diploma in Nursing programme at two East Midland Universities, one post and pre-1992 institution. One-to-one interviews were conducted with 10 participants, eight female, two male on their 2nd year of pre-registration training. Interviews were conducted at three monthly intervals and were recorded and transcribed verbatim.

*The framework used for this study is that of a multi case study using grounded theory. Grounded theory is a popular research methodology for qualitative research developed by Glaser and Strauss but little application has been conducted in the field of nurse education. The aim of the study was to explore the levels of persistence and rationale by Access entrants at two different institutions. The overarching question for this study was how is it that for a majority of Access entrants ‘life-events’ do not make them ‘drop-out’ of nurse training?*

This poster presents the scope of the PhD project as well as preliminary findings from participants at one of the sites. The overarching theme that emerged from the data was a strong sense of personal determination. This determination was derived from a feeling of missed opportunity earlier in the participant's life. This occurred in the latter stages of secondary school because of one or more life changing events that occurred at a crucial stage of their career choices.

The current discourse within UK institutions with regard to the widening participation agenda and meeting the needs of mature learners has resonance for all Schools of Nursing for their recruitment and retention policy not just within the UK setting.

---

**P28**

**An evaluation of a cognitive and behavioural training course: Impact on knowledge and competencies**

**Andrew Mitchell, Senior Lecturer, University of Chester, UK**

The aim of this study is to evaluate a training course in cognitive and behavioural therapy. The demand for cognitive–behavioural therapy has increased under the impetus of the National Service Framework for Mental
Health (DH, 1999) and clinical guidelines from the National Institute for Health and Clinical Excellence (NICE, 2006). The issue of competency remains a key issue in education and training for clinical transfer of knowledge. The measure of competencies in cognitive and behavioural practice remains an important area for training courses.

The aim is to examine an established cognitive and behavioural course to evaluate standard cognitive and behavioural therapy competencies and knowledge using a standard within groups design. Data from Cognitive Therapy Awareness Scale (Myles and Milne, 2004) and Cognitive Therapy Scale – Revised (Blackburn, James, Milne, Baker, Standart, Garland and Reichelt, 2001) will be analysed.

The preliminary study, in line with previous research findings, indicates that training was effective in terms of knowledge gained. The key competencies and transfer of knowledge to clinical practice has to be analysed which will potentially yield insights into the generalisability of learning to their work environments.

The training course will cover core cognitive and behavioural theory and techniques for depression and anxiety. The transfer of knowledge from classroom based teaching and knowledge transfer to clinical practice via assessing competencies lacks critical review. The data obtained may help implementation of evidence based changes to the course delivery, to improve knowledge transfer and acquisition of competencies for future mental health workers.

References:

---

Nursing students’ satisfaction with clinical practice in the operating room

Sriwiengkaew Tengkiattrakul, Assistant Professor; Supunnee Thrakul, Assistant Professor; Benjamaporn Butsripoom, Lecturer, Ramathibodi Hospital, Mahidol University, Bangkok, Thailand

In the operating room (OR), perioperative nurses provide sophisticated patient care while ensuring that the OR functions smoothly. They manage the entire department, prepare the instruments and equipment, voluminous documentation, and meticulous planning and coordination of the OR schedule. They respect the rights, privacies, and dignity of all patients. They help surgeons in the operative field by controlling bleeding, providing wound exposure, and suturing during the actual procedure. As technology and techniques change, the multiple skills of perioperative nurses must be developed. The third-year nursing students in Thailand were assigned to practice in OR in the course of adult practice. Due to the many roles of perioperative nurses, the survey research aimed to examine nursing students’ satisfaction from clinical practice in the OR. The population included 124 nursing students in the third-year of Ramathibodi School of Nursing at Mahidol University, Bangkok, Thailand. The five topic questionnaires composed of 38 items; Nursing students’ satisfaction with OR laboratory practice, OR procedures, environment in OR, perioperative nurse instructors and perioperative nurses. The reliability of the satisfaction questionnaire obtained, by means of Cronbach’s alpha coefficient, was 0.97. The SPSS for windows was used for data analysis. Descriptive statistics were used in this study. Data were collected after the students had finished clinical practice in four operating rooms.

The results found that nursing students’ satisfactions were at high level in all five topics. The highest satisfaction was OR laboratory practice and the lowest was OR procedures practice. The highest satisfaction with OR laboratory was due to perioperative nurse instructors demonstrating many procedures and allowing students time to return and practice their skills. The lowest satisfaction was in OR procedure practice. This was because when the students practiced in the OR setting they had only two weeks to practice their skills which was not long enough to gain experience. According to the study, it was suggested that the duration of practice should be longer than before. Another option would be to separate OR practice from adult nursing practice and create a special course in OR training.

References


---

**P30**

**A baby-friendly hospital: The promotion, protection and support of breastfeeding for 'the health of women and babies today, tomorrow and beyond'**

**Jasmine Sneyd, Clinical Resource Midwife; Gabriela Sha’at, Al. Corniche Hospital, Abu Dhabi, United Arab Emirates**

The United Arab Emirates has the second highest incidence of diabetes in the world, obesity is a world wide issue, and breast cancer incidence is high so breastfeeding has an enormous impact on both the health and prevention of disease in the mother and baby. Therefore, in a country where families/patients and the staff themselves come from diverse multicultural and educational backgrounds, education of support persons both professional and non-professional is of utmost importance.

Following the World Health Organisation Global Strategy on Infant Feeding we implemented and changed the standard of practice within the hospital; by establishing Lactation Services, Lactation Consultant Course and improving education.

To achieve such changes and high standards of practice the hospital has established a wide range of multi-disciplinary education for mothers/families and staff. Written educational materials and patient and family education sessions include all aspects of the management of breastfeeding.

Continuing education programmes have been introduced to improve the knowledge and skills of staff supporting women to breastfeed: 20 hour Baby Friendly Hospital Initiative Course, workshops, breastfeeding competencies, advanced lactation study days to meet the challenges of breastfeeding.

Comparisons of yearly statistics maintained in the Lactation Department indicate to us that this was always a much needed service to improve the healthcare provided, today, tomorrow and beyond!

---

**P31**

**ICT in health care education: Pedagogical renaissance or passing fad?**

**Odessa Petit dit Dariel, PhD Researcher, University of Nottingham, UK**

What do education, technology and health have in common? Not much at the moment. Despite major financial investments in technology both in education and in health care, the expected pedagogical renaissance in academia, and the transformation of the patient journey through the NHS have not come to fruition. Even with increasing pressures placed on nurse educators to embrace technology, many are still resisting. What are the factors influencing academics to engage with technology in their teaching?

Preliminary research at the School of Nursing, Midwifery and Physiotherapy at the University of Nottingham has identified previously unaddressed issues inhibiting nurse educators from integrating technology in their classrooms. Research so far has blamed lack of time, training and reliable infrastructure for the minimal use. Yet even when these are all provided, staff buy-in is minimal. Using an innovative research design called Q-methodology, the findings have identified issues such as scepticism, the value placed on human contact, and a duty to cover certain content material in class to ensure safe practice as significant barriers preventing nurse lecturers from further engaging and developing e-learning.

The Prime Minister’s Commission on the future of Nursing and Midwifery in England has pronounced that ‘starting in their initial education, nurses and midwives need a better understanding of, and influence, over the development of technologies and informatics.’ These findings are a first step towards influencing the design of
better professional development strategies, both in academic and health care sectors, leading to improved quality in education and better-prepared nurses.

P32

The 5 Cs website evaluation tool

Lorraine Roberts, Lecturer in Adult Nursing, University of Nottingham, Boston, UK

Background

The United Kingdom has approximately 41.8 million internet users (Internet world stats 2008). There is a vast amount of information on the World Wide Web but unfortunately the majority is completely unregulated and is of varying quality, some sites contain information that is inaccurate, incomplete and potentially dangerous. The Picker Institute (2006) state that 80% of patients actively seek information about their disease, condition or symptoms and approximately one third of these will use the internet. This figure is likely to increase substantially in correlation with increased computer literacy. Nurses use health websites in a variety of ways including supporting academic work and educating patients/clients They need to ensure that the sites they use are valid and reliable, contain appropriate content and also, if recommending a site to a patient/client, that the site information can be easily accessed and understood.

Poster

The 5 C website evaluation tool provides a comprehensive frame work for assessment of a website under five main headings that are easy to remember – Credibility, Currency, Content, Construction and Clarity. Websites often lack basic information such as authors and dates, making them difficult to evaluate therefore, under each heading are a number of questions or tips that will help the reader to search for relevant information e.g.:

Currency

• Is there a date for when the website was created?
• This is often found at the bottom of the page. Some websites may have a review or updated date in addition to, or instead of a creation date. Beware of review dates, this may not mean that the whole site and all the information has been reviewed. Only certain areas, topics or pages may have been reviewed and updated and this does not mean that all the information on the site has been checked for currency.

The poster includes a diagrammatical representation of the model and the key questions to be asked in each of the five main sections.

References


P33

The correlation between emotional intelligence and preceptor management capabilities with the clinical learning effectiveness at the Nursing Faculty of University of Sumatera Utara

Rika Endah Nurhidayah, Lecturer, University of Sumatera Utara, North Sumatera, Indonesia

The purpose of this study was to find the correlation between emotional intelligence and preceptor learning management capabilities with the clinical learning effectiveness at the Faculty of Nursing, USU. The hypothesis are:

1. The correlation between emotional intelligence with the clinical learning effectiveness
2. The correlation between preceptor learning management capabilities with the clinical learning effectiveness
3. Preceptor learning management capabilities with the clinical learning effectiveness.

Population of this research are 65 people preceptor derived from the General Hospital Haji Adam Malik, the Mental Hospital and the lecturers of the Nursing Faculty.

Sample of 34 people are chosen by stratified random sampling technique. Instrument used was a questionnaire developed by the researchers. The data were analysed by the correlation and regression technique. Results of correlation calculations show a significant correlation to be present:
1. Variable of emotional intelligence $r_{y1} = 0.439$
2. Preceptor learning management capabilities $r_{y2} = 0.366$
3. Emotional intelligence and preceptor learning management capabilities with learning effectiveness $r_{y1} = 0.676$, at 5% level of significant.

The results of regression calculations show an effective contribution of 15.57% from emotional intelligence and 4.58% from the preceptor learning management capabilities. The recommendation was explored and develops other factors that contribute to the effectiveness of learning.

Acknowledgment to my promoters Professor H. Abdul Muin Sibuea and Professor H. Syaiful Sagala.

---

**P34**

**The effect of self-efficacy on internship nursing students’ clinical performance in medical science universities of Tehran**

Fatemeh Cheraghi, Association Professor, Research Centre for Child and Maternity Care; Farshid Shmsaei, Member of Behavioural Disorders and Substances Abuse Research Centre, Hamedan Medical Science University, Hamadan, Iran

**Background**

Self-efficacy refers to a self-perception of one’s ability to perform competently in a particular task. The concept of self-efficacy stems from Social-Cognitive Theory. Self-efficacy is an important contributor to performance accomplishments of students. In academic setting, self-efficacy refers to students’ beliefs concerning their capability to perform given academic tasks at designated levels. Lack of self-efficacy is a result of using skills ineffectively and unsuccessfully. Present research was conducted, consistent with Bandura’s Self-Efficacy Theory, with the purpose of identifying the effect of self-efficacy on internship nursing students’ clinical performance.

**Methods**

Current research was conducted in three phases.

In phase one, for clarified the concepts of self-efficacy and self-regulation learning in clinical performance, 28 semi-structured interviews and three focus groups with nursing students was conducted. Then, based on a review of the literature and content analysis of the interview and focus group transcripts identified key items to be included in the ‘Clinical Performance Self-efficacy’ (with 69 items), ‘Clinical Performance Self-regulation Learning’ (with 62 items) instruments. ‘Nursing Clinical Performance’ (with five case scenario and 15 multiple choice questions) instrument was developed based on practicum purposes, text books and review of the literature. The scales’ validity (content, face, construct and concurrent validity) and reliability (Cronbach alpha and test-retest with two weeks interval) in sample of 207 nursing students were tested.

In phase two, based on Bandura’s Social-Cognitive Theory and systematic literature review, research model was developed which included the variables of ‘clinical performance self-efficacy’, ‘clinical performance self-regulation learning’, ‘academic records’ and nursing clinical performance’. Model testing design, a correlation research was used to examine the relationships between the variables.

In phase three, first, before intervention, Ex-post facto study was conducted. Then, a one group pre-test – post-test, quasi-experimental design was used and the influence of ‘clinical performance self-efficacy’ enhancement in internship baccalaureate nursing students’ clinical performance was examined. With randomised sampling, 24 students was selected. Furthermore, compared the changes of variables were conducted between model testing, pre and post-intervention in 13 students that countered to both sample.

**Results**

Results of phase one were showed that final ‘Clinical Performance Self-efficacy’ (37 items with 0-100 points) and ‘Clinical Performance Self-regulation learning’ (42 items with five Likert-format points) and ‘Nursing Clinical Performance’ (with five case scenario and 15 multiple choice questions) scales were valid and reliable.

In phase two, path analysis identified that the research model was significant ($p<0.001$). In the model, significant relationships were detected between all of the variables, with the exception, there was no significant relationship between ‘clinical performance self-regulation’ and ‘nursing clinical performance’. The research model accounted for 26% of the variance in ‘nursing clinical performance’. ‘Clinical performance self-efficacy’ was the best predictor of ‘nursing clinical performance’.

In phase three, the results of ex-post facto study revealed no significant difference in research variables from model testing to pre-intervention. In pre-test, there was positive relationship between ‘clinical performance self-efficacy’ and ‘clinical performance self-regulation’ ($p<0.01$); and between ‘average grades of clinical practicum’...
and ‘nursing clinical performance’ (p<0.05). Thus, in post-test, ‘clinical performance self-efficacy’ was positively related to ‘clinical performance self-regulation’ (p<0.001), ‘average grades of clinical practicum’ (p<0.01), and ‘nursing clinical performance’ (p<0.05). Also, ‘average grades of clinical practicum’ was positively related to ‘nursing clinical performance’ (p<0.05). But, no significant relationship was detected between ‘clinical performance self-regulation’ and ‘nursing clinical performance’. Furthermore, the results revealed significant increase in ‘clinical performance self-efficacy’, ‘clinical performance self-regulation learning’, ‘average grades of clinical practicum’ and promotion of ‘nursing clinical performance’ (p<0.05). Comparison of variables between model testing, pre and post-intervention was revealed significance increase of all post-test mean of scores percent.

Conclusion
The evidence of well psychometric properties of designed instruments had demonstrated that ‘Clinical Performance Self-efficacy’, ‘Clinical Performance Self-regulation Learning’ and ‘Nursing Clinical Performance’ were sound tools for assessing current research variables. The research model was significant. The results of present intervention revealed that enhancement of ‘clinical performance self-efficacy’ had effect on increasing of nursing students’ ‘clinical performance self-regulation’, ‘average grades of clinical practicum; and promoted of ‘nursing clinical performance’. Therefore, enhancement of self-efficacy can improve students’ clinical performance.

P35
Satisfaction in a blended learning programme: Results of an experiment in the Faculty of Nursing and Midwifery in Iran

Mitra Zolfaghari, Lecturer, Tehran University of Medical Science; Gholam Reza Sameh, General Physician, Tehran; Reza Negarandeh, Associate Professor, Tehran University of Medical Science; Faziolah Ahmadi, Associate Professor, Tarbiat Modaress University, Tehran, Iran

Introduction and objective
The blended e-Learning system uses a variety of methods and technology to improve learning quality. Assessment of students' level of satisfaction with courses has been an important element in appraising the effectiveness of distance learning processes (Conrad, 2002; De Bourgh, 1999; Hara and Kling, 2000). In this research we developed some courses based on blended e-learning, then we assessed the satisfaction of students and faculty with this system in the nursing and midwifery school of Tehran University of Medical Science.

Methods
22 courses (45 credits) for all levels of nursing and midwifery students (BSc and Ms and PhD) were designed for blended learning program. At the end of the semester, we used questionnaires to assess the satisfaction of students and faculty with these programs. The collected data were analysed with frequency, cross tabs and non-parametric statistical tests in SPSS version 16 software.

Results
181 questionnaires were completed and returned to researchers (response rate=88.2%). 67.4% students had a high satisfaction with this system. In contrast, 24.3% were dissatisfied using blended-e-learning. Student's satisfaction regarding the teaching-learning aspect, learner aspect, learning content aspect and learning supportiveness were also assessed. Similarly most faculty instructors (58.80%) were ‘highly satisfied; and none of them were ‘dissatisfied’ with applying BL method. A significant difference was showed in instructors' satisfaction between both methods (BL and face-to-face) (Wilcoxon P < .05). Both students and faculty preferred the blended e-learning system to the conventional method (P=0.000).

Conclusions
Because blended e-learning has the benefit of both e-learning and face-to-face learning (Singh, 2003) and provides more flexibility and satisfaction for learner and teacher, it can be considered as an alternative method for education in the University of Medical Science in Iran.

Key words
Blended e-learning satisfaction nursing and midwifery students faculty

References

P36

The effect of work-based education on quality of midwifery care

Maryam Modarres, Member of Scientific Board, Medical Sciences University, Tehran, Iran

Background
We have different learning styles and that their learning may be driven to some extent by their style. Newble and Entwistle suggest that learning styles theory should influence the system of medical education. This study was carried out to assess the impact of standard partogramm as worked-based education on quality of midwifery care.

Summary of work
This was a quasi experimental study with one group pre-test–post-test design which was carried out in some of governmental hospitals in Tehran in 2002. Subjects were 53 midwives who were working in different hospitals. The data was collected with a special questionnaire, WHO partogramm, and a check list to assess quality of midwifery care in labour. Results were analysed with SPSS software.

Summary of Results
The findings showed that after education of partogramm a statistically significant improvement occurred in recording of twelve of fifteen variables including fetal heart rate, condition of amniotic fluid, vaginal bleeding, vital signs of mother, urine examination, drugs and fluid use, correct plotting of cervical dilatation, correct movement of dilatation graph to alert line, number of vaginal exams, recording time of rupture of membranes and time of amniotomy (p<0.0001).

Conclusion
The findings of this study indicate education of partogramm has a positive effect on quality of midwifery care and emphasis important of its education to midwives worker.
Conference Committee
Dr Elisabeth Clark
The Open University
Professor Collette Clifford
University of Birmingham
Professor Lorraine Ellis
University of Derby
Mr Andrew McKie
The Robert Gordon University
Professor Gary Rolfe
Swansea University, UK

Scientific Panel
Dr Janet Barker
University of Nottingham, UK
Mrs Jacky Conduit
University of Birmingham, UK
Dr Anitta Juntunen
Kajaari University of Applied Sciences, Finland
Dr Philip Keeley
University of Manchester, UK
Dr Amanda Kenny
Latrobe University, Australia
Dr Mary Kunes-Connell
Creighton University, USA
Dr Patricia Mayers
University of Cape Town, South Africa
Mr David Mudd
University of Teesside, UK
Professor Sara Owen
University of Lincoln
Mrs Patricia Proudford
Arity Group Pty Ltd, Australia
Dr Fiona Timmins
Trinity College Dublin, Republic of Ireland

Conference Convenors
Internationally known convenors have been invited to facilitate the theme groups:

Julia Ball University of South Carolina Aiken, USA
Janet Barker University of Nottingham, UK
Derek Chambers University of Nottingham, UK
Elisabeth Clark The Open University, UK
Collette Clifford University of Birmingham, UK
Jacky Conduit University of Birmingham, UK
Kay Currie Glasgow Caledonian University, UK
Lorraine Ellis University of Derby, UK
Karen Holland University of Salford
Alex Hopkins University of Wolverhampton, UK
Martin Johnson University of Salford, UK
Philip Keeley The University of Manchester, UK
Amanda Kenny Latrobe University, Australia
Elizabeth Mason-Whitehead University of Chester, UK
Patricia Mayers University of Cape Town, South Africa
Andrew McKie The Robert Gordon University, UK
David Mudd University of Teesside, Middlesbrough, UK
Patricia Proudford Bupa Care Services, Sydney, Australia
Gary Rolfe Swansea University, UK
Fiona Timmins Trinity College, Dublin, Ireland