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22nd International Networking for Education in Healthcare Conference

Abstracts for Theme Papers, Symposia and Posters
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**Note**

References are as supplied by authors

Papers included are those being presented at the conference at the time of going to press.
Curriculum Innovations and Enhancement 1

Tuesday 6 September
First Group of Theme Sessions
T1

Innovations in learning outside the UK

Valerie Gorton, International Co-ordinator; Robert Dudley, Head of Pre-Registration Nursing, University of Worcester, UK

The revised NMC standard ‘learning outside the UK for up to 6 months’ is both welcome and challenging.

Internationalisation of the pre-registration nursing curriculum and globalisation of health are interlinked and this standard offers the opportunity for curriculum designers, nurse educators and nursing students to embrace these opportunities in innovative and practical ways. This abstract offers one model which is being implemented in one UK university.

Historically, ERASMUS has offered higher education students the opportunity to undertake a semester’s study in the EU in a partner university. To date this has been difficult to adopt, adapt and include in pre-registration nursing programmes due to lack of flexibility, the NMC Standards, and the EU Directive.

This abstract focuses on an international learning experience either abroad or within the UK for all pre-registration nursing students. Three different types of partnerships have been formed all offering the student an experience of both theory and/or practice during which the students can achieve a common set of learning outcomes. In accord with Bologna this offers a competency outcomes based experience.

The three different types of partnership are:

- A partnership across four EU countries
- Partnerships formed with universities in the USA and Australia.
- Partnerships with two UK universities

These three types of partnerships will offer students a range of opportunities for learning outside their home university. The inclusion of UK partnerships is fundamental to the inclusivity and equality of learning opportunities that our pre-registration nursing programme embraces. The NMC Standard states ‘learning outside the UK’, but for some students this is not possible due to financial and/or family constraints. The alternative learning within the UK is organised to be in a culturally diverse geographical area thus meeting the internationalisation outcomes.

Semester exchanges within the EU are supported by tutor exchange at the commencement of the semester.

During the semester of the learning outside the UK a range of interactive teaching and learning materials are utilised.

- E-learning
- Blogs
- Discussion forums
- Virtual reality country presentations
- Skype and webcam

Funding has been sought to develop these opportunities. The initial development of this model is currently ongoing. The extent to which it may be developed may depend on the financial support that it receives.

References


Key words:
- NMC standard
- Learning outside UK
- Innovation
- Project funding
- Curriculum development.

How this contributes to knowledge development in the Curriculum Innovations and Enhancement theme:
- An innovative model to enable nursing students to learn outside the UK in line with the NMC standard
- Partnership working in EU and internationally
- Curriculum development to include globalisation and internationalisation.
T2

Developing interprofessional cohesion: a multidisciplinary approach to child and adolescent mental health learning and teaching for pre-registration nurses

Fiona Wondergem, Senior Lecturer/Research Associate, University of Huddersfield, UK

The drive to deliver cost effective, efficient, innovative and multidisciplinary methods of teaching is now, more than ever before, firmly at the forefront of curriculum design (Glenn and Leiba, 2010). Two departments at the University of Huddersfield have joined forces to implement what we believe is an unusual and unique initiative, not only in the subject matter but also the way it is delivered. Nursing and social work students are brought together in the classroom, in a bid to engender positive and realistic expectations of multidisciplinary working in the field of child and adolescent mental health.

The Nursing and Midwifery Council’s vision for nurse education includes the need for pre-registration nursing programmes to address the mental health needs of children and adolescents (NMC, 2010; CAMHS Review, 2010). For several years now, two departments at the University of Huddersfield have been working side by side to deliver a comprehensive module which aims to address the key issues related to identifying and meeting the mental health needs of children and young people (DoEd, 2005).

This module takes a broad stance in identifying the ways in which child and adolescent mental health and problems are understood, drawing on previous learning related to human development and examining the influences that affect these processes to create difficulties, problems and disorder (Rutter and Taylor, 2002; Sutton, 2006). Methods of assessment and intervention at individual, group and family level are also examined, and current patterns of service delivery to children, young people with mental health needs are outlined. At the end of the module it is expected that students are familiar with methods of assessment, intervention and evaluation used in identifying and addressing mental health issues and are able to describe the nature and range of service delivery available.

The module cohort consists of students from child nursing, mental health nursing and social work routes. Faculty staff and practitioners from the field of child and adolescent mental health (CAMH) take an active role in multidisciplinary teaching delivery for an initial period of six weeks. For the final hour of each session, students are subdivided into smaller multidisciplinary groups and asked to review a case scenario. They are encouraged to devise ecograms/ecomaps (DH, 2000) to both enable visualisation of the specific circumstances surrounding the child and stimulate discussion of their initial thoughts. Throughout the following weeks more information is given to enable the students to build upon or disregard their initial impressions of the case scenario and they are encouraged to feedback to one another within their multidisciplinary micro-groups. The second half of the semester is profession specific and looks in greater detail at some of the issues, conditions, scenarios considered in the initial teaching period and students are taught in their individual professional cohort groups.

Thanks to the involvement of grassroots practitioners throughout the module, the content reflects current practice and is based on actual experience. The link of theory to practice is clear, and recent case examples illuminate the application of ‘in vivo’ of models of working (Grant, 2010).

Similarly the assessment strategy requires students to relate the content of the module to their own experiences of working with patients/clients (Stickley and Bassett, 2008; WHO, 1992). The aim is that their practice will be confident and patient/client-focused whenever the mental health needs of children require care (Dogra, 2001; Dwivedi, 2004; Hill and Maughan, 2000).

Child nursing student feedback regarding the module as a whole is positive and whilst some students acknowledge they find the initial interdisciplinary work challenging, the majority state that this is due to pre-conceived ideas as to the work that social work or mental health professionals undertake.

In conclusion, this presentation will offer a critical appraisal of the utility and effectiveness of interprofessional learning and teaching strategies.

References


Do student nurses have a moral and legal obligation to seek patients' consent regarding their personal health information used for academic assessments?

Bernadette Devlin, Senior Lecturer/Programme Leader Pre-registration DipHe and BSc (Hons) Nursing (Adult Branch), DH Education and Training Centre, Strang, Isle of Man, UK

The pre-registration nurse curriculum programme requires student nurses to reflect on practice, this is done via several means such as case presentations and through written assignment (Warne and McAndrew, 2005, p.1). According to Gallagher (1998, pp.6-19) case study presentations offer a creative and meaningful approach in teaching. They are reflective and can assist the student nurse to examine own decision-making skills as well as the registered practitioners, review events with the potential to enhance their learning and change future practice or continue with good practice. To meet this requirement the patient’s healthcare record is recognised as a fundamental resource for informing student nurse’s academic pieces of work.

Healthcare professionals must obtain patient consent when carrying out any physical examination or treatment (Department of Health, 2009, p.5), for which there is a plethora of guidance and legislation from case law and professional bodies to support this. There is a gap in the literature about consent requirements that should govern the use of patient data for these assessments. As we cannot assume that patients will choose to participate in clinical teaching we cannot assume that they would allow student nurses access to their data to inform their academic assessment. This presentation proposes that the student nurse has a moral and legal obligation to seek consent from the patient regarding their personal health information being used for academic assessments.

This presentation looks at the nurse education programme and how it has evolved over the years. This highlights the relevance of not only ethics and law but the growing involvement of users of the service within nurse education and the impact they have on all aspects of healthcare.

This presentation will highlight the gap in the literature about consent requirements that should govern the use of patient data for academic assessments. It will also illustrate that while there are many safeguards in place consent regarding patient data for academic assessment still lacks legitimacy. Obtaining patient consent is good practice and healthcare professionals must always strive for good practice.

In the context of seeking patient consent the principle of confidentiality and autonomy are explored from an ethical and legal stance. Difficulties in maintaining anonymity, confidentiality and respecting patient autonomy regarding consent are highlighted. Seeking patient consent from the argument of ownership of records draw attention to whether the student nurse has a right to access patient's data clinically and or academically.
The argument from the principle of confidentiality fails to resolve the issue of seeking consent. However, the small risk of breaching confidentiality of which the impact may be too high on the patient provides the basis for a convincing argument to seek consent. Exploration of the principle of respect for autonomy and the moral duty to allow patients to have control over their data within the student nurse-patient relationship provides the most successful argument to seek consent.

Exploration and critical analysis of the arguments for and against seeking consent note problematic consequences. The arguments considered fail to demonstrate whether student nurses' do or do not have a moral and legal obligation as they are equally successful. However, the arguments do create a presumption in favour of seeking consent as it is morally desirable in the honesty of the student nurse-patient relationship. Arguably there may be the concern that unnecessary obstacles are put in the way where there are no real risks to the patient which may then limit and hinder the student nurses learning experience. Given the importance for professional development and qualification and in the public interest a utilitarian view may be developed and therefore asserts that the student nurse does not need to seek consent.

Although respect for autonomy provides the most successful argument to seek consent the argument cannot be an absolute due to the diversity of patients and the complexity of practice hence there may be justifiable exceptions such as seeking consent for the use of data for the deceased person. As the continuation of problem-based type learning and patient involvement in nurse education is increasing and continues to be high on the political agenda some recommendations are suggested to support the notion and development of seeking consent as accepted best practice.

References


Key words:
• approach in teaching
• enhance learning
• nurse education programme evolved
• problem-based type learning
• patient involvement in nurse education.

How this contributes to knowledge development in the Curriculum Innovation and Enhancement theme:
• highlights the moral and legal implications of using the patient's healthcare record to inform academic assessments for a curriculum to be met
• highlights the involvement of service users within pre-registration nurse education to support learning
• demonstrates the enhancement and innovation of patient-centred assessments in pre-registration nurse education.
History shows that Semmelweis in 1841 and Florence Nightingale in 1847 championed the relevance of effective regular hand-washing. The rise in healthcare associated infections has reached epidemic proportions and the World health organisation has adopted hand washing as a global campaign to improve hand hygiene among healthcare workers.

With the introduction of technology and novel teaching approaches, hand washing has remained unchanged and a poor relation which needed to be updated.

The project aimed to prepare healthcare students (nursing and physiotherapy) within the College of Medical and Dental Sciences, University of Birmingham to have an increased understanding and skill set in relation to hospital-acquired infections and students entering practice placements will meet the competencies demanded by the trusts.

The aims of the project were to:

- raise the profile of hand washing and for the practice to be considered as important as any other essential clinical procedure
- assess students’ effectiveness in hand washing procedures
- identify barriers to effective hand washing in practice placement.

Reusable learning objects were developed that could be used as standalone e-learning activities and as blended learning opportunities within the classroom. This coupled together with pre- and post-learning assessment using the technology available for the practical procedures (Glow Boxes and UV reflective lotion) together with integrating the VLE with a hazard perception activity will bring hand washing back into acceptance.

These learning objects included:

- three bespoke videos showing good and bad practice in the ward environment involving the multidisciplinary team members, also incorporating other infection control issues
- two scenarios identifying how infection can be easily spread
- a hazard perception video requires the students to click on the screen when they observe a potential infection hazard. Each attempt will allow 20 clicks for the 13 identified hazards. Students are then informed of their scores at the end of the activity.

To evaluate the learning package and the effectiveness in bringing about change in the attitude of the students to the mundane task of hand washing, a hand hygiene quiz and visual assessment of their hand washing techniques using Glow Boxes were instigated within the academic module during the initial teaching and learning. This practical assessment was then repeated on the students return from their first practice placement.

A questionnaire was administered to the students concomitantly to ascertain barriers to effective hand washing whilst on placement and their retained knowledge of hand washing procedures and practices.

Participants

160 undergraduate students (nursing= 100 and physiotherapy= 60). Ethical approval was granted by the Life and Health Sciences Ethical review committee University of Birmingham (ERN_10-0485).

Results

- Pre-placement assessment
  - Student’s success in acceptable hand washing 40% on first attempt
  - Acceptable hand washing on final attempt 100%
- Post-placement assessment
  - Acceptable hand washing on first attempt 89%
  - Acceptable hand washing on final attempt 100%
- Data from questionnaire
  - Issues identified included
  - Availability of basic tools (soap, disposable towels, water)
  - Poor role models in practice.

Conclusion

The introduction of a high profile blended learning activity has raised awareness of hand washing amongst year 1 undergraduate nursing and physiotherapy students. Barriers to effective hand washing during practice placement have been identified and ways to empower students to overcome these will be included in the activity. This approach will be embedded within the nursing and physiotherapy programmes and repeated on an annual basis throughout the three years of study. This should restore the value of hand washing within healthcare education and assist in the reduction of Health care associated infections.
Reference

Key words:
• innovation
• blended learning
• hand washing
• nursing and physiotherapy students
• pre- and post-practice placement.

How this contributes to knowledge development in the Curriculum Innovation and Enhancement theme:
• raising the profile of a fundamental healthcare activity
• development of a blended learning package for an essential skill
• development of an on line hazard perception assessment.

T5

Enhancing assessment strategy through the development of poster marking criteria
Celia Sinnott, Senior Lecturer; Joanne Greenwood, Senior Lecturer; Jenni Templeman, Senior Lecturer; Janine Upton, Senior Lecturer, University of Chester, UK

An evolving curriculum is seen as essential in meeting the demands and requirements of nurse education within today’s society (Light, Cox and Calkins, 2010). Fundamental to this is the ongoing development of a range of assessment strategies responding to innovative and diverse programme content (Biggs, 2002). Diverse assessment strategies are therefore argued as essential in responding to the needs of individual students’ learning styles (Gidman, 2011; United Kingdom Centre for Legal Education, 2008). In conjunction with this is the essential need to develop reliable marking criteria that are fit for purpose creating an assessment strategy, argued by Boud and Falchikov (2006) as promoting both lifelong learning in the long term and the specific educational programme goals in the short term. In essence it is essential that assessment tools are designed to create meaningful, learning experience for students (Murphy, 2006).

The Ethics and Evidence Based Practice (EEBP) module, devised following a revalidation of the pre-registration nursing curriculum in 2007, is a 40 credit, level 4 module delivered as part of the Common Foundation Programme (CFP). Until this time evidence based practice had not been specifically modularly assessed in CFP, nor had it been taught in this format to first year student nurses. A poster assessment was deemed both innovative and relevant in meeting curriculum, programme and module objectives thus achieving the principles of constructive alignment (Biggs, 2002). The students are required to design a conference type poster relating to a health or social care topic of their choice. Initially this was in the guise of 2-3 A5 size flip chart pages which the student presented verbally to the marker and contextualised in relation to the research process. This has evolved to the present format of a submitted conference type, evidence based electronic poster in the form of one A4 PowerPoint slide. This change explicitly acknowledging that assessment should be open to review and evaluation (Summers, 2005).

The change in poster format prompted a review of the existing marking criteria. Within the faculty of health and social care and wider university there was no poster marking schemes. A literature search found minimal current information and none relating specifically to a level 4 poster. The current poster marking criteria were developed to address this gap and to align with the quality assurance mechanisms within the University (Quality Assurance Agency, 2006).

An initial review of existing module level 4 marking criteria highlighted two key issues. First, the change in module focus from research to evidence based and second, the need to objectify poster content thus ensuring alignment within the curriculum (Biggs, 2002). The goal being to ensure fairness, objectivity and transparency throughout the assessment strategy which Summers (2005) refers to as reliable discrimination. Feedback from the module and module marking teams revealed concerns relating to the poster marking. The main concern highlighted a greater focus on poster aesthetics and not enough on the content, application and utilisation of evidence which would appear common to posters generally (Summers, 2005). Second, the marking range was too broad and subjective and lacked specific explanation, impacting on both validity and reliability. Finally, students were being assessed beyond the expectations of level 4 studies.

Taking into account these issues, generic level 4 poster marking criteria were produced and processed through university quality assurance mechanisms. Specific changes related to the weighting of marks with the largest...
emphasis placed on the utilisation of evidence rather than the poster aesthetics. Another key adaptation was in strengthening construct validity (Bowling, 2002) in the annotation of the marking criteria.

The development of generic level 4 poster marking criteria has addressed a pedagogical gap and benefited staff and students in the following ways. The module marking team feels supported by clear marking guidance and annotation. Vertical and horizontal alignment has been strengthened at both modular and programme level, meeting the transferability requirements of curriculum and student higher level meta-learning development (Light et al., 2010). Finally, whilst total objectivity is always difficult to attain, a key benefit for students has been to achieve an assessment method that reliably differentiates between those meeting the grade and those who have not (Summers, 2005).

References

Key words:
• assessment
• marking criteria
• poster
• level 4
• evidence based practice.

T6
Creativity and innovation in health and social care
Jillian McCarthy, Senior Lecturer; Moyra Baldwin, Senior Lecturer, University of Chester, UK

This paper presents the findings from a study examining student and staff evaluations of a 20 credit Masters Level Module entitled Creativity and Innovation in Health and Social Care. The first part of the paper outlines the context of the module in delivering professional education by means of a blended learning strategy. Educationalists are encouraged to introduce e-learning into higher education courses in place of traditional methods of teaching (DfES, 2003a, 2003b) and students’ learning experiences are often enriched by the use of technology (Robertson, 2007). It appears globally that e-learning in undergraduate healthcare education, including pre-registration nursing, is currently offered as a blended learning approach, and complete e-learning courses in continuing professional development for qualified nurses are well established in many countries, including Britain (Smith, 2008).

The module is delivered primarily by online learning through the university’s virtual learning environment. Students attend the university on two occasions during the 30 week delivery: the first incorporates experiential exercises that encourage engagement with both online materials and peers, and the second involves student-led formative presentations relating to the module assessment. Assessment of the module outcomes is in two parts and reflects the philosophy of blended learning by involving contribution to an online discussion (20% weighting) and the submission of a written assignment (80% weighting). Together, these assessments provide opportunities for the students to demonstrate characteristics commensurate with postgraduate study. Critical evaluation of key concepts and development of insight and originality, via online critically reasoned discussion support innovation both in learning and practice. The written assignment requires students to propose a strategy for the implementation of an innovation in health or social care.
The second part of the paper reports the process of facilitating the module online from the perspective of both students and staff. The merits and demerits of online learning are discussed, in particular the challenges encountered with the online delivery from the vantage points of experienced educators, one of whom is new to online facilitation. The discussion focuses on the approach to enabling quality education and facilitating students’ intellectual engagement with the module material. In addition, the module results are examined and the perceptions of the participating students in terms of their learning, and the modes of delivery and assessment.

The third part of the paper reports the students’ and lecturers’ evaluations of the module including narratives derived from external sources to illuminate the findings. The paper concludes by reflecting on the e-learning literature. It appears inevitable that e-learning is becoming the future of education to some degree and, therefore, rising to the challenges it poses appears to be the logical step forward. It is already widely accepted that e-learning is advantageous in comparison to traditional education in areas such as flexibility and accessibility; however, it is the role of educators to discover and attempt to erase or lessen the inevitable disadvantages that may also surface.

The literature reveals a small number of studies which examine professional socialisation through online discussions. These focus on post-registration courses, whereby the students are qualified professionals and socialisation was in regard to post-registration qualifications. For example, a study by Sit et al. (2005) examining post-registration degree nurses’ experiences of online learning from a Hong Kong university, found a major hindrance was the inadequate opportunities for interaction deemed necessary for establishing peer support and developing in-depth group discussions on subject matter. Likewise, work by Gruendemann, (2007) which examined distance learning in perioperative nursing in America concluded, in part, that a lack of face-to-face interaction is of foremost concern and educators need to develop new teaching strategies to address this problem. Whilst taking into account the differences in curricula, healthcare systems and cultures of these studies from overseas, they can be helpful in informing British education, as parallels exist.

E-learning offers new and exciting possibilities in healthcare education if utilised to its full potential. Interactive environments can provide innovative and stimulating settings in which to explore nursing related subjects. Online videos can broadcast lectures and presentations from anywhere in the world, by anyone, including media stars and historical figures. Imagine the interest generated in a presentation by, for example, Angelina Jolie on international aid, or a discussion by Mother Theresa on child nutrition, or, indeed, a lecture by Florence Nightingale on the nature of nursing. All of these scenarios are feasible through e-learning technology. In addition, online learning fosters independent learners who become confident with searching information, researching and using technology: beneficial, arguably essential, skills for nurses. It is imperative that the future of healthcare education continues to embrace technology enhanced learning and it is the duty of educators to explore and incorporate this innovative mode of learning into their teaching curriculum.

References


Key words:
- e-learning
- technology
- discussion
- assessment
- facilitation.

How this contributes to knowledge development in the Curriculum Innovation and Enhancement theme:
- e-learning enables innovation in learning and assessment
- research into perceptions of blended learning from students and educationalists
- innovative presentation of blended learning modules for interprofessional students.
Curriculum Innovations and Enhancement 2

Tuesday 6 September
First Group of Theme Sessions
‘I can make a difference!’ A model for empowering students to develop a culture of improvement

Jon Larner, Undergraduate Course Director for Physiotherapy; Jill Jepson, Undergraduate Course Director for Occupational Therapy; Julie Collier, Business Development Officer, University of East Anglia, Norwich, UK

Introduction/background
As we face the consequences of a worldwide recession and the need to cut national debt, there is increasing focus on health and how to continue to make improvements whilst keeping quality and safety a priority. The Quality, Innovation, Productivity and Prevention (QIPP) challenge (DH, 2010) encourages everyone to take the opportunity to support the preparation of the NHS to deliver high quality care in a tight economic climate to:

- improve productivity
- eliminate waste
- focus on clinical quality.

Although often inadvertently exposed to the changing politics of healthcare, students learning priorities are understandably focussed on developing clinical knowledge and skills. Service improvement has traditionally been viewed as a post-graduate responsibility. More recently the NHS Institute for Innovation and Improvement has identified a need to empower the work force of the future with the skills and knowledge to analyse service provision and implement improvement ideas (NHSI, 2008). In line with this change of thinking the UEA School of Allied Health Professions (AHP) has developed a three year model for service improvement that links theory with practice and gives students the chance to experience both the benefits and the barriers to improvement first hand. The model utilises the core components recommended by the NHSI and developed by Warwick University (NHSI, 2007), including the theory of the Plan, Do, Study, Act (PDSA) cycle, process mapping, the use of real-patient experiences and a practice-based clinical task. However the UEA School of AHP is unique in the way it incorporates learning throughout all three years of undergraduate study. It aims to embed improvement methodology into students’ professional development and develop a culture of improvement which becomes as natural to students as reflective practice.

Methods
A three year service improvement programme was designed and implemented in 2008. This has now progressed through two years of pre-registration training for AHP students (occupational therapy, physiotherapy and speech and language therapy) and the first full three year cycle will be completed by July 2011. The first year incorporates two half days of theory and practice with process mapping to analyse service provision within the context of a PDSA cycle. The second year involves a practical process mapping task in a clinical placement setting. The final year once again involves a practical process mapping task in a clinical setting, however this time it also investigates how to make the PDSA cycle happen by following the journey from proposing an idea for improvement to translating that idea into practice and measuring success.

Results/conclusions
Following evaluation of the first two years of the model it is clear that students are capable of identifying appropriate projects to analyse and suggesting ideas for improvement. 86 projects were undertaken from a cohort of 88 students, with over half of the projects described as useful by the clinical educators responsible for the students. Following year one 97% of students felt that service improvement was important or very important and 53% of these students felt confident about using the tools. Following the practical task in year two the student confidence had risen to 72%. It is hoped that this confidence will improve yet further during the third year of the project, when students will have the chance to relate their work to the context of clinical improvement in more detail. Despite virtually all clinicians reporting that they feel service improvement is important, there were a significant number who thought that it was not good to introduce something new to an already full programme. If the perception is that this is extra work, there is still much to be done to win hearts and minds and encourage people to think differently.

Clear implications for healthcare
Healthcare students are able to embrace the concept of service improvement and recognise where improvements can be made to the service-user experience. If clinicians can consistently encourage students to think in this way, then we will empower our future workforce to make a difference once qualified.

References

National Health Service Institute for Innovation and Improvement (2008) Improvement in Pre-registration Education for Better, Safer Healthcare. Warwick University: NHSI.

Key words:
• empowering
• improvement culture
• curriculum innovation.

How this contributes to knowledge development in the Curriculum Innovations and Enhancement theme:
• the UEA model presents a new way of thinking about improvement that empowers students to play a part in improving the quality of healthcare provision
• the model is innovative in the way it is embedded throughout a three year under-graduate programme, presenting improvement as an integral part of continual professional development rather than just another add-on module
• the UEA model aims to develop students’ confidence in their ability to make small, sustainable changes, and therefore to begin to make a difference to the quality of healthcare provision.

T8
Data collection in nursing research; the use of social media networks to explore professional practice
Conor Murphy, Student; Mark Gilsenan, Student, University of Hertfordshire, UK

Background
Technology has become a fundamental part of modern living with claims that the world is smaller than ever because of the accessibility of the internet (Klich-Heart and Prion, 2010). Communication using mobile phones is now common place with technological applications evolving to include increasingly complex and interactive online products such as Skype, Google Talk. The advent of Web 2.0 has heralded the use and availability of social media networks (Eyesenbach, 2008). Social media networks such as Facebook, MySpace and Twitter have encountered unprecedented success internationally particularly among young adults. According to Subrahmanyama et al. (2008) over 100 million users particularly adolescence and young adults, frequent sites such as MySpace and Facebook. On a daily basis young to older adults have become increasingly accustomed to interacting with friends and having discussions with wider audiences through these web based technologies. The purpose of social media interfaces is to promote communication, collaboration, and/or a sense of collegiality (Bassell, 2010). However, Mark Zuckerberg chief executive of Facebook admits that ‘the lines between what’s business and what’s personal have blurred’ This concurs with study findings of Subrahmanyama et al. (2008) who suggests users of social media integrate concerns and people from their offline lives into this medium of communication.

Social media and nursing
Within actual nursing practice the increasing use of social media is apparent with patient appointment reminders and patient education information being disseminated technologically. In 2001 Dunbar discussed the need for nursing faculty to become proficient in utilising technological strategies among other learning principles when teaching nursing. Review of literature reveals nurse educators have indeed responded to this challenge with increasing use of media technologies in nursing education, e-mentoring (Bassell et al., 2010) podcasting (Kemp et al., 2010) and reflective-journaling (Epp, 2008).

Other technologies introduced include:
• internet based technologies
• blogging
• web based curriculum
• e-learning modules.

Thus knowledge can be transmitted and learned not only at the teacher’s convenience but at the learners and this can be done worldwide and instantaneously (Bassell et al., 2010). Thus it is important that nursing continues to keep abreast of these worldwide changes.

As undergraduate adult nursing students we keep in contact with friends using social media sites. Indeed a lot of informal collegial debriefing among our undergraduate colleagues is evident on Social Media Networks. In particular students’ experiences and encounters in both college and clinical environments are evident on Social Media Networks. In particular students’ experiences and encounters in both college and clinical environments are presented.

Formal and informal sources of information enable our progression from student to professional nurse. Within college we have been introduced to academically orientated literature search engines such as CINAHL and PUBMED as well as the virtual learning environment of StudyNet. However, our interest and enquiry into the discipline of professional nursing had begun prior to application for adult nursing places in college. This has been complemented by theoretical modules such as professional values and responsibilities, core knowledge and values for professional practice and actually participating in clinical care of patients in the real world while on
clinical placements. As one becomes interested in nursing and how it is practiced information regarding the topic area of professional practice becomes interesting and engaging. Information is a key component to developing attitudes and beliefs (Lazarus and Folkman, 1984) about the discipline, which is particularly the case for novices to the profession. While Henderson 1966 provides an informative definition of nursing it does not enlighten us of all that is entailed in professional practice. According to Rowe (2000) accountability is an integral element to everyday nursing practice where nurses make decisions about patient care and related practice issues. Professional principles and concepts such as accountability can difficult for students to interpret.

Thus, from our experiences of nursing practice and undergraduate education, to date, we began to discuss and question if social media networks and areas of interest/concern to nursing students could amalgamate or be further integrated. In other words examine in what way social media technologies could be used to contribute to the nursing research agenda. Furthermore, little appears to be published about data collection using social media technology in nursing research

Study aims:
1. to explore undergraduate nursing students accounts of witnessing a professional nursing practice occasion
2. to explore the feasibility of using Facebook for data collection in nursing research.

Research is important to nursing as it directs nurses to achieve excellence in clinical practice and overall patient care. While the amount of nursing research being conducted is unknown there are questions around the actual implementation of research findings. From a systematic review Squires et al. (2011) concluded that there is a positive relationship between general research utilization and: beliefs and attitudes, and current role. Furthermore, attending conferences/in-services, having a graduate degree in nursing, working in a specialty area and job satisfaction were also identified as individual characteristics important to research utilization. Social media networks could be an instant, efficient and worldwide medium of disseminating study findings to practicing nurses. Ultimately this may result in changing elements of patient care in a more prompt and proficient manner.

Methods
A mixed methods approach, under the guidance of a university lecturer, will be employed. Quantitative demographic data will be collected by designing a ‘surveymonkey’ questionnaire. An electronic link to this questionnaire will be made available through our ‘Facebook’ pages where we will invite our nurse friends to complete and return the questionnaire electronically. Qualitative data will be collected by asking a question on Facebook, ‘Without identifying persons or places tell me about an occasion when you witnessed a professional nursing practice event’.

Ethical considerations
Subjects will be informed of the study aims on Facebook and ‘survey monkey’. No disclosure of persons or places will be requested or reported as violations of this unregulated online environment are great (Klich-Heartt and Prion, 2010). Subjects will also endorse they are nursing students.

Findings
Quantitative findings will describe the sample size, age range, gender, level of education, discipline of nursing as well as the nursing program level (diploma, degree) subjects are currently undertaking.

According to Power (2002) qualitative research methods can be employed in formative evaluations. In this instance the aim of the qualitative question is to gather information from a group of nursing students about episodes where they witnessed a nurse practicing in a professional manner. The ulterior motive is to stimulate nursing students to think and engage in discussions about professional practice which may nurture their own attitudes and beliefs.

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**Key words:**
- nursing students
- social media networks
- professional nursing practice
- research.

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**T9**

**Development of a blended learning approach in a post-qualification nursing module: perspectives of both lecturers and students**

**Alison Gallagher, Nurse Lecturer, King’s College London, UK**

Currently leaders within university education are making the move to reduce face to face teaching. This is being driven by policy, the Higher Education Funding Council for England (HEFCE) in their 10 year plan require technology in the form of e-learning and a blended approach to be developed in higher education and thus become embedded in learning. This will provide student-focused, flexible opportunities for learning (HEFCE, 2005). Linking with this idea is the development of the use of technology to enhance nurses’ learning. Leski (2009) stresses the need for nurse education to incorporate the use of computer technology to enhance teaching and learning. In light of this, innovation in developing modules/curriculum to incorporate blended learning is essential today.

This paper will focus on two areas, the development of e-learning in a post-qualification nursing module and an evaluation of the perspectives of lecturers and students taking part in this module.

The module in question is an advanced assessment skills course that is aimed at band 6 and above practitioners working in both primary and secondary care. Its primary focus is the development of clinical skills. The expectation by the school of nursing was to reduce face to face teaching time by half. This has been achieved through the equivalent of 6 days e-learning. The e-learning involves pathophysiology quizzes and the use of case studies to focus learning around history taking and management of clinical cases.

Following two terms of running the module using a blended approach a survey was conducted using open ended questions to look at the perspectives of the students and lecturers who had participated in the module. This was a small qualitative study that as well as using questionnaires (24 student respondents, 10 lecturer respondents) also gained information from small unstructured interviews (four students, four lecturers).

Analysis of the findings found some emergent themes. Lecturers believed that there were tight time constraints in preparing and setting up e-learning sites many suggested that this should be acknowledged by managers. Rolfe *et al.* (2008) and Daugherty and Funke (1998) did not find this in their work finding that time frames for development were not an issue with faculty. However the lack of time seemed to breed negative feelings towards e-learning as an enhancement of student knowledge, many felt that this method of learning had been enforced on them. In contrast 80% of the lecturers felt they would try and use the blended approach to learning. Rolfe *et al.* (2008) agreed and found that lecturers may often have a lack of awareness of the benefits of e-learning but discovered that nursing schools tended to be more proactive in the development of blended learning.

The study also found that lecturers felt there was a lack of IT support and a concern that students would not access the e-learning site and therefore miss out on important areas of knowledge.

Interestingly 70% of lecturers questioned believed that students would benefit from e-learning but did see this as a challenge. This challenge was in the form of setting up and ensuring that students accessed the work.

The students emergent themes demonstrated that 90% believed that blended learning would enhance their learning experience. This reinforces the findings by Dougherty and Funke (1998).
Like the lecturers the student also stated that IT support was a problem. Many could not access the website easily. Those that were interviewed highlighted the need for training on how to use the e-learning service and asked the question why this was not part of the first day on the module (it is now).

Finally students who had had previous experience of blended learning accepted its use in the module however those that hadn’t appeared negative and stated that they would like more face to face tutor time. This last may demonstrate that as e-learning becomes embedded in nurse education it is accepted by students as the norm.

Reducing face-to-face teaching on a clinical module was a challenge however it has now been running for four terms. The results from the small study enabled the module leader to appreciate the fears and anxieties that both students and lecturers have when using a blended approach to learning. The findings also enabled the module leader to re-visit the blended learning and try to find ways to add more support to students. This has been through development of a discussion board online to allow students to post their queries. Also on day one of the module students have a two hour session showing them how to access the e-learning site and the best way to approach studying the module material online.

References


Key words:
• blended learning
• e-learning
• technology
• reducing face to face teaching
• perspectives of lecturers and students.

How this contributes to knowledge development in the Curriculum Innovations and Enhancement theme:
• development of blended learning, a practical experience
• discussion of issues around using e-learning to enhance the student experience, what do the students really think
• lecturers’ perspectives of the blended learning approach, learning from experience.

What are the implications of accelerated pre-registration training?

James Milligan, Senior Lecturer, University of Huddersfield, UK

Within education the term ‘accelerated courses’ refers to those study routes that are shortened but without significant loss of content, (Grounds, 1996). Accelerated pre-registration training courses in healthcare are now common in the United Kingdom (UK). Within physiotherapy applicants to such courses must have a previous relevant Honours degree. This enables them to integrate their prior learning and abilities to complete their new studies in the shorter two years than the traditional three year course. Such accelerated courses are also assessed at the higher academic Masters level.

Research to date indicates that accelerated courses across the business and health sectors are seen positively in the United States and UK, (Wlodkowski, 2003; Kasworm, 2003). Within nursing, accelerated students and graduates are considered to be intelligent, motivated and dedicated, (American Association of Colleges of Nursing, 2009). However accelerated courses can also be prone to misunderstanding or even resentment. Kasworm (2003, p.23) reported that some US management courses were considered to be ‘fluff degrees’ by some students’ families or work colleagues who questioned the credential of the qualification. Within pre-registration nursing in Scotland antagonism was noted between traditional and accelerated cohorts in that some accelerated students were treated in a derogatory manner and with animosity, (Halkett and McLafferty, 2006). Within physiotherapy there is a paucity of published empirical research relating to accelerated pre-registration courses despite the fact that the first such course was validated in 1995, (Glasgow Caledonian University, 2004).
Hence a research study that ended in 2010 explored physiotherapy clinicians' perceptions of graduates from both traditional and accelerated pre-registration physiotherapy training courses. The purpose was to inform both clinical and academic practice. The researcher gained National Research Ethics Service approval in the UK in August 2007 and also gained ethical permission from the participating organisations.

A mixed methodology approach was used involving interview and questionnaire. Clinicians from seven National Health Service (NHS) organisations in northern England volunteered to take part in the study. Each clinician had trained within the UK and had experience of working with pre-registration physiotherapists trained via the accelerated route and traditional route. Over a nine month period a purposive sample of fourteen senior grade chartered physiotherapists agreed to be interviewed individually. Each interview was recorded and transcribed verbatim. Interview data was analysed using Interpretative Phenomenological Analysis. Findings were compared with subsequent questionnaire results from a larger purposive sample of fifty-one clinicians from the same NHS organisations. This provided a 50% response rate. Descriptive and inferential statistical tests were used to examine respondents’ attitudes towards the accelerated courses in relation to those themes that arose from the qualitative data analysis.

Findings indicated that these clinicians valued physiotherapists trained from both traditional and accelerated routes albeit for different reasons. Clinicians perceived a range of attributes amongst both types of graduate. Some attributes were anecdotal: many clinicians admitted knowing little about the newer accelerated pre-registration course. Nevertheless, they complimented the academic abilities of the accelerated graduate to study what was considered to be an intense and in-depth course. From their experience of working alongside the accelerated graduates they were often described as being focused, motivated and hard-working. This compares with views from the American Association of Colleges of Nursing (2009). Within the analysis these attributes contributed to a sense of acceptance of these courses by many of the physiotherapy clinicians in this study. Elsewhere in the analysis interpersonal skills in the clinical environment were said to be varied amongst traditionally trained graduates and accelerated trained graduates. These were said to relate to levels of confidence and competence. In particular certain attributes of the accelerated graduates were said to have impact on team dynamics and to some aspects of clinical care in the early stages of their careers. As such clinicians voiced both praise and concern regarding the different graduates’ interaction and clinical performance. Hence graduates from both routes were said to require different types of support.

The participants of this study provided differing perceptions of accelerated training. These are of interest in light of the UK Quality Assurance Agency’s expectations of Honours and Masters level outcomes and have implications for training and clinical practice alike, (Quality Assurance Agency for Higher Education, 2008). Whilst this study related to pre-registration physiotherapy training it is suggested that such issues are transferable to other health professions.

References

Key words:
• accelerated
• training
• pre-registration.
An interactive approach to teaching biosciences: a lesson in learning objects

Damion McCormick, Lecturer; Richard J Windle, Associate Professor; Heather Wharrad, Associate Professor, University of Nottingham, UK

Background
In the context of nurse education the term ‘biosciences’ or ‘biological sciences’ is used to describe a range of disciplines including anatomy, physiology, pathophysiology and pharmacology. Although these subjects should form an essential component of pre-registration nurse education several studies have suggested that the biosciences are often underrepresented within the curriculum. Students enter nurse education with a wide variation of academic qualifications and some students have little or no background in biological sciences (Gresty and Cotton, 2003). This diversity of pre-university education, combined with a perceived lack of study time has led to the biosciences being viewed as one of the most difficult parts of a nursing curriculum. Some studies have suggested that the inability to address these issues is due to the pedagogical approaches that continue to dominate the teaching of biosciences within nursing (McKee, 2002). Despite the development of alternative methods of teaching the lead lecture remains the primary method of teaching.

Aim
This study explores the pedagogical potential of using learning objects to increase the level of interaction within a traditional lecture theatre environment. It seeks to determine how the attributes of the learning object influence the effectiveness of these digital resources in different educational contexts.

Methods
During this study a series of anatomy and physiology lectures were replaced by structured interactive lectures. These interactive lectures were based on the learning outcomes of a previous lecture but the PowerPoint presentation was replaced by selected learning objects. The learning objects were displayed on an interactive whiteboard and students were actively encouraged to ask questions and comment on the content of the learning objects using the annotation tools on whiteboard. The lectures were evaluated with an online questionnaire which was developed to identify areas of commonality and difference between potentially diverse education settings. This evaluation was supplemented by observational analysis. Each lecture was recorded using multiple video cameras positioned to capture images of the interactive whiteboard, lecturer and students. The videos were then analysed using iterative coding of lecturer and student activity. The nature of the interaction was assessed the technical and pedagogical aspects of the learning objects when used as distance learning package or as a resource within a lecture. Most of the attributes of the learning objects evaluated positively when used within a lecture theatre or as a distance learning package. This demonstrated that these resources can be used in different education contexts whilst retaining a positive impact on student learning experience. The visual attributes of the learning objects were rated more highly than any other attribute in both educational settings. Students particularly valued the ability to annotate the images and animations on the interactive whiteboard. The use of the annotation tools promoted the creation of new content and enhanced the student’s understanding of complex physiological processes. Furthermore, when the learning objects were incorporated within lectures they produced a level of interaction and collaborative learning that could not be produce when the same resources are used as an online resource.

Results
A comparative study of the questionnaire and the video analysis was used to evaluate the technical and pedagogical aspects of the learning objects when used as distance learning package or as a resource within a lecture. This study provides convincing evidence that the learning objects are valuable teaching tools for enhancing interactivity within a traditional lecture theatre environment. When interactive whiteboards are used as a new platform for the delivery of learning objections they provide an effective way of initiating student engagement with the content of the lecture. Combining high quality resources with other interactive techniques promotes collaborative learning and the creation of student-generated content. Previous studies have suggested that this collaborative learning has the potential to promote deep learning strategies. These skills include critical thinking, problem-solving, and creativity.
analysis, evaluation and application of the material to ‘real life’ situations outside the lecture theatre. Such skills are viewed as particularly important within nurse education where the application of the biosciences is as important as the retention of key facts. The effective use of learning object to promote interactive lecturing offers one way to achieve this goal. The full potential of this interactive approach has yet to be realised.

References


Key words:
• e-learning
• biosciences
• learning objects
• interactive whiteboards
• student-generated content.

How this contributes to knowledge development in the Curriculum Innovations and Enhancement theme:
• demonstrates that interactive whiteboards can provide an effective platform for the delivery of existing learning objects
• offers new ways of increasing student engagement within a tradition lecture theatre environment
• provides an insight into the future development of collaborative learning objects.

T12
The use of blended learning to create a module which focuses on ill-health

Nicki Young, Midwifery Lecturer; Jayne Randall, Midwifery Lecturer, Faculty of Medicine and Health Sciences, University of East Anglia, UK

The aim of creating a module which incorporated blended learning was to maximise learning opportunities for pre-registration midwifery students to understand the concept of ill-health, their role as a midwife and to meet the module learning outcomes.

The presentation will describe the use of the following characteristics of blended learning (Sharpe et al., 2006, 18):
• different modes of delivery (face-to-face, e-learning, simulation)
• the use of the virtual learning environment Blackboard
• practice based learning, classroom based learning, and practical skills and drills in the skills laboratory
• instructor directed (through discursive lectures), student directed (through formative presentations), instructor supervised/student directed (through skills and drills sessions).

The presentation will cover the pedagogical issues considered during the planning and design stage of the project. The module is studied by second-year students on a 3 year pre-registration midwifery programme. Students start the module with an embryonic concept of ill-health and the role of the midwife when caring for a woman who is ill. Some students say they have never cared for a woman who is ill. Consequently, there is a degree of anxiety as students get to grips with this new concept. Attention was also paid to the increasing numbers of students who have an identified learning need.

The systematic approach for assessing ill-health (ABCDE) is used as part of the teaching and learning strategy and is a feature of teaching sessions, the on-line package and the practical skills and drills day. This maintains consistency of approach throughout the module.

It was imperative that the contents of the electronic package linked to theory, practice and module learning outcomes if it was to be educationally effective. To minimise potential student anxiety surrounding the use of technology, the existing Web based educational media (Blackboard) was used to deliver the package. Links were made between theory and practice by creating clinical scenarios within the electronic package. The scenarios contained hyperlinks which led to pages which explored ill-health further. The presenters have experience of delivering packages of learning electronically and have found several advantages in the preparation of students to
study at a distance. Students need to know who to contact if they need guidance. The e-learning experience has evaluated very well. Students liked the flexibility of time of study, working at their own pace and the knowledge that the educational materials are available 24/7.

During clinical practice students participate in the daily practices of midwives and the maternity care team. As a way to assess students understanding of ill-health and the role of the midwife, students prepare a case study (of ill-health seen in practice), which is presented to the cohort on return to school as a formative assessment. It provides the opportunity for students to reflect and make sense of an episode of ill-health in a real woman. Sharing these cases means students are exposed to many more accounts of women who are ill, it also said it allows the sharing of clinical expertise and the provision of social support from the cohort. Formative feedback gives the student the opportunity to gauge their progress against the module learning outcomes, and allows teaching staff to evaluate student progress.

Paying attention to the fact that some things are more easily learnt by doing, the practical day was planned for students to have the opportunity to work through real-life scenarios of ill-health using a think aloud technique (Bucknall and Aitken, 2010) in the relative safe and secure environment of the skills lab. Students are divided into small groups (4-5) and each takes a role; one leads the scenario as a qualified midwife. The lead student has to verbalise what they are doing and why. Each group is facilitated by a lecturer or clinician. Simulation is facilitated through the low-tech method of role-play and the high-tech use of the manikin SIMMAN.

Emphasis was placed on making the links visible between the different elements of blended learning, so links were made between lectures, the e-learning element, the formative presentations and the skills and drills session.

References


key words:
• blended learning
• e-learning
• simulation
• situated learning
• pre-registration students.

How this contributes to knowledge development in the Curriculum Innovations and Enhancement theme:
Student and lecturer evaluations suggest:
• the benefits and pitfalls of using e-learning with second-year midwifery students has been established
• the multiple benefits of using simulation can be integrated throughout the midwifery programme and also achieves the aspiration of using simulation throughout healthcare curricula
• this particular blend promoted situated learning (Lave and Wenger, 1991) and helped in the formation of a community of practice (Wenger, 1998) which stretched from the classroom to clinical practice.
Education in Clinical Practice and Practice Development 1

Tuesday 6 September
First Group of Theme Sessions
T13

Putting the ‘practice’ into practice development: teams at the leading edge of healthcare

Ruth Dawson, Practice Development Lead Nurse; Julie Howes, Practice Development Nurse; Mary Douglas, Head of Learning Development, Salford Royal Hospitals Foundation Trust, Salford, UK

Abstract

Nursing and healthcare practice is a complex and varied field that requires precision, care and expertise. Clinicians should have both the skills and expertise to respond to changes in patient’s conditions, recognise trends and understand the nature of their patient’s condition over time (Benner, Tanner and Chesla, 2009).

The term practice development is widely but inconsistently used in British healthcare. The term covers a range of issues including education, research and audit activity (Garbett and McCormack, 2002). Practice development has been linked with the process of professional development and often the terms are used interchangeably. Professional and practice development can be seen as a continuous process, with the starting point for practice development being the service user, and the starting point for professional development the service provider (McCormack, Manley and Garbett, 2004).

It is this concept of practice and professional development that has underpinned the development of practice development teams within this foundation trust.

The Salford Royal Model of practice development incorporates three levels of practice and professional development for the interdisciplinary team.

The practice trainer role is hands on, working alongside individuals and teams to develop knowledge, skills and attitudes for today’s healthcare. Practice development nurses develop systems and programmes facilitating learning for interdisciplinary teams, negotiating with team leaders ensuring that current programmes meet the needs of professionals in the current economic and social climates. The practice development lead nurse leads the teams, ensuring that analysis of the training needs within the organisation inform strategy, policy development and service design.

As the experts in practice development the teams work with specialist clinical teams enabling other to develop skills of facilitation whilst ensuring that all levels of healthcare staff have access to expert skills, knowledge and attitudes.

Partnership working with the regions higher education institutions and local colleges are developed ensuring the academic needs of clinical staff are met, and relationship within the community are maintained.

The practice development teams within SRFT have facilitated programmes which have gain recognition from other Trusts, enabling a reputation which supports this high performing Trust maintain its position.

Healthcare is increasing in its complexity. Leadership, policy, organisational structure, societal and cultural pressures all present different challenges and influences to those working to ensure practice is evidence-based (Kent and McCormack, 2010). This presentation will demonstrate how the Salford way of facilitating practice and professional development ensures safe, clean and personal care for all our patients.

References


Partnerships and collaboration: the strategic role of the clinical facilitator

Olayinka Akinsanmi, Bachelor of Nursing Grad Dip Cancer Nursing; Josie Clayton, Diploma of Nursing; Ivy Comota, Bachelor of Nursing; Doreen Tapsall, Diploma of Nursing, Princess Alexandra Hospital, Woolloongabba, Australia

The Australian workplace has a deficit of skilled workers (Rudd, Swan, Smith and Wong, 2007). Associated with this is the gap in the skills and knowledge of nurses in transition from tertiary and vocational education, and training institution to the workplace that has been a concern among health institutions (Johnson, Kanitsaki and Currie, 2008). The National Cancer Control Initiative (2003, p.xiii) encourages facilitating and engaging workers to further develop clinical knowledge and skills that improves patient care. Work-based learning facilitates up-skilling and the retention of workers (Billet, 2006). This paper discusses the teaching and learning strategies employed by the nurse educator and clinical facilitators in the division of cancer services in the Princess Alexandra Hospital in Queensland, Australia in partnership with the academic sector, the hospital management, and clinical staff.

Research showed that high turnover of nurses in the workplace could be due to lack of continuous educational and clinical support (Roberts, De Marco and Griffin, 2009). The lack of education and clinical support can create stress and uncertainty among the staff regarding good clinical practice which can encourage horizontal violence (Duffy, 1995; Rowe and Sherlock, 2005). The lack of staff to cater for the complex needs of patients and the associated risks to quality triggered the employment of clinical facilitators and nurse educator to work in partnership with the designated nurse unit managers in the division of cancer services, comprising of haematology/oncology ward, ambulatory care unit, outpatients, and radiation oncology over two sites. Through the clinical facilitators, clinical, social and professional learning is now encouraged during episodes of care delivery.

A collaborative approach to learning underpins the clinical facilitator’s strategy, for example all new staffs are allocated two preceptors, one junior registered nurse and one senior clinical nurse. Support is readily available for these staff to learn the breadth and complexity of skills. The new staff and preceptors are also supported by the readily accessible clinical facilitators.

Facilitation of education and training also occurs through in-services or workshops and competency attainment within the division, and in collaboration with the hospital itself through mandatory trainings. Education sessions are conducted three times a week in two 30-minute sessions to capture more staff across the shifts. Topics are based on their perceived needs as well as encountered issues in the clinical area. Teaching modalities including didactic, interactive, online and blended methods are employed. Clinical competency attainment is assessed annually. The clinical facilitators, led by the nurse educator teach and assess senior nurses. From here the senior clinical nurse assess skills of staff within their designated team. Clinical nurses are encouraged to engage in the teaching role and allow a collaborative relationship between the clinical facilitators and staff at different levels. Resources used for in-service and training are updated regularly and linked to the Princess Alexandra Hospital cancer services website, that are linked to related learning websites such as EviQ (Cancer Institute New South Wales: Cancer Treatment Online), EdCan (National Cancer Nursing Education Project) and Joanna Briggs Institute Connect. This ensures the clinical practice is aligned with the current standards.

Focus groups provide interactions between learners and preceptors, and feedback to nurse unit managers from different units/ward. This strategy encourages trust and openness between staff and the management team (Reid and Callahan, 2004). At the same time empowering nurses to reflect on their practice and lead the profession towards continuous improvement.

These processes and opportunities empower staff. Staff develop sound communication, positive interaction and leadership skills through experiencing effective role-modelling and feedback embedded in practice (Henderson, 2010).

McCormack and Slater (2006) notes that not only are clinical facilitators responsible for clinical knowledge and skill acquisition but also have an integral role to play in the formation of a positive work place culture that sets in place the ability for each unit to ensure that a learning culture exits. Understanding and enhancing the culture of a workplace is essential in undertaking effective development in practice. These practices have contributed to recent results where 85% of the staff verbalised the sense of ‘connectedness, belongingness and confidence in the provision of patient care’. Nurses remain in the workforce longer when the workplace is positive (Cowin, Johnson, Craven and Marsh, 2008).

Through formal evaluation processes (progress evaluation and professional appraisal and development) staff are given the opportunity to identify the effectiveness of the role of the clinical facilitators and the relevance to their practice. From this process, staff are given further support if needed or encouraged to reinforce good behaviours. Staff and patients are given opportunity to recognise a colleague or staff respectively. Recognised and rewarded behaviour is repeated behaviour (Schoonbeek and Henderson, 2010).
It is imperative that the nursing profession identify strategies to equip nurses to recognise, cope and lead the profession through effective education. A leader that successfully empowers staff develops a climate of trust, increases job satisfaction and fosters commitment to the organizational goals which culminate in the delivery of high quality patient care. It is through the utilisation of the clinical facilitators and the strategies in place that allows for these to occur.

Further to this staff are made aware of professional and financial support offered by the Queensland Health to attend training and conferences, such as hospital based preceptorship, leadership, courses and postgraduate education as the Masters degree in haematology/oncology.

References

Key words:
- nursing education
- partnership
- work-based learning
- clinical facilitation
- patient outcomes.

T15

Practice education support groups for students and mentors in clinical practice: a partnership approach to linking theory to practice

Melsina Makaza, Practice Educator in Mental Health Nursing, University of Bedfordshire, UK

The development of nurses who are fit for purpose, fit for practice and fit for award is the ultimate goal of pre-registration nurse education in the United Kingdom (NMC, 2008). In order to produce skilled nurses, the pre-registration nursing curriculum is divided into fifty percent theory and fifty percent practice. This gives students the opportunity to spend half of the programme engaging in classroom learning within a higher education institution and the other half of the programme engaging in experiential learning in clinical practice placements within the National Health Service (NHS) and other non NHS placement providers. Clinical placements are designed as a platform where the students can link theory to practice under the guidance and supervision of a registered nurse mentor (NMC, 2006) whilst they participate in delivering care to real people with real problems in real clinical settings (O’Driscoll et al., 2010).
The NMC defines a mentor as a registrant, in nursing or midwifery, who has successfully completed an NMC-approved mentor preparation programme, and has successfully achieved the knowledge, skills and competence required to mentor pre-registration students (NMC, 2006). Although mentors play a key role in teaching students on placement (O’Driscoll et al., 2010), there is also the need for partnership working to take place between the placement providers and the higher education institutions, in order to facilitate the process of linking theory to practice. In busy clinical environments, it can often be a challenge for students and their mentors to find the time to actively link theory to practice. An effective method that has been developed has been through the use of Practice Education Support Groups for Students and Mentors (PESG).

This paper will report on the significance of PESGs in clinical placements throughout a three year pre-registration nursing programme. It will discuss the partnership working that has been taking place between students on mental health placements with their mentors within the context of a Mental Health NHS Trust. PESGs provide a forum where mental health students can learn to link theory to practice, during their clinical placement as opposed to waiting until the end of their clinical placement. By adopting principles of group clinical supervision, PESGs can be facilitated by an experienced practice educator or link lecturer from a higher education institution and they enable students and mentors to recognise theoretical concepts as they occur in practice. Students have the opportunity to reflect on the lived experience of being a student nurse whilst learning from the experts by experience – the service users, carers, relatives, families and practice staff (Walsh, 2010). PESGs facilitate a developmental dialogue about the acquisition of student knowledge, the development essential clinical skills whilst they develop professionalism as they are literally placed in different clinical placements throughout the duration of the three year programme.

The NMC Standards to support learning and assessment in practice (2008) introduced the additional notion of the ‘sign-off’ mentor status which highlights the accountability of nurses who mentor students during their last placement, immediately prior to registration (Middleton and Duffy, 2009). The role of the ‘sign-off’ mentor is to provide confirmation of proficiency in partnership with the higher education institution. This means that the ‘sign-off’ mentor is responsible for making judgements about whether a student has achieved the required standards of proficiency for safe and effective practice, so they can be entered onto the NMC register at the end of their three year pre-registration nursing programme. ‘Sign-off’ mentors have been a requirement for all students commencing NMC approved programmes from September 2007 and who complete the programme from September 2010 (NMC, 2008). Since the introduction of the sign-off mentor (SOM), mentors and SOMs have attended PESGs and have participated in experiential teaching and learning in a supportive environment.

Students have appreciated the presence of mentors at PESGs, as they have contributed to the students’ transition from student nurse to registered practitioner.

The presentation will explain how the PESG’s were identified, planned and organised in partnership between placement providers and the higher education institution. It will describe the student experience of the PESGs, including an explanation of the methods that have been used to engage and sustain student and mentor interest whilst on clinical placement. It will also discuss the impact that PESGs have on the personal and professional development of both students and mentors, and how this method of bridging theory to practice gap has contributed to the development of nurses who are fit for purpose, fit for practice and fit for award. The SOM experience of the PESG will be highlighted. It provided SOMs with the support, guidance and encouragement that they needed when undertaking the anxiety provoking role for the very first time in September 2010. Students and mentors who attended the PESGs were asked to provide a written evaluation of their experience, aspects of this feedback and key themes emerging from this data will be included in this paper. Although the sample group will be from the mental health field of practice (DH, 2006) reference will be made to the effective use of PESG’s in the adult nursing field of practice.

PESGs highlight an innovative way of helping students and their mentors to bridge the theory to practice gap in a supportive environment. This has implications for pre-registration nurse education as healthcare programmes will continue to be delivered within the context of higher education institution in partnership with placement providers.

Students need to be able to effectively learn how to link theory to practice, and PESGs can provide a forum for this to take place.

References


Key words:
- pre-registration nursing students
- mentorship
- partnership
- clinical placements
- linking theory to practice.

How this contributes to knowledge development in the Education in Clinical Practice and Practice Development theme:
- providing a current and relevant example of partnership working between placement providers and higher education institution in the practice education of students and their mentors through the use of support groups
- providing a positive example of how practice education support groups can provide a supportive forum where students and mentors can engage in a developmental dialogue about linking theory to practice whilst on clinical placements
- discussing the positive impact that PESGs have on practice development of the mentorship process, especially the sign-off mentor role in pre-registration nursing.

T16
Learning for sustainability: active learning and practice development

Jan Dewing, Professor of Person-centred Research and Practice Development, East Sussex Healthcare NHS Trust and Canterbury Christ Church University; Brendan McCormack, Director of the Institute of Nursing Research and Head of the Person-centred Practice Research Centre at the University of Ulster, UK

This theme paper presentation will explore the principles and purposes of active learning specifically within emancipatory practice development (Dewing 2009). It will also consider how practice development can contribute to shaping much more exciting and dynamic learning culture within workplaces of healthcare organisations.

In the last five years the way in which education and learning is structured and provided within practice development has started to be rethought. So much so, it is acknowledged that it needs as much thought and attention as the research of practice development. Given the centrality of learning within practice development theories and methodologies, practice developers need to ensure that learning plays a central role in all their major activities. Emotionally connected learning underpins the personal empowerment necessary for social change and transformation in the workplace. It is this contextual and cultural change that underpins more effective care. Active learning attempts to offer a workable approach to systematic learning within practice development and to ensure that opportunities for learning in the workplace are maximised.

Learning is both an attribute and an outcome of an effective and sustainable workplace culture (McCormack et al., 2009; McCormack Dewing and McCance, 2011). Further, it can be argued that particular types of learning are needed to contribute to and enhance personal and social empowerment. For example critical reflection, creativity and some forms of practical knowledge. However, it is too easy for practice developers to adopt a less or even an uncritical approach to learning and the facilitation of learning. Although practice developers acquire facilitation skills in their work, this skill set alone may be insufficient to ensure that learning is planned and offered in ways that draws on relevant learning theories and teaching practice. Thus practice developers may need to reframe their appreciation of clinical education or learning. Along side this, practice developers can have considerable power and influence as facilitators of learning within clinical and care settings. It is important that a strategic approach is taken to learning in the workplace by healthcare organisations. If practice development is to achieve its potential then the reliance on a training model may need to be challenged. Thus practice developers can exercise positive influence in the contested area of education provision (van der Zipp and Dewing, 2009; Dewing McCormack and Titchen, 2009). In some areas where practice development takes place, many clinical and care staff are often educationally and learning impoverished. Opening up and making accessible learning opportunities for a broad range of practitioners is therefore essential work in practice development, as is exploring how that learning is translated and diffused in the workplace ultimately to bring benefits for patients. To do this practice developers need to (re)examine their own practice as well as the factors that influence the way they facilitate learning.

In this theme presentation, the challenges for maximising the potential of work-based learning both formal and informal will be discussed. Examples from recent work by the school of nursing midwifery and indigenous health at the University of Wollongong, New South Wales, Australia in their post-graduate nursing curriculum to embed practice development and also evaluation research from a national practice development programme in The Republic of Ireland (2007-2009/10) will be drawn on. In the Wollongong work practice development subjects and
Active Learning are being introduced in a number of programmes. The Ireland programme, which was in place across 18 sites, both formal approaches to learning in groups and informal workplace learning were used.

The challenges to be discussed in this presentation loosely fall into a number of themes: (i) practice development methodology and methods (ii) skills sets in practice developers (iii) developing a work-based learning culture (iv) building partnerships with higher education. (v) Practice development and its position in formal education. Once the introduction and background have been set out these themes will be used to structure the remainder of the presentation.

References

Key words:
• active learning
• emancipatory practice development
• context
• workplace culture
• facilitation.

How this contributes to knowledge development in the Education in Clinical Practice and Practice Development theme:
• methodological development of learning within practice development
• draws on current education practice and research evidence from a completed national programme
• considers application of formal and informal work-based learning.

T17
Compliance of ischemic or haemorrhagic stroke survivors and informal carers with treatment and rehabilitation

Annamaria Bagnasco, PhD; Tiziana Taggiasco; Carlo Serrati; Loredana Sasso, University of Genoa, Italy

Discharge from hospital is one of the most critical moments for patients and their families, especially for patients who have temporarily lost their autonomy or face permanent disability due to acute disease.

These problems – added to the increased risk of post-discharge complications, re-admission and to the increasing number of people living alone or in small families – require strategic interventions when planning and managing discharge, such as an early identification of patients at risk and education for patients and their informal carers.

In these patients, it is therefore necessary to set up a structured care-continuum plan, as well as an adequate discharge plan. In fact, upon discharge the most critical aspects are: ineffective communication between hospital and territory; the lack of adequate assessment of patients’ problems and risks upon discharge, inadequate involvement of informal carers, attribution of excessive workload to family members who are not sufficiently trained to cope with the situation, and ineffective or slow activation of services on the territory.

The discharge of patients with special or complex healthcare needs has to be adequately planned. This involves a needs assessment, direct involvement of patients and their families, taking charge of the problems, networking with services available on the territory and designing personalised healthcare plans.
The management of complex discharge plans involves responsibility in implementing specially tailored healthcare plans for high risk patients.

This study had involved the drafting of a handbook by a multidisciplinary group informed by the indications and issues highlighted by a group of informal carers of stroke survivors. In this study, this handbook put in evidence the variable that allowed a methodological evaluation of the impact of education interventions for informal carers on:

1. Patient’s Barthel Index
2. Patient’s IADL, ADL and Rankin
3. Informal carer’s stress

The research project involved the use of focus groups to assess informal carers education needs, identify the issues of stroke-survivor care and collect useful information to draft the handbook for the informal carer.

Education sessions for informal provided the purpose of providing them with technical and healthcare knowledge so that they could act correctly and avoid excessive physical and psychological burden when caring for their family members.

The Caregiver Burden Inventory (CBI) was used to assess the carer’s psychophysical and social stress caused by the burden on family members caring for individuals affected by dementia.

The maximum score of the CBI was 96 (the higher the score, the higher the perception of the burden) and it is equal to the sum of the partial scores of each dimension.

The research unit intended to carry out a prospective study on 100 stroke survivors and informal carers enrolled in the main study, with the purpose to check their levels of compliance by means of phone calls.

**This study included the following stages:**

1. Assessment of information/educational needs of stroke survivors and informal carers correlated to quality of life, compliance with therapeutic and rehabilitation treatment by means of an educational diagnosis chart.
2. Draw up education protocols that include criteria to evaluate compliance with therapeutic and rehabilitation treatment to manage post-discharge care continuum in ischemic and haemorrhagic stroke survivors.
3. Standardization of the diagnosis of educational needs in stroke survivors and informal carers, with a validated questionnaire.
5. Draft an information handbook for formal and informal carers of ischemic and haemorrhagic stroke survivors.

**Results**

The CBI allowed to identify the level, type and causes of care burden; carers with the same total CBI score can present different stress patterns. These different profiles had identified the various social and psychophysical needs of carers and had represented the objectives of the psychological and pharmacological interventions to reduce burden.

These themes is applicable to other non-communicable diseases: diabetes, stoma care, education to informal care giver in children.

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**T18**

**The use of cognitive behavioural therapy (CBT) techniques for patients with mild to moderate dementia**

*Colin Hughes, Teaching Fellow; Catherine Monaghan, Teaching Fellow, Queens University Belfast, Northern Ireland, UK*

Cognitive behavioural therapy is the recommended treatment of choice for a variety of common mental health problems (Evans, 2007). According to the Department of Health (2002) a person’s age should not in any way prevent them from accessing psychological therapies. In a survey by Murphy (2000) it was found that the psychotherapy needs for this group were not as well addressed as those of younger patients. Hilton (2009) showed that while an additional 1.5 billion has been spent on patients of working age this has not occurred in older persons services.

Of those patients with dementia 60-70% suffer from depression and/or anxiety at some stage in their illness (Walker, 2004), and there is increasing evidence for the effectiveness of cognitive behavioural therapy techniques in the treatment of this patient group (Evans, 2007). The focus of this presentation is the training of staff in basic techniques aimed at improving the life not only of the patient but also of their carers. This is accomplished through the application of basic cognitive behavioural therapy techniques using a conceptual model proposed by James (1999). Behaviours which may have previously been identified as challenging by staff and carers may in fact have
been a method of coping. It is hoped through the application of this training and in particular the model, that these maladaptive coping strategies will be better understood and managed. In addition it is desired the application of cognitive behavioural therapy methods will influence the management of this behaviour in a more adaptive way both for the benefit of the patient and the carer.

**Aims and objectives of the teaching session:**
- to establish current knowledge base and practice
- to enhance and focus on improving the quality of life of the patient with dementia and his/her carer
- to understand two cognitive behavioural therapy models
- to raise the issues of the human rights of the older person with dementia over 65.

**References**


**Key words:**
- practice development
- cognitive behavioural therapy
- dementia
- coping strategies
- models.

**How this contributes to knowledge development in the Education in Clinical Practice and Practice Development theme:**
- To promote the regional service strategy with reference to psychotherapy with the older person.
- Within clinical practice the aim would be to encourage a more equitable approach to assessing, planning, implementing and evaluating individual psychotherapeutic care.
- To promote additional research into the area of psychotherapy for mild to moderate dementia.

**Student evaluations:**
**Marie:** When visiting the home I found one of the residents with dementia very bright and alert and looking up and smiling at me and responding. Normally, she had a vacant expression on her face and would not make eye contact with me. I asked staff what they thought had made the difference and they told me how she was enjoying their activity programme.

**Lisa:** I found the activities training provided by Queen's very useful and a worthwhile experience which enhanced my competence and understanding in the importance of good activities in patient's lives in the care home setting. I hope to be able to pass on my knowledge to carers within the home.

**Chie:** Activity training provided by Queen's University was very helpful, not only for the patient but for the staff as well. They gave us the help to be able to assess and to choose the appropriate activities that will benefit the patient. Activities are one of the important parts of care, it helps to improve patient mental and physical health and make their daily life enjoyable. Activities help to develop good relationships between the patient and the carer.

**Elizabeth:** When activities are being carried out some patients like to take part. It helps to distract them, putting them in a better mood. You get to know who likes what activities so that we know what to do with each patient. It helps the patient's self esteem.

**Bernie:** Queen's University provided us with training in activities which gave us an excellent insight into the importance of activities in the daily lives of patient's with dementia. With this knowledge we were able to plan and put into practice daily activities which helps to give each patient a sense of worth and feelings of inclusion and well being that enhances their quality of life.
Education in Clinical Practice and Practice Development 2

Tuesday 6 September
First Group of Theme Sessions
A model of best practice to support student learning and readiness for practical placements

Barbara Parker, Program Director: Practice Based Laboratories; Carol Grech, Associate Head of School, University of South Australia, Adelaide, Australia

The opportunity to gain practice based experience is an essential component in problem solving, clinical decision making and psychomotor skill development for nurses and midwives (Edmond, 2001; Budgen and Gamroth, 2008). However, a shortage in clinical training places, the increasing complexity of contemporary practice and workforce constraints that inhibit the time experienced clinicians can dedicate to clinical teaching have forced academics to rethink models of best practice to support students learning and readiness for practical placements. The University of South Australia (UniSA) School of Nursing and Midwifery, is one of the largest schools of Nursing and Midwifery in Australia with over 2,500 undergraduate students. This student population comprises domestic as well as international students (the later making up 15% of students) studying either internally, externally or in mixed mode. To ensure all students are well prepared for clinical practice, the School has recently introduced a new practice based learning approach which provides students with authentic clinical experiences within a simulated 'on campus' health service. This facility, and the application of inquiry based learning (IBL), provides students with an enhanced hands-on engagement to meet specific learning objectives and professional competencies.

IBL is a process of active learning that is driven by questioning and critical thinking (Stripling, 2009) and reflects constructivist learning theory where the centrality of the student's activities as learner creates meaning. The application of case studies and scenarios are used as the vehicle by which students apply IBL through learning phases that are recursive, iterative and reflective. The simulated health service that has been created on campus emulates real world practice and allows students to question; investigate; construct; analyze; express and reconstruct meaning and understanding in relation to situations nurses and midwives encounter in practice.

Collectively, the simulated health service are known as the Practice Based Laboratories (PBLs) and the facilities have been built to provide space and resources similar to that of services offered within both hospital and community settings. For example, depending on the courses (subjects) and learning objectives, students may be rostered to work in the emergency department, day surgical suite, recovery unit, high dependency unit, surgical or medical unit (with palliative care beds), paediatric unit, practice nurse clinical or the client home setting. Midwifery students practice in the midwifery unit, which includes a purpose-built birthing suite, antenatal and postnatal clinics. Each unit is staffed by expert clinicians all of whom are supported by the school to maintain clinical currency by working at least one day per week in the clinical setting. Academic staff facilitate student learning through a variety of engagement models within the PBLs aligned to student learning objectives and are also involved in assessment activities with students.

Some skill development is less easily undertaken in the simulated environment. This is less to do with the spaces in which one practices as it is to do with the degree of difficulty to learn and/or practice a skill on manikins. For example, communication skills, taking a patient history and thinking about the patient's care plan. IBL provides a vehicle by which students observe and communicate meaning with people (Lasater, 2007). The school of nursing and midwifery addresses this by employing staff or volunteers to role play. We have initiated the 'Friends of the School of Nursing and Midwifery' of which the membership comprises people, including retired staff members, who volunteer time to ‘act’ as patients. In addition throughout the undergraduate programs students are provided with opportunity to practice these skills by exposure to individuals in community healthcare settings and as part of organised ‘conversation café’ visits to residential aged care facilities.

Students work in teams in the PBLs with both their own year level and in collaboration with students from other year levels in the same program. The UniSA Hospital Experience brings together students from year 1 and year 2 of the Bachelor of Nursing working with registered nurses in ‘shifts’ to provide nursing care for a range of clients. Increasingly nursing students will have the opportunity to practice in teams with students from other health disciplines. The evaluation of this model will occur via survey and student and staff focus groups. Data gained from evaluation of this model will be important in providing information of the efficacy of a simulated healthcare environment in assisting students in skill development and to meet professional competencies.

References


Key words:
• nurse and midwife education
• practice-based learning
• simulation
• clinical practice
• inquiry-based learning.

How this contributes to knowledge development in the Education in Clinical Practice and Practice Development theme:
• evaluation of practice based model within and authentic space in a university setting
• benefits and challenges of practice based learning
• inquiry based learning in nursing education.

T20
A model for implementing interprofessional learning in clinical practice
Alison Kelley, Lecturer, University of Nottingham; Theresa Brennan, Deputy Ward Manager and Practice Development Nurse, Lings Bar Hospital, Nottingham; Liz Aston, Associate Professor, University of Nottingham, UK

Embedding interprofessional learning within all health professions has been seen to be important for several years, particularly in the light of errors that have occurred within care delivery (Laming, 2003; Toft, 2001). A particularly important area in which interprofessional learning and working is important is within clinical practice areas, using existing resources to develop this important initiative (Kelley et al., 2009) Implementing interprofessional learning in practice cannot be achieved without partnership working and this has been a vital element in developing this initiative in the practice setting. Champions for interprofessional learning have volunteered from within a placement setting and are supported by a lecturer from the University. These practice based champions have been key players in terms of involving other professionals and in identifying relevant opportunities for students allocated to their placement area.

This paper will demonstrate how an interprofessional learning model was developed during a pilot project, and how the model has since been disseminated across a wide geographical area as well as across different branches of nursing. The model focuses on the learning being facilitated, student led and patient centred (Kelley and Aston, 2011). However, this model can be adapted to suit the type of learners within an area and will accommodate the variety of learning opportunities available within a specific placement setting.

In order to develop interprofessional learning, it is vital to involve each healthcare profession attached to a specific placement area and to work in partnership with these practitioners. Local systems for supporting nursing students and mentors called practice learning teams (Chapple and Aston, 2004) have been extremely influential in establishing and helping to identify interprofessional learning opportunities for students from all healthcare professions. In addition, practice learning teams have been developed, from concentrating solely on developing the learning environment for nurses. to interprofessional practice learning teams that involve all the relevant healthcare professionals within that practice area.

University lecturers and practice based colleagues have worked in partnership to establish, support, facilitate and evaluate interprofessional learning in adult, mental health and learning disability placements for students. Each area and each branch of nursing decide on how to facilitate interprofessional learning experiences for their students. Initiatives developed are varied and include case studies, medical ward rounds, delivery and discussion of direct patient care, procedures, risk assessments and workshop approaches. Evaluations completed by all students are used to help develop the interprofessional opportunities further.

Lecturers and practitioners working together have helped to create valuable interprofessional learning opportunities which are simple, flexible and inexpensive to sustain. The interprofessional learning experiences are owned by the practitioners involved who are in turn supported by the University staff. Placement staff also develop ownership of this initiative which helps to embed an interprofessional philosophy within the practice area. Developing these interprofessional opportunities enhances student learning but also helps to foster closer working partnerships between the various healthcare professionals involved in the initiative.

References


Key words: • partnership • interprofessional learning • support • model of interprofessional learning • champions.

How this contributes to knowledge development in the Education in Clinical Practice and Practice Development theme: • working in partnership to create interprofessional learning opportunities • facilitating interprofessional learning opportunities helps to generate more effective partnerships amongst healthcare professionals in the practice setting • integration of knowledge and practice for multiprofessional students.

T21

A partnership approach to implementing service improvement methods into pre-registration nursing education and implications for future developments

Lesley Baillie, Reader in Healthcare; Barbara Bromley, Senior Lecturer (Mental Health); Rebecca Jones, Lecturer in Children’s Nursing; Jane Logan, Lecturer in Midwifery; Moira Walker, Practice Educator; Anthony Garvin, Project Manager (NHS Projects), University of Bedfordshire, Aylesbury, UK

Service improvement is concerned with improving patient care, particularly focusing on systems and processes (Henderson and McKillop, 2008), and recognising that quality in care is often determined at organisational rather than individual level (Berwick, 1996). It is argued that change for improvement should become part of everyone’s job, everyday, in all parts of the system (Batalden and Davidoff, 2007) but traditionally, service improvement was not included in United Kingdom (UK) pre-registration healthcare education. Consequently a national project was launched to support universities to embed service improvement in pre-registration healthcare curricula (Institute for Innovation and Improvement, 2008). The aim was that all healthcare students at registration would understand how to carry out service improvement, with a resulting positive impact on patient care. This paper presents our university’s partnership approach to implementing the project with pre-registration nursing students and how students and their mentors were supported in applying service improvement methods in clinical practice. The project’s multi-method evaluation results will also be presented.

Academic staff and National Health Service (NHS) staff with a lead in education, worked together in planning and implementing the project, which commenced with embedding service improvement into the revised pre-registration nursing curriculum, including a summatively assessed service improvement project for the degree pathway students. A rolling programme of education about service improvement methods was instigated for university and NHS staff. Three pilot service improvement projects were conducted with university staff working in partnership with NHS education leads and practice staff. These were aimed at gaining practical familiarity with service improvement and acquiring local examples which could be shared with students and mentors. A mentor handbook was developed and there was targeted preparation of mentors and placements, so that they could support the first cohort of students conducting service improvement projects. Education about service improvement and the students’ projects was introduced into mentorship courses, mentor updates and partnership days with NHS organisations. A virtual learning environment for service improvement was established with access for university staff and students and NHS staff. As well as university-based preparation, the students were allocated to action learning sets which met first in the university and then twice during their practice placements to enable working through of any problems and mutual support. Governance of the students’ projects was careful planned and mentors and action learning set facilitators documented their support for students’ plans in their project handbooks.
The project is currently being evaluated and the evaluation results will be presented. The evaluation aims to investigate, describe and analyse the implementation of the service improvement initiative within the pre-registration nursing curriculum. A multi-method, case study approach, following Yin’s (2009) framework, is being applied. Observation of action learning sets has been conducted and student questionnaires, focus groups with students, academic and NHS staff, and analysis of the students’ project summaries are in progress. The data will be analysed using the framework approach (Ritchie and Spencer, 1994), which is particularly appropriate where there are multiple data sources. The students’ service improvement ideas will be disseminated to the NHS organisations so that these can be considered with a view to taking them forward, thus having an impact on current practice as well as preparing the students for service improvement initiatives following registration as nurses.

The project has implications for other curriculum initiatives which require a close and effective partnership working between universities and healthcare service providers, and which aim to impact positively on both practice and education.

References
NHS Institute for Innovation and Improvement (2008) Improvement in Pre-Registration Education for better, safer healthcare: an NHS Institute initiative to introduce pre-registration health and social care students to improvement. NHS Institute for Innovation and Improvement.

Key words:
• partnership
• service improvement
• supporting mentors
• student nurses
• clinical placement preparation.

T22

A training and practice development intervention for mental health staff to provide planning for the future discussions with people newly diagnosed with dementia and their families

Sarah Burleigh, Senior Nurse Advisor, South London and the Maudsley NHS Foundation Trust; Michaela Poppe, Post-doctoral Research Worker, Institute of Psychiatry, King's College London, UK

The National Dementia Strategy, (2009) and the End of Life Care Strategy (2008) have identified early diagnosis for people with dementia as a crucial part of the overall care pathway. Alongside the early diagnosis there is the identified need to state the hopes and wishes of the person around future care planning, which may or may not include advance directive statements. The Modernisation Initiative End of Life Care Programme aim is to achieve excellent end of life care for all in Lambeth and Southwark, including those with dementia and their carers.

This intervention of planning for the future is being discussed more widely than before due to the demographic changes that we are currently seeing within our older population. Once a person has been given a diagnosis of dementia, there is a possibility that over time they lose the ability to make decisions about important aspects of their life, such as whether to move home, or to complete a will. Whilst a person still has capacity, this presents that opportunity to have conversations about what might happen in the future. However, staff can feel discomfort and concern over having these conversations. ‘Someone else would be better at having these conversations’, ‘I don’t want to upset her, so close to her diagnosis’, are some of the things that staff members have said.
Carers who did not get the opportunity to have these discussions with the person with dementia have stated their regret, as when the time came to make some of the most difficult decisions about moving into a care home, having medication, receiving life saving interventions such as cardiopulmonary resuscitation, the onus was on the carer to make those decisions (Livingston et al., 2010). Early conversations about such things could have relieved the burden for the carer and family members. The literature states that some of the benefits of future care planning are:

- achieving a sense of control
- relieving the burdens often placed on family
- strengthening of family relationships
- improved communication (Detering et al., 2010).

**Implementation**

An implementation study was set up to deliver future care planning to people who had received a diagnosis of dementia through a new memory service. This is a unique intervention and designed to be embedded as part of the normal service delivery.

Prior to the intervention of training and modelling, views and opinions were sought from service users, carers and professionals working with older people. This involved one to one discussions, group presentations and discussions, feedback through evaluation forms and discussion groups, telephone conversations and e-mail. Opinions were gathered about the usefulness of the intervention, the questions in the documentation being used as well as style and language.

The training intervention was delivered during the induction and training of the new memory service team. This was developed using input from service users and bereaved carers. Scenarios for the experiential learning were prepared with members of the team, bereaved carers and professional actors. The training used a number of approaches including role play, presentations, group work, individual work, interactive forum theatre and discussion.

Memory service staff consisted of nurses, psychologists, social workers, doctors, dementia advisors, occupational therapists and support workers. The training intervention was evaluated by the teams who were being trained to deliver the future care planning discussions. The pre- and post-evaluations showed a change in confidence and attitudes towards delivering the intervention in practice and a positive training effect. This questionnaire will be used again after six months.

When the memory service became operational, people who were considered appropriate for these discussions were identified during the assessment procedure. The intervention was then offered using a modelling process within the memory clinics to encourage the uptake of the intervention by the people with dementia and their carers. Community mental health teams were also given the training, and encouraged to offer their patients the opportunity to complete a future care plan.

The training has now been developed into a manualised training package for sustaining the intervention and for training new staff.

**Conclusion**

Identifying individuals own beliefs and skills about delivering future care planning has helped to increase their confidence in having conversations and delivering the intervention. It is important to recognise the ongoing need for peer support and supervision for staff throughout the process, to ensure that the professionals working with the patients and carers feel confident in having these intimate and very important discussions.

This is a voluntary process yet early results show patients do ask to have these discussions and carers also state that it is a helpful process. The benefits of the intervention are being evaluated through research and follow up with the individuals and their families. The results from these will be available at the conference.

**References**


**Key words:**

- dementia
- advance care planning
• experiential learning
• practice development
• work-based learning.

How this contributes to knowledge development in the Education in Clinical Practice and Practice Development theme:
• the importance of experiential learning when approaching the subject of future care plans
• modelling in clinical practice
• the role of peer support and supervision as a formal mechanism to improve practice.

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**T23**

**The sign-off mentor’s perspective in pre-registration nursing**

Abbie Barnes, Placement Quality Lead/Nurse Lecturer and Nursing Midwifery Council Fitness to Practise Investigating Committee Registrant Panelist, School of Nursing and Midwifery, Keele University, Stoke-on-Trent; Kim Eaton, Practice Placement Manager, Walsall Healthcare NHS Trust, Walsall, West Midlands, UK

In England, pre-registration nurse education is making the transition to become an all-graduate profession; the nurse education curriculum needs to mirror the fast pace of practice; foresee the future changing roles and produce students who are fit for practise at the point of registration. The registered nurse accountable for the decision about whether a student has achieved the standards of proficiency for safe and effective practice for entry to the register must be a sign off mentor (NMC, 2006; 2008). The decision to sign off proficiency is complex because the role of the registered nurse is increasingly demanding, the dynamic approach to healthcare delivery and health policy moving towards a model of care management and where care is delivered in community settings, as opposed to hospitals, requires students on entry to the register to have the analytical decision making skills to adapt to their environment, the management and leadership approaches to care, be safe, accountable and act autonomously.

A three year pre-registration nursing programme of quality assured teaching and assessment with methods and multiple assessors should make this a suitable environment for upholding appropriate standards through the longitudinal monitoring of performance and behaviour. However there is anecdotal evidence that suggests under achieving pre-registration students remain on the programme and enter the professional register, developing into incompetent registered nurses and poor performers. Duffy (2004, p.72) suggests that ‘perhaps [struggling newly registered nurses] were students whom mentors ‘failed to fail.’

Duffy (2004, p.74) identified that nursing students whom have ‘failed to fail’ are entering the register, and these individuals should have failed their training. Neary (2000) highlights the discrepancies between the clinical reports and the quality of recently qualified [nurses] behaviour. The NMC provide a framework defining and describing the knowledge and skills a registered nurse and sign off mentor need to apply in practice when they support and assess senior students on their final assessed placement (NMC, 2006; 2008). This role is challenging for a number of reasons: role conflicts; institutional workforce constraints; dealing with the failing student; and novice sign off mentors.

The evidence shows anxieties are heightened when mentors who assess student nurses competence and performance report dimensions of organisational constraints (workload, skill mix) and inter professional factors; there are clearly additional cognitive elements (Moseley and Davies, 2007). Mentors continue to face dual roles in clinical settings, functioning as mentor/educator and as evaluator/judge (Isaacson and Stacey, 2008). Sign off mentor may lack the skills, time and experience to deal with the failing student; this in conjunction with a novice sign off mentor and failing student can lead to the student passing clinical practice without demonstrating sufficient competence (Duffy, 2004).

The sign off mentor is a requirement of pre-registration nursing programmes and deserves time and investment. In partnership Walsall Hospitals NHS trust and Keele University evaluated the sign-off mentor experience of mentoring a final placement student. In order to support and develop sign off mentors, inform and improve future partnership strategies and ensuring practice and theory is linked; an evaluation approach was used to capture their experience and the analysis of the evaluation data generated valuable recommendations and insight into the existing support available and the sign off process.

Recommendations for future practice:
• Sign-off mentor programme development
• Sign-off mentor updates and promoting networking
• Sign-off mentor criteria of proficiency - development of simulated role plays and on-line interactive use of electronic resources.
• Strategies to support the prospective sign-off mentor
• Evaluation of the role from student and sign-off mentor perspective.
• Peer support
• Peer assessment

References


Key words:
• partnership innovation to develop the role of the sign off mentor.

How this contributes to knowledge development in the Education in Clinical Practice and Practice Development theme:
• practice development of the Sign off mentor and role evaluation
• development of partnership strategies and knowledge acquisition for the novice sign off mentor
• the use of effective methods to enhance the application of educational theory with practice.

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T24

The validation of a clinical competency assessment tool

Toni Uí Chiardha, Lecturer; Miriam McNicholas, Allocations Officer; Evelyn Byrne, University Teacher; Eimear Burke, University Teacher; Adrienne Montgomery, Lecturer; Marcella Kelly, Lecturer, National University of Ireland, Galway, Ireland

Assessment of clinical competence is a crucial element of undergraduate nursing programmes. Clinical assessment cannot be undertaken properly unless the tools used have been tested. The validity and reliability of a competency assessment tool is critical to ensure that it facilitates accurate assessment of students’ clinical competence and provides confidence in the robustness of the tool. There are a multitude of competency assessment tools in use; however, there is limited evidence that the tools have been tested for validity and reliability.

This paper will present the findings of a research study which measured the validity and reliability of a competency assessment tool used by preceptors to assess nursing students’ clinical competence. To achieve this purpose, a mixed method design was employed and involved four phases.

In phase one, content analysis of the tool against the domains of competence set by An Bord Altranais (Irish nursing board) was undertaken. In phase two, focus group interviews were conducted with preceptors regarding their experience with the tool. In phase three, following analysis of the data using a modified version of Colaizzi’s framework (1978), a questionnaire was developed and piloted. During the final phase (phase four), the refined questionnaire was administered to preceptors to establish their perceptions of the assessment tool and to measure the tool’s reliability. Analysis of the findings indicated that the competency assessment tool was a valid assessment tool. However, the factors of preceptor expertise, assessment process, learning outcomes, language, time and the layout of the tool influenced its reliability. It is recommended that the tool should be reviewed in relation to its language, overlap of learning outcomes, layout and length.

References


**Key words:**
- clinical assessment
- clinical competence
- validation of a clinical assessment tool.
E-Learning, including Blended Learning

Tuesday 7 September
First Group of Theme Sessions
Collaborative development of an e-learning resource to facilitate the achievement of sign-off mentor criteria

Heather Bain, Lecturer; Margaret Hutson, Lecturer; Fiona Work, Lecturer, The Robert Gordon University, Aberdeen, UK

The aim of this paper is to present how Robert Gordon University took cognisance of service requirements in a diverse geographical area, as well as professional requirements, to meet the educational needs of practitioners in meeting sign-off mentor status.

In 2006 the Nursing and Midwifery Council (NMC) published standards to support learning and assessment in practice. Two years later a second issue was published to address many of the challenges in applying some of the standards in practice. However programme and placement providers continued to express difficulties in meeting the NMC criteria for sign-off mentor specifically the requirement that:

‘….a nurse or midwife designated to sign off proficiency for a particular student at the end of a programme must have been supervised on at least three occasions for signing off proficiency by an existing sign-off mentor or practice teacher.’

(NMC, 2008, section 2.1.3)

The opportunity to mentor a final placement student may be seldom in some practice placements thus making the achievement of sign-off mentor status a protracted process for some mentors. Given these difficulties the NMC published a circular providing alternative options for achieving sign-off mentor criteria (NMC Circular, 05/2010) which included simulation and interactive use of electronic resources for the first two supervisions.

A collaborative approach was taken with Robert Gordon University and NHS Grampian, working in partnership, to consider flexible, accessible, cost-effective and engaging methods to embed the sign off process within the mentor preparation programme and make it accessible to the existing mentor population. Curriculum development is a complex process involving more than just educational considerations and a systems approach was taken (McAskill, 2009). The identification of the desired outcomes was a key stage in starting the process. This stage required an analysis of the perceived need, considering educational institution’s requirements, professional regulations and the needs of service. In selecting the approaches and methods to achieve sign off it was important to consider:

- Can the organisation support the selected methods?
- Is the infrastructure available to support methods?
- What content would be best delivered by which delivery method?

This resulted in the development of innovative e-learning resources. This resource has been incorporated into the existing mentor preparation programme and it is also available to the large population of mentors in practice who require to progress to sign-off mentor status.

The e-learning resource consists of two opportunities of simulation, a quiz and video clips for analysis. In the first simulation, the mentor is required to answer questions which are held on a self assessment management system called ‘Questionmark Perception’. The quiz tests the mentor’s knowledge and understanding of the NMC Standards to support learning and assessment in practice. When the answers are submitted electronically the mentor receives their score and the correct answers and can discuss these with the sign-off mentor providing their supervision. The video-clips illustrate a good and a poor example of a student being signed off at the end of their final practice placement. The mentor is asked to analyse these clips and record their comments. After submitting their comments electronically they will be given access to exemplar answers which they can discuss with the sign-off mentor providing their supervision.

The purpose of supervised sign off is to enable the prospective sign-off mentor to experience and demonstrate the skills required to safely sign-off a student on an NMC approved programme with the support of an existing sign-off mentor. This e-learning resource provides a vehicle for the mentor to do just that. In conclusion this paper will demonstrate effective partnership to meet the needs of service and professional requirements within a diverse geographical location, and the development of e-learning resources within a framework for a blended approach to learning.

References

Mode neutral and the application into mental health nurse education and beyond

Judith Ball, Senior Lecturer; Julie Ann Owen, Senior Lecturer, Edge Hill University, UK

This theme paper would like to demonstrate the ongoing work and evaluation of a three year project into the development of a mode neutral module and the application into mental health nurse education.

For a number of years at Edge Hill University within the faculty of health we have been developing online, blended and mode neutral approaches to learning. Historically face-to-face learning is/has been viewed as occurring in the teaching room and often through an instructive approach. Where the teacher continues to hold the power in the way the students learns. Online learning becomes an independent learning area where many have believe they are isolated and alone in their learning, hence why blended learning is preferred with some physical contact. What we end up with according to Smith (2007) is ’a constellation of stars with no connectivity between them’ Mode neutral started by asking why they could not converge and exist together. We thought students studying the same subject online as those on campus may make contributions that could be shared with one another. Mode Neutral pedagogy draws upon constructivist approaches that the learner should take responsibility for knowledge construction rather than passive learning by instruction. The students can contextualise their learning directly into their practice setting.

This module has been developed in response to stakeholder requirements to address the contemporary practice needs of the acute mental health workforce employed within inpatient services. The purpose of adult acute inpatient provision is to provide a high standard of humane treatment and care in a safe therapeutic setting for service users in the most vulnerable stage of their illness. However, concerns have been raised about patient safety, an over-emphasis on control and risk, and a lack of access to therapeutic activity and psychologically-based therapies. Subsequently, acute mental health inpatient wards have emerged as places struggling to meet the needs of people with complex mental health problems; a situation which has significant implications for service users, carers and staff (DH, 2004).

Working closely with local mental health trust the faculty has developed a module to meet the contemporary needs of acute mental health staff. Historically there has been under investment in educational and developmental opportunities for these staff which has now been acknowledged, and the pivotal role of ward-based nurses is recognised in the Chief Nursing Officer’s review of mental health nursing. Here the need to improve the image and quality of inpatient nursing is highlighted, along with the importance of promoting appropriate educational and professional development opportunities for inpatient staff (DH, 2006).

The collaborative process adopted for this module indicates the potential for myriad competing curriculum content themes. However, following consultation with the local trust it was proposed that key skills and knowledge are organised around the three following areas, firstly working with people to identify their needs for safety, support and engagement. Secondly to enable people to choose and participate in activities that is meaningful to them and finally understanding the specific clinical risks and care requirements of people who experience psychosis, severe depression, violence, suicide and self harm.

The module was developed to provide healthcare workers with the skills and underpinning theoretical knowledge to initiate or re-establish therapeutic engagement strategies with service users who have highly complex clinical presentations. The module has enabled learners to develop approaches to collaborative assessment, planning and delivery of individualised care and treatment underpinned by robust clinical formulation. Emphasis is upon utilising holistic psychotherapeutic strategies which can be incorporated into routine daily practice, and become an integrated part of quality care in wards which are frequently emotionally-charged. Optimism, recovery and a...
service user/carer focus is central to the module philosophy in tandem with an overarching framework of ethical practice.

References

Key words:
• mode neutral
• mental health
• therapeutic
• constructivist theory
• online.

How this contributes to knowledge development in the E-Learning, including Blended Learning theme:
• mode neutral pedagogy draws upon constructivist learning approaches
• the students can contextualise their learning directly into their practice setting
• an under investment within educational and developmental opportunities for acute mental health staff.

T27
The use of blended electronic interactive learning as an aid to sign-off mentor competence
Chris Wheable, Practice Support Teacher; Devi Nannen, Practice Support Teacher, University of Nottingham, UK

Mentor to Sign off Mentor, the good, the bad and the ugly. An innovative e-resource to resolve the major impact on both clinical and academic professions in nursing whom support and train future nurses.

On 26th March 2010, the NMC issued a circular describing the new criteria for mentors to achieve sign off mentor status, enabling them to decide on final placement student nurse’s suitability to join the register as a nurse with the NMC.

The NMC has set out the requirement for sign off mentors to be supervised in signing off final placement students on at least three occasions. The third and final assessment must be done for real in practice under supervision. Although, the way in which the first and second supervisory assessments are conducted may be achieved in a number of creative and innovative ways. Academic institutions that provide training courses for student nurses are now encouraged to provide appropriate means for how they prepare their sign off mentors to meet these requirements.

The types of activities that can be used by academic institutions to demonstrate the development of competence of sign off mentors may include:
• simulation
• role play
• OCSE (objective structured clinical examinations)
• interactive electronic resources (NMC, 2010).

Therefore, the NMC is giving academic institutions significant opportunity to explore alternative ways of preparing sign off mentors. However, the practicality, development, time and financial constraints have created a huge challenge to both existing mentors and professionals whom provide support and training to those who hope to aspire to be sign off mentors.

It was decided as a result, a sustainable, innovative and peer reviewed resource was required to deal with the need for training. Incorporating simulation, role play and the use of forward thinking blended learning, an interactive e-resource was developed to be used both for training support and a self directed learning tool. The e-resource was designed in conjunction with and incorporating true life identifiable scenarios that sign off mentors can be evaluated on two of their three assessments using e-assessments. This competency training is based around assessing and making a judgment on a student's competence and fitness for practice. Once registered and logged in, the mentor is presented with a student scenario in which they assess an ‘e-OAR document’ and a
video of the student practice. Following the assessment of the student scenario, they are presented with an evaluation questionnaire as to whether the student has achieved the required standard of proficiency in order to join the register as a qualified nurse. There are two scenarios available which can be attempted and on completion the user is provided with a certificate for evidence of competence. Prior to attempting the scenarios the user is recommended to spend some time reading the links to NMC recommendations regarding sign off mentor and revision notes.

The summative assessment approach incorporated in each of the scenarios was developed using the domains from actual documentation used in the academic institution. Following successful completion of the assessment of domains questionnaire the user is then expected to make an informed declaration as to whether the student in the scenario is fit to join the register. The user is also provided with instant feedback as to whether their assessment is correct.

Highlighted in the ‘Standards for supporting learning and assessment in practice document’ (NMC, 2008) educational institutions must have an up to date local registers for mentors and sign off mentors. Users of the resource are logged and compiled on a database to comply with this and the data can be cross referenced to the local register. The e-resource contains a log of the number of attempts whether successful or unsuccessful and whether competence certificates have been issued.

The resource is designed to be used as a self directed learning tool but has also been used in conjunction with mentorship training, mentor annual updates and sign off mentorship workshops. This enables the resource to be peer reviewed and contributes to sound future development.

The resource has also offered suggestions for future development for on line record keeping for mentors/sign off mentors and their competence. At present many hospitals do no not have competence documentation to show evidence of the three successful assessments in signing off a final placement student.

The use of this e-learning resource results in enhancing the capacity and capability of mentors in attaining sign off mentor status. With the aid of user and peer review it is designed to be an innovative practitioner focused training resource which aids the training and development of staff whether self direct or classroom based.

Key words: • sign off mentor • e-learning resource • blended learning • innovative learning • creative assessment.

How this contributes to knowledge development in the E-Learning, including Blended Learning theme: • mentor focused and peer reviewed resource • provides training and competence • adaptable blended learning.

T28

A blended learning approach for study days: enhancing the learning experience

James Little, Learning Technologist; Paul Galdas, Lecturer, University of Sheffield, UK

Recent focus in higher education has centred on delivering value-for-money and ‘doing more with less’. A common solution that has been employed to address these pressures, whilst at the same time maintaining student and tutor learning experience, has been the introduction or extension of e-learning/blended learning delivery methods.

This theme paper will explore these issues through an analysis of a study day on administering intra-muscular injections that was converted from a traditional, classroom-based face-to-face delivery to a blended learning approach. The paper will consider how this pedagogical and technological shift affected the experience of the students, the tutors, and the institutional issues and requirements that emerged.
In addition to accredited course programmes, The University of Sheffield School of Nursing and Midwifery runs numerous study days on various health-related topics. In the past, these study days have been delivered to health professionals using a traditional classroom-based face-to-face format, either at the University department or ‘on site’ at a place of work. This approach consumes a considerable amount of teaching and administrative time; resources which are already in considerable demand. With this in mind, a study day which was being delivered in one day – administering intra-muscular Injections – was proposed to be delivered in two components:

i) a half classroom-based study-day
ii) a web-based teaching and learning resource to be accessed by students before attendance of the classroom-based component.

In addition to making more efficient use of tutors’ time it was identified that that the new two-component study day would allow student to:
• work through learning some aspects of the material at their own pace
• test their own working knowledge prior to attendance
• use this information to self-identify further learning needs.

Other considerations included the effective creation of engaging learning materials and activities, as well as technical considerations such as providing access to study day attendees who were not registered with the University as students. The time-frame to implement these changes was also very tight.

Existing content from the study day were analysed and then collated by the tutor as being most suitable for delivery before the face-to-face session. In conjunction with the learning technologist, appropriate learning outcomes and styles were catered for, resulting in a mixture of course notes, diagrams and self-test activities. With this in place, provision was made to use MOODLE – an open-source virtual-learning environment (VLE) – rather than the University’s VLE so that access could be given to study day attendees who were not registered with the University.

The new-format study day ran from the January 2011. Uptake of the online resource was high, with most attendees having completed it before attending the face-to-face session.

Several pertinent points came out of the initial run:
• A technical issue of the local NHS Trust using Internet Explorer 6 (10 years old) on computers prevented access to the resource from some attendees’ workplaces, although this was quickly resolved.
• ‘Proof’ of use of the resource was not a requirement for the face-to-face section of the study day, but could be introduced if required.
  o An initial investment of time and resource was necessary but once the online resource was developed, apart from small alterations, no further time was required resulting in the teaching time being reduced by half.
• Different student learning styles were more easily catered for.
• The pedagogical focus shifted from didactic ‘delivery of information’ to active and self-directed learning.

The evaluation of the study day has been positive, improving the learning experience for the students whilst reducing teaching load on staff. The study day format provides an example of how other teaching and learning may be adapted, and also how single units may be delivered this way on traditional face-to-face courses.

Key words:
• blended
• active
• learning
• moodle
• efficiency.

How this contributes to knowledge development in the E-Learning, including Blended Learning theme:
• provides an example of a successful way to enhance the learning experience whilst overall saving tutor time
• demonstrates considerations required to undertake this change
• emphasises the need to focus on content and educational outcomes vs. the application of technology as a driving force.
T29

Attitudes to and acceptance of dynamic multiple-site teaching in oral health science

Isobel Madden, Assistant Director of Postgraduate Dental Education; S. Mackay; A. Gibson, UHI Millennium Institute, Inverness; L. Gunn; UHI Millennium Institute, Dumfries; A. Hall, UHI Millennium Institute, Inverness, UK

UHI Millennium Institute's (UHI) geographically dispersed collegiate network across Scotland requires innovative approaches to education. The use of blended learning has been developed at UHI over several years, and its use for education in healthcare provides an opportunity of advancing methods of teaching in this discipline.

The school of oral health science was set up in 2008 to provide BSc level teaching for students wishing to work as dental hygienists and therapists, registered with the general dental council. The School accepts students in teaching facilities at two mainland sites; the Centre for Health Science, Raigmore Hospital, Inverness and the Dumfries Dental Centre, Dumfries and Galloway Royal Infirmary. A further teaching centre in the Outer Hebrides, based at the Western Isles Dental Centre at the Western Isles Hospital in Stornoway, has been commissioned and teaching commenced there in the current academic year, giving a geographical spread for the School in a radius of 250 miles. Because of the spread of venues, teaching in the School embraces synchronous online tutorials, clinical skills training by video conferencing (VC) and face-to-face clinical teaching in primary dental care in the patient treatment areas at each centre. For didactic teaching, tutors provide supervision of lessons from one venue, communicating with the remote student groups using a University IT Bridge based in Shetland.

Aims and objectives

The study was arranged to collect data from staff and students on online communications and course delivery methods for the BSc Oral Health Science in order to assess the differences in acceptance between new intake and current students, and changes in the experience of tutors. The results should inform improvements in course delivery and determine changes in affective factors.

Methods

Questionnaires were delivered over the course of three years and completed online by students and tutors, using the Blackboard Virtual Learning Environment (VLE). The questionnaires were provided in separate areas of the VLE for each group, allowing questions to be directed at the issues affecting staff and students. The data were analysed and compared: responses from tutors, student responses between different cohorts and responses from individual cohorts at start of semester and mid-year.

Results

The tutors surveyed reported increasing confidence in using VLE and VC as the course developed (100% in 2010 compared with 18% in 2008); VC was regarded as useful for teaching delivery by 100% of tutors, compared with 50% in 2008. A wider range of equipment was in regular use for teaching.

Three student cohorts were surveyed, and an increase in previous experience of online study was seen. 36% of the 2009 student intake had previously undertaken online study, compared with 17% of the 2008 intake. There was a 37% increase in the use of self-directed learning with online support as the preferred learning medium (2009) compared with the 2008 student group. Of the 2009 intake, 86% reported VC useful in the learning environment compared with 45% in 2008. The entire 2009 and 2010 groups were confident in using the VLE compared with 55% in 2008.

Conclusions

Tutors' experience of and confidence in using technology-based teaching methods has increased. New intake students are showing more knowledge and acceptance of these. The use of these methods of teaching can be developed to provide degree level teaching across a wide geographic area, particularly relevant to remote and rural communities. Continuing evaluation is required to demonstrate effectiveness of the training programme.

References


**Key words:**
- blended learning
- remote and rural
- course delivery
- video-conferencing
- online tutorials.

**How this contributes to knowledge development in the E-Learning, including Blended Learning theme:**
- development of teaching methods across multiple sites
- acceptance of IT-based facilities by tutors in healthcare
- changes in experience of students enrolling in higher education in healthcare.

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T30

**Collaborative online chemotherapy e-learning**

**Judith Ball, Senior Lecturer Edge Hill University, UK**

Three innovative e-learning health programmes designed by Edge Hill University Faculty of Health's technology enhanced learning team in conjunction with Merseyside and Cheshire Cancer Network have been launched across Merseyside and Cheshire NHS to enhance patient care. The new era of ‘Web 2.0’ technologies has been adopted to foster the building of online communities for sharing and standardising services across National Health Service trusts.

An exciting e-learning package has been developed around chemotherapy treatment. It allows practitioners to cover the crucial aspects to managing chemotherapy for their patients. The package promotes safe administration of medication along with encouraging the practitioner to share their experience with others; it is an interactive programme that enables users to ask each other questions and exchange knowledge.

The second module in the trio is spiritual health, which covers the way we find meaning and inner peace. The spirituality module is such a unique undertaking because it is a subject area that one would tend not consider for online learning as it is often taught through personal interaction. It is available for anyone who looks after people, such as nurses, chaplains and carers. Emotionally driven, it asks thought-provoking questions as users find their own inner-resources. They can then use this knowledge to encourage patients to think on a more spiritual level.

The online package has been designed to include interviews, videos and live chats.

An Intravenous Therapy (IV) online workbook has also been put together with the Collaborative Intravenous Nursing Service (CINS) and Merseyside and Cheshire Cancer Network to develop a uniform approach towards training and assessment for IV access, care and maintenance to standardise approaches to practice.

The course developed through the identification of limited numbers of chemotherapy trained nurses. There has been limited access to funding for recognise chemotherapy courses and the releasing of nurses from the clinical environments has become increasingly difficult. One of the benefits has been to unify training across the Cancer network and to achieve an online course, which compliments directly the practical needs of the service. The nursing group which the course is aimed towards includes nurses with a minimum of six-month experience, nurses working within cancer day units and centres, nurses on inpatient oncology or haematology wards which includes paediatrics, and/or nurses interested in chemotherapy administration. By targeting these groups of staff, the outcomes will improve patient care and smoother service delivery. Productivity from any service delivery perspective will increase as staff will not be required to attend expensive face-to-face training sessions, often delivered within in-house specialist training courses or at higher education institutes. There will be no need to leave the clinical area, hence the will be no increased expenditure backfilling posts or bringing in agency or temporary staff to cover training needs of staff. In effect, this has a direct impact on a consistent and patient orientated service.

With each of these evidence-based e-learning packages the objectives for each individual collaborative partner was a different. For example, within the spirituality course, this course was originally face-to-face and delivered via a workbook. Now with the online facility, can become involved in a more interactive format and develop a community of online practitioners and peer support. This course enables practitioners and other staff to have an enhanced awareness of the spiritual needs of vulnerable people to be dealt with in an appropriate and caring manner.
Within the chemotherapy again, the flexibility of an online learning package, it will allow the numbers of competently trained chemotherapy staff to grow. The key objective was to ensure that a flexible, theoretical online course could and will support the practice needs of staff. This can only enhance service delivery in a standardised and evidence-based manner.

One of the key objectives within the intravenous course is to enable staff to understand the complexities and dangers with intravenous therapy. Allowing care delivery to vulnerable populations to be evidence-based and standardised across the network.

Now with the online facility, practitioners can become involved in a more interactive format and develop a community of online practitioners and peer support. This course enables practitioners and other staff to have an enhanced awareness of the spiritual needs of vulnerable people to be dealt with in an appropriate and caring manner. Within the chemotherapy again, the flexibility of an online learning package, it will allow the numbers of competently trained chemotherapy staff to grow. This can only enhance service delivery in a standardised and evidence-based manner. One of the key implications within the intravenous course is to enable staff to understand the complexities and dangers with intravenous therapy. Allowing care delivery to vulnerable populations to be evidence-based and standardised across the network.

**Key words:**
- chemotherapy
- spirituality
- online
- flexibility
- evidence-based.

**How this contributes to knowledge development in the E-Learning, including Blended Learning theme:**
- practitioners able to cover the crucial theoretical aspects to managing chemotherapy for their patients
- an enhance service delivery in a standardised and evidence-based manner
- a flexible and theoretical online course that supports the practice needs of staff.
Enhancing the Student Experience 1

Tuesday 7 September
First Group of Theme Sessions
Redefining the hospital discharge: the Lean initiative

Jitendra Singh, Ph.D Student, MHA Candidate, 2011; Audrey Yates, Lean Systems Manager; Charles Campbell, MD; Lacey A. Troutman, Advanced Practice Provider; Pamela B. Teaster, Ph.D., Associate Dean for Research and Professor, University of Kentucky, Lexington, USA

Introduction
Most hospital discharges are non-standardized and highly uncoordinated. Adverse events for patients occur within a short period of time following discharge, and these may lead to re-hospitalizations and emergency department visits. The Institute of Medicine (IOM) report, *To Err is Human: Building a Safer Health System* (2000), revealed alarming statistics regarding the number of people actually harmed by inefficiencies in the current system. Recommendations included major improvements in quality care and patient safety. The IOM report recognized the need for systemic changes and called for innovative solutions to ensure improvement in the quality of healthcare (Kohn et al., 2000). Hospitals are increasingly turning to Lean strategies to improve the quality of patient care and safety, eliminate errors, cut delays, and reduce the length of patient stays in hospital. Lean practices, with their genesis in Toyota manufacturing, as applied to healthcare work to eliminate the amount of time spent on non-value-added activities for delivery of patient care. It includes identification of the essential elements of care and elimination of wasteful activities. Applications of Lean strategies have the potential to increase workforce productivity and reduce costs. Rather than a set of tools used to cut waste, Lean embodies a culture that develops, values, and nurtures employees. Drawing from demonstrated success with Toyota, the purpose of this project was to evaluate the existing discharge process at the University of Kentucky’s (UK) Chandler Medical Center and to develop a standardized approach for discharging patients.

Methods
A UK team consisting of physicians, registered nurses, frontline staff involved with the discharge process, Lean six sigma black belts, and a student intern from the Masters in Health Administration program used a multidisciplinary approach to improve the current patient discharge system. The team applied the Lean philosophy to understand ‘what is value-added for the customer?’, identify waste (muda), and to improve current discharge processes by making incremental changes. Tools included usage of an A3 (i.e., aim, measure, changes), Kaizen events, go-see, value stream mapping, and a definition of standard work. Major decisions were made as a team. To evaluate the current discharge process, a tool addressing ideal components required for an effective discharge was developed. In order to compare the current and the future state of patient discharge, data were collected with the help of discharge nurses using electronic medical records. The scientific problem solving approach called *plan, do, check, act* was used to evaluate the effectiveness of the process and the necessary changes were made. Logistic regressions conducted using SPSS were employed to analyze the collected data.

Findings
Analysis revealed that inefficiencies in the current system were the major reason for readmissions (data will be presented at the conference). Problems in the prevailing system included a lapse in communication between the inpatient team and the primary care physician, a lack of effective discharge summaries, inadequate patient education, medication reconciliation errors, and inadequate follow-up.

Outcomes
As a result of the above steps, the hospital has increased its emphasis on planning for effective delivery of healthcare services, implemented the new discharge notes (After Hospital Care Plan), identified roles and responsibilities, created orientation materials for all care givers, and empowered frontline staff to continually improve the discharge process. The new approach integrates clinical practice with the architectural framework.

Discussion
Use of Lean tools can effectively prepare a patient for discharge and post-hospital care. The Lean approach can improve the quality of care, reduce readmissions, and lower costs. In addition to the US, Lean principles have also attracted attention in European and Asian countries. Current worldwide economic challenges make the quest for quality an absolute necessity. High quality, safe patient care is no longer a goal for the future; it must be an everyday practice. Incorporating the Toyota production system in the educational curriculum helps students learn the system prior to their entry in the workforce. Increasingly, educational institutions are including Lean educational sessions for students through case study examples and as an administrative tool. Efforts are being made to make the best use of students’ ability and transform them into effective and strong leaders. Incorporation of such approaches into everyday healthcare practices has the potential to reduce medical errors, adverse events, and patient mortality as well as to improve in patient safety and satisfaction, staff morale, and efficiency.

References

Key words:
- multidisciplinary approach
- different Lean tools and lean philosophy
• Plan Do Check Act (PDCA)
• lean education sessions and transforming students into leaders
• integration of clinical and architectural framework.

How this contributes to knowledge development in the Enhancing the Student Experience theme:
• projects such as the current one provide a powerful and compassionate approach to solving problems and making improvements as they work to achieve the ‘IDEAL’. They serve as an example to other organizations to engage in similar practices to improve their work
• such studies serve as a good means to apply classroom knowledge into practice. Students equipped with such tools can lead the transformation to bring appropriate changes to the existing model of healthcare delivery
• using the primary Toyota production system tools such as A3 and value stream mapping, healthcare workers (existing and future) learn to explore problems firsthand to find root causes and eliminate non-value-added activities such as waiting, confusion, non-value-added processing, excess inventory, defects, excess motion, and underutilizing people’s knowledge, skills and abilities.

T32
Clinical simulation: enhancement of the student experience in healthcare education in the West Midlands
Serena Stirling, Teaching Fellow; Marianne Hensman, Clinical Tutor, University of Birmingham, UK

Background
With the impending National Health Service reforms, the government is committed to establishing a healthcare system founded on locally influenced leadership, with ownership and decision-making in the hands of professionals and patients. The system will evolve in a culture of open information, active responsibility and challenge which will ensure that patient safety is put above all else (White Paper, 2010). Reader et al. 2007, suggested that many adverse events involving patients relate to communication difficulties within the multi–professional team. In relation to healthcare education, Morison and Jenkins (2007) suggested that students who have had interprofessional learning (IPL) exposure, understand the importance of teamwork and communication with colleagues and patients.

Robertson and Bandali (2008) reported that the opportunity for health professionals to interact and engage in interprofessional scenarios prior to practice is minimal and suggested that cutbacks in funding and staffing at healthcare and educational institutions further limits these opportunities.

This recognition has led to the development of IPL activities for students, using clinical simulation. Curriculum innovations such as this, encapsulates the needs of both the healthcare system and higher education institutions tasked with delivering healthcare education.

Evidence from the literature suggests that an element of the ‘experience’ of healthcare students should include curriculum enhancements, to ensure that graduates are equipped with the skills required to meet the demands of today’s health service and ensure a smooth transition into employment. Davies et al. (2010) reported that IPL effectively improves the student physiotherapist’s awareness to professional roles and also the ability to develop collaborative relationships, which could lead to improved patient care.

A current interprofessional learning collaboration in the West Midlands, involves students from four higher education institutions and four different healthcare professions to address this issue, by enabling healthcare students to participate in IPL clinical simulations.

The aim of this paper is to present the experiences of participants from the collaboration, which explores the use of IPL clinical simulation to enhance the student experience.

Methodology
Academics from medicine, nursing, physiotherapy and operating department practice disciplines developed two interprofessional clinical skill simulations (chronic respiratory and perioperative). Student professions represented in the project were - pre-registration doctors, nurses, operating department practitioners and physiotherapists.

A hospital ward environment was recreated in a clinical room of a higher educational institution. Students worked in multi-professional teams to assess and treat a ‘patient’ (role-played by a professional actor), with the simulation focus on team communication. With informed consent, the scenarios were videotaped. Academic staff facilitators provided clinical skills guidance and professional role support. Electronic copies of the scenarios were made available to the participants after the event.
Facilitators and peers provided feedback on interprofessional team performance, with the emphasis being on interprofessional communication and the patient experience.

All participants completed a questionnaire to assess their perceptions of interprofessional working and evaluate changes in these ideas pre- and post-event. Opinions on IPL as an educational enhancement were also obtained.

**Results**

Both clinical scenarios evaluated positively from all groups of students. Positive changes regarding knowledge of roles and responsibilities of other professions were reported and participants felt that their clinical practice would be improved by learning with students from other professions. Participants reported being more aware of the responsibilities of other team members.

Areas where students felt they could make a change in their practice following the scenarios were confidence, knowledge and skills. It was evident from a facilitator perspective that students’ confidence levels were increased following interaction with other professional groups of students.

Student reflections, such as, 'I must remember to communicate more what I’m thinking both verbally and in writing'; 'I know who to seek appropriate help from', have the potential to influence future professional behaviour, positively impacting on patient safety. Students also reported that their awareness of the patient’s experience had been enhanced as a result of scenario exposure.

Student opinions suggest that participating in a simulation raised the importance of collaborative practice for patient care. As a result of the simulation opportunities, students reported greater awareness of the potential benefits of IPL for clinical practice.

**Implications**

There is potential to embed this style of learning and teaching into the curricula of pre-registration healthcare students, however, funding and sustainability issues remain problematic. Participation in this project is on a voluntary basis which encourages students to engage with teaching and learning innovations and develop independent learning skills. Students discover skills which are transferrable to practice and enhance employability. Working within an IPL simulation empowers students to develop into their professional role and improve their confidence to give a sense of belonging in the healthcare team environment. IPL simulations are a valuable tool for encouraging student awareness of the importance of collaborative learning, to facilitate the provision of patient centred care.

**References**


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**Key words:**

- interprofessional learning
- student experience
- simulation

**How this contributes to knowledge development in the Enhancing the Student Experience theme:**

- IPL clinical simulations provide students with extra-curricular opportunities to engage with professional activities
- IPL clinical simulations are student focussed therefore enhancing teamwork, communication and decision making skills in a problem based learning environment
- collaboration with a range institutions and professional groups, enhances the student awareness of the multi professional team and the system within which it operates.
Tracking ‘non-standard’ students in health and social care

Sara White, Senior Lecturer in Adult Nursing, Bournemouth University, UK

The 21st Century has seen many individuals enter higher education who do not ‘fit’ with the traditional view of a young single person who, having just completed their A levels, continues with their education. The 21st century student can be any age, any ethnicity, and any sexuality and have a multitude of needs. This complexity often brings such demands on students they feel the need to discontinue their studies. This, consequently, increases attrition and, for the university which is a business, has financial implications. It also has consequences for the health service providers who are often working with the student through troubled times and may be on the receiving end of late or non attendance, and demotivation. For the health service, a nursing student who discontinues their studies and who had potential for offering high quality healthcare, is lost to the profession as a whole as they will not reach registration. Consequently the author of this paper saw a need to help and manage these students and, where appropriate, assist them to complete their studies. In Bournemouth University we call this the tracking tutor. The tracking tutor manages ‘non-standard’ students. A standard student is one who commences and completes their studies in the required timeframe i.e. three years. A non standard student is one who does not ‘fit’ with this normality and may take anything from three to five years to complete.

This paper will share unique experiences and knowledge gained whilst developing this role. It will explore how investment in the role benefits students and organisations. It will explore how, to be able to competently undertake this role, expert communication and networking skills are vital.

In order to be able to advise students and plan their future education requirements, the tracking tutor needs to have a good knowledge of the complexities of placement providers, have a sound knowledge of Strategic Health Authority and Government funding of courses and national requirements, as well as having a comprehensive knowledge of university procedures and processes. This paper will demonstrate how the tracking tutor needs to keep abreast of several different, but essential, aspects of healthcare education.

This paper will show how meeting with students, who are contemplating leaving or suspending their studies, has many advantages and enhances their experience as they feel ‘cared about’. Here the tracking tutor offers students a listening ear and, having a good comprehension of their programme of study, offers appropriate advice enabling them to reduce anxieties. Students appreciate the fairness and transparency of the post holder because with the necessary information they can make informed decision about their future.

For the majority of non standard students who have ‘stepped off’ the course (i.e. due to complex social situations or maternity leave) they welcome the tracking tutor being the ‘one point of contact’ who will manage their return. Return to studies, or ‘work’ is a stressful time and having it seamlessly managed helps reduce stress. Many student undertaking vocational programmes, such as nursing, describe practice experiences as ‘going to work’ and this associated with their studies and complex social lives increases their stress levels. The management of work related stress (a key directive of the UK Health and Safety Executive (2010) and Health Service Commission (2008)) and appropriate support has a direct association with reduced absenteeism and reduced attrition.

For practice partners, who mentor students, the value of the ‘one point of contact’ of the tracking tutor and the speed of response when assistance is required, not only helps reduce feelings of frustration and anguish, but also helps networking and collaboration. For over a century now UK Governments have called for collaboration between public and private sectors and the NHS and higher education institutions have been working in partnership (Barr, 2000). However, organisations are large and quick access to the most appropriate person is often fraught with difficulties, hence why a ‘one point of contact’ is so valued as mentors and practice education facilitators themselves feel supported.

University colleagues merit having the complex non standard student ‘managed’ for them so they can focus upon other aspects of their roles (teaching, research, enterprise activities etc). The tracking tutor closely works with tutors and administrative staff, who respect the knowledge offered by the tracking tutor and call upon it for critical thought when struggling students are identified. The attendance of the tracking tutor at university exam boards enables decisions to be made based on parity and non bias objective thought.

This paper will therefore offer insight into the benefits, and the associated complexities, of the tracking role.

References


The introduction and implementation of student forums in pre-registration nurse education

Rachel Harrison, Practice Support Teacher; Stephanie Wilson, Practice Support Teacher; April Buckthorp, Practice Support Teacher, The University of Nottingham, UK

Current research has identified that high numbers of pre-registration nursing students leave the nursing course within the first year of training (Avis, Mallik and Leducq, 2008). Attrition rates have a huge impact and financial loss to higher education institutions in pre-registration nursing programmes. However more importantly it is essential to consider why these students are not staying the course (Avis, Mallik and Leducq, 2008). Research has explored why nursing students leave the course and it has been identified that many nursing students leave as a result of their first practice experience (Avis, Mallik and Leducq, 2008). Evidence suggests that students can feel unsupported in their first practice experience and can feel isolated away from the university support network. It has also been identified that students need to feel a sense of belonging to the course (Levett-Jones and Lathean, 2008). Levett-Jones and Lathean (2008) emphasise the importance of socialisation in the students first year of the nursing course. They identified that students need to feel socially integrated and accepted into the university culture. This is particularly important with nursing students as they also need to integrate into different professional teams whilst engaging in practice placements.

The practice support teacher is a new role that has been developed within the University of Nottingham, Division of Nursing, Midwifery and Physiotherapy. The role has been developed to fundamentally support students and mentors within clinical practice. The support structures available to pre-registration nursing students have been explored and the need to develop a support network for student undertaking their first practice placement was identified. The concept of the student forum was developed to provide support to ‘first warder’ students whilst they are on placement. The student forum is focused on providing the student with an opportunity to meet with peers to raise practice issues and to gain peer support whilst out on placement. It has been developed to be a forum opportunity for the students to discuss their placement experience and practice issues. The rationale for this is to promote a sense of belonging for the students within their peer groups and provide a support network for students to resolve or discuss their practice issues. Therefore the expectation is that fewer students will leave the pre-registration nursing programme as a result of their first practice experience.

The concept of student forums has been developed at strategic level and was introduced to practice support teachers within the University of Nottingham to be developed and implemented within the Diploma/BSc nursing course. The student forums are designed to promote structured reflective discussion and aid the students with the strategies and techniques to resolve their own issues whilst on placement. The student forum takes a humanistic approach to learning and supports many theorists who identify the importance of education being student centred and supports the need for teachers to be facilitators of learning (Roger and Freiberg, 1994). The forums are designed to focus on the needs of the students and are facilitated around the student’s practice experiences. The student forums consist of two 1-2 hour long sessions that were held in placement areas. The students were split into small groups to attend the forums to ensure that all students had the opportunity to share their placement experiences.

The students identified many common issues whilst in the student forums; these were related to mentor support, practice issues such as dealing with death, personal issues and problems with placement assessment. Evaluations following the forums identified a positive response. Common feedback statements included ‘I did not feel alone when I attended the forum and I valued the peer support’ and ‘I would have felt very isolated without the forum’. All students stated that they would recommend the forum to future students and they could not believe that the student forums did not continue throughout their training. It was also identified that students were able to build effective relationships and support structure with their peers.

The student forums were rolled out across all five centres of the University of Nottingham. Practice learning Leads and practice support teachers are involved in the development and implementation of the student forums and the
second phase of student forums is currently being implementation. From the evaluations the student forums have had a positive impact on the student experience. Attrition rates for the pre-registration programme have decreased and it can only be anticipated that the delivery of the student forum has had an impact on the change in these figures. Initially the Student Forum was only available to students undertaking their first practice placement although from the positive evaluation this has now been extended to all branch placements in the first year. The student forum will be implemented into the new graduate curriculum and is currently developing to ensure it will enhance the students experience. The relationship between student forums and clinical supervision has also been explored. A model consisting of both student forums and clinical supervision maybe implemented into the new curriculum.

References

Key words:
- student forum
- student experience
- attrition
- reflection
- practice.

How this contributes to knowledge development in the Enhancing the Student Experience theme:
- high attrition rates identified that many students leave the nursing course as a result of the students first practice experience
- student forums have been implemented into the pre-registration nursing programme to improve the student experience whilst on practice placements
- using reflective practice, students have identified that the student forum has improved their practice experience and has enabled them build effective relationships and support structure with their peers.

T35

An empirical study on student midwives' perceptions of videos for learning about the management of selected obstetric emergencies
Lisa Sutton, Senior Lecturer in Midwifery, Birmingham City University, UK

Background and literature
The Standards for Pre-Registration Midwifery Education states that:

‘The student must demonstrate competence in skills in managing obstetric and neonatal emergencies, underpinned by appropriate knowledge’

(NMC, 2009).

This poses a challenge to educators as it is essential that the student is able to develop, retain and apply this knowledge to the practice setting and their future role as a practising midwife. For obstetric emergencies, methods of teaching should take account of the limited exposure students have in clinical practice, as emergencies are not an everyday occurrence and if they do occur, the student is often an observer rather than team member (Norris, 2008).

It is known that knowledge of obstetric emergency management increases after skills drills training (Birch et al., 2007; Norris, 2008; Strachan, 2010). However for student midwives who do not have the prerequisite knowledge of the emergency/complication, the challenge is finding the best mode of delivery for laying these foundations, whereas qualified staff who undertake skills drills training are refining skills with a pre-existing knowledge base.

The method used to initially introduce new subject matter (in this case obstetric emergencies), is also important from the perspective of the student experience and level of satisfaction.

Students studying midwifery on the three year BSc (Hons) programme at Birmingham City University, focus on complicated childbearing issues including the management of selected obstetric emergencies during the second year. Obstetric emergencies have previously been taught at this university using more traditional methods that
include a lead lecture followed by group skills workshops at level 5. Following on from this, at level 6, further skills workshops build up to an Objective Structured Clinical Examination (OSCE) assessment.

For three obstetric emergencies, (cord prolapse, postpartum haemorrhage and shoulder dystocia), videos were produced in March 2010 and used from April 2010 to replace lead lectures. Students were able to view these off campus via Moodle, the virtual learning environment used at Birmingham City University. They were available for repeated viewing over the course of the year. From August 2010 workshops were held which culminated in an OSCE assessment in September 2010.

Other obstetric emergencies, such as vaginal breech birth, neonatal resuscitation, eclampsia, maternal collapse, and birth of the second twin continued to be taught by lead lecture and workshops.

The use of videos is not a new concept, Minardi and Ritter (1999) found that using videos enhanced student nurses’ interpersonal skills and were positively welcomed. More recently online video recordings accompanied by discussion forums were found to be a powerful tool for providing information and creating learning (Wing-Mui So et al., 2009). In a study by Kelly et al. (2009) videos were used in a blended learning approach to delivering nursing skills and resulted in improved satisfaction related to increased flexibility and greater student autonomy; however difficulties downloading the content were problematic.

The level of student satisfaction with the quality of academic programmes of study is of upmost importance at national and local levels, as demonstrated by the introduction of the annual National Student Survey (NSS) in 2005 (HEFCE 2010). Results of the 2010 NSS found that the overall United Kingdom rate for student satisfaction with the quality of their programme was 82%, remaining static from the previous year. At the university where I work, for all courses under the heading of nursing (including midwifery), the rate was 90% (HEFCE, 2010).

Student satisfaction is important to individual lecturers during every session and something that I strive to continually improve upon. When planning and introducing new ways of teaching one of my objectives is to enhance the student experience, which may partly be achieved by making the delivery of the subject matter interesting, results of the NSS (HEFCE, 2010) found that 84% felt that staff had made the subject interesting; hence there is room for improvement.

Aim
The aim of this study was to gather information on students' perceptions of the use of video in place of a lead lecture and explore how they perceived the use of video as a method of teaching cord prolapse, postpartum haemorrhage and shoulder dystocia. Additionally the study aimed to explore their views regarding how methods of teaching assisted in preparation for an OSCE assessment.

Methods
The sample (45 students) was asked to complete a questionnaire to elicit their views of the above. Following analysis of this data a focus group took place to further explore the themes generated from the questionnaire.

Data analysis is currently ongoing, therefore results cannot be provided at this time. Results will be available by March 2011. However early results from questionnaires suggest that videos were the preferred method of delivery and added a ‘real life feeling’ to teaching which made it easier for them to apply the knowledge to practice.

References


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


Key words:
- blended learning
• videos
• student satisfaction
• student experience
• obstetric emergencies.

Preliminary findings and implications for teaching practices
As this research is ongoing at the time of submitting this abstract preliminary findings cannot be provided.

However, in relation to how this work may contribute to knowledge development in the Enhancing the Student Experience theme:
• results will provide a valuable insight into teaching practice particularly for methods of teaching obstetric emergencies that are preferred by student midwives
• this will assist in the future by identifying potential ways of enhancing the student experience. For example if it is found that the use of videos for teaching obstetric emergencies is preferred and enhances the student experience, this could be used as a model for others in healthcare education
• additionally future areas of research as a result of this study include exploring whether there is a link between the use of videos and achievements in assessment for specific obstetric emergencies. If a relationship between methods of teaching and student achievement is determined within the context of obstetric emergencies, steps can be taken to produce videos for the other topics (detailed above) that may influence the student experience in a positive way.

T36

A fusion of horizons
Wendy Mayne, Lecturer; Lynda Yates, Lecturer, Glasgow Caledonian University, UK

The selection and recruitment of nursing students, and the emergence of nursing as an all-graduate profession, are central concerns within nurse education (Taylor et al., 2010). Demographic changes coupled with the increasing range of career and education opportunities available today for school leavers have a detrimental effect upon nurse recruitment, a situation exacerbated by an ageing nursing workforce (Rich and Nugent, 2010).

A variety of professional, vocational and academic qualifications are now recognised within nurse education, the National Health Service (NHS) modernisation agenda (DH, 2006) has a commitment to attracting individuals from under-represented groups within the nursing and healthcare professions, and is charged to demonstrate equity and diversity, by attracting people from a variety of backgrounds.

Paradoxically, however Attwood (2009) indicates that recruitment has increased due to the current economic recession, with a 15.8% rise mirroring overall university applications. Mok (2009) highlights a rise in recent years of graduates entering nurse education programmes, and as graduates from other disciplines find employment increasingly difficult and seek to change career, a subsequent rise in applications to allied health professions has been noted (Papadatou, 2010).

There are concerns among nurse educators that the national move towards graduate level education for all nurses within the United Kingdom conflicts with the national driver of widening participation (Ousey and Johnson, 2007), however, there is evidence to suggest that investment in fewer but higher calibre nurses has a positive effect on patient outcome (NNRU, 2007).

Against this backdrop of diversity within higher education and widening participation, this paper offers a comparative analysis of two studies conducted within a Scottish university, exploring two student groups with very different academic and demographic profiles. The perceptions and expectations of a sample of students with an experience of further education are compared to those of a sample of graduate students, as they undertake an undergraduate degree programme in pre-registration adult nursing.

Although both qualitative in design, the studies used different methods to explore the student nurse experience of learning, within both academic and clinical environments. In one study a theoretical framework based upon the philosophical hermeneutic of Gadamer is used to gain understanding through focused, unstructured interviews of six third year graduate student nurses. In the second study, informed by an interpretivist paradigm, repertory grids are used to provide a framework to explore the interpretation of experiences, events and situations by ten students with an experience of further education.

This paper discusses the findings of the studies and their emergent themes which include motivational factors for choosing nursing as a career, such as the strong desire among participants to work with and to care for people, and the challenges posed by academic and clinical learning. Both studies highlight the importance of effective
learning strategies and support; however each identified a distinct and different preference between academic and clinical support. Although participants from both sample groups had considered the role of the nurse prior to entry, both studies acknowledge a divergence between expectation before commencing nurse education and the reality of the learning experience.

Interestingly, although there are understandable differences in learning needs and the student learning experience, there are also some striking similarities in this area which should inform future provision of pre-registration nurse education.

References

Key words: • expectation and experience • selection and recruitment • academic and clinical support.

How this contributes to knowledge development in the Enhancing the Student Experience theme: • nurse education must acknowledge the learning needs of diverse student groups • consideration of new student expectation and perception of nursing should underpin the student experience • the importance of learning within the clinical environment should not be under estimated.
Enhancing the Student Experience 2

Tuesday 7 September
First Group of Theme Sessions
Evaluation results and recommendations from a new approach 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; Patrick Bradley, Teaching Fellow; William Lauder, Professor of Nursing, University of Stirling, UK

Introduction
Nurse education continues to place an ever increasing value on learning in practice and it is crucial to monitor the learning opportunities offered to students to ensure they can meet their required competencies (Burns and Patterson, 2004).

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.

Various approaches to improving the quality of the students experience in practice settings have been described. Issues considered include the role of the academic (Brown et al., 2005), mentors, structure and management of placements and learning opportunities (Turner, 2001).

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).

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 3 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 1 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 participated.

Evaluation
This Quasi-experimental study incorporated a process of illuminative evaluation utilising a number of data collection methods: before and after survey (mentors, SCN, personal tutors), administration of the clinical learning environment inventory (pilot and non-pilot students) (Chan, 2001), 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 build on our theme paper at last year’s conference where we shared the development and implementation of the model. This year we will report final findings and recommendations 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


Key words:
• practice placements
• student nurse
• experience
• enhancement.

How this contributes to knowledge development in the Enhancing the Student Experience theme:
• quality student placements
• professional socialisation
• practice Learning opportunities to enhance and ease the 1st year student experience.

T38

Enhancing student engagement with learning using SMS

Venetia Brown, Director of Programmes, Post-qualifying Nursing, Child Health and Primary Care, Middlesex University, UK

Traditionally nurses undertaking pre- and post-registration degree courses submit a dissertation or large project as the final part of the degree. This work is usually self-directed. Students typically identify what the focus of their work will be and will negotiate the project/dissertation title with a supervisor. Although there is clearly a move away from traditional teacher-led modes of teaching and learning towards a more blended approach incorporating e-learning, e-assessment and a more student centred approach, most modules within a nursing degree programme up to the point of the dissertation involve a significant degree of teacher interaction – either face-to-face or using e-tools. The nature of teacher involvement in dissertation work is different. Teachers typically act as supervisors, providing advice, support and guidance on a one to one basis – for example reading and commenting on drafts of chapters. The amount of supervision input varies from institution to institution. My workplace allows 5 hours per student for a module which has a notional 300 hours of learning time. There is no class timetable, no formal teaching sessions and no class group. Dissertation workshops may be offered but attendance may not be compulsory. The dissertation gives the student the opportunity to demonstrate the development of a wide range of academic or graduate skills. Students will need to be able to organise and self manage effectively, plan systematically, read widely, use effective methods of data retrieval, analyse data, synthesise information, use critical judgement and problem solve. Absence of class based and focussed teaching sessions and the one to one nature of supervision however can be a challenging and isolating experience for students. This project aimed to address the issue of isolation and possible lack of engagement with the module by using short message services (SMS).

There is considerable interest in the use of SMS and other mobile technologies to enhance the student experience. The education settings in which they are used vary and include library, classroom, distance learning, student support, admissions and recruitment. Whilst reservations have been expressed particularly about the use of SMS and the possible negative impact on students’ writing skills (Sternberg, Kaplan and Borck, 2007), a great deal has been written about how the use of mobile technologies can enhance the student experience in a variety of ways: better engagement with learning particularly for students on distance learning programmes or for students in large classes (Cheung, 2007); enhanced support and integration for students during the transition
between one education setting and another (Jones, Edwards and Reid, 2009; Harley, Winn, Pemberton and Wilcox, 2007); improved communications and information flow between students and staff, for example in library settings (Hill, Madarash Hill, and Sherman, 2007) or during the recruitment and selection process (Lindbeck and Fodrey, 2010).

This paper will report on the results of a project which aims to assess whether the use of SMS in a dissertation module enhances the students’ engagement with the module and improves the student experience. SMS was used with three groups of students undertaking the dissertation module between January 2010 and February 2011. Each student received regular SMS about key aspects of the module. These were sent by the module leader via an internet based text message service. Texts were sent throughout the course of the module.

Students were then asked to complete an e-questionnaire. The paper will discuss how the SMS system was set up, the student’s involvement in identifying and agreeing the content and frequency of SMS, and the results of the student e-questionnaire on the experience of receiving SMS in an education context. The potential for expansion of the use of SMS and other mobile technologies in nurse education will be discussed.

References


Key words:
• student learning experience
• mobile technologies
• short message service.

How this contributes to knowledge development in the Enhancing the Student Experience theme:
• the use of mobile technologies as tools to enhance teaching and learning in nurse education
• the use of mobile technologies to enhance the student experience
• student perceptions of the use of mobile technologies in education settings.

T39
Enhancing the student experience of values based education through international exchange programmes: an example

Susan Naysmith, Student Nurse (Mental Health), The Robert Gordon University, Aberdeen, UK

Student nurse exchanges can be an enjoyable and challenging experience, but what part do they play in the wider curriculum, particularly in values based nurse education? It is my intention to demonstrate the role played by an overseas exchange in helping to shape my overall experience of training to become a mental health nurse, and therefore show that an exchange can be an extremely worthwhile experience for many students, instilling the nurses of the future with the ability to be adaptable in practice, while at the same time affirming and holding true to their own core values and that of the profession as a whole (NMC, 2008).

In 2010, a fellow student and I hosted two student nurses studying at Houston Baptist University, Houston, Texas for two weeks in May. And in September we travelled to Texas to experience first-hand, for two weeks, nurse education and practice in Aberdeen’s sister city, Houston. Both experiences presented me with the opportunity to challenge my own judgements and assumptions regarding nursing in the UK compared with that in the US, exposing commonalities and differences. Another important aspect of the experience was the necessity to be able to express and justify the values which guide my nursing practice, such as working in partnership and promoting recovery (The Sainsbury Centre for Mental Health, 2004; The Scottish Executive and NHS Scotland, 2006), which had hitherto been insubstantial and largely unarticulated.
Hosting two American student nurses unfamiliar with the NHS in the UK, presented me the opportunity to step outside a familiar system, and look upon it with a fresh perspective, while also explaining the intricacies of a complicated system and the many varied roles of the nurse within such a system to visitors. The experience of hosting foreign visitors, which brings with it the co-existing responsibility of acting as a representative of and advocate for nurse education and practice, in my view would be difficult to replicate out with a student exchange programme.

Visiting Houston afforded me the challenge of stepping well outside my ‘comfort zone’, and illustrated how many of my core values generally and relating specifically to nursing, have been heavily influenced by the country and culture I continue to be educated in. Many differences in healthcare between the US and UK were highlighted, which had their origins in the respective cultures, such as the role played by religion and spirituality in healthcare, the provision of care for people with a low income, collectivism, philanthropy and individualism. Such challenging views can help students to learn to remain non-judgemental, and then through reflection, balance such opposing views, and come to discard, modify or reaffirm long held views, in the realms of ‘self’ and ‘nurse’. However, also learning of common values and practice is just as vital as identifying differences. Witnessing the shared dedication and compassion of nurses working in diverse circumstances throughout the world, can provide students with positive, inspirational role models, as well as emphasising the place of international collaboration in research and best practice in improving patient care, an example of which is demonstrated in the work of Sigma Theta Tau International, (Sigma Theta Tau International, 2011), one of the many organisations which seeks to bring professionals from across the world together, with a shared purpose, that of improving patient care.

Nursing and healthcare are not immune from the demands of an ever changing world, for better or worse, and more so now than ever, patients and employers will need nurses who are open minded, outward looking and innovative, who must be prepared to lead through and adapt to a rapidly evolving healthcare environment, while not compromising their values and patient focus (NMC, 2010). It is my contention that in order to fully prepare the nurses of the future for the demands which face them, student nurses must be educated in and exposed to ideas outside what is prevalent in their own country, in their own time, and therefore be better prepared to challenge entrenched ideas and judgements.

References


Key words:
• international exchange
• education
• values
• innovation.

How this contributes to knowledge development in the Enhancing the Student Experience theme:
• individual experience of the value of international exchanges in the wider pre-registration curriculum
• demonstrates the ability of an internationally focused education to provide health services with an innovative, flexible future workforce
• highlights one method of both strengthening and challenging the values of those about to enter a profession which relies heavily on the judgement of nurses, in their daily contact with some of the most vulnerable people in society.
Enhancing the student experience through the use of video in teaching, learning and assessment

Claire Turner, Undergraduate Student Nurse; Claire Mann, PhD Student, University of Nottingham, UK

The nursing profession becomes a fully graduate profession in 2013 and therefore becomes a full member of the Higher Education community. Enhancing the student experience will be vital to all higher education institutions, especially in Schools of Nursing, as they seek to attract students in a competitive consumer driven environment (Lindeman, 2000). This is especially true since the Browne Report (2010) and cut in higher education budgets along with the potential loss of the bursary to nursing students.

When aiming to enhance the student experience, who better to consult than the students themselves? The student voice is currently a hot topic in educational research. Universities are scored annually by a national student survey and the voice of the student in rating their university is a powerful tool affecting University rankings and admission (Sunday Times, 2010). There is a growing body of literature which examines learning from the student perspective in order to inform further enhanced teaching and learning (Seale, 2009).

This research is based on teaching and learning in a module about sociology, politics and nursing delivered to pre-registration undergraduate nurses at the University of Nottingham. The module is highly populated by YouTube resources in both lectures and self-directed learning. The module assessment requires students working in small groups to plan and make a video presentation. This research demonstrates that a high level of integration of video in teaching, learning and assessment can enhance the student experience in several ways.

This research analyses the student voice in response to this learning experience. It reflects on the experiences of a single student and takes a reflective narrative approach. Narrative approaches refer to ‘a family of approaches to diverse kinds of texts, which have in common a storied form’ (Riessman, 2005). Nurses might be most familiar with the narrative approach as it applied to therapy and encourages patients to ‘express their experiences of life’. This is not a new approach to work in this field. Among a wide range of examples, Abrams et al. (2010) take a narrative approach to evaluate student learning about race, class and privilege and Kukera et al. (2008) take a narrative approach to consider advanced practice. In their book which considers narrative research in Nursing, Holloway and Freshwater (2007) confirm this to be a suitable approach to the development of nurse education.

In this research the data collected was learning material, a series of post-learning reflective writing pieces, as well as interviews conducted of a student, by a student. Narratives represent storied ways of knowing and communicating (Hinchman and Hinchman, 1997). Narrative analysis events are selected, organised, connected, and evaluated as meaningful for a particular audience (Riessman, 2005). Therefore, this research is framed to explore the use of video in the student learning experience in order to ‘tell a story’ to Nurse educators and the education community about the potential benefits of this tool and approach.

Data from reflective writing and interviews was subject to content and thematic analysis. The research findings offer categories of ways in which the use of video enhances the student learning experience. These include the development of personal and professional skills, interprofessional skills and deep learning skills essential for both the workplace and lifelong learning. Furthermore the opportunity to showcase skills in a non-academic way is beneficial to some students. Finally this approach to teaching and learning can be perceived by students as more relevant to their current digital living environment than some more traditional nursing education practice. Overall the research shows the ways in which the student experience of video in teaching and learning can help to offer a more holistic education (Laird, 1985) for nursing students within the modern digital ever-changing competitive world.

References


**Key words:**
- student experience
- teaching and learning
- narrative methodology
- video.

**How this contributes to knowledge development in the Enhancing the Student Experience theme:**
- a narrative exploration of the student experience
- using video for teaching, learning and assessment
- expanding the skill set of the student nurse.

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**T41**

**The impact of a preparatory module for pre-registration nursing students: a year further on**

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

**Abstract**

Following on from a presentation at last year’s NET Conference entitled ‘Bridging the gap: The impact of a preparatory module for pre-registration Nursing and Midwifery students,’ this paper will outline the follow-on work undertaken since presentation of the interim findings of the study last year.

The module, ‘First Steps to Nursing’ is a study skills module undertaken prior to entry to a pre-registration nursing/midwifery programme. It is 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 skills 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.

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). Initial evaluation focussed 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 were enabled to demonstrate achievement of their potential for undergraduate study was also explored. The team have carried out further investigation with students who have completed First Steps to Nursing and gone on to start a pre-registration Nursing/Midwifery programme. A questionnaire was sent out to a sample of 48 students. Participants were asked to comment on the following:
- how beneficial the module was in relation to preparation for the pre-registration programme
- which aspects of the module were beneficial and why
- which aspects of the pre-registration programme they would have found difficult if they had not completed the module
- suggestions for anything else which they felt could be included to benefit future students on the module.

In analysing the results, the main themes developing were in relation to:
- **Skills development**
  - academic writing
  - literature searching
  - referencing
• numeracy
• communication – written/verbal
• terminology.

• Development of confidence
  – into nursing
  – to university life
  – to level of study require
  – to requirements of pre-registration nursing programme.

• Academic study
  – confidence
  – development of academic work
  – essay/referencing/numeracy/report writing
  – knowledge
  – standards expected.

It would appear therefore that the module is addressing some of the issues which present potential problems for students entering university. 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), and this preparatory module would seem to go some way in addressing some of the potential barriers for entry to and retention in higher education institutions.

Several studies attribute attrition early in courses to wrong career choice and later in programmes to academic failure (Wharrad et al., 2003; Ehrenfeld et al., 1997; Pitkethly and Prosser, 2001; Yorke, 2001; Last and Fulbrook, 2003; Andrew et al., 2008; Glossop, 2002; McCarey et al., 2006; cited in Scottish Government Health Directorates (SGHD) and NHS Education for Scotland (NES), 2010). Providing necessary support is therefore a continual challenge for higher education institutions. Fergy et al. (2008) maintain that pre-entry preparation can address this challenge and offer scope and realistic expectations to the student. Rodgers and McCreaddie (2009) highlight that pre-registration nursing students are ‘surprised’ by the academic expectations of the course; and while most higher education institutions offer study skills support, it is important to consider the extent to which pre-entry modules such as First Steps to Nursing could influence expectations and performance and to explore the possible impact of this on retention. SGHD and NES (2010) recommend that mechanisms should be developed to enable students to acquire the necessary academic skills to successfully complete assessments and provide ‘tailored study skills support alongside the curriculum.’ Having a short pre-entry study skills module such as First Steps to Nursing may help to address this.

References

How this contributes to knowledge development in the Enhancing the Student Experience theme:
• easing the transition to university study
• equipping students with the required academic skills for undergraduate study
• potentially having a positive impact on student retention.
Clinical practice as part of pre-registration training programme in nursing: a European perspective

Mikko Saarikoski, Adjunct Professor; Helena Leino-Kilpi, Professor, University of Turku, Finland

Context of the study
There were two main perspectives in the study: (1) students’ experiences of their learning in clinical practice and (2) educational systems of pre-registered nurses in Western Europe and in particular, from the viewpoint of clinical training placements. 17 nursing schools from nine European countries joined the study.

Background
The European higher education system for nurse education includes university colleges and higher professional colleges (called as polytechnics in this presentation). The national nurse education systems have developed differently and practical solutions of education in European countries are characterised by different structures, standards and approaches to the relationship between theoretical and practice based learning (Spitzer and Perrenoud, 2006; Salminen et al., 2009). There is also one developmental feature, however, common to all these developments. That is whether the system has its origins in the hospital school system or not, and if so, the period of time taken for the transition to a higher education institution. The term hospital school in this presentation reflects a nursing school which was part of a healthcare organisation, albeit often administered by a Governmental department of Health Ministry (Warne et al., 2010).

Aims
The overall aim of the study was to take a comparative view of the way in which general nurse training programmes in nine Western European countries facilitate student learning whilst they are in clinical practice. The particular research questions were:
1. how nursing students experience their clinical learning environment and supervision by clinical staff and nurse teachers;
2. how supervision and tutoring systems of nursing students differ by the countries.

Sample and design
The participants of the study were pre-registration students (studying on General Nursing Programmes), who had their clinical placements in hospital environment. The study has been undertaken in Belgium, Cyprus, Finland, Ireland, Italy, the Netherlands, Spain, Sweden and United Kingdom. The purposive sample (N=1903) has three attributes:
1. All 17 schools are traditional Western European nursing schools, which have offered pre-registration nurse education and training programmes for many decades.
2. Geographically they represent Northern Europe (5 schools), Middle Europe (6 schools) and Southern Europe (6 schools).
3. Seven of the schools represent polytechnics (810 respondents) whereas the other ten schools (1093 respondents) reflect university colleges.

Method
The research instrument used in the study is the Clinical learning environment, supervision and nurse teacher (CLEST) evaluation scale (Saarikoski et al., 2008). It is a validated research instrument, which can be used as a part of the total quality assessment of nurse education. The CLES+T scale has been validated within a Finnish study (Saarikoski et al., 2009).

Results
The mean value of the clinical placement duration was 6.4 weeks. There exists a remarkable variation between the countries especially in the case of 7 weeks or longer placements; 31% of respondents reported placements of 7 weeks or more but in five countries this percentage share was much higher; in Netherlands 75%, Sweden 64%, England 50%, Cyprus 46% and in Italy 38%. Clearly lower number of students with longer (7 weeks ore more) placements were reported in Ireland (6%) and in Spain (9%).

The students evaluated their clinical placement experience positively. The mean values between the sub-dimensions varied between 3.34 and 3.91. The highest mean values were on the sub-dimension Supervisory relationships (3.91) and on the sub-dimension Pedagogical atmosphere on the ward (3.90). The sub-dimension Role of the NT achieved the lowest scores (mean 3.34). The duration of the placements was linked to the mean values; the students with longer placements (7 weeks or more) evaluated two crucial sub-dimensions clearly with the higher scores that students with shorter placements.

Conclusions
The greatest structural differences in this study were the percentage ratio of clinical practice (within the total course) and the duration of the placements which varied between 1 and 42 weeks. The duration of the placement was connected to the levels of satisfaction so that the students with longer placements were more satisfied. This is a result not found in previous studies. The approach adopted in this study does not easily reveal the
explanatory evidence for this result but some interpretations can be made. Learning to become a nurse is a multidimensional process that requires exposure to appropriate amounts of time with patients. This time and the available learning opportunities are then best supported within effective and regular supervisory discussions, with knowledgeable supervisors. During short placements students might learn technical skills but may get fewer opportunities to integrate those skills with the development of their interpersonal skills in building effective and therapeutic relationships with their patients. Arguably, there are also greater opportunities within longer placements for students to more effectively learn about working more independently with other members of the team.

References


Key words
- clinical placements
- international study
- nurse education
- nursing students
- quantitative survey.
Humanising Healthcare Education

Tuesday 6 September
First Group of Theme Sessions
'You’ve got it for life': promoting principles of liberal education within professional nurse education curricula

Andrew McKie, Lecturer, The Robert Gordon University, Aberdeen, UK

The place of nurse education within higher educational (university) contexts across Western Europe presents several complex perspectives (Spitzer and Perrenoud, 2006). Amongst many factors worthy of consideration, the content and structure of the nursing curriculum and the type of student practitioner emerging from such educational preparation are crucial. In the United Kingdom, the target date of 2013 for educating all nurses to degree level makes wider discussion of the philosophy of such higher education essential and timely (Sturgeon, 2010). These issues are replicated by the experience of other professional healthcare professions within higher education (MacNaughton, 2000).

Many facets of the educational preparation of nurses within higher education in the United Kingdom have been discussed (Watson, 2006; Drummond and Standlich, 2007). In particular, it is possible to discern a number of critical issues concerning the curriculum. Firstly, in the area of knowledge acquisition, adherence to the scientific method in its focus upon objective, abstract and generalised findings, although espousing a ‘legitimacy narrative’ of emancipation, has often downplayed, or ignored, the claims of knowledge from other sources, e.g. the arts and humanities (Rolfe, 2010).

Secondly, the design of curricula in nurse educational programmes has often borrowed from the scientific method in its ‘techno-rationalist’ approach (Standlich, 2007). This can often be seen in course architecture in its planned features of modularisation, learning outcomes based on behaviourist models of learning, the assessment of clinical skills via pre-set competencies and the use of wider measures for quality control such as ‘quality assessment’ exercises and ‘research assessment exercises’ to allocate research funding (Gass et al., 2004; Hurrocks, 2006). Although specialist forms of course design are not without certain merits, the overall learning experience for the student may not be one characterised by ‘whole person understanding’ (Scott, 2000).

Thirdly, recognition of the complex technological, managerial, scientific and ethical dimensions of contemporary healthcare practice (Evans and Greave, 2000) has led to calls for a different type of professional healthcare practitioner. In support of this, MacNaughton (2000) suggests that clinical judgement in medical practice, traditionally based on knowledge derived from the scientific method, also requires contributions from a ‘humane judgement’ derived from a consideration of ethics and a sense of ‘educatedness’.

The concept of liberal education draws upon several knowledge bases and centres upon engagement with course themes emphasising students’ formative development (internal and character), critical thinking, reflexivity, relationality and concern for others. According to Languilli (2000), a liberal education is characterised by holistic and generalised, instead of specialist and vocational, features and should aim at the:

Cultivation of the students’ minds primarily, then derivatively their hearts and their actions in such a manner as befits liberally educated persons.

Drawing from narratives of student nurses and nurse educators in a recently completed PhD study exploring themes in ethics education, this paper presents a case for the inclusion of significant ‘liberal arts’ educational perspectives within current nurse education curricula. This centres upon key aspects of student learning via engagement with the arts and humanities in the area of ethics education, reflective practice and interprofessional education. In addition, narratives of nurse educators suggest that liberal education perspectives are no less important in promoting an ‘ethical education’ (Milligan and Woodley 2010) featuring attention to curriculum philosophy, promotion of different teaching approaches (Nehls, 1995), developing better teacher-student relationships and in promoting a wisdom-based curriculum (Edmundson and Pearce, 2007; Mitchell, 2010; Nussbaum, 2010).

The development of a liberal education strand within nurse education curricula also has significant international dimensions. By recognising the important of context, key personal, social and cultural factors embedded with nursing practice and students’ learning experience itself can be developed and highlighted across continents.

As the future of the university itself as a place of learning comes under critical scrutiny (Carr, 2009), consideration of the tenets of liberal education present a critical opportunity for key directions of nurse education to be explored and mapped out.

References


Key words:
- liberal education
- arts
- humanities
- curriculum
- practice.

How this contributes to knowledge development in the Humanising Healthcare Education theme:
- the place of nurse education curricula within higher education
- liberal education and its formative, relational and critical thinking aspects
- liberal education and curriculum innovation e.g. narrative pedagogies, ‘ethical education’ and wisdom.

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**Family, culture, compassionate and spirituality in care**

**Anjoti (Anne) Harrington, Senior Lecturer, City University, London, UK**

*The healer has to keep striving for…. the space….. in which the healer and patient can reach out to each other as travellers sharing the same broken condition*


Much has been said about the importance of partnership in care, that between professional and family or lay carers. In this paper, I explore culture as a medium for shared care, that which is deliberated as best, timely, sensitive, appropriate and dignified. Culture is used by individuals to make sense of their situation and to determine how best to proceed next. It can influence what the patient or family expect from others. In this paper, it is argued that there are three models of cultural thinking about health and illness that we need to understand if supportive care is to be developed. The first of these is the supernatural. Illness is understood in terms of the mediation of spirits, ancestors or other spiritual forces that help to determine the outcome for a patient. The
second can be described as holistic, where it is presumed that there is an interaction between body and mind and that factors affecting one of these might well impact on the other. So for example, chronic pain undermines self belief and the patient increasingly feels that they cannot control important aspects of their situation. Conversely, depression might increasingly undermine efforts to help the patient to improve their nutritional status. The third is biomedical; the body is treated as a machine or system where deficits have occurred and medical or nursing help is directed to either treating or limiting the damage caused there. Nowadays, there is less emphasis on compassionate care even though it is regarded as an important ethos of nursing care and it features in healthcare education curriculum for core teaching and training. However, the human aspects of caring seems more distant than ever before in an environment where productivity and efficiency is high on the NHS agenda and nurses who often cite 'we are too busy and staff shortages' as reasons for not being with their patients or keeping relatives informed about the change in care plans. Firth-Cozens and Cornwell (2009) wrote in the ‘Point of Care Programme at the King’s Fund’ that it is necessary to improve patient’s experience of care in hospital, and to help staff deliver the sort of care that they would like for themselves and their own families. From their review of research they concluded that we must ‘see the person in the patient’.

In this paper I propose that a better understanding of compassion in relation to the culture of the patient and their family, the way that they explain illness and related circumstances will enable the nurse to develop a rapport with the patient and family that seems most appropriate. It is not the case that one cultural explanation of illness is right and that another is wrong, it is rather that there may be different languages that sometimes describe very similar things. In some other contexts, the cultural explanations of circumstance suggest different foci of attention. Artful nursing care recognises the culture that the patient and family work with, acknowledges the one that has guided the practitioners own practice and searches for an amalgam of approaches that leaves the patient feeling dignified and respected. It needs to be recognised that families who are supported psychologically to cope with a close member’s illness can help and motivate a person to get well. It is stated by Gottlieb and Gottlieb (2007) that families have the requisite resources and abilities to develop themselves and solve their problems. This can be facilitated by healthcare professionals who consider an expression of compassion at the core of their work. ‘compassion is usually expressed towards others, when we experience suffering- being there with them in some way that makes their pain more bearable.’ (Firth-Cozens and Cornwell, 2009). This concludes the abstract which echoes with the opening quote from Nouwen, (1986) above and advocates educationalists to train healthcare professional to deliver best care as identified by Bridges et al. (2009):

- Maintain patient’s identity: ‘see who I am’- patients want staff to know what is important to them and relatives want staff to value what they know about the patient.
- Creating community: ‘connect with me’. A connected and two-way relationship with staff gives patients and relatives the reassurance that staff will care for them and meet their needs.
- Sharing decision making: ‘involve me and my family’. Patients and relatives want to understand what is happening and to be given on-going involvement in decision-making.

References


Key words:

- relationship-centred care
- compassionate and spiritual awareness
- culturally sensitive care
- respect for the individual and family and promote dignity.

How this contributes to knowledge development in the Humanising Healthcare Education theme:

These are based on the consideration of the 3 Ps stated on the NMC’s ‘Care and Respect every time’ booklet:

- people – you should receive care from capable nurses
- process – you should receive care which makes you feel valued and treated as an individual by nurses
- place - wherever you receive care from a nurse you should feel you are in safe hands.
T45

‘Being kept alive rather than living’: promoting the art of holistic care for vulnerable adults through self-awareness

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

Nurse educators are tasked with the role of preparing undergraduate student-nurses with the capability of nursing within the required standard of relevant and competent education and practice experience, in order to make them ‘safe’ in practice.

Using Engels’ (1982) wide ranging ‘biopsychosocial’ person as a basis of promoting holistic care, it is strongly felt that one of the more significant responsibilities of nurse educators is the instilling the skills to understand and develop the art of nursing. Within this presentation, the art of nursing is defined as, amongst others; the development of effective interpersonal skills, empathy, respect, listening skills and applying taught theory in a creative and culturally sensitive manner to individuals, within a practice setting. This ability, it is felt, is of great importance in the development of a student nurses life-long journey to becoming a proficient qualified nurse as simply put, the effect of inefficient psychological care can result in a powerless or even traumatic patient experiences.

The advances of technology and improved specialisation of health has had a positive impact of the mortality of populations. However, within this strongly positivistic led progress, the human dimensions of care have shown to be reduced or even lost (Todres et al., 2009). A number of recent prominent cases highlighted (Carter, 2010; Santry, 2010) in the media have pointed to this lack as a major cause for concern, especially when it results, as reported, to the loss of fundamental concepts within nursing, such as dignity. Similarly, in 2009, businessman Sir Gerry Robinson, who was asked by the then government to investigating dementia care homes, referred to the emphasis on purely physical care and the obvious detachment of staff in communicating with their vulnerable patients as to their existence of one in which they were ‘being kept alive but not living’. The appearance of legislation from the Department of Health such as the Darzi report (2008) and the earlier ‘Dignity in Care letter’ (2006) also only serve to illustrate that there is a wider persistence of this reductionist approach to care, especially within the development of effective communication skills.

This presentation looks at a number of creative methods utilised by the presenters in the first year of an undergraduate nursing programme within one the mandatory units they are first exposed to at the start of their course. Subjects ranging from the theory of communication, the psychological aspects of care, patient stories and developing cultural sensitivity are amongst some of the subjects covered in the curricula. These subjects were chosen and subsequently delivered within a humanizing values framework to regain the focus of nursing knowledge and care towards the patient.

This unit has been designed to accomplish a number of outcomes. One, it attempts to subtly but significantly begin the process of self-exploration as a starting point to understanding the complexity of all forms of communication. Two, it provides the student nurse with the tools required to utilise to expand the methods, styles and variety of how to communicate. Three, it teaches the student how to reflect effectively; using it as a tool of self evaluation, development and learning, in order to consolidate the experience from practice on return to university.

The aim of this presentation is to show how these methods conveys to the student, at one level, the complexity of effective interpersonal skills as a tool in trying to understand the needs of those they are going to care for and secondly, the paper will also discuss the findings of the evaluations carried out with a particular cohort of students, to reflect on what they have learnt after their practice experience. We will show how the information gleaned from this has also helped to evolve and refine our methods of conveying theory of communication, in order to make our teaching more effective.

References


Key words:
• biopsychosocial person
• communication skills
• self-awareness
• personal journey
• art of care.

How this contributes to knowledge development in the Humanising Healthcare Education theme:
• wider understanding of the growth and the importance of humanising healthcare as a concept
• creative application and evaluation of the concept of humanising healthcare in nurse education and practice
• developing and integrating the humanizing values framework to regain the focus of nursing knowledge and care towards the patient.

T46
The investigation of nurses’ ideal and actual role in perceiving good nursing quality and the implications of self-reflection
Shu-Yueh Chen, Associate Professor; Hui-Chen Hsu, Assistant Professor; Po-Fan Chen, Research Assistant, Chung-Jen College of Nursing, Health Science and Management, Taichung, Taiwan

Background and aims
Nurses have responsibility for ensuring the quality of nursing care. Patients are normally vulnerable and seek to help. In Taiwan, patients’ families are requested to be involved in parts of nursing care even though they haven’t been trained. In fact, nurses should be the key persons to deal with nursing care. The dissatisfaction or complaints of nursing care from patients/family are frequently reported. Most of the complaints are not related to nurses’ professional techniques/skills but their attitude or not doing nursing care in person. This study aimed to enhance nursing care quality by improving nurses’ attitude and willingness when providing nursing care. Nurses were expected to have a better performance in nursing care by self-awareness, i.e., self-reflection (Dewey, 1933; Lang, 1998; Fowler, 2008). Therefore, the main focus of this study was to identify how nurses perceived their ideal and actual role when doing nursing care and the implications of the self-reflection would be examined.

Research methods
The study was carried out in the period of 2009-2010. Good Nurse Traits Card Play was designed by the researcher to examine the perception of nurses’ role. The Good Nurse Traits Card included 33 items of good nurse traits. A Q-method was applied to collect quantitative data (Akhtar-Danesh, Baumann, and Cordingley, 2008, Eden, Donaldson, and Walker, 2005). Q-method was ipsative and non-normative. Participants were asked to put the 33 items of good nurse traits cards into two piles: one was important, and the other was not. From the important pile, the participants chose the most important one and put it on the slot of the highest score (of the Q-scoring scale), and then from the less important pile chose the least important one and put it on the slot of the lowest score, and continued back and forth until they completed the scoring. The participants were asked to play the ideal role perception first, and then followed by the actual role perception. After completing card play, the participants were interviewed for the reasons of their actual and ideal role perception discrepancy. A purposive sampling (Robson, 2002) was used to recruit nurses. 36 nurses were recruited and completed the card play. The quantitative data were analyzed by using SPSS 17.0, and the interview data were transcribed verbatim, and analyzed using content analysis.

Findings, implications and conclusion
Given the evidence of the data, 36 participants were in-service nurses of a local hospital with 600-700 beds. They were 23-49 years old, with 1-20 years working experiences. The least discrepant (high agreement) good nurse traits were ‘being friendly, confident, and encouraging’. The good nurse traits with higher actual role perception were ‘being compliant, cheerful, enthusiastic, fair, trying to do the best, sincere, mental comforting, and diligent’. The good nurse traits with lower actual role perception were ‘being progressive, careful, considerate, responsible, willing to sacrifice, patient, warm, calm, and merciful’. Data from interviews revealed the reasons for the
discrepancy in between their ideal and actual role. First, the participants agreed that they did not perform sufficient care to their patients due to time and space constraints. Good nursing care should not only rely on regulation from the hospital. Willingness and mercy are crucial quality in determining the quality of nursing care. Most of all, the participants agreed the significance of listening to their patients’ voice and being aware of patients’ needs.

The study showed that the nurse’s role perception discrepancy was common and varied according to the individual condition (some is highly discrepant and the other little discrepant). The nurses’ role perception discrepancy could be a part of self-reflection of nurses (Beard and Wilson, 2006). The implications of the reflection on nurses’ role perception discrepancy are useful for educators, trainers and policy-makers when facilitating and enhancing student nurse education and in-service nurse education. This study was not sufficient to generalise the whole aspects of good nurse traits in Taiwanese hospitals. More research is needed to validate and extend the present findings, and to focus on aspects of the topic that was not possible to explore in this study.

References

Key words:
- actual role perception
- discrepancy of role perception
- ideal role perception
- nurse
- self-reflection.

How this contributes to knowledge development in the Humanising Healthcare Education theme:
- a good nurse traits card play could be used to examine nurses’ role perception, either ideal or actual, and then to enhance nurses’ awareness of self-reflection when doing nursing care
- this study confirmed that willingness and mercy are crucial quality in determining the quality of nursing care
- the implications of nurses’ role perception discrepancy contribute knowledge to educators, trainers and policy-makers when facilitating and enhancing student nurse education and in-service nurse education.

T47
Dignity education: a case for the nursing curriculum
Milika Matiti, Lecturer (Adult Nursing); Liz Cotrel-Gibbons, Lecturer (Adult Nursing), University of Nottingham, UK

Dignity is central to nursing care. Professional bodies for Nurses and Midwives in different countries have embraced dignity in their code of conducts. For example, the Canadian Nurses Association (2008) states that nurses are required to support the person, family, group, population or community receiving care in maintaining their dignity and integrity. The Australian Nurses Council (2008) states that a nurse must respect the dignity, culture, values and beliefs of an individual and any significant other person. The United Kingdom’s nursing and Midwifery Council stresses the importance of dignity in their code of professional conduct (NMC, 2008).

However, while all these professional codes for nurses require nurses to respect the dignity of patients and clients, the concept is not very clear. There seems to be an assumption in healthcare that there is understanding of the concept. Scholars have variously agreed that the concept ‘dignity’ is vague and needs clarification (Salsbeny, 1994; Haddock, 1996; Seedhouse, 2000; Johnstone, 2009). These issues have implications for
The call for dignity education has been agreed by a number of scholars. In Matiti (2002) one of the recommendations was that curricula for undergraduate students should be evaluated to ensure that dignity issues are taught explicitly. This is in line with a number of scholars who have advocated the teaching of dignity in pre-registration nursing curriculum. In the United Kingdom, Woogara (2004), in his ethnographic study, found that medical and nursing staff had little awareness of the importance of Human Rights Act 1998 and government documents about patients' privacy. The author concluded that the concept of privacy and dignity should be integrated into undergraduate and postgraduate healthcare curricula. A descriptive survey in Australia of 398 nurses revealed that, one of the ethical issues that was most pressing and caused concern to registered nurses was protecting patients' rights and human dignity (Johnstone, Dacosta, Turale, 2004). These authors highlighted the need for critical examination of the undergraduate and postgraduate nursing education curricula content in relation to ethics and human rights. Similar conclusions have been reached in the United States of America by Jacelon, et al. (2004) who state that by creating situations in the classroom in which nursing students can learn to interact in ways that enhance dignity will encourage nurses to live these values. Tschudin (2004) in her editorial commented 'Dignity needs now to be studied in some depth to make healthcare (again) an experience that fosters humanity and prevents dehumanization'. These concerns from different parts of the globe highlight the need for inclusion of the concept in the pre-registration curricula. This is imperative as promoting patient or client dignity is expected from the student: In the United Kingdom, the Nursing, Midwifery Council has reinforced the need for it's inclusion in the curriculum by the development of the Essential Skills Clusters (NMC, 2007). The learning outcomes require students to focus explicitly on dignity issues so that they have an understanding of the concept and how to apply it in practice. The NMC (2010) Pre-registration Nursing Education Standards have maintained this emphasis on patient/client dignity.

The purpose of this presentation will be to explore and discuss with the audience; the alternative views that:

- there is a need to explicitly facilitate learning about the concept and promotion of dignity in pre-registration curricula
- dignity is an inherent concept and the appropriate promotion of dignity will be absorbed from practice experience

The presentation will focus on the reasons why dignity should be taught as an explicit concept, supporting evidence and examples of how learning could be facilitated will be discussed.

References


Key words:
- dignity
- education
• curriculum
• teaching
• professional values.

How this contributes to knowledge development in the Humanising Healthcare Education theme:
• explores the role of the curriculum in enabling student to identify their role in promoting peoples dignity in the healthcare arena
• enables learners to examine their own perceptions of dignity and appreciate those of others
• discusses the approaches that educators can utilise to empower the students in humanising care.

T48

‘Putting the words “I am sad” just doesn't quite cut it sometimes!' Using collage to promote emotional awareness amongst pre-registration nursing students

Kirsten Jack, Senior Lecturer, Manchester Metropolitan University, UK

Introduction
The use of art in nursing has been described as a means of finding what we have lost about ourselves, and to rediscover the value of what we do (Chinn, 1994). Art can encourage nursing students to explore emotion in a more meaningful way than the spoken or written word alone. Painting has been used in nursing education as a means of exploring self awareness and emotional practice (Warne and McAndrew, 2010), and drawing using felt pens as a means of telling reflective stories (Cruickshank, 1996). Creative teaching approaches can promote critical thinking into what it means to be human. By encouraging the exploration of their own emotion, nursing students are then able to recognise emotional diversity in the patients they care for.

Methods
Qualitative data were collected in line with a Heideggarian hermeneutical approach. The study was influenced by Heideggarian thinking on authenticity (Heidegger, 1926/1962) and meditative thinking (Heidegger, 1966). Students were asked to develop collage to make meaning out of their own emotional stories, and to enable identification and understanding of their feelings. To promote a safe space, data were collected during one to one creative interviews between student and nurse teacher.

Results
The use of collage enabled the students to identify their emotions and explore their stories in detail, revealing new and important insights. Developing collage involves the use of colour, texture and pattern which is ideal for the multi faceted exploration of emotion. The transformatory process of the collage development was seen as more important than the end product. By reliving feelings through the development of the work, such as anxiety, anger and frustration, the students were then more able to recognise and acknowledge similar feelings in others. It is when they recognised the diversity of their own emotion that they could start to see it more clearly in those they care for. By developing emotional meaning through the collage work, they were more able to develop a different understanding of the lived emotion of the diverse patient group. In addition by being able to explore emotion in this way, the students were able to move on from their experiences, and not carry with them the negative feelings which could adversely impact on their care of others. Collage provides a clearing where the students own authentic self can be revealed. This in turn helps the students to recognise authenticity and diversity in others. The ability to identify their own feelings through the use of collage enabled the students to more easily relate to patients in practice. This has importance in nursing education as rather than view ‘patients’ as a homogenous body, uniqueness and individuality was more easily recognised and valued, as the nursing students recognised their own unique and individual emotional selves.

Conclusion
The process of collage development encourages meditative thinking, which has been described by Heidegger (1966) as thinking which requires us to keep an open mind. During this process a clearing can be created for the exploration of emotion and an understanding of what it means to be human. Using collage as a means of exploring emotion enables nursing students to recognise the diversity of feeling in those they care for. The data revealed the use of collage as being more emotionally meaningful than writing or talking reflectively. The students felt more able to express emotion through collage, and to develop their own definitions of feelings though the process, one which was viewed as very personal. They were then more able to make sense of the emotion felt by others and to understand this in a different way.

References


**Key words:**
- nursing students
- emotion
- creativity
- diversity.

**How this contributes to knowledge development in the Humanising Healthcare Education theme:**
- it explores a creative way in which nursing students can engage in critical thinking into the diverse nature of what it means to be human
- it enhances the understanding of emotion in nursing practice, from both the nursing student and patient perspective
- it explores a creative approach to the preparation of pre-registration nursing students.
Learning and Teaching Strategies

Tuesday 6 September
First Group of Theme Sessions
Do students learn from participating in a board game?

Sue Bowers, Senior Lecturer, Staffordshire University, Stafford, UK

An evaluation of the use and value of a ‘board game’ simulation exercise, which focuses on a major incident emergency A&E situation, for students undertaking a pre-registration nursing programme.

Within nurse education, there is increasing use of technology and computer work to aid teaching and learning. With the ever present use of PowerPoint in the classroom, and the increasing use of on-line study support initiatives, going ‘back to basics’ with a simulation board game, can add another dimension to the teaching and learning strategy.

The use of games and play is nothing new, and it has been shown to be an effective method of learning, with attributes such as the development of social, research, problem solving, transfer and reflective skills being some of the benefits (Blakeley, et al., 2010; Oblinger, 2006). As far back as 1969, Rogers suggested that humans learn best in non-threatening environments, while Knowles (1970) believed that adults were able to draw from their own personal experiences, problem solve and apply learning to practice. Applying these principles to nurse education, implies that simulation exercises or the use of games could be useful tools in which students could develop their problem-solving abilities, reflect on their previous experiences and learning and even develop leadership skills.

The author devised a ‘board game’/simulation exercise, based on a major incident emergency situation, and utilising an accident and emergency department to accept the casualties from the major incident. In small teams, students are presented with a vignette of a major incident and the split into small groups. Each group is provided with a board, laid out as an accident and emergency department, but which has limited resources of equipment, space and staff. ‘Casualties’ are distributed to each team and the students are required to triage each casualty in turn, and designate the most appropriate area on the emergency department board that they consider where each casualty should be placed, taking into account the equipment and resources available, and the staffing levels that they have.

The ‘board game’/simulation exercise is utilised with year 3 students, and has evaluated very successfully over the time that it has been included in the pre-registration nursing programme. Feedback from students has been very positive, and students have developed a range of skills through their participation in the exercise, and utilise a number of skills including triage skills. Students have also indicated that they have gained new knowledge of injuries and conditions and have developed their team working and management skills. The students are observed during the exercise, and natural leaders have often emerged. As the exercise is undertaken not just by adult branch students, but also by child and mental health branches, it has been interesting to observe that on occasions, mental health nurses have emerged as the leader of the group. Some students have also commented on the usefulness of working with other nursing branches, and appreciate being able to work in small groups rather than being in a larger cohort, which is often the usual method of teaching session delivery.

Following allocation of the patients into areas within the emergency department department boards, students are asked to feedback and justify why they chose to allocate which patients to the different areas on the emergency department department boards. The consequent discussions have often included not just patient physical injury concerns, but also other professional issues including ethical approaches to nursing care and management. At the end of the exercise, students are asked to reflect on their experience undertaking this exercise, and to identify what they have learned and what key skills they have gained that they can take into their areas of nursing practice.

Although technology has a huge role to play in nurse education today, going ‘back to basics’ with a ‘board game’/simulation exercise has proved to be stimulating interest for student nurses, and in the words of one student ‘a refreshing change from being PowerPointed out’!

References


Key words:

- board game/simulation
- assessment
- team working
- decision making
How this contributes to knowledge development in the Learning and Teaching Strategies theme:

- demonstrates an alternative teaching and learning strategy to PowerPoint presentations and the use of online technology
- evaluates the student perspective of the use of a ‘board game’/simulation exercise
- demonstrates the wide variety of key transferable skills that students gain from participating in this exercise.

T50

Developing a new life sciences curriculum for nursing students

Katherine M.A. Rogers, Lecturer in Applied Health Sciences; William N. Scott, Lecturer in Applied Health Sciences; Wesley Sterling, Nurse Lecturer, Queen’s University Belfast, UK

Ever since nurse education entered the domain of the higher education institutions, a debate has been ongoing around who should teach life sciences (anatomy, physiology and pathophysiology/bioscience/health science) to undergraduate nursing and midwifery students (Larcombe and Dick, 2003). As a mixed group of nursing and non-nursing lecturers, who collectively have been teaching life science subjects for many years, we have seen the struggle that many students continue to have with these subjects throughout their nursing degree and during post-graduate study. One of the main difficulties lies in the diverse range of science backgrounds that exist among students on a nursing course (McKee, 2002). This poses an extra challenge to the style of teaching required to accommodate all learning styles (Rogers, 2009) and levels of knowledge, so that we do not alienate those with less knowledge while at the same time keeping the more advance students engaged in the material. We have begun to develop a course that we feel is innovative and challenging to all students while still being all-encompassing in terms of ability of the students. Furthermore we aim that this new life sciences programme will fully integrate with the themes being taught in clinical skills, social sciences and research.

In our experience, we firmly believe that the debate should not be focussed on who teaches nursing students but, more importantly, the method by which students are taught. The new Standards for pre-registration nursing education, from the Nursing and Midwifery Council (NMC) (for implementation in 2011) demand a well-rounded professional, capable of the responsibilities and demands of a modern day healthcare setting (NMC, 2010). Evidence-based research suggests the future for life science education lies in integrating its teaching with clinical skills and social sciences (McVicar et al., 2010), while making students more responsible for their own learning.

We believe, a strong collaboration between clinical teachers and staff with life science backgrounds is the best way forward for teaching nursing curricula in the 21st century. We have redesigned our first year life sciences course and aim to foster strong links between life science theory and clinical experience by utilising the skills of clinicians and scientists alike. Our teaching approach is ‘back-to-basics’ since we are mindful of the diverse range of science backgrounds existing within our annual intake of approximately 450 students (across all branches/fields). We no longer supply students with a full set of lecture notes in advance of each class. Instead we expect them to take their own notes in class (similar to a traditional lecture format). Some visual aids are used in the lecture but students are encouraged to become more self-reliant and to supplement their notes with additional reading around the subject. We recommend a number of textbooks to suit the various abilities that exist within the class and we have refrained from teaching directly from any one textbook. After lectures, a session overview is uploaded to the university’s virtual learning environment. This provides students with a summary of the main points from the session. It also encourages them to review their own notes and supplement any points they may have missed. In addition to lectures, students must attend two tutorial sessions per week. In advance of these tutorials, they are expected to prepare answers to a number of directed-learning questions that are supplied a week before the tutorials. This has been quite challenging for students and staff alike, particularly due to the time allocated in class which we feel is insufficient to adequately discuss all the questions, therefore, we plan to reduce the number of directed-learning questions the students are expected to complete.

Although still in its infancy, our new approach has been well received by the students. They are due to do their first class test in mid-February which consists of 30 multiple choice questions based on the content covered to date. The mark received in this test contributes to their final module mark.

The way forward is an exciting and challenging time for life science teachers in nurse education and we envisage our ‘back-to basics’ and directed-learning approaches will make students more responsible for their learning, helping us to deliver confident, clinical practitioners.

References


**Key words:**
- encouraging independent learning
- directed-learning
- improving study skills.

How this contributes to knowledge development in the Learning and Teaching Strategies theme:
- sharing what we have learned when implementing our new Life Sciences strategy with colleagues from other institutions
- discuss how to make students more confident in the life sciences subjects
- encourage debate around teaching and learning strategies for life sciences in nursing and midwifery.

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**T51**

**Developing benchmarks for the assessment of prior learning: an holistic approach to prior learning assessment**

**Malcolm Day, Lecturer in Nursing, University of Nottingham, UK**

**Background**

There has been rapid development in the use of Prior Learning Assessment (PLA) since nursing has moved into higher education. However, a recent study by NIACE (2008, p.4) concluded that PLA in higher education is still: ‘Characterized by inconsistency and lack of coherence.’ The literature indicates that previous attempts to explain PLA have largely been based on a top down or institutional view of prior learning, which has tended to look at functional issues relating to accreditation, rather than pedagogical issues relating to assessment. This report discusses the results of a study that used a mixed methodology to examine the practice of PLA in UK Schools of nursing.

**Method**

The study used a benchmarking approach, which was drawn from North America, in an attempt to codify assessment processes and procedures so that the practice of PLA could be made more transparent, clear and explicit. A screening survey was administered to 66 UK schools of nursing based on inclusion criteria adopted for the study. This initial survey identified a cohort of 22 experts and 12 novices actively involved in the practice of PLA. This cohort was then subjected to a benchmarking survey to determine whether their practice complied, or did not comply, with international benchmarks for prior learning assessment. Respondents were asked to justify their responses by making additional written comments. These comments were further explored using focus group and depth interviews in order to identify emergent themes and categories, which were then subjected to a systematic qualitative analysis using modified grounded theory. This enabled the researcher to identify the factors influencing PLA practice and how these might influence the career of the PLA practitioner. Methods of PLA assessment were also identified.

**Conclusion**

When optimal resources are available, the PLA practitioner usually adopts an assessment method that is based on the individual needs of learners, rather than the administrative requirements of the institution. These methods are holistic; and contrary to the literature they are also are inclusive, rather than exclusive, or specific to, a competency or developmental approach to PLA. The importance of bottom up’ rather than ‘top down’ or institutional approaches to PLA development is justified. And the value of benchmarks in supporting the career of the PLA practitioner is also discussed.

**Reference**


**Key words:**
- assessment of prior learning
- prior learning assessment
- recognition of prior learning
benchmarking
APL advisor
APL assessor.

How this contributes to knowledge development in the Learning and Teaching Strategies theme:

- identifies benchmarks for assessment that are based on practitioner experience
- identifies a clear, transparent and explicit process for the assessment of prior learning
- establishes a pedagogic, rather than an institutional, model for assessment of prior learning
- draws upon the sociological theory of ‘career’ to explain the role of the PLA practitioner
- identifies the specific career path of the APL practitioner within UK schools of nursing.

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T52
Innovative learning and teaching strategies at the University of Eastern Finland: examples of simulation, collaborative learning and the concept map method
Anne Vaajoki, Student; Terhi Saaranen, Postdoctoral Researcher; Virpi Kemppainen, Doctoral Student; Annamaria Aura, Junior Researcher; Kerttu Tossavainen, Professor, University of Eastern Finland, Finland

The department of nursing science of the faculty of health sciences at the University of Eastern Finland offers versatile qualifications for nurse teacher students. One goal in the nurse teacher education program is to develop current teaching and learning methods that are used to educate students who will be teachers in health sciences. In this abstract we present three examples of innovative and enhanced learning and teaching methods:

1. Simulation
2. Collaborative learning
3. Concept map.

Firstly, simulation is a small-group learning and teaching method that is interactive, realistic, problem-based, effective and involves learning by doing and motivating. For a student, simulations are safe, authentic and egalitarian, and they can be suspended, reviewed and repeated. Simulations allow a teacher, nurse student, student peers and a student team to observe, assess and give feedback on nonverbal and verbal communication and behavior in a clinical-type setting. With simulations the teacher can create scenarios and assess a student’s critical thinking and acting.

Nurse teacher students study simulation in four courses during three years as follows:
1. Teaching technology in health education and guidance (1 ects) in the first year
2. Teaching training in nursing education (9 ects) in theory
3. In practice in the second year
4. Challenging situations in speech communication for students of nursing science (2 ects) in the third year.

Both students’ and teachers’ experiences of simulation have been positive and enthusiastic. In the near future the experiences of students gained from simulations will also be applied to the research context.

Secondly, humanistic orientation and constructive collaborative learning in small groups refers to teachers’ and students’ social responsibility, care, mutual and reciprocal support, democratic group norms and unique respect for individuals. Since 1994 collaborative learning and teaching methods and also research methods have been applied very systematically in our nurse teacher education. Students study in small groups right from the beginning of the program. Teachers are responsible for introducing students to collaborative learning, forming groups, structuring the peer group tasks and influencing students’ interaction by helping peer groups to reflect and evaluate their progress.

A qualitative peer group examination has been realized in many different ways. For example, the teacher gives the framed topics of the examination to students several months in advance. Thus, the peer groups can prepare collaboratively beforehand. Then every student group (about 3-5 students per group) together produces an individual written essay in a supervised examination situation. The produced written output requires discussion, reasoning, reflection and debate before coming up with a consensus on the opinions of the students. Also the research study is connected to the qualitative group examination. The nurse teacher students are asked to write about their learning experiences in the collaborative group examination using an assessment form on which they evaluate learning and collaborative working before, during and after the examination.
Thirdly, the concept map method developed by Joseph D. Novak in 1960, is a two-dimensional representation of a set of concepts and their relationships. Concept maps are visual representations of how information and knowledge are interrelated. They enhance deeper learning, engage learners in critical thinking and promote improved memories of information. The concept map method is one way to reflect and to summarize understandings acquired by students after they have studied a unit or a chapter. Teachers are able to easily identify missing or misunderstood concepts through the visual representation of concept maps. During its construction team members can view the status of their project and monitor its progress. The concept map method has been used as a teaching and learning method in a Nursing Education Theory course (8 ects). For example, nurse teacher students in the qualitative group examination have presented their theoretical and practical knowledge base by synthesizing their written answer as a concept map. In addition, the concept map has been developed and used as research method by the students in master’s and doctoral theses.

References


Key words:
• simulation
• collaborative learning
• concept map method
• teaching and learning.

How this contributes to knowledge development in the Learning and Teaching Strategies theme:
• the nurse teacher education program offers innovative and analytic teaching and learning methods and qualitative research methods
• these learning and teaching methods are: 1) simulation, 2) collaboration and 3) concept map method
• based on feedback from the students, these innovative methods have enhanced communication and deepened their theoretical learning and decision-making skills and critical thinking.

An evaluation of problem-based learning in a direct entry pre-registration midwifery curriculum
Mary O’Prey, Midwifery Teaching Fellow, Queen's University Belfast, UK

The BSc (Hons) in Midwifery Sciences is offered by the School of Nursing and Midwifery, Queens University Belfast. The programme is designed to prepare the student to meet the needs of women and their families and to practice safely and effectively so that, on registration, the student can assume the responsibilities and accountability for her practice as a midwife. A problem-based approach to learning is currently employed in year three as one of a range of educational methods aimed at encouraging student motivation and self determined learning. The basis of problem-based learning is that students learn by doing. It is a student centred system whereby students working within small groups, generate the information necessary to respond to, or solve a specific problem or task. The use of a problem centred approach enables the student to build upon and apply knowledge whilst further developing skills of critical analysis (Albanese and Mitchell, 1993a; Ozturk et al., 2008; Vernon and Blake, 1993a; Vernon and Blake, 1993b). It differs from traditional teaching strategies in that students are able to identify their own learning needs and helps in promoting integrated learning of subjects.
It develops in students an ethos of lifelong learning and problem solving essential for contemporary professional practice, and augments skills of enquiry, information gathering and handling, team work, presentation and reflection (Woods, 1994). Problem-based learning has been utilized as a learning and teaching strategy in many disciplines but is becoming more accepted in midwifery curricula in Canada and the United Kingdom (McNiven et al., 2002; Lobb et al., 2004; Porter and Meddings, 2007; Rowan et al., 2007; Lobb and Butler, 2009; Tully, 2010).

**Academic benefits of problem-based learning**

Formal evaluation of problem-based learning (PBL) revealed that the students felt that PBL encouraged them to review the literature and critique the evidence available to support practice. They believed that their research knowledge and skills were enhanced by PBL. Students also believed that they brought relevant and new perspectives and knowledge to their peers and they valued the differing perspectives brought by others. Students felt that the volume and depth of the knowledge gained through problem based learning was much greater than that which could have been achieved by an individual. Students also felt that they were able to identify their own areas of weakness and that shared learning was a much more efficient way of gaining knowledge.

Some of the students felt that working in their groups helped ‘bridge the theory/practice gap’ and helped prepare them for clinical practice. Students appreciated the self directed nature of the process and in particular how this stimulated their motivation to gather information and improve their information retrieval skills. Students were motivated by the will not to let their colleagues down. Students also said that working in a group gave them confidence and that they were more comfortable asking questions about things they didn’t understand in a small group.

**Social and team benefits of problem-based learning**

Students felt that they worked very well in their groups and there was respect and equal participation. Almost all the students said working within a small group enabled them to get to know each other better and develop new understanding and closer relationships. Many of the students said that this improved their team working and teamwork, communication and leadership skills and crucially were able to make identify the importance of this skill set in clinical practice. Students found the small groups friendlier and less intimidating. Students also commented that the groups were student led rather than lecturer led and they valued the support and camaraderie of their peers during the presentation elements. Students felt that the PBL demonstrated have diverse people can work together with positive results. Students also valued the independence PBL gave them and the ability to manage their time and workload.

They rated highly the flexibility of the approach and felt that it afforded an acknowledgement of individuals’ domestic circumstances. Issues such as childcare and travelling arrangements were taken into consideration by other members of the group.

It is clear that there are significant academic, social and team benefits to be gained by students undertaking problem based learning as a key learning strategy. This evaluation suggests that the personal and professional development of students could have a positive impact on their practice.

- PBL promotes student motivation and self determined learning
- PBL encourages a deeper approach to learning
- PBL improves team working, communication and leadership skills

**References**


Woods, D.R. (1994) _How to gain the most from problem based learning_. Hamilton: McMaster University.
Simulation for improving health of young people through nurse education (SHYNE): using simulation to enhance skills development in child and mental health pre-registration nursing students

Anne Felton, Lecturer Mental Health; Laura Holliday, Practitioner Health Lecturer, Child Health; Gill Langmack, Lecturer Child Health; Dawn Ritchie, Lecturer Child Health, University of Nottingham, UK

Background

The use of simulation within nurse education has expanded rapidly in recent years (Schiavenato, 2009), with an emerging evidence base suggesting it may have a number of benefits. Studies have shown a positive impact on student nurses level of knowledge, understanding and performance of clinical skills (Baker et al., 2008; Alinier et al., 2004; Alinier et al., 2006). However, the majority of literature focuses on the use of high fidelity simulation technology, contributing to a criticism that the use of simulation within nurse education is governed by technology rather than pedagogy (Parker and Myrick, 2009; Schiavenato, 2009). A dominance of such technology means that the research tends to represent the implementation of simulation within a narrow focus of care scenarios, therefore, its use for enhancing the learning of students specialising in children’s and mental health nursing remains largely unevaluated.

This project aimed to design, plan, implement and evaluate a shared simulated learning experience for pre-registration child and mental health branch nursing students; enhancing their skills for working with young people in emotional distress. It has been recognised that professionals working with young people need to be adequately trained to promote physical and psychological well being, including the ability of nurses to develop therapeutic relationships (NICE, 2009; Meltzer et al., 2002; DH, 2004). Yet research indicates that children’s nurses feel they lack mental health skills (Ramritu, Courtney, Stanley and Finlayson, 2002) whilst mental health nurses have been criticised, for failing to tackle health inequalities and need to widen their abilities to improve service users’ physical health (DH, 2006; White et al., 2009). This project identified simulation as a potentially useful and innovative approach to help address these issues, whilst also aiding student nurses to gain greater understanding of each other’s roles.

Process

To design learning outcomes and the simulation scenarios, a workshop was conducted with key stakeholders, with representation from children’s nursing, mental health nursing, youth work, child and adolescent services, education, service users and a youth theatre group. The youth theatre was also involved in developing and playing characters for each scenario (including a young person who harms themselves). 16 nursing students in their 3rd year of a 4 year pre-registration nursing course took part in the simulation scenarios. A debriefing reflective discussion was conducted following the simulation, including feedback from the young actors on their experience of care.

Findings and discussion

To evaluate the effectiveness of using simulation in this way, questionnaires using open ended questions and a focus group were undertaken with the students. These findings indicated that whilst students valued the practical approach simulation provided, they perceived it had limited benefits for the development of their clinical skills. The exception was that some students identified it had enabled them to develop further interpersonal skills; recognising the value and importance of communication. They did not perceive it enhanced their understanding of each other’s roles.

The project did highlight that both child and mental health nursing students prioritised either the physical or mental health needs of the young person within the simulation, rather than developing their holistic care skills. This finding could be interpreted as a limitation of simulation in enabling students to develop a broad range of nursing skills, reflecting some of the existing literature (Becker et al., 2006; Ravert 2008). However, this insight is not dissimilar to that offered by the research examining health professionals’ approach to working with people who self-harm, which suggests difficulty in understanding and engaging with people manifests in a lack of holistic, person centred care (Lindgren et al., 2004; Pembrook, 2006; Redley, 2009). The stage in which the simulation took place may also have implications for exposing an established process of professional socialisation into a certain child or mental health nursing role.

Conclusion and recommendations

The project ultimately served to underline the importance of employing effective teaching strategies at a pre-registration level to address the gap in skills for child and mental health nurses, pertaining to young people’s health. It should be acknowledged that simulation was a relatively new form of learning for these students, but they suggested they would participate in simulation in this capacity again. Therefore, the session will be replicated and evaluated with other students, in order to gain a more detailed understanding of its implications. The project
also provided a valuable opportunity for lecturing staff from different fields to learn from each other, and thus provides an example of how shared learning can be developed.

References


Department of Health (2006) *Choosing Health: Supporting the physical health needs of people with severe mental illness*. London: HMSO.


Key words:
• simulation
• shared student learning
• clinical skills
• young people
• innovation.

How this contributes to knowledge development in the Learning and Teaching Strategies theme:
• developing clinical skills for working with young people in emotional distress should be supported by a range of teaching approaches but has to be addressed at a pre-registration level
• thinking creatively across organisational and agency boundaries has potential benefits for enriching student learning, contributing positively to organisations and members of those organisations
• shared learning across branches provides valuable development opportunities for lecturers’ as well as students.
Maximising the Role of the Service User

Tuesday 6 September
First Group of Theme Sessions
T55

Service user perceptions of student nurses

Justine Barksby, Lecturer, University of Nottingham, UK

This paper outlines the findings of a qualitative study which explores the perceptions service users have of student nurses. It aims to explore the reality of the service user's experience of being nursed by students.

Many policies introduced in recent years have promoted service user involvement in healthcare provision. Although this is undoubtedly good practice there has also been criticism of such involvement and that services pay lip-service to it and do not truly involve service users. One area where this is particularly problematic is that of the learning disabled service user.

Significant policy documents in learning disabilities in recent years include the government white paper 'Valuing People: A New Strategy for the 21st Century' (DH, 2001a), a supplementary paper of 'Valuing People, Nothing About Us, Without Us' (DH, 2001b) and the report from the Healthcare Commission 'A life like no other' (2007). The main messages of these papers is the principles of empowerment, rights and equality for people with learning disabilities and urges their involvement into the planning of services.

Although research involving people with learning disabilities is often not easy this is no excuse to not do it and there is good evidence that service user views are methodologically achievable (Kroese, Gillott and Atkinson, 1998). Indeed it can be argued that it is unethical not to ask the opinion of all service users regardless of disability and that it is necessary as a means of empowerment (Northway, 2000).

Student nurses are often a prominent aspect of service delivery and for people in long stay provision this can mean meeting many students. This qualitative study aims to explore the service user’s perceptions of student nurses. Qualitative research subscribes to the view that ‘the empirical world is studied from the perspectives of the participants’ (Duffy, 1987 cited in Farley and McLafferty, 2003). The service users are from long-stay learning disability services and most of them have a history of living in NHS provision. The aim of the study was to establish if the service users were indeed even aware they were students, what were their thoughts about the student, did they like them?

Overview of the results

The results demonstrate a positive view of students by the service users questioned. On the whole they were regarded as being good at the job and many service users could name specific individuals that they felt were particularly good. In some cases they could remember students from many years ago.

At times the students were so good that when they left at the end of the placement their absence was noticed by the service users and they were missed.

In other cases the service users acknowledged the students were good but did not miss them when they had completed the placement. This was due to the fact that this was the norm for them and good students, along with good staff, come and go and over the years the service users have meet so many students that they tried not to become attached to them.

A few cases were also remembered of bad students and again these examples had stayed with the service users many years after the student had worked with them.

References


Department of Health (2001b) Nothing About Us Without Us. London: DH.


Key words:

- service user involvement
- student nurses.

How this contributes to knowledge development in the Maximising the Role of the User theme:

- student nurses continue to be a prominent presence in many clinical areas and the findings help us understand the impact student nurses can have on the service users
• this impact is particularly significant in long stay environments where the service users see many student nurses come and go over time and this is true of all long stay care environments, for example mental health services, older people services, physical disability services, and the findings of this study are transferable to all practice areas
• this impact is both a positive and a negative experience and the findings can help shape students behaviour and awareness that their presence has.

**T56**

**Being observed observing: a catalyst for utilising the role of the service user in stroke nursing education at Nottingham University Hospitals NHS Trust**

Louise Bramley, Practice Development Matron, Nottingham University Hospitals NHS Trust, UK

This theme paper will focus on work in progress by service users of the stroke service. Service users observe and give feedback to the healthcare team about service delivery, environment of care and approaches to care of stroke survivors. The main focus of this paper will be on my personal experience of being observed, the feedback given and how the service developed as a result of these observations. The main aim of this initiative is to develop excellence in terms of care for service users with a stroke, with education of healthcare staff being one key element.

One of my first tasks after joining Nottingham University Hospitals NHS Trust (NUH) stroke Services’ as practice development matron (PDM) was to set up an education programme for the nursing staff. As a newcomer to the service I felt it important to work with the staff and patients and try to gain some understanding of what level the education programme needed to be pitched at and what development the nurses felt they needed.

Throughout this time I spent two weeks working across four stroke wards of acute care, sub acute care and rehabilitation services. It was during this time that I received my first ‘observations of care’ report from the At a Stroke Association (@ A Stroke).

The NHS constitution (2009) lays out its commitment to working in partnership with patients, carers and their families and for the past decade NUH Stroke Services has developed strong links with service users and carers. @ A Stroke is an independent voluntary organisation, formally known as Nottingham Stroke Services Partnership Group which has amongst other things been performing observations of care within the service for the last few years. This involves two members of the group visiting the four clinical areas observing, talking to patients and staff and following up with feedback and findings to the service.

It was during the reading of the feedback that I realised I had been observed during my time working with and observing the Stroke service. Reading detailed information of the impact of the patient care I had delivered as observed by others who has previously been cared for within the service, was a very powerful way to understand and learn what impact I as nurse can make on patients within the simplest of tasks.

Before reading this I had wanted to represent the patient perspective of care received from complaints and use quotes from a piece of qualitative research done on the wards within the Stroke Service. After reading the observations of care report I felt the patient’s perspective could have greater impact on the nursing staff if delivered by the people who had used the service and had observed care delivery first hand. This view is also held by Costello and Horne (2001) who suggest that involving patients in classroom teaching is an effective strategy for enhancing the teaching and learning experiences of nurses, as well as having positive effects on the patients.

Following this I contacted the @ A Stroke president Mr Oswald Newell who is a stroke survivor and campaigners on behalf of stroke in the East Midlands and nationally, he agreed to share his experiences of the care he received and also some work he had done on the Stroke Pathway within the region. He also shared some ideas about what development and learning opportunities he felt nursing staff would benefit from and his very personal perspective on the specialised skills that the nurses within the stroke service had developed and the impact this had on patient care. This had a very motivating effect on the staff he spoke to.

The four day Stroke Foundation Course at NUH was launched on the 1st October 2010, for 12 registered nurses maximising a solid contribution from service users. Ossie joined the group and shared his personal experience during a full morning of discussions that allowed lots of opportunity for the nursing staff to ask questions and discuss issues raised directly by users of the service and their carers.

There is little evidence available to show effects of consumer involvement in education on practice, however Repper and Breeze 2007 report that there is encouraging evidence showing the effects on students with regard to interpersonal skill and empathic understanding. Feedback gathered from the session supports this and includes:
‘Gave us more motivation on how important our knowledge and skills dealing with stroke and the influence we can do to our patient to put themselves together after having a stroke’.

‘Very important a patient perspective and how important education of stroke is’.

For the next course some of the other members of @ A Stroke who perform the observations of care have agreed to come along, share their experiences and present their observations and feedback.

References


Key words: • service users • education • nursing development • patient care.

How this contributes to knowledge development in the Maximising the Role of the Service User theme:
- observations of care by service users, used to design education for nursing development within stroke services
- maximising impact to nursing care delivery by presenting the patient perspective direct from patients themselves
- service user personal experiences delivered to nursing staff in an environment to promote discussion and maximise learning.

T57
From philosophy to reality: facilitating service user involvement within the pre-registration nursing programme

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

Overall aim
To describe and discuss service user involvement across the pre-registration nursing curriculum at Middlesex University, London.

Abstract
All fields of pre-registration nursing continue to remain under pressure to catch up with the work in which mental health has been in the vanguard, that of ensuring engagement with the public, through the role of the service user/carer. The Nursing and Midwifery Council have now made service user / carer involvement a pre-registration nursing programme requirement, in that, ‘Programme providers must clearly show how users and carers contribute to programme design and delivery’ (NMC, 2010). Additionally, in terms of quality monitoring processes the EQUIP process also demands service user involvement and a robust transparent process (www.skillsforhealth.org.uk).

The programme team at Middlesex University have taken a fresh approach to the role of the service user within the curriculum, in response to guidance and patient needs. This is reflected in the philosophy for our graduate nurse curriculum of Sept 2011, which states that ‘the student will be committed to working in partnership with service users and colleagues’.

This paper will outline the reality of implementing this philosophy and commitment to partnership with service users. It will include:
- The aim and objectives of service user involvement demonstrated through the stages of the development process undertaken, to embed this within theory and aspects of practice.
- The reality-identified good practice, challenges encountered.
• Evaluation – did reality reflect the vision.
• Future development.

The development process undertaken involved service users from the outset, as recommended by the literature, for example Repper and Breeze (2006) and Tew, Gell and Foster (2004). This process aimed to place service users at the centre of both our current programme, and the graduate and postgraduate curriculum development for adult, mental health, child commencing September 2011. This included active involvement in curriculum review, design, delivery and assessment.

Preparation of academic staff, service users and students was under the guidance of the Service User Steering Group-School of HSSc, Middlesex University. It included induction days for staff and service users, a debriefing event and evaluation. The challenges of moving from a philosophy to reality are worthy of note and will be shared/discussed with colleagues.

Evaluation of service user involvement from service users, staff and students, highlighting good practice, limitations and lessons for the organisation and delivery of for the next stage of the curriculum, will be expanded upon in the theme session These include service user participation within the areas of recruitment and assessment of theory and practice across all fields of nursing.

References

Key words:
• service user
• curriculum
• design
• delivery
• reality.

How this contributes to knowledge development in the Maximising the Role of the User theme:
• identification of the reality of our ‘story’, which may be useful to others embarking upon organisation and delivery this aspect of the curriculum
• outlines our experience of moving from a place of minimal direct involvement of the service user within aspects of the curriculum, to a planned, focused input over the 3 year programme and across the three fields of nursing offered at Middlesex University (adult, mental health and child)
• demonstrates one way of putting service users at the centre of the curriculum development and delivery.

The practice education facilitator: a service improvement
Gillian Davies, Practice Education Facilitator, Argyll and Bute Community Health Partnership, NHS Highland, Lochgilphead, UK

In 2004 the then Scottish Executive Health Department (Carlisle, Calman and Ibbotson, 2009) proposed the Practice Education Facilitator (PEF) three year pilot to recruit 100 ‘G’ Grade posts from the NHS within the health board areas. These became permanent posts following the evaluation of the project. (NES, 2008).

The role of the PEF is to support and develop the mentors of pre-registration student nurses, whilst developing the clinical learning environment (NES, 2008).

Many changes have occurred within the last 10-20 years within nurse education, now being delivered within higher educational institutes as opposed to schools of nursing within clinical areas. (NES, 2008). The role for mentors has become much more about the teaching of clinical skills within nursing programmes along with...
‘supervising, teaching and assessing of students, including the ‘signing-off’ competency at the end of pre-registration programmes.’ (NES, 2009a, p.8).

Mentors are an essential component to the education of pre-registration student nurses. Clinical staff has the right to fail students should they feel there is poor professional practice, ability or capability. Passing students who are not ‘fit for practice, fit for purpose’ could affect patient care (Rutkowski, 2007). The practice education facilitator (PEF) role was developed in partnership with NHS Education for Scotland, NHS and the higher educational institutes in 2004 in an attempt to meet the stakeholder’s needs and provide much needed support for clinical staff and mentors of pre-registration student nurses.

Following from the initial research by Duffy (2003) it was found that mentors of pre-registration student nurses were often left without support in clinical practice and found this particularly difficult when challenged with failing a student in practice.

Within Argyll and Bute Community Health Partnership (CHP) there is currently one (0.8 wte) PEF covering 50 clinical areas within a geographical area of 2,000 square miles and 26 inhabited islands. Rural and geographical complexities seek for a challenge to provide that much required support to mentors within remote and rural areas. Support for the stakeholders within the localities often requires diverse methods and mediums to provide the support required.

Argyll and Bute Community Health Partnership

It was challenged that perhaps that the resource and service provided was inadequate and potentially not meeting the stakeholders needs. Therefore a research study was conducted to determine whether or not the current practices and role of the PEF was potentially a service improvement and meeting the stakeholder's needs.

Without appropriately prepared mentors, making accountable decisions for student assessment patient care could potentially suffer in the future. These are indeed ‘value-adding’ to the patient as the customer as the effect of having nurses who are not fit for purpose could adversely affect patient care. (FLM, 2009, Module 4, Week 8).

Methodology

A sample group of 20 first level registered practitioners who are all recognised as mentors for pre-registration student nurses were randomly selected from the mentorship database to participate in a small scale survey. This was initiated as part of a (plan, do, study, act) cycle (NHS Innovation and Improvement, 2009).

Findings

A response rate of 65% was achieved from adult and mental health mentors. The sample felt that the implementation of the PEF role within Argyll and Bute CHP had been very beneficial for mentors, 65% of the group felt more supported in practice with the implementation of the PEF role.
By delivering the PEF service and maintaining contact by various electronic mediums, this limits the amount of
time spent travelling around the CHP, therefore reducing waste. (FLM, 2009, Module 4, week 8) Ultimately the
role of the PEF was developed to support mentors, with liaison lecturers from the higher education institutions
providing support and guidance for the students. Although (30%) still feel the PEF should be involved with student
nurses in clinical practice.

Only 15% agreed that they would prefer a specialist PEF. It maybe suggested that working within different
specialities has brought some secondary dimension diversity to the approaches used (Daft, 2008).

When asked who should support mentors with failing students, only (5%) felt it should be the higher education
institution or liaison lecturer, the remaining (60%) agreed it should be a combination of the PEF, higher education
institution, lecturer and clinical colleagues. Whereby identifying and meeting all stakeholders needs.

Due to the large geographical area covered within Argyll and Bute CHP, it is not always possible to provide face-
to-face contact with the mentors or clinical staff. Overwhelming (65%) report that they found it extremely or very
useful to receive support via email or telephone. This could be suggested as ‘visibility’ within the clinical areas.

All 65% of the sample group feel more confident and supported with the pre-registration student nurses
assessment processes due to the support received from the PEF service. If concerned about a student within
practice results show that clinical staff/ward/team leaders would be the first point of contact, thereafter the PEF
and latterly the higher education institution.

Recommendations in order to meet stakeholders needs:
• to continue with the PEF service as this is seen as a quality improvement for mentors of pre-registration
student nurses and meets the stakeholders needs.

For the PEF service to continue providing support through different mediums to maintain visibility within the
clinical areas despite the vast geographical diversity of Argyll and Bute CHP.

To develop PEF input to establish more support for the clinical learning environment in which mentors teach pre-
registration student nurses.

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Key words:
• confidence
• support
• visibility
• diversity and challenge.
**Perceptions of service user and carer involvement in undergraduate nurse education: rhetoric or reality?**

**Maria Horne, Lecturer; Jane Griffiths, Lecturer; Shaun Speed, Lecturer; Philip Keeley, Director of Undergraduate Education, University of Manchester, UK**

**Background**
From a UK policy perspective, service user and carer involvement has followed an increasing focus on involving patients and the public in shaping and delivering healthcare (DH, 2001; 2004; 2005a; 2006). From an educational perspective service user and carer involvement has become a major imperative not only in promoting the learning of patient-centred practice (Forrest et al., 2000; Towl et al., 2010) and assessment (Repper and Breeze, 2007; Stickley et al., 2009), but also in recruitment (Rhodes and Nyawata, 2010) and developing undergraduate nurse and midwifery education (NMC, 2010). Nurse education needs to develop and respond to the changing needs, developments, priorities and expectations in health and healthcare as well as developing innovative curricula and teaching methods to meet the challenges and changing needs of nursing (DH, 2006b; NMC, 2010). Nursing care provision and practice can be influenced and improved by developing the students’ understanding of the service user and carer experience, thereby helping to bridge the distance between theory and practice that exists within nursing education (Costello and Horne, 2001; Jackson, 2003). Service user and carer involvement in the education and assessment of social work and mental health students is well established (Repper and Breeze, 2007). However, we need to identify the facilitators and challenges to involving service users and carers in undergraduate graduate nursing and midwifery curricula to develop and improve nurse education.

**Aim**
The aim of this presentation is to discuss the findings from an exploratory qualitative study, and subsequent web based survey, that identified and explored nurse educator’s perceptions and experiences in engaging and involving service users and carers in teaching, interviewing, assessment of student nurses and curriculum development.

**Methods**
An exploratory qualitative study using three focus groups (n = 16 in total) to identify areas of good practice and explore attitudes, beliefs, advantages and challenges with regard to engaging and involving service users and carers in teaching, recruitment and assessment of students, and in curriculum development within undergraduate nursing and midwifery programmes to develop and improve nurse education (Kreuger, 2008). Data were transcribed verbatim and data analysis and classification followed the framework analysis approach (Richie and Spencer, 1994). A web based survey of 80 nurse educators was then conducted to establish current level of service user and carer involvement, and to assess the strength of attitudes and beliefs about the advantages and challenges of involving service users and carers in undergraduate and midwifery recruitment, assessment, education and curricula development within the University of Manchester. Survey data were transferred into SPSS and explored using descriptive statistical analysis.

**Findings**
There are opportunities and difficulties when using service users and carers in the assessment of students and in designing and developing nursing. However, much potential was seen in service user and carer involvement in interviewing and teaching. Participants identified that service user and carer involvement was useful for changing attitudes and developing empathy in students; they could make a useful contribution to the assessment process of student nurses and to the curriculum development process of student nurse education. Challenges were seen in how to involve them in large group teaching and how to use the experience of service users and carers effectively. Concerns were also raised about the ‘one perspective’ – an unrepresentative view, the ‘professional user’, tokenism and involving the ‘right sort’ of service user.

**Conclusions**
Service user and carer involvement is an expectation and a growing necessity in nurse education (NMC, 2010). Nurse educators need to harness the opportunities and overcome the challenges of how best to involve service users and carers. This needs to be based on nurse educators’ experiences and lessons learned to make such involvement a reality within nursing curricula and education. These findings have implications for undergraduate nurse and midwifery education both within the UK and internationally.

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T60

Knowledge and skills of police offers in handling police officers in the Western Cape in South Africa

Nomadhelo Irene Magadla, Lecturer in Mental Health, University of Fort Hare, East London, South Africa

The purpose of the study was to explore the knowledge of police officers regarding mental illness as well as the skills of police officers in handling the mental healthcare users (MHCUs). According to Section 40 of the new Mental Health Act (Act 17 of 2002), police officers are authorized to manage mentally ill persons. This suggests that police officers can identify a mentally ill person. Mental healthcare providers know that to handle a mental healthcare user with manifestations like anger, aggression and violence, relevant skills should be used. However, it is not clear how the psychiatric skills and knowledge are provided for police officers.

A study was conducted at the three police stations at Mdantsane, a township outside East London in the Eastern Cape in South Africa. The argument around the study was that police officers are not trained in handling the mental healthcare users (MHCUs). The objectives of the study were to identify the content of what was learned as preparation to be a police officer in relation to managing the mentally ill: and describe the skills that are used by police officers in handling the mentally ill. The questions that were to be answered by the research were: What is the content that is used for preparing police officers? Do police officers possess skills for handling mental healthcare users?
The method that was used was the quantitative descriptive investigation. Forty five police officers were selected randomly from the population of 136 police officers. The names of officers were written, and every third name was chosen, thus the sample of 45 was obtained.

The research instrument that was used for collecting data was a structured self administered questionnaire designed by the researcher. The structured instrument was preferred as it is easy to quantify data that are structured. Likewise, structured data collection enhances objectivity. Ethical considerations were observed by obtaining permission to conduct research, from the research committee, at the University of Fort Hare. Provincial office (Bisho Research Unit) was informed of the intention to conduct research with the police fraternity. Commissioner of police at Bisho as well as the commissioner of police at Mdantsane were approached to request permission to conduct research with police officers. The Provincial commissioner obtained authorization from the national commissioner of police.

A written consent was obtained from prospective respondents as an agreement to engage in the study data analysis was conducted using the Statistical Programme for Social Sciences (SPSS). Frequency distributions, cross – tabulations and correlations were carried out.

Results revealed that police officers do not have knowledge and skills to handle mentally ill people. They do not have psychiatric as well as the interpersonal skills for handling the mental healthcare users. They did not have anything to say about the families of users. They could not understand empathy and use of empathy.

Recommendations were that mental health practitioners and police authorities should hold discussions on training regarding the functioning of the human mind, anticipated behaviours in mentally ill persons and the handling of mentally healthcare users. The mental multidisciplinary team need to incorporate police officers when preparing the user, family and community during discharge preparation of users. Although the Mental Health Act (Act 17 of 2002) has taken an admirable step by involving police officers in managing mental healthcare users, the Act needs to look at the content of police training. Implementation strategies of the Mental Health Act should be strengthened so that they do not resemble the ‘control strategies’ of the repealed Mental Health Act (Act 18 of 1973).

A qualitative approach would produce more reliable information than the quantitative approach.

Key words:
• skills
• police
• knowledge
• user
• handling.

How this contributes to knowledge development in the Maximising the Role of the Service User theme:
• the role of police officers will be expanded and will be more scientific
• policy makers will plan according to needs, basing needs on the views of the Mental Health Act (Act 17 of 2002) which advocates the respect and dignity of the users
• the multi disciplinary team will collaborate with the community, police and policy makers and programmes like discharge preparation will be implemented with insight

T61

‘Pitfalls and payments’: service user and carers views on some of the factors which may inhibit initial involvement in undergraduate nursing, midwifery and social work education

Shaun Speed, Lecturer in Nursing; Jane Griffiths, Lecturer in Primary Care; Maria Horne, Lecturer in Health Visiting; Philip Keeley, Director of Undergraduate Education, University of Manchester, UK

Background

Involving users and carers in the education for nurses and midwives is a key priority for the nurse education in the United Kingdom (NMC, 2010). The benefit of user involvement in education and research have been described in numerous research reports in medical education (Towle et al., 2010; O’Keefe and Jones, 2007) in general nursing education (Repper and Breeze, 2007) mental healthcare (Ion et al., 2010; Repper and Breeze, 2007) and in social care where there is a well developed literature (Harrison and Beresford, 1994; Levin, 2004). Most of this literature has concentrated on the value of user and carer involvement in education whilst less attention has be
paid to the potential barriers to the initial involvement with higher education institutions from the perspective of service users and carers (Langton et al., 2003; Repper and Breeze, 2007; Morgan and Jones, 2009). Although there are some insights into the problems associated with continued engagement (Repper and Breeze, 2007; Levin, 2004; Langton et al., 2003) consideration needs to be given to the factors that may prevent service users and carers offering their services at the beginning of the engagement process if the process of involvement is going to attract suitable service users and carers (Moss et al., 2009). One particular area that has received scant attention in the literature in general and nursing literature in particular is the issue of payment for involvement (Turner and Beresford, 2005; Scott, 2006).

**Aim**

The aim of this presentation is to discuss the findings of a qualitative study that asked 52 service users and carers about the barriers to involvement in undergraduate nursing and social work education which is taken from a larger project which has resulted in service users and carers taking an active role in the development and delivery of our undergraduate and postgraduate nursing, midwifery and social work curricula at the University of Manchester.

**Method**

Seven focus groups were undertaken with service users and carers recruited from voluntary organisations in the North-West of England (n=52) and then through snowball sampling from initial participants. The focus groups were part of the initial meeting and engagement process which took the form of a conference and consultation event. Each focus group was audio recorded and transcribed verbatim. Initial coding was undertaken by the individual members of the research team using framework analysis (Richie and Spence, 1994) and then a joint coding session facilitated the development of the provisional themes for further analysis. The initial codes and themes were presented back to the service users and carers for verification (with which they largely agreed) prior to the final analysis of the data into themes that had currency for both the research team and the services users and carers. The final findings from this study have been presented to and endorsed by the service users and carers who have participated and continue to be involved with the school.

**Findings**

Participants identified several barriers to initial involvement which may prevent them from contributing to undergraduate nursing, midwifery and social work education. Not knowing the context of what they were being asked to do was a key issue. The preparation of the group was an important aspect in considering their involvement. Being supported and being allowed to be real were key elements in considering participation. Receiving feedback and being paid in an appropriate manner were also essential in terms of considering involvement. The issue of financial reward for involvement raised some key findings that were challenges for both the higher education providers and for service users and carers themselves. These findings have implications for higher education institutions both within the UK and beyond who are considering the active involvement of users and carers in their educational provision. The presentation will address some of the ways we have been able to overcome the problems and pitfalls we faced by sharing our learning from this project.

**Conclusion**

Higher education institutions need to be mindful of some of the pitfalls to initial involvement that can affect the recruitment of service users and carers and consequently their continued engagement and future participation in the education of nurses. Financial payments in particular need careful consideration if participation is to be maintained.

**References**


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**Key words:**
- users
- carers
- involvement
- barriers
- payments.

**How this contributes to knowledge development in the Maximising the Role of the Service User theme:**
- why users and carers fail to get involved in nursing education is poorly covered in the literature
- users and carers have perceptions about involvement and what it may entail which might prevent them engaging with higher education institutions
- payment and reimbursement for their services is a key issues which may prevent initial and or continued engagement and this paper adds to the knowledge in this area.
Social, Economic and Policy Drivers

Tuesday 6 September
First Group of Theme Sessions
Gathering dust or shaping policy? Reflections on the Prime Minister’s Commission

Jane Salvage, Visiting Professor, King’s College London, UK

The Prime Minister's Commission on the Future of Nursing and Midwifery in England reported in March last year (Commission, 2010). It reviewed research, and conducted an extensive engagement exercise with the public and professionals that elicited many responses from students and education providers, as individuals and through their employers and organisations.

Some of the Commission’s 20 recommendations relate specifically to aspects of nursing and midwifery education, including the regulation of support workers; advanced practice; nursing people with long-term conditions; achieving degree-level registration for nurses; and integrating practice, education and research. Most if not all the other recommendations have far-reaching implications for nursing and midwifery education.

The Commission intended its report to have long-term relevance. The issues it raised remain valid, even more so in these turbulent times. The government’s brief response to the report, over a year later, was criticised by the Commission: ‘Our far-reaching set of integrated proposals have still not received a sufficiently detailed response,’ said chair Ann Keen (Press release, 2011).

This paper will outline the Commission’s work and recommendations. It will also discuss how to ensure that the report will not gather dust on the shelf, but will be used to strengthen current and future policy and action on improving service user safety, health and wellbeing through nursing and midwifery education. To do so, it will argue, more nurses need to become policy entrepreneurs and policy activists (Kingdon, 1995).

References


Key words:
• education
• policy
• politics
• degree-level registration.

How this contributes to knowledge development in the Social, Economic and Policy Drivers theme:
• shares information and stimulates debate on key policy issues
• gives a view from the inside of the interaction of policy and politics
• encourages nurses and midwives to become ‘policy entrepreneurs’ through enhancing their understanding of policy development.
Department of Health have gathered such data and this denies the nursing profession the opportunity to measure failure to fail. This study is the first national survey to address this issue.

**Method**

The aim of this study was to establish the situation regarding practical assessment failure rates for student nurses in England.

An e-mail and postal survey was conducted of all 52 higher education institutions in England that offered pre-registration nursing programmes commencing in the autumn semester of 2005. Responses were received from 27 (52%) higher education institutions, 11 provided comments and 16 provided useable numerical data about 3725 student nurses.

**Key findings and recommendations**

**The assessment of student nurses**

Failure rates for theoretical assessments outstripped failure rates for practical assessments by 5 to 1. This seems to support Duffy’s view that practical assessors failed to fail student nurses and raises questions about how students pass practical assessments if they do not have a sufficient level of underpinning knowledge.

There was a wide variance in failure rates between higher education institutions. Four higher education institutions failed no students based on practical assessment results at any point and only two failed and withdrew students in all 3 academic years. The disparity in results appears to support Yorke’s (2005) view that some higher education institutions continue to be slow in accepting practical assessment as an important element of programmes. It is a challenge for the NMC to ensure a minimum national standard of practical competence and reduce the wide variation in practical assessment results identified by this study.

Failure rates varied between academic years. Students were most likely to pass in year 3 and were most likely to fail practical assessments and be withdrawn from programmes in year 1. The profession continues to debate the optimum time to remove incompetent students from programmes (Luhanga, 2008) but most assessors agree that the majority of students who lack competence should have been removed prior to year 3.

It is therefore recommended that further investigation be undertaken regarding:

- The emphasis that higher education institutions place on practical assessment results.
- The points at which it is most appropriate to assess practice summatively.
- The factors that influence the role and function of assessors.

**Higher education systems and practices**

Several issues arose in connection with quality monitoring of courses in higher education institutions. First, the NMC does not require higher education institutions to gather data about failure in practice rates as part of annual quality review and programme approval procedures. Consequently only one higher education institution was able to provide data easily and some explained why they could not do so at all. Second, commissioning contracts between Strategic Health Authorities (SHA) and higher education institutions now specify targets to ensure low rates of attrition which creates a tension between the need to ensure value for money and at the same time prevent unsafe students entering the profession.

It is, therefore recommended that:

- each higher education institution should be required to monitor failure in practice rates
- further investigation is undertaken into the influence that quality monitoring processes have on practical assessment processes
- further investigation is undertaken into the ways in which higher education institutions address targets for attrition in commissioning contracts.

**References**


**Key words:**

- educational measurement
- professional competence
- clinical competence
- failure to fail
- fitness to practice.
How this contributes to knowledge development in the Social, Economic and Policy Drivers theme:
This study:
- supports the argument that student nurses are passing practical assessments despite doubts over ability
- raises a number of questions about the influence that the systems and practices of SHAs, HEIs and the NMC have on failure to fail
- indicates that some assessors have failed students in practical assessments and that there are a small number of HEIs that have systems in place to address failure to fail.

T64

Selecting the most suitable

Mary Crawford, Lecturer, King’s College London, UK

In recent years there has been a strong focus on maintaining student numbers on programmes in pre-registration nursing. In spite of much effort going on retaining students there is still a concerning level of attrition in some areas. As it is likely that there will be a reduction in commissioned numbers for nurse training in the coming years, it is imperative that those selected are the right ones and will remain not only on the programme but will enter the professional register and work as registered practitioners. This will become a greater issue if there is the predicted rise in university fees. The government will expect higher education institutions to select students from a range of different backgrounds in order to justify the steep rise in fees.

With the move to a graduate profession there may be a reduction in the number of applicants with degree entry qualifications and therefore it becomes important to develop the ability to spot potential, whether this is by non traditional entry qualification or by other means.

There is a body of literature (predominantly from North America) exploring what might be successful predictors for completion for example Tarpey Murray et al., (2008) and Newton and Moore (2009). There are themes emerging from the literature which may be applicable and transferable to the UK situation.

Attrition from nursing programmes is a multi-factorial area and it is too simplistic to say ‘the wrong students were selected’. The student experience must be explored in order to identify those most likely to succeed, those who will maximise their student experience and those who have the talent to lead the profession in the future, in addition to those who are risk of attrition. Fowler and Norrie (2009) identified risk factors and if those are used in planning the student experience attrition may be reduced.

Recruitment in many areas appears to be buoyant during a recession but the task of identifying those with potential remains. There are specific qualities which are measurable at selection but also some characteristics may be developed during the programme, if students are given the right experience (using the term in the broadest sense, not just relating to clinical experience).

There is strong consensus that skills in numeracy and literacy must be present at application although these can be developed further during a programme. Is a strong science background required prior to starting a programme or will a suitable entrance test identify an aptitude for this? Are we placing sufficient emphasis on attitudes demonstrated during application?

Some NHS trusts feel that applicants should have prior healthcare experience to identify their suitability but issues such as CRB checks prior to any such experience may mitigate against this in terms of cost, timing etc. Perhaps the development of simulation suites, the use of expert patients in selection might be more practical.

An element of attrition is inevitable but ensuring students have some of the necessary skills and then have a positive experience may reduce it. Support networks, use of students in a buddy system and a staged introduction to clinical work may give those students who are ‘wobbling’ a better experience, thereby helping them to remain on the programme.

References


Key words:
• selection
• attrition
• potential
• student experience.

How this contributes to knowledge development in the Social, Economic and Policy Drivers theme:
• to identify successful selection methods
• to explore factors influencing attrition
• to identify what is important in the student experience.

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T65

The implications of equality legislation for nurse education: the example of race

Janet Scammell, Associate Professor (Education), Bournemouth University, UK

In keeping with similar initiatives elsewhere, the Equality Act came into force in the United Kingdom (UK) in 2010. Its aim is to provide a single legal framework to tackle disadvantage and discrimination against people on grounds on their membership of certain groups within society; for example age, disability, race, religion, sex, sexual orientation and gender reassignment.

Equality is everyone’s business, not least those involved in providing healthcare. Nurses and the population they serve reflect the full diversity of people. It is important therefore that pre-registration nurse education should enable students to develop appropriate knowledge, skills and attitudes to work with and care for everyone including those they perceive as ‘different’ from themselves. Whilst students clearly need an understanding of the legislation particularly concerning the different types of discrimination, they must also become aware of their own identity and acknowledge their part in recognising, challenging and perhaps ignoring discrimination. This is vital to enable them to contribute to a reduction in inequalities in health (Royal Society for Public Health (RSPH), 2009; World Health Organisation (WHO), 2010) and to work equitably with a range of colleagues (Nursing and Midwifery Council (NMC), 2008).

Racism is one aspect of the equality agenda and an essential topic to embed within nurse education. However there is evidence to suggest that nurse education may leave race unnamed and largely ignored (Duffy, 2001; Cortis and Law, 2005; Culley, 2006). Selected findings will be presented from an investigation of internationally Recruited Nurse mentor (placement supervisor) and white student encounters in one nurse education department in England. The research aim was to analyse mentorship relationships, focusing on examples of interaction in which perceptions of racialised difference are in play. Whilst there is an increasing body of evidence that racism occurs, much less is known about how it gets constructed and reconstructed on a daily basis.

The research approach draws upon the principles of qualitative ethnography. Data were collected through focus groups, semi-structured interviews, participant observation and documentary analysis. Using purposive sampling, 10 Internationally Recruited Nurses, 25 nursing students, two university lecturers and five placement-based staff development nurses participated.

The findings revealed that essentialist constructions of different ‘cultures’ were used not only to explain and justify differences, but often to portray these as inferior. The reality of racism (that is to say attributions of behaviour to racial difference) was ignored or denied, indicating a failure of nurse education. Whiteness as a source of power was shown to be influential in the reconstruction of racism within everyday nursing practice. There are few studies which show the micro processes through which institutional racism is performed through small and frequently repeated acts. As such this study contributes to a furthering of understanding of the term ‘unwitting’, which is often found in Government reports and clouds knowledge of how institutional racism actually operates.

The implications of these findings for nurse education in terms of curriculum design and delivery are profound not only in relation to racism but for all aspects of inequality and discrimination. Within placement provider organisations and the university, the findings indicate that in reality meeting the needs of the majority population take a higher priority than the needs of the ‘other’. Indeed Mulholland (1995) argues that there is insufficient account taken in nurse education of societal structures and networks of power as they influence individual experience. Nurses may learn about individual manifestations of cultural life ways through a holistic approach, but they also need to consider why discrimination and prejudice occurs and to understand their part in this.

Through the examination of one facet of equality within nurse education, it is hoped that this paper will act as a springboard for a wider discussion. The debate should consider ways of addressing all aspects of equality in education for healthcare practitioners.
References

Key words:
• equality
• legislation
• racism
• nurse education.

How this contributes to knowledge development in the Social, Economic and Policy Drivers theme:
• considering the scope of equality legislation and its implications for nurse education.
• exploring racism in nurse education.
• analysing the nature of unwitting racism.

T66
If we build it, will they come? Building a national framework for educating the capable nurse specialist

Kathryn Holloway, Associate Dean, Whitireia Community Polytechnic, Porirua, New Zealand; Jacqueline Baker, Director of Nursing Studies, University of Technology, Sydney; Judy Lumby, Director Joanna Briggs Foundation, Emeritus Professor, University of Technology Sydney, Adjunct Professor, University of Adelaide, Adjunct Professor, University of Sydney, Australia

Clear articulation of the role of the specialist registered nurse is needed in order to clarify the number needed in the workforce, the education curricula required, and the numbers that require supporting into postgraduate programmes. A consensus framework detailing what constitutes a specialty area, specialist level of practice and the process for endorsement, supported by relevant nursing professional groups will provide clear articulation and thus enhance effective nursing workforce planning (Holloway, Baker and Lumby, 2009).

As providers of a health service for communities, nursing practice must be linked to the healthcare needs of those communities. Consumer pressure for specific services, technological changes, changes to other roles in the health workforce and resultant government policy will continue to contribute to increasing specialist service requirements (Nursing and Midwifery Workforce Strategy Group, 2006). The specialist nursing service demand will continue to grow and supply strategies are needed now. There is an opportunity for the development of a national specialist nursing framework. Such a framework would provide consistency in articulating this level of practice and support more effective workforce planning into the future.

A desire to clarify and sustain specialist nursing services provision in New Zealand (NZ) led to the construction of nurse specialist framework using an E-Delphi method, subsequently integrated within a context of healthcare need. The final construction identified three essential dimensions of role development namely role support, adequacy and legitimacy (Machin and Stevenson, 1997). These three role elements were then combined with the International Council of Nurses (2009) definition of nurse specialist i.e. that the nurse specialist was a nurse prepared beyond (role adequacy) the level of a nurse generalist and authorised to practice (role legitimacy) as a specialist with advanced expertise in a branch of the nursing field (role support).

The resulting New Zealand Nurse Specialist Framework (NZNSF) is a professional reference point for NZ nurse specialists. The responsibility for role adequacy sits clearly with the nurse specialist and their specialty groups.
The capabilities rather than competencies that sit within this aspect of the framework have been developed through the E-Delphi process.

Role legitimacy is determined by specialty groups providing evidence that they meet the five legitimate specialty area outcome criteria. A supporting toolkit provides detail of the evidence needed to meet these New Zealand criteria.

Role support is a broader view of the role of the nurse specialist with involvement required from the employers, regulatory authorities as well as the specialty groups in recognition that nurses practice within a wider system. The role development NZNSF sits within an overarching context of healthcare need which is understood through a four-tiered model. Within this model patients have care needs that increase in complexity and are aligned with increasing expertise in nursing care delivery. The NZNSF provides a useful way for policy makers to consider skill mix and workforce planning, for specialty groups to articulate their contribution and for education providers to develop curricula to support all of the above. They are coming........

References


Key words:
• specialist nursing
• policy drivers
• education
• framework
• social contract.

How this contributes to knowledge development in the Social, Economic and Policy Drivers theme:
• identification and influence of policy drivers
• context for specialist nursing education
• evidence base for education.

‘No easy ride’: exploring issues in ‘labouring the doctorate’ as an element of research capacity building
Sarah Condell, Research Development Officer, National Council for Nursing and Midwifery, Dublin, Ireland

Between 1999 and 2008, Irish nursing and midwifery policy built research capacity by funding individuals through a competitive process of fellowship awards to undertake full-time research in the form of PhD studies in clinical nursing or midwifery. However, this advancement was against a background of large scale, contextual change including the national establishment of nursing and midwifery registration education in academic schools (Condell, 2004; Treacy, 2005) and the reconfiguration of health services. In addition, internationally the meaning of the PhD itself was evolving (Tinkler and Jackson, 2004; Park, 2005) and the dominant model of early career, 3 year full-time doctoral studies was increasingly contested (Pole, 2000). Such a milieu had implications on the implementation of the policy.

This paper draws on the substantive theory of Privileged Pioneering in the Peripheries, developed from an ethnography of research capacity building within this specific context. Interviews and participant observation were conducted with seventeen participants over 28 months, generating over 85 hours of data in forty eight episodes of data collection. Data was analysed using a modified Glaserian grounded theory approach.

The findings showed how these nurses and midwives, as funded doctoral students, worked through the processes and practices of the PhD to develop an understanding of, and achieve the PhD as product. This was...
interpreted as ‘labouring the doctorate’. It entailed developing requisite skills and attempting to keep on track, as well as building new routines and managing pace. The doctoral students had to champion the work in and out-with formal rites of passage, such as gaining ethical approval in a medical dominated process. The findings also revealed hidden labours and costs and the four ‘Rs’ of reading, reasoning, reflection and (w)riting were often described in terms of personal strain requiring resilience and tenacity. All the while the nurses and midwives laboured ethically. They struggled with the unknown and strange as their personal and professional contexts changed.

Two key issues transpire. The study showed that, in the main, ‘labouring the doctorate’ occurred in the absence of a cultural tradition of nursing and midwifery research in Ireland and a lack of national guidelines for PhD programmes. It was an individualistic, mainly solitary, full-time activity removed from a research infrastructure of critical mass (Delamont, 1997; Boon and Verhoef, 2002; Haas, 2004; Hazelkorn, 2004; Pirkis et al., 2005; McNamara, 2009) or formal networks (Sitthi-amorn and Somrongthong, 2000; Thomas et al., 2001; Boon and Verhoef, 2002; Farmer and Weston, 2002; Nchinda, 2002; Stillman et al., 2005; Pirkis et al., 2005; Cooke et al., 2006; Ried et al., 2006; Cooke et al., 2007) espoused by research capacity building or policy literature. The data showed that, over time, research cultures were slowly developing in the recently established Irish nursing and midwifery academy. Nevertheless, there were factors particular to the context of a research culture being developed from a vacuum. An insufficient research milieu meant that as pioneers, these nurses and midwives independently carved out their own. They sought out opportunities to learn informally and through programmes of formal transmission of de-contextualised propositional research knowledge that are the main focus of research capacity building. They also made connections and links most often international, with experienced, even leading edge, researchers of similar topic or methodological interests. The second key issue is that ‘labouring the doctorate’ in this way challenges the dominant policy model of doctoral studentship and supports the growing critical mass (Delamont, 1997; Boon and Verhoef, 2002; Delamont, 1997) espoused by research capacity building or policy literature. The data showed that, over time, research cultures were slowly developing in the recently established Irish nursing and midwifery academy. Nevertheless, there were factors particular to the context of a research culture being developed from a vacuum. An insufficient research milieu meant that as pioneers, these nurses and midwives independently carved out their own. They sought out opportunities to learn informally and through programmes of formal transmission of de-contextualised propositional research knowledge that are the main focus of research capacity building. They also made connections and links most often international, with experienced, even leading edge, researchers of similar topic or methodological interests. The second key issue is that ‘labouring the doctorate’ in this way challenges the dominant policy model of doctoral studentship and supports the growing critical mass (Delamont, 1997; Boon and Verhoef, 2002; Delamont, 1997) espoused by research capacity building or policy literature. The data showed that, over time, research cultures were slowly developing in the recently established Irish nursing and midwifery academy. Nevertheless, there were factors particular to the context of a research culture being developed from a vacuum. An insufficient research milieu meant that as pioneers, these nurses and midwives independently carved out their own. They sought out opportunities to learn informally and through programmes of formal transmission of de-contextualised propositional research knowledge that are the main focus of research capacity building. They also made connections and links most often international, with experienced, even leading edge, researchers of similar topic or methodological interests. The second key issue is that ‘labouring the doctorate’ in this way challenges the dominant policy model of doctoral studentship and supports the growing critical mass (Delamont, 1997; Boon and Verhoef, 2002; Delamont, 1997) espoused by research capacity building or policy literature.

References


Key words:
• nursing and midwifery policy
• research capacity building
• doctoral fellowships
• PhD studies
• Ireland.

How this contributes to knowledge development in the Social, Economic and Policy Drivers theme:
• research capacity building policy needs to take cognisance of contextual variables that impact on its implementation
• current policy models of doctoral studentship are inadequate to explain the totality of the phenomenon
• 'Labouring the doctorate' means working through the processes and practices of the PhD within the specific context, to develop an understanding of, and achieve the PhD as product.
Students, Teachers and Service Users

Tuesday 6 September
First Group of Theme Sessions
Research question
How satisfied health students were with simulation and what were the self-reported effects of a challenging behaviour simulation on student's confidence in their ability to deal with similar situations in clinical practice.

This research developed a simulation strategy to enable health students to work with people with learning disabilities who may present challenging behaviours within a healthcare environment context. Students participated in live simulation. The research team is made up of representatives from learning disability and child nursing and operation department practitioners.

Through focus groups and questionnaires, we collated information regarding students' confidence in dealing with people with learning disabilities with challenging behaviours within a health environment and their satisfaction with the high fidelity simulation.

This research utilised the Nurse Education Simulation Framework (Jeffries, 2005; 2007). This framework consists of five factors; clear objectives and information, support during the simulation, an appropriate problem to solve, time for feedback and reflection and fidelity or realism of the experience.

The aims and objectives were to examine how satisfied child and adult branch and operating department practitioner (ODP) students were with simulation and what is the self reported effect of a challenging behaviour simulation on student's confidence in their ability to deal with similar situations in practice. Including how students evaluated the scenario in relation to Jeffries (2005) theoretical framework.

Mixed methods were used in order to obtain qualitative and quantitative data. The sample consisted of first and second year child, adult branch and ODP students, with 200 students contributing to the quantitative element (mandatory – apart from 30 students who volunteered to attend a workshop) and 60 students taking part in three focus groups (voluntarily).

The simulation itself consisted of students working in threes with a simulated patient (a person role playing a patient with learning disabilities- at times the role players show signs of emotional distress and/or challenging behaviour). The simulation took place in the appropriate skills room applicable to the student’s professional group. All students took part in at least one patient interaction within the simulation whilst the other two students in the group provided peer reflections.

Students were given a specific task to complete with the ‘patient’ – for example – checking in a patient, taking a blood pressure reading and applying an oxygen mask.

Following the simulation, two instruments developed by the National League for Nursing (NLN) were used. The 13 item student satisfaction and self confidence in learning scale and the simulation design scale. Demographic data such as age, gender, previous healthcare experience and previous simulation experience will also be collected.

The focus groups were held after students attended clinical placements, offering students the opportunity to voice beliefs and responses they made to patients with learning disabilities and/or patients perceived as challenging. The focus groups were facilitated by experienced child, ODP and learning disability lecturers.

During the focus groups field notes were kept to include observational, theoretical, methodological and personal notes, the focus groups were also digitally recorded and later transcribed.

Focus group data was then analysed as suggested by Rabiee (2004), utilising a combination of approaches by Ritchie and Spencer (1994) and Krueger and Casey (2000). Analysis included focus group dynamics in addition to the transcribed tapes.

Students were fully engaged with the simulation and given the opportunity to voice opinions and complete objective measures of confidence and satisfaction with the simulation event. Educational staff benefited from using the template for simulation design and exposure to the needs of a diverse and marginalised patient group. The benefits to students highlighted show that students enhanced their knowledge of the research process in addition to improving their understanding of the simulation experience and improving the experience for future cohorts. Clinical communication skills were enhanced in practice as students realised they were able to relate back to the simulation experience and utilise their previous learning.
Critical issues for people with learning disabilities accessing healthcare needs to be threaded through all health professionals curriculum. This has been acknowledged by the Department of Health as imperative in Valuing People (2002); Death by Indifference (2007); Mansall Report (2007); New ways of Working (2007), Healthcare for All (2008) and Towards Fulfilling and Rewarding Lives (2010).

This project leads to a more understanding health worker having an impact on the quality of the patient experience. Significant simulation curriculum developments have evolved throughout a wide range of healthcare programmes in the Faculty of Health at Birmingham City University since the augmentation of the Nursing and Midwifery Council Simulation and practice learning pilot in 2006. An open event for staff regarding lecturer’s views using high fidelity simulation concluded in wide interest in developing this model of teaching, for example legal issues via simulated court hearings. Extensive use of live simulation continues to be imbedded within pre-registration nursing (learning disabilities), where evaluations from students continue to be very positive.

References
Jeffries, P.R. (2005) A Framework for designing, implementing and evaluating simulations used as teaching strategies in nursing. Nursing Education Perspectives, 26: 2, 96-103.

Key words:
- enhancing student experience
- humanising healthcare.

How this contributes to knowledge development in the Students, Teachers and Service Users theme:
- highlighting the needs of patients with learning disabilities, showing students what it means to be human, thus humanising health services
- using live simulation (High Fidelity Simulation) as a teaching and learning tool for preparation of health professionals; utilising critical thinking and meaningful dialogue through reflection
- enhancing the student experience, putting them at the centre of the learning experience, and involvement in research.

T69

Blending delivery approaches and social support: using social support theory in nursing education

Susan Davidson, Associate Professor and Gateway Coordinator; Richard Metzger, Professor of Psychology, The University of Tennessee at Chattanooga, USA

The evolution of strategies for delivering nursing coursework has seen an increase in the use of blended approaches. The paper presented here will discuss how the model developed in our program demonstrates the success of mixing the right combination of delivery and support that promotes success. The project reported here, the RN-BSN Gateway Program, had the special challenge of supporting the efforts of working students who hold the registered nurse (RN) to complete the bachelors of science in nursing (BSN), while maintaining their work and family responsibilities. We will present this work in the context of the social support theory (SST).
Adult learners commit to learning when they believe the goals and objectives are realistic, important to them, and relevant to their personal and professional needs (Schmidt and Gallegos, 2001). Course requirements in distance education can be intense, and RNs need to understand what is expected so that they can determine if it is feasible to enrol full time or part time. It is reasonable to conclude that if RNs are aware of the requirements of an online learning environment, they will make sound decisions about what type of distant learning program is best for their situation and learning style.

Yet they come to the learning enterprise with fear. They are anxious about their ability to succeed given the time from previous educational experiences, and the on-line characteristics lead to a sense of social isolation with no established cohort learning group. They worry about the balancing of work and family with the addition of schoolwork.

When considering a curriculum for adult learners such as an RN to BSN community, a hybrid, or blended learning format is an alternative that decreases limitations of total face to face or a total online program. A hybrid learning format includes the combination of classroom and online activities and services and allows for synchronous and asynchronous interactions with other participants. Students receive the benefit of availability and flexibility offered by online courses as well as reduction of anxiety and isolation by having some classroom experience (El-Gayar and Dennis, 2005). Combining face to face meetings in a class room with on-line assignments and group activities provides the adult learner some sense of control over the timing of the learning experience and allows for desired flexibility.

Student success in distance learning can be conceptualised, in part, as requiring the use of a social support network. Social support theory was originally designed to explain how networking allows people to cope with stressful events. House (1981) described four types of support believed to be useful in dealing with stress: emotional, instrumental, informational, and appraisal. While the typical application of this theory has been to healthcare (Glanz, et al., 2008), there is utility in analyzing educational support in a similar way.

SST is premised on the concept that social support has the impact of reducing the adverse effects of stress on health (Lakey and Cohen, 2000). There is no unitary construct of social support, but the original speculation by House (1981) offers a starting framework. House suggested that the types of support would fit at least four broad dimensions. Emotional Support refers to sharing life experiences. Instrumental Support is described by the services and other forms of resources that assist in task accomplishment. Informational Support references the way in which useful aid and advice is offered. Finally, Appraisal Support refers to the way in which feedback, and self-evaluation works to assist the person. These terms offer useful categories to organize our assessment of educational settings.

Our research has demonstrated the exceptional success of a hybrid, blended model (Davidson, Metzger, and Lindgren, in press). The Gateway Program is a hybrid curriculum that has experienced a 98% success rate for completion. The curriculum is characterized by the development of a cohort relationship between students, who proceed through the curriculum in a course synchronous fashion, meaning all of the students are taking the same course at the same time. Individual performance is asynchronous within a set time frame. In the paper, we will demonstrate that the SST provides a frame of reference for describing the elements of the curriculum and for predicting which are perceived by the participants as leading to their success. Further, we will have data from a newly formed cohort with a different blend that has no classroom time, but maintains a course synchronous approach.

References


Key words:
• blended learning
• social support theory
• cohort
• RN-BSN
• adult learner.
Clinical teachers’ and nursing students’ empowerment and student self-efficacy for professional nursing practice in acute care settings

Yolanda Babenko-Mould, Assistant Professor; Carroll Iwasiw, Professor; Mary-Anne Andrusyszyn, Professor and Director; Heather K. Spence Laschinger, Professor; Wayne Weston, Professor, The University of Western Ontario, Canada

Purpose
To use a cross-sectional survey design, which implemented an integrated theoretical perspective to examine nursing clinical teachers’ (n=64) and second year baccalaureate nursing students’ (n=352) structural empowerment, teachers’ and students’ perceptions of teachers’ use of empowering teaching behaviours, students’ perceptions of nurses’ practice behaviours, and students’ self-efficacy (confidence) for professional nursing practice in acute care settings.

Background and significance
In this time of nursing shortages and increased client acuity, it has never been more vital for nursing students to develop a sense of empowerment during their education process, to be prepared to practice with confidence (self-efficacy), and provide competent quality healthcare to clients. Further, nursing education is in the midst of a faculty shortage and it is timely that clinical teachers’ perceptions of their ‘work’ environments are examined. However, there is a limited amount of theoretically-based research about teachers’ and students’ empowerment, as they engage in teaching-learning processes in the ‘front lines’ of hospital settings.

Nursing students and clinical teachers are interwoven into the microcosm that exists within each healthcare setting. As such, clinical teachers have a role in identifying and removing barriers to students’ learning, while at the same time, creating opportunities for students to apply knowledge, skills, behaviour, and attitudes in enriching client/patient care experiences.

It is evident that clinical teachers are key stakeholders in students’ learning processes. In addition, nurses are role models for students in practice. However, nursing education studies have not examined the influence of clinical teacher variables on nursing student variables from a ‘nested’ or multilevel perspective.

Theoretical frameworks
Conger and Kanungo’s empowerment process model, Kanter’s theory of structural power in organizations, and Bandura’s self-efficacy theory.

Hypotheses
1. Nursing students’ perceptions of their teachers’ use of empowering teaching behaviours was predicted to positively influence their experiences of structural empowerment which, in turn, was predicted to have a positive influence on their self-efficacy for professional practice.
2. Clinical teachers’ structural empowerment and their self-reported use of empowering teaching behaviours were hypothesized to have an additional influence on students’ self-efficacy for professional practice.
3. Nursing students’ perceptions of nurses’ practice behaviours was hypothesized to influence the student empowerment/self-efficacy relationship.

Methods
Ethical approval to conduct the study with nursing clinical teachers and second year baccalaureate nursing students was obtained from deans and directors of seven participating nursing programs in Ontario, Canada. A multilevel sampling design was used to test study hypotheses. A study letter of information was distributed by deans and directors to clinical teachers involved with students in their acute care courses. Teachers who wished to be involved in the study contacted the researchers and a confidential study package was distributed to teachers. Clinical teachers were requested to distribute study packages to the nursing students in their clinical groups. A package was supplied for each student that was assigned with a clinical teacher so that the teacher would not be aware of which student did or did not participate. Return of completed questionnaires by clinical teachers and nursing students signified consent to participate in the study. Clinical teachers and nursing students separately returned the completed and coded study package to the researchers.

Instrumentation
Nursing students - conditions for Work Effectiveness-II-Education, Status and Promotion of Professional Nursing Practice Questionnaire, Self-Efficacy for Professional Nursing Practice Questionnaire, Empowering Teaching Behaviours Questionnaire – Student, and Student Demographics Questionnaire.

Clinical teachers - conditions for Work Effectiveness-II-Clinical Teacher, Empowering Teaching Behaviours Questionnaire-Clinical Teacher, and a Clinical Teacher Demographics Questionnaire.

Analysis
Data analysis included descriptive statistics, Cronbach alpha reliability analyses, correlational analyses, path analysis, and hierarchical linear modeling (HLM). The main study hypothesis was tested in two stages using path analysis and HLM.
Results
Salient findings related to descriptive results and tests of hypotheses will be presented at the conference.

Funding
Social Sciences and Humanities Research Council of Canada Doctoral Fellowship.

Key words:
• nursing students
• clinical teachers
• structural empowerment
• self-efficacy
• empowering teaching behaviours.

How this contributes to knowledge development in the Students, Teachers and Service Users theme:
• participants will gain increased understanding about the relationships amongst teaching, learning, and practice environment context
• participants will gain insights about the use of multilevel analysis in education when examining perspectives of two populations
• participants will gain knowledge about the importance of nursing teachers’ engagement in behaviours that enhance teacher and nursing student empowerment, and nursing student self-efficacy (confidence) for professional nursing practice.

T71

Supporting teachers in their teaching and research role when faced with issues arising from students who have mental health and behavioural problems

Thomas Laws, Lecturer; Brenton Fiedler, Associate Head of School, University of South Australia, Australia

Preamble
This abstract builds on a presentation made by the authors at the 2010 NET conference (funded research – teaching and learning grant). The 2010 presentation offered unequivocal evidence that the incidence and issues arising from students with mental health problems are a growing concern within the University community and the cause of substantial distraction from core business for university teaching staff. The corollary of this research created an impetus for extending the study into an evaluation of how well universities risk manage students who exhibit aberrant behaviour that are associated with mental health problems.

Introduction
The Australian Bureau of Statistics identified that 83.9% of university students report elevated stress levels; a figure that is significantly greater than stress levels found in the general population (ABS, 2008) A recent Australian study (n= 4,679) identified that the incidence of mental health problems among university students was also substantially higher than that of the general population (Stallman, 2010); suggesting that university students are a very high-risk population (risk to self and others). Psychological distress is associated with disability and lower academic achievement.

Although many studies link teacher distress with exposure to anti-social behaviour perpetrated by students, there is a dearth of research on the effectiveness of the management and governance of risk-related issues by universities (Stanley and Manthorpe, 2001). Research supports the need for multilevel interventions to address the broader MH needs of students and the impact on academic staff, many of whom are not trained in dealing with mental health, including primary assessment by educators as a point of referral (Robotham, 2008; Stallman, 2010).

Addressing the theme
The integrity of teachers diminishes when students with behavioural problems misrepresent their inappropriate communications and interactions through informal or formal complaints to teaching supervisors, senior university management and ombudsmen.

The identity of teachers is primarily shaped by the societal assumption, and sometimes job description, that staff will provide pastoral care. This identity needs to be clarified so that teachers can establish professional boundaries between pastoral care and supporting students with behavioural problems who are in need of a clinical assessment because they pose a danger to themselves; to other students and to staff.
Those managing teachers face the conflicting demands of a) maximising student learning and student satisfaction with the learning process by ensuring that they have ease of access to teaching staff (face to face and cyber links) and b) providing a safe working environment by minimising the risk of staff being bullied or assaulted.

Teachers who are motivated to improve their teaching and research are distracted in their endeavours when students with behavioural problems cause staff to invest time in defensive documentation, carefully crafting responses to student’s demands, compiling formal reports to heads of school and seeking counselling or even medical assistance to deal with their emotional distress.

The study
The researchers aimed to identify how well current university policies/protocols were supported by evidence based practice in the management of mental health problems in the student population. This process was assisted by the analysis and synthesis of case data documenting incidences of antisocial student behaviour reported within two schools of an Australian University between 2009 – 2010 to the point of closure. The case data was supported by a systematic search of the literature to identify:

a. how the development of teachers could be enhanced in the presence of student populations exhibiting increasing levels of mental health problems
b. how teachers’ well-being could best be protected when faced with students displaying antisocial behaviour.

The findings
Universities do support overarching policies for those experiencing mental health problems through a raft of strategies. Current strategies and lines of communication are however, somewhat disjointed, and we found that there exists an evidence-based gap. Consequently, university processes fail to:

a. ensure effective referral pathways for students exhibiting aberrant behaviour
b. have a less than optimal approach to reducing the impact on the well-being of university staff exposed to cyber bullying and student threats
c. effectively reduce the risk of a critical incident occurring.

The data confirm the growing prevalence of serious anti-social student behaviour and the need for establishing coherent process with measurable outcomes to show that best practice is / is not taking place. The findings represent a major catalyst for researchers to focus on codifying best practice to bridge the gap between evidence based practice and management effectiveness. Best practice principles should:

• enhance the teacher’s sense of personal security;
• reduce mental distress when dealing with anti-social behaviour;
• increase teachers’ skill for diffusing acute interactions; and
• minimise the risk of critical incidents (suicide, acts of group violence).

References

Key words:
• students mental health
• professional boundaries
• risk management
• pastoral care.

How this contributes to knowledge development in the Students, Teachers and Service Users theme:
• no study has evaluated the effectiveness of organisational pathways within universities in support of teaching staff who encounter students with aberrant behaviour; this study identified
• an evidence base gap in the current management strategies to support staff
• a need to enhance teaching staff’s ability for self manage aberrant behaviour
• a need to reduce academic hours spent on processing unsubstantiated student complaints
• the need for the development of risk management approaches to potential harm to staff and others when interacting with students experiencing mental health problems.
Mind the gap: the provision of mental healthcare within adult pre-registration nursing

Ivan McGlen, RGN, Course Leader; Katrina Rowan, Student Nurse, University of Central Lancashire, Preston, UK

Aim of paper
To enable to audience to explore the current standards of pre-registration nursing in relation to the provision of mental health education and its subsequent impact upon practice.

The aim of this paper is to explore the current standards of pre-registration adult nursing education in relation to the provision of mental health education and its subsequent impact upon practice. Nurse education is changing and the challenges for nursing in the 21st century are complex. The depth of knowledge and level of skill people will expect nurses to have should be reflected in nurse education. The Nursing and Midwifery Council (NMC) wishes to modernise the way nursing students learn and believes future nurses must have the specialised skills to care for particular groups of people, but they must also have the knowledge and skills needed to provide basic care to all client groups. The NMC states that education programmes should facilitate adult nurses to be better equipped to meet the needs of people with mental health problems.

It is estimated that 1 in 4 people currently have a specific mental health need. Holistic care assumes that a person’s care is addressed in relation to their physical, psychological, social and spiritual needs. It is assumed that the Registered Nurse (Adult) is able to meet a person’s key care requirements from a physical, social, spiritual perspective. However, it is unclear if the current professional and European Union regulations in relation to mental health experience within the pre-registration adult nursing programme enable the registered nurse (Adult) to effectively recognise and manage explicit, often concurrent mental health needs, which extend beyond the persons current psychological need. This paper seeks to explore with the audience the adequacy and appropriateness of the current mental health education within adult pre-registration nursing and how this can potentially impact upon care.

Playle (2007) argued that the high prevalence of mental health issues in relation to general healthcare was a strong argument for increasing the mental health component of all branches of nursing. He further stated that general nurse education alone does not allow adult branch nursing students to achieve the competencies to care for patients with complex mental health needs. Playle believed that inadequate nurse training results in a reduction in the quality of care and service provision for those with mental health problems.

Hart, Colley and Harrison (2005) discovered that there is a widespread perception among qualified non-psychiatric staff that they lack the skills, knowledge or time to meet people’s mental health needs and that this belief is exacerbated by their perceived lack of training.

The NMC requires that future nurse education programmes aim to ensure that graduate nurses have the high level of skills needed to care for people in their particular area of expertise, while also having the knowledge and range of skills needed to provide essential care to anyone else in any setting, including patients with mental health problems (NMC, 2010). Evidence suggests that current nurse education is displaying a lack of acknowledgement of the need to train the nurses of the future in mental health awareness.

The aim of the session would be to encourage group discussion exploring current and future provision of mental health education within the university settings for adult branch student nurses. Participants would be encouraged to consider practice implications of the current mental health education status within adult pre-registration nursing and explore methods that education programmes could promote enabling adult nurses to be better equipped to meet the needs of people with mental health problems.

References


How this contributes to knowledge development in the Humanising Healthcare Education theme:
• to consider the professional and European Union regulations in relation to mental health experience within the pre-registration adult nursing programme
• to explore the adequacy and appropriateness of the current mental health education within adult pre-registration nursing
• to consider the practice implications of current mental health education within adult pre-registration nursing.
Interprofessional working, the realities of piloting across the faculty a clinical education curricula for senior students including nursing, medical and physiotherapy

Nicky Witton, Nurse Lecturer, Keele University Staffordshire, Stoke-on-Trent, UK

Interprofessional working and learning (IPW/IPL) is seen as a crucial mechanism as educational providers strive to meet the national drivers to improve team working and promote effective care delivery (Pollard, 2008; DH, 2008; DH and QAA, 2006; DH, 2003). The key factors identified as enhancing professional collaboration include effective communication skills, awareness of professional roles and the need to respect differing professional perspectives within the decision making processes (Barrett and Keeping, 2005; Walsh et al., 2005). Whilst there is an ongoing debate regarding the timing of IPL in terms whether it is more effective during pre- or post-registration education (Freeth et al., 2005) there remains a strong tradition of IPL initiatives in the post-registration arena, with the development of acute care and management skills and optimising the use of simulation (Lindqvist et al., 2005; Issenberg et al., 2005; Bradley, Cooper and Duncan, 2009; Thistlewaite, 2008). Many such initiatives are specific to clinical situations and may not address the wider issues inherent in effective team working or understanding differing professional contributions.

Within pre-registration programmes there is evidence of a wide range of IPL activities within academic settings, led by clinical experts (Thompson, 2010). Much of this work is student focused learning or problem-based learning (PBL) around clinical scenarios or risk management. Evaluations of existing IPL indicate that such experiences are often undertaken out of context, do not enhance the student experience or knowledge and understanding of differing professional roles and working together. As a result, there are increasing recommendations for students to experience practice based IPL/ IPW. However despite the potential effectiveness of IPL/W the logistics and resources have restricted its implementation (WahlstrÖm, Sandén and Hammar, 1996; Miller et al., 2006).

The Faculty of Health at Keele University comprises of four schools (medicine, nursing and midwifery, pharmacy and health and rehabilitation), over recent years an IPL programme had been established, using a PBL approach at intervals during respective curricula. The evaluations indicate that students have gained from learning with each other but that on its own will not provide the appropriate experiences to develop an adequate understanding or enhance confidence in working together within the clinical setting. In order to address this and complement the faculty wide programme, a practice based learning programme was developed.

A working group was established across the faculty and an initial outline of a potential practice programme utilising some of the experiences from the St Georges and Linköping model was undertaken (Wilhelmsson et al., 2009; Reeves et al., 2010). Learning about, from and together with other healthcare professions is viewed as crucial in the formation of professional identity (Barr, 2002). The students, under strict supervision, practice at a high level in a situation that tests their skills and knowledge in a realistic setting.

The specific learning outcomes for the Clinical IPW Experience were:
- To understand the roles of healthcare professionals and how they interrelate.
- To communicate effectively with each other.
- To respect each other and all members of the multidisciplinary team.
- To experience the provision of care in the context of the registered practitioner.
- To understand the wider impact of specific health issues on the patient and their family.
- To develop confidence and competence in agreed professional practice areas as appropriate to the placement setting.

This paper will outline the aim, structure of the experience and reports the qualitative findings from a staged pilot study which explored the students’ experiences of an interprofessional practice based education programme over a two year period. Conclusions are presented including the strengths and limitations of the initiative but the very nature of interprofessional collaboration in placement settings enabled the students to gain a variety of differing experiences according to their professional role. The educational programme set within clinical reality enabled the common, relevant, shared learning outcomes of students with varying clinical experience and IPL experience to be evaluated.

These findings will then be used to influence future plans to embed IPW across the curriculum within all nursing, midwifery, medical, physiotherapy and operating department programmes.

In conclusion the faculty of health believes that students have gained valuable experience and have increased confidence in IPW. The project has enhanced the working relationships across differing schools but has also provided excellent partnership and collaborative working between the faculty and clinical partners.
References


Key words:
- interprofessional learning and working
- collaboration
- curricula innovation
- practice education.

How this contributes to knowledge development in Students, Teachers and Service Users theme:
- increasing debate of interprofessional learning and working (IPL/IPW) of healthcare students
- enhancement of the evidence base for implementing a practice based learning curricula by reporting the structure and findings of such an experience for nursing, medical and physiotherapy students
- academic collaboration across faculty and with clinical partners has enabled shared learning to address the key factors identified as enhancing professional collaboration include effective communication skills, awareness of professional roles and the need to respect differing professional perspectives within the decision making processes.
Curriculum Innovations and Enhancement

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
E-learning within a blended clinical skills module. The experiences of first year BSc/Dip HE (adult nursing) students

Elaine Gifford, Lecturer, University of the West of Scotland, Paisley; Ann Marie Rice, Lecturer in Nursing, University of Glasgow, UK

Introduction
E-learning is an increasingly popular method in providing educational material and educational support within higher education (Farrell, 2006). Farrell (2006) suggests that e-learning widens access to education and provides flexible, student centred cost-effective education. E-learning however, is not without its critics. Muirhead (2007) recommends prudence over such teaching methods without research to ascertain its use and expressed concern that it is prescriptive, does not promote critical thinking and is promoted purely to meet the needs of the institution.

The acquisition of clinical nursing skills is an essential component of nursing programmes. The Quality Assurance Agency for Higher Education (2008) identifies student nurses should develop these skills both at university and in the clinical practice setting. In 2009 the University of the West of Scotland (UWS) commenced a newly validated programme BSc/Dip higher education adult nursing. The clinical skills module (essential nursing skills), in year one, of this programme adopted a blended learning approach utilising e-learning through a Blackboard © site for the theory of the nursing skill, with some face to face tutorials to support learning and practice within the simulated skills laboratory.

Aims of the study
The aim of this study was to explore the first year, BSc/DipHE (adult nursing) student experience of e-learning within a blended learning clinical skills module in order to ascertain if this method of teaching met the student's learning needs and aimed to answer:

- What difficulties do students experience using e-learning?
- Does age affect students learning preferences in relation to e-learning?
- What is the effect of e-learning on social interaction and class discussion?
- What mechanisms do students currently access for support with e-learning?
- What support do students perceive would enhance the experience of e-learning?

Methodology
A descriptive quantitative study using triangulation of methods of data collection was adopted for this study. The study consisted of two phases. Phase-one comprised of an on-line survey via SurveyMonkey ©. Descriptive statistics were used to analyse the survey data.

A focus group interview was used in phase-two of the study to explore and clarify the results of the survey (Denzin and Lincoln, 1998). The quantitative and qualitative data were then triangulated to provide a holistic overview of the students’ experience.

Population, sample and recruitment strategy
A non-probability, convenience sample of first year nursing students (n = 101) based at a single university campus was invited to participate. Students were allocated to two groups: age 17-24 and >25. Ethical approval was gained prior to the commencement of the study.

Results
A high response rate of 58.4% (Punch 2003) was obtained from the on-line survey. The flexibility of e-learning was viewed positively by participants of both age groups as it allowed them to study at a place and time that suited them, and helped those with children organise childcare. However, the majority of participants (84.7%) of all ages, preferred to print the e-learning material and then complete it. This was further explored in the focus group where it was identified that it was the paper copies that gave flexibility allowing participants to complete their work without competing for computer access and enabling them to complete it anywhere. Flexibility was impinged for some students by a lack of computer confidence and difficulties using computer passwords. Statistically significant survey results demonstrated that participants aged 17-24 enjoyed working on the computer more than those aged 25 and over (95% CI for difference between +7.1% to +50.7%; p = 0.009). The majority of the participants (84.7%) indicated that they enjoyed working on their own with 83% indicating that the knowledge they gained from e-learning gave them confidence for the skills laboratory practice and 79.7% indicating that it will help them to nurse patients. Comments provided via the on-line survey and the focus group identified that some participants felt that the e-learning motivated them to learn, promotes self-discipline and responsibility for learning.

The majority of participants (93.2%) identified that it was important to gain computer skills as part of their nursing programme. Participants valued lectures with 71.2% of participants identifying that they missed class discussion when the theory is taught by e-learning. Students were reluctant to contact the University IT support services preferring to depend on friends and family for support. The majority of students (55.6%) aged 17-24 wanted extra time at the start of the module to get on with the e-learning, compared to 20.5% of those aged 25 and over. Over fifty percent of those students aged 25 and over wanted extra computer sessions compared to 7.4% of those aged 17-24. Drop in support sessions was viewed as a potentially valuable support.
A comparative research on healthcare education in two educational contexts: personal, social and health education in England and life education in Taiwan

Hui-Chen Hsu, Assistant Professor; Shu-Yueh Chen, Assistant Professor, Chung-Jen College of Nursing, Taiwan

Background and aims
My interest in conducting this research was traceable to the earthquake that took place in Taiwan in the early hours of 21st September 1999. That experience had a powerful impact on me and on the lives of many young and old people of Taiwan. The earthquake was the first natural disaster that I experienced. It was the first time that I witnessed the deaths of many people, and huge losses of property. I witnessed the expressions of grief and despair by many people I lived with who survived the disaster. Consequent to the disaster, I became increasingly aware of the certain forces of nature and the destruction they cause. In the aftermath of the earthquake, people were in tears especially the teachers and students in my school. Everyone was equally frightened; no one criticised tutors for crying together with their students. It was then that I realised that something should be done to help people cope with such emotions as grief. This kind of programme was crucial and it should be included in the school curriculum to provide better preparation for people to deal with such traumatic experiences. Cases of suicide increased after the earthquake (Sun, 2000; Huang, 2001; Hsu, 2003); this made the Taiwanese government initiate life education in schools. In 2000 the nursing college in which I taught was involved in a series of conferences for promoting life education. The school administration invited tutors from different subject areas to participate in the conference. The conference generated my interest in healthcare education which I have pursued and developed through this research. This study focused on healthcare education in two educational contexts by examining two curricula, namely Personal, Social and Health Education (PSHE) (Lang, 1998; QCA, 2000) in England and Life Education (MOE, 2001a) in Taiwan. It focused on one aspect the similarities and differences in the light of teachers’ and students’ perceptions. The main objective of this study was aimed at identifying similarities in the common ground of the current development of PSHE and Life Education for a valuable comparison to be made. Likewise, the study also explored the differences between PSHE and life education as shown by the case study schools and the research area. This study then attempted to make suggestions to the problems raised.

Research methods
A multi-site case study design was used and the data were collected by the methods of documentation, interview, classroom observation and questionnaire survey (Rowley, 2002, p.7; Yin, 1994, p.18). Thus, this study was comparative, and it aimed to investigate how teachers’ and students’ perceive their curricular contents and classroom implementation that were adopted by the four case schools of England and Taiwan. The study comprised four stages. First, the concepts of healthcare education in two educational contexts were defined and reviewed over time and the empirical studies and relevant literature with comparative perspectives were

References


Key words:
• e-learning
• blended learning
• clinical skills.

How this contributes to knowledge development in the Curriculum Innovations and Enhancement theme:
• e-learning can promote the development of self-directed learning and skills for life-long learning
• whilst e-learning provides a degree of flexibility, students value contact and discussion with both peers and lecturers, suggesting a blended approach is most beneficial
• different age groups of students have different support needs and these need to be identified and addressed by higher education providers if students are to fully benefit from e-learning provision.
examined. Second, a review of the concepts of PSHE (NCC, 1990, A1; NCC, 1999, 168; QCA, 2001, 6; NCC, 2009) and Life Education (Sun, 2001, p. 25; Lin, 2001, p. 200; Sun, 2004, pp. 17-18) aimed to contextualise the main focus of this study. This was followed by the details of the research rationales, design, methods and issues that have been considered in the whole process of this study. Finally, the research findings of how teachers’ and students’ perceiving their curricular contents, classroom implementation of their PSHE and Life Education in the four case schools were discussed in order to highlight their similarities and differences.

Findings, implications, and conclusion
The study was carried out in the period 2003-2009. Purposive sampling was used as the strategy for selecting the four case study schools in England and Taiwan (two in each). The main findings showed more striking similarities in the English case schools because both schools followed the national framework in determining their curricular contents and classroom implementation (OFSTED, 2007; NHSP, 2009). There were significant differences between the English and the Taiwanese case schools. For example, issues of gender and sex education were more emphasised in the Taiwanese case schools but were not the case with the English case schools. Moreover, PSHE was closely linked with the pastoral care systems in the English case schools and most of the form tutors were involved in PSHE. However, Life Education in the Taiwanese case schools was taught as a subject by specialist teachers. The outcomes of the comparison and contrast of the contents and implementation of PSHE and Life Education provided a greater understanding of the direction that has been taken in the English case schools and how its history has contributed to the richness of PSHE in the schools, while Life Education, with its particular school discipline in the Taiwanese case schools, provided the examples for delivering students’ affective learning. Overall, this comparative study carried out in the four case schools of England and Taiwan has offered new potential insights for policy-makers and educators in the areas of PSHE and Life Education. The study recommends that flexibility is crucial when selecting and delivering curricular contents of PSHE and Life Education. Also, the success of PSHE and Life Education requires form tutors and specialist teachers to work together to enhance students’ learning in all aspects.

References


Key words:
- personal, social and health education (PSHE)
- life education
- healthcare
- pastoral care
- comparative research.

T76
Using a Wiki across continents in nursing education
Heather Bain, Course Leader Community Health, Lecturer; Jean Cowie, SCPHN, Lecturer, Robert Gordon University, Aberdeen, UK; Sandra Ramey, Assistant Professor, University of Iowa, Iowa City, USA

The aim of this paper is to discuss the challenges and opportunities of developing a wiki in order to develop the students’ understanding of global context of public health within an e-learning curriculum, by encouraging students to compare public health issues within a different country.

Internationalisation and global citizenship are currently high on the political agenda. The international agenda however is more than recruiting overseas students and offering overseas exchange opportunities, it involves developing skills and attributes within graduates that leads to them having greater knowledge and understanding of the social, economic and political issues of other countries as well as being more culturally aware and more respectful of the diversity of people and the customs of other nationalities. These skills and attributes are essential for the students of today and the potential leaders of tomorrow in order to be able to thrive and flourish in world characterized by increasing global mobility (Oxfam GB, 2006; Bourne et al., 2006). Global citizenship, therefore is an important aspect of higher education regardless of whether or not the student actually leaves their home country (Fielden, 2007). It is even more vital for nurses who during the course of their work may not only work with nurses and healthcare professionals from other countries but also care for patients from very diverse cultures. This concept is also embraced by the American Association of Colleges of Nursing which supports and encourages nursing programs to include exposure to global perspectives within their curriculums.

Two higher education institutions, one in Northern Scotland, the other in the United States worked collaboratively to develop a Wiki to meet the diverse needs of their students, and to encourage them to become culturally competent to work in a diverse multicultural society responding to increasing globalisation. The American students consisted of a cohort of students studying in a graduate nursing course that prepares students to be clinical nurse leaders; where as the Scottish students were undertaking a post-registration degree to become specialist community public health nurses and district nurses.

A sequential approach was adapted following Salmon’s five step model (2002). The first step considered access between the two countries and resulted in the development of the virtual learning platform: the wiki. With a wiki students have the opportunity to share information, resources and learn together, while the academic and support staff have the facility, to create, organise, edit, shape and moderate content in a collaborative manner within a normal browser (Kardon-Edgren et al., 2009; Kaminiski, 2008). Following online socialisation the students were given the opportunity of information exchange and knowledge construction to explore, compare and contrast topics and issues that are relevant to contemporary nursing in the home, public health and primary care. The topics include: poverty, inequalities, social exclusion and vulnerability; political influences on health; strategies and approaches to community health; and nursing roles in the community. It is well identified that a systems approach to curriculum development with integration is required to develop students learning (McAskill, 2009). Therefore the final stage of Salmon’s steps is addressed differently between the two institutions to fit in with their differing curriculum and desired outcomes.

Although the wiki is still in the early stages it is clear that there are many advantages and benefits for all students. In conclusion this paper will demonstrate effective partnership in the development of a wiki, focussing on the challenges and the opportunities as well as the practical issues to promote collaborative working in public health on an international level.

References


Using computer mediated partnership working for curriculum development

Guy Collins, Senior Lecturer; Louise Perkinton, Senior Lecturer, University of Derby, UK

During 2011 a joint curriculum development team (JCDT) at the University of Derby were responsible for coordinating the development leading to validation of a new all degree pre-registration nursing programme.

The development of this programme was in response to the publication by the Nursing and Midwifery Council of new standards for pre-registration education, inclusive of the shift to the requirement of a graduate qualification at the point of initial registration (NMC, 2010).

As an integral part of curriculum development the JCDT facilitated a comprehensive range of consultation approaches with a variety of development groups. These groups involved an array of interested stakeholders inclusive of: strategic partners; students; service users and carers; academics; and practice based colleagues.

The approaches used to undertake the consultation included face to face (ftof) and online communication channels. It was recognized early on that to enable widespread collaboration across a wide geographical area the JCDT could not be reliant upon ftof meetings alone, as this would not only have been logistically challenging and resource intensive, but may have led to fragmented discussions across the various stakeholders.

It was decided by the JCDT to develop an online curriculum development portal, in order to facilitate further interaction whilst promoting a visible coordination of the various stakeholders and groups contributions. The portal would also act as a central repository for the array of produced documentation, which could provide a clear audit trail of the curriculum development journey for the validation event. This portal would allow stakeholders to register their interest and then join applicable sub-groups which focus on elements of the curriculum development. The platform utilised was modified to provide a corporate identity while also meeting the needs of use (inclusive of Computer Mediated Communication (CMC), together with adaptations to enhance user friendliness.

As with other higher education institutions, online learning approaches and online student discussion areas are embedded within nursing and across academic programmes at the University of Derby. What had not previously been comprehensively undertaken at this higher education institution, was the use of online approaches to help communicate and inform the development of curricula towards anticipated validation.

The sub-groups that were identified within the portal were not only areas for the uploading and dissemination of information from the JCDT, but also had the functionality for asynchronous discussion between registered members. This functionality could allow people to share their thoughts, opinions, and make personal annotations about proposals and issues surrounding the curriculum, after they had viewed the uploaded resources. This interactivity could enable a wider pool of contributions that were not reliant upon the challenges of meeting all potential stakeholders in person. Furthermore, it could allow dialogue between individuals based in different organizations and varied locations across the county of Derbyshire.

As outlined in the literature, the potential strengths of CMC in the form of asynchronous discussion, enables focused dialogue between members regardless of either location or time (Kenny, 2005). Hammond (2000) highlighted however, that there are challenges in the use of CMC with barriers that have to be overcome. Despite the rise in engagement in web based social networking (BBC, 2010), not all people are freely confident to engage
in this medium, a threshold may have to be overcome and assistance with this maybe needed in order to promote widespread interactive discussion.

This presentation will outline as part of this curriculum development: the process of the online portal development; discussion of its application; an evaluation of the outcomes of its use; together with the lessons learned for future consideration.

References

Key words: • curriculum development • partnership • collaboration • computer mediated communication.

T78
Exploring nurses’ experiences of prescribing in secondary care: informing future education and practice
Jane Scrafton, Heart Failure Complex Care Manager, Lincolnshire PCT; John McKinnon, Senior Lecturer; Roslyn Kane, Senior Lecturer, University of Lincoln, UK

Background
Nurse prescribing has developed rapidly since it inception over a decade ago and there is a significant body of research evaluating its implementation in primary care. Recent expansion of non-medical prescribing rights has prompted nurses in secondary care establishments to become prescribers. Evaluation of nurse prescribing in this new environment is required, if practice is to be informed and advanced and is therefore the impetus for this study.

Methods
The aim of this study was to explore the experiences of secondary care nurse prescribers’ in order to establish how prescribing is employed and what the benefits and disadvantages are perceived to be.

A purposive sample of six nurse prescribers were interviewed using a single broad question to prompt description. Transcribed interviews were analysed using a Colaizzi’s procedural steps.

Results
Three main themes emerged from the analysis, reasons for becoming a prescriber, prescribing education and continuing professional development and facilitators and barriers to successful prescribing in practice.

Conclusion
Respondent reported strengths and weaknesses of the educational programmes they attended. All nurses felt nurse prescribing offered benefits in relation to patient care. Where nurses were not prescribing, financing arrangement between different NHS trusts appeared to be the main barrier. Nurse prescribing was strongly believed to be the domain of the experienced nurse. Finally, there is a clear need for ongoing evaluation of all aspects of nurse prescribing.

Relevance to clinical practice
This paper makes key recommendations on the future development and delivery of programmes of education for nurse prescribers and for the delivery of safe and effective prescribing in practice.

References:


**Key words:**
- nurse prescribing
- curriculum development
- education structure and content
- phenomenology.

**How this contributes to knowledge development in the Curriculum Innovation and Enhancement theme:**
- to date, much of the research in this area has been with nurse prescribes in primary care. This study adds the views of nurses working in secondary care to the evidence base
- many programmes of education on nurse prescribing have not been formally evaluated. This work brings together the views of nurses undertaking a range of different prescribing educational programmes
- new insights are reported on the appropriateness and of content and delivery of nurse prescribing educational programmes along with reports of experiences (positive and negative) of translating education and qualifications in nurse prescribing into independent prescribing in practice.
Developing Teachers

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
T79

Reflective analysis: the impact of being part of an action learning set for new lecturers
Katrina Whittingham, Lecturer in Nursing; Mark Haith, Lecturer in Nursing, The Robert Gordon University, Aberdeen, UK

Introduction
The authors were appointed to Lecturer posts in August 2010, with varied professional backgrounds and educational experience. As a support mechanism for newly appointed lecturers, action learning sets (ALS) were initiated by the head of school and facilitated by an experienced lecturer.

ALS are a 'continuous process of learning and reflection supported by colleagues, with an intention of getting things done, it aims to be of benefit to the organisation and the individual' (McGill and Brockbank, 2004, p.11). Reflection is embedded in the process but the focus is on action as a result of thorough exploration of the issue individuals present. The focus of the group is to enable the individual to determine their own actions, to resolve issues, facilitating development for the individual and the ALS as a whole (Johnson, 1998; Lamont, 2010).

The aim set in the ALS was to facilitate the enhancement of personal leadership in a new working environment through promoting learning and solution finding.

Structure and process
Monthly, two and half hour meetings commenced within six weeks of appointment. Ground rules were set by the group at the first meeting. The facilitator explained the McGill and Brockbank (2004) ALS process and sought the authors' perspectives on this, all agreed to the format below:

- introductory ice breaker
- individual presentation of issues
- enablers’ discussion and questions directed to the presenter
- presenter selects one question to pursue further
- group discussion
- presenter gives feedback and intended action to report at the next meeting.

Literature review
There is an appreciation for the contribution ALS have had in the NHS, (Modern Agency Leadership Centre, 2004), in leadership, managerial programmes, within postgraduate and under graduate programmes of learning (Bourner and Frost, 1996; Stewart, 2009). Most of the evaluative work sourced is advocatory in nature, seeking purely to encourage participation in ALS. However, potential drawbacks of engaging in an ALS include: lack of set format, individual discomfort in exposing individual weakness and some organisations prefer a non challenging workforce (Lawson et al., 1997; Johnson, 1998; Lamont et al., 2010).

The literature reviewed (Bell et al., 2007; Bourner, Foy et al., 2002; Frank, 1996; Frost, 1996; Johnson 1998; Koo, 1999; Lamont et al., 2010; Lawson et al., 1997; Lee 1999; 2009; Stewart 2009; West, 2005; West and Choueke, 1999; Wilson, 2004; Wilson et al., 2003; Wilson et al., 2008) describes how ALS embraces adult learning theory and encompasses all three domains of learning: cognitive, psychomotor and affective (Bloom, 1956). There is resistance in HEIs to embrace ALS (Lawson et al., 1998), despite the literature advocating its’ incorporation into curriculum planning (Bourner and Frost, 1996; McGill and Brockbank, 2004). By engaging in ALS themselves, lecturers will be equipped to incorporate this style of learning into their own teaching.

Action learning links reflection, learning and action (Lamont et al., 2010). In nurse education, reflection is advocated as a method of learning students benefit from, both pre- and post-registration (NMC, 2005). ALS can give lecturing staff protected time to ‘practise what they preach’ through incorporating reflection into their own learning.

Although there is a body of knowledge on ALS, there is a scarcity of literature examining ALS for educationalists. This reflective analysis aims to add to the body of evidence.

Methods: structured reflective analysis as a form of evaluation
Lamont uses Kolb’s learning cycle (Kolb, 1984) to evaluate action learning, as Kolb underpins the structure and process of ALS (Lamont et al., 2010). The authors’ will use an adaptation of Kolb’s learning cycle (Kolb, 1984; Ellis, 1962/1990) to reflect on the ALS after 3 months and 6 months. The personal, professional, and organisational impact of engaging in the ALS in their new role as a lecturer will be considered using the Action Learning Set Reflective Analysis Data Collection Tool. The other member of the ALS will be approached to take part in the reflective analysis. Having gathered the written data, themes will be extracted, then the processed data will be jointly compared and analysed.

The proposal has been submitted for ethical review within the university.
Conclusion
The transition into the role of a Lecturer in healthcare at a new higher education institution can be a daunting experience. Supportive mechanisms to facilitate the move either from clinical practice or another educational environment are essential. The purpose of this reflective analysis is to establish if ALS should be considered more widely by higher education institutions as part of the measures of support that could be used. The ALS approach has multi professional application (Lamont et al., 2010; Lee, 1999; Oynett et al., 1999); however the literature does not explore its use in supporting new Lecturers. Current publications are from the English speaking areas of the world. Technology today could facilitate multinational ALS participation with the use of video conferencing to support isolated new lecturing staff throughout the world.

References

Key words:
• action learning
• new lecturers in nursing
• reflection.
How this contributes to knowledge development in the Developing Teachers theme:

- reflecting on an action learning set as a supportive measure for new lecturers
- researchers are amongst the participants
- adds to the knowledge base in an area where structured reflective analysis of action learning sets appears to be scarce.

T80

Emotional intelligence and healthcare education

Jeff Jarosinski, Manager of Academic Advising, Our Lady of the Lake College, Baton Rouge, Louisiana, USA

Stepping away from a psychological model centered on deficits, emotional intelligence provides a positive alternative which allows for an assessment of strengths rather than weaknesses. Based on neuroanatomy and neurophysiology, emotional intelligence is growing as an explanatory model for behavior in the workplace which not only acknowledges the influence of emotions, but explores and fosters the wise use, management, and facilitative growth of supportive emotions – both at the level of the individual and with regard to organizations.

Not everyone sees the world the way we do. Emotions are at the very core of the human experience and have an inimitable influence on education and the workplace (Lewis and Haviland, 1993). Much research to date has centered on the dysfunction of emotions rather than their supportive capacity (Ashforth and Humphrey, 1995; Prins, 2010). This presentation will address the influence of emotional intelligence in both the educational institution as a workplace for health educators, and the influence of emotional intelligence for successful student life.

Healthcare education institutions can be better served by maximizing the supportive, communicative capacities of emotions in the workplace. Regarding Emotional Intelligence, healthcare education institutions can be better served in very important ways: by being able to both train and retain valuable employees in an attractive work environment. The welcome reduction in employee turnover is a desirable consequence of this training as the costs of training a new employee are reduced; this structure also accommodates a competitive advantage when it comes to attracting qualified applicants when job positions do become available as the improved work environment is readily apparent. Furthermore, emotional intelligence is a beneficial framework from organizational psychology that can improve work engagement and health, and sensitize us to issues that may lead to contemplation of quitting or burnout.

Students of healthcare education can benefit from the emotional intelligence framework. Fostering emotional intelligence can help students offset and better deal with the numerous stresses they face as students (Dreznick, Jarosinski, and Schluter, 2011). A workforce of new graduates that is more emotionally capable to handle the stresses and extremes of emotion with which health professionals commonly deal is another welcome outcome.

Emotionally intelligent people and organizations are good at relationship building, listening, fostering trust, and motivating people (Goleman, 2001; Prins, 2010). This presentation will delineate the qualities of emotionally intelligent people and note the benefits of them. The neurological basis of this perspective also informs us that emotional intelligence may be learned throughout the lifespan; therefore we will visit ways to improve our own emotional intelligence through greater self awareness. Implications for students and health educators will be noted.

References


Key words:

- emotional intelligence
- professional development
- workplace wellness
- student retention.
How this contributes to knowledge development in the Developing Teachers theme:

- the presentation increases knowledge of positive ways emotional intelligence can contribute to a healthy workplace environment
- the presentation increases awareness of indicators toward contemplation of quitting or burnout in healthcare education
- attendees will learn ways to improve their own Emotional Intelligence and be able to assist their students in the same manner.

T81

Reflecting on the transition from practice to education: the journey to becoming an effective teacher in higher education

Becci Jones, Lecturer in Child Nursing, Faculty of Health and Social Sciences, University of Bedfordshire, UK

Higher education can present a challenge for new academic staff and in this paper I will explore and reflect on making the transition from clinical practitioner to being a teacher. I will consider how I have applied my clinical practice skills, to facilitate and support students and reflect on aspects of my transition which have been challenging. Drawing on my reflections, I will conclude with messages for new academic staff and their support needs as they develop in their new roles.

My journey into higher education began as a student nurse when I was inspired by the teachers who supported me. I recognised the significance of investing passion and time in developing future practitioners which was the catalyst in beginning my journey into higher education teaching. I specialise and lecture in children’s nursing and I have worked in acute hospitals in the United Kingdom and overseas. During my nursing career, I facilitated learning with students and colleagues in clinical practice, which has helped me in my transition to working in higher education. My field of practice requires teachers to be dynamic, supportive, caring, empathetic, challenging and knowledgeable. As a teacher, I endeavour to effectively facilitate students’ learning, by responding to the diverse needs of adult learners (Sinclair et al., 2005). I have found that nursing students have specific needs for their development in theoretical learning and practical elements of the course and I have strived to develop effective support strategies.

One difficulty I experienced is striking a balance in being both a nurse and a teacher: having a dual profession presents the challenge of discovering boundaries with students (Peel, 2005). For example, as a nurse, I have expertise in providing support to children and their families with a caring, compassionate and empathetic approach. In academia, however, I need to support students to help them to learn and develop but the dynamics of our relationship needs to differ from that in clinical practice. Striking this balance has been a difficult aspect for me to grasp but I believe this is part of my journey into higher education practice and in understanding my role boundaries.

On reflection I underestimated the transition process from being an expert children’s nurse to a novice teacher; the impact of this process on a new teacher’s personal and professional development has been previously recognised (MacNeil, 1997). My role is diverse, my responsibilities include: facilitating learning, supporting and monitoring students, research involvement and practice placement links. I found it difficult to demonstrate professionalism and competence in all aspects while also adjusting to the academic environment which, I now recognise, was a culture shock. During the adaptation process while taking on the new role, I focused on the challenge of understanding higher education policies and processes and I wanted to appear competent and confident as a teacher. These aims became a distraction as I focused on my ability to perform without recognising the need for me to adapt to the new environment. For example, I experienced the pace and structure of working in higher education as a new concept, contrasting with my previous working practice norms. In clinical practice, I worked in pressured environments, managing wards and reporting tasks throughout my shifts. In comparison, the higher education ethos of working allows me to work more independently without being required to frequently report back, and I manage my own work time. This has been a hard concept to grasp and it has taken time to adjust but I now value the flexibility to plan my work appropriately within my remit.

References


T82

Nursing education capacity building in Rwanda

Yolanda Baben-Mould, Assistant Professor; Carroll Iwasiw, Professor; Mary-Anne Andrusyszyn, Professor and Director; Karen Ferguson, Chair, Undergraduate Nursing Programs, The University of Western Ontario; Janice Elliott, Professor, Fanshawe College, London, Canada; Catherine Uwimana, Head of Midwifery Department; Constance Kayisinde, Head of Nursing Department; Benoit Umubyeyi, Head of Mental Health Department, Kigali Health Institute, Rwanda

Purpose
To present research findings about clinical instructors' knowledge of and self-efficacy for clinical teaching, roles and responsibilities, and evaluation of student performance prior to and after use of clinical education modules about clinical teaching at the Kigali Health Institute, Rwanda. The research conducted in Rwanda is an extension of a separate Canadian study undertaken by a number of the research team members with clinical instructors in Canada (funded by the Ministry of Health and Long Term Care). In this presentation, the findings will be focused on the Rwandan study and context.

Background and significance
There is a world-wide shortage of nursing faculty to facilitate learning in both the classroom and clinical setting. In Canada, most faculty prepared at the baccalaureate or graduate level have not received formal preparation for their teaching roles in either the classroom or clinical setting. Many faculty report not understanding the expectations for their role, feeling overwhelmed in their role, and receiving little guidance from colleagues. A similar situation exists in Rwanda; however, the context of what has contributed to a nursing faculty shortage and limited teaching preparation differs from the Canadian situation. One of the effects of the 1994 Rwandan genocide is that many nurses and educators either perished or had to flee to neighbouring countries to seek safety. As a result, the shortage of nurses in clinical practice and nurses who are clinical instructors continues to impact delivery of healthcare and nursing education in Rwanda.

This mainly rural country in East Africa, with a population of approximately 11 million people, the majority of whom are living below the poverty line, has since moved forward in their ‘recovery’ process post-1994. In that regard, a priority for the country is to improve the quality of health and nursing care. Also, development of nursing teachers has been identified as a key priority of the Chief Nursing Officer in the Rwanda Ministry of Health. One means of improving nursing care is to build clinical instructors’ capacity to facilitate the learning of nursing students who will be responsible for providing competent care as nurses upon graduation. However, similar to Canadian nursing clinical instructors, the majority of clinical instructors in Rwanda have not received formal preparation for their role. It is recognized that clinical instructors are key in the professional socialization of nursing students. If instructors have limited knowledge of, or self-efficacy for their role, then they may not be adequately prepared to enact the responsibilities inherent in the role. This lack of role clarity could translate to a less effective clinical learning experience for nursing students, which could ultimately influence client/patient care.

It is proposed that use of educational modules is a strategy that could help clinical instructors to align their understanding and self-efficacy for their role with the curriculum philosophy and course goals and more effectively meet nursing students’ learning needs in Rwanda.

Thus, clinical instructor educational modules were developed by the research team to support instructors’ knowledge of and self-efficacy for clinical teaching, roles and responsibilities, and evaluation of student performance. These educational modules were provided as learning resources in DVD format to clinical instructors at the Kigali Health Institute in Rwanda.

Research questions
How do nursing clinical instructors describe their knowledge of, and self-efficacy for clinical teaching, roles and responsibilities, and evaluation of student performance prior to and after use of educational modules? What are nursing clinical instructors’ perceptions of the utility of the educational modules?
Methods and sample
A descriptive qualitative design was used in this study. Twenty-two clinical instructors at the Kigali Health Institute in Rwanda participated in 60-90 minutes interviews pre- and post-educational module use. A semi-structured interview guide was used with clinical instructors. The interviewer was from Rwanda, and was fluent in English, French, and Kinyarwanda. Interviews were conducted in English, audio-recorded and transcribed by the Nursing team member in Rwanda. The transcribed interviews were analyzed to identify categories and themes through data reduction and reconstruction.

Findings
Key themes emanating from clinical instructors’ pre-module use interviews and preliminary insights gained from initial post-module use interviews will be shared with conference participants.

Conclusions
The educational modules are a valuable resource for schools of nursing and clinical instructors across the world as a means of faculty development and capacity building.

Note: Rwandan study funded by: Canadian International Development Agency/Association of Universities and Colleges of Canada.

Key words:
• clinical instructors
• capacity building
• self-efficacy
• roles and responsibilities
• evaluation of student performance.

How this contributes to knowledge development in the Developing Teachers theme:
• participants will gain increased understanding about the importance and process of capacity building of educators from a global perspective and context
• participants will gain insights about the use of technology in developing teachers’ knowledge of and self-efficacy or confidence for engaging in the role of clinical instructor, evaluating student performance, and the use of teaching theories and philosophies in the clinical setting with nursing students
• participants will gain knowledge about the importance of formal education about teaching for those who are involved with preparing nursing students to address societal health needs and consider how the use of technology can help to facilitate that process.

T83
Staying current in changing tides: an exploration of primary healthcare nurse practitioner program faculty and preceptors’ development needs and strategies to address them

Pamela Baxter, Associate Professor, McMaster University; Faith Donald, Associate Professor, Ryerson University, Toronto; Célyne Laflamme, Course Professor, University of Ottawa; Ann Mohide, Associate Professor, McMaster University, Hamilton; Joanne Opsteen, Clinical Director, York University, Maureen Sullivan-Bentz, University of Ottawa; Beth Swart, Professor, Ryerson University, Toronto; Wendy McCrady, Lecturer, Arthur Labatt Family University of Western Ontario, London, Canada

Background
In both nursing and educational literature, the development needs of those teaching nurse practitioners are an issue that receives minimal attention. However, in 2006, the educational requirements for a nurse practitioner in Ontario, Canada changed from a postgraduate certificate to a graduate nursing degree. This change placed pressure on faculty and preceptors to adapt their teaching to meet the needs of graduate students and to achieve graduate level educational outcomes. These changing demands have placed a renewed emphasis on the importance of faculty and preceptor development.

Purpose
This one-year mixed methods study, guided by the Faculty Development Model (Wilkerson and Irby, 1998), sought to conduct a development needs assessment of primary healthcare nurse practitioner faculty and preceptors. It also sought to provide faculty and preceptors with an innovative learning opportunity and a venue to build relationships with the goal of improving practice within and across clinical and academic settings.
Sample
A population approach was used to access all 49 faculty and 123 preceptors engaged in the graduate level Primary Healthcare Nurse Practitioner Program offered by the Council of Ontario Universities Programs in Nursing. At the end of each survey participants indicated whether or not they wanted to participate in Phase 2.

Study design and methods
This study used a sequential two-phased mixed methods design (Tashakkori and Teddlie, 2003) to answer the following research questions:

• What are the primary healthcare nurse practitioner program faculty and preceptor development needs (professional, instructional, leadership, and organizational)?
• What are the specific supports and competencies required by faculty and preceptors to promote student learning while supporting university policies and procedures?
• What are the preferred delivery methods to meet the development needs of faculty and preceptors?

Phase 1 includes an electronic survey that takes 15 minutes to complete. The survey was developed by a group of expert nurse practitioners and educators and based on the Faculty Development Model (Wilkerson and Irby, 1998). The survey was pilot tested for validity with preceptors and faculty members and written in both French and English. Ethical approval was received June 2010. Descriptive statistics will be generated from the data.

Phase 2 will consist of a one-day workshop with identified participants from Phase 1. The workshop will be divided into two sessions. The morning session will focus on collecting qualitative data using audio-recorded 30-45 min. focus group discussions which will expand on results from the survey. Two researchers will independently analyze the transcripts line-by-line to identify sections of text that will serve as codes and will meet to determine the codes and categories through consensus. Finally, they will develop themes from the categorical data through consensus. When relevant, quantitative and qualitative data will be combined for analysis (Onwueguzie and Teddlie, 2003). The afternoon session will involve a faculty development activity. Participants will engage in a small group, problem-based learning activity which will incorporate case studies developed based on the development needs identified in Phase 1. This activity will incorporate interactivity and active training. Each group will explore two case situations with the assistance of a facilitator who will promote group discussion, critical thinking and will also engage in the observer as participant role.

Data for Phase 1 are currently being gathered and will continue until Feb. 18. Phase 2 will be complete in April, 2011. Results of both phases of this study will be shared at the conference.

References


Key words:
• faculty development
• preceptor development
• nurse practitioner
• teaching methods.

How this contributes to knowledge development in the Developing Teachers theme:
• an innovative approach to building faculty and preceptor relationships through on-going learning
• a clearer understanding of the development needs of practicing nurse practitioners who engage in precepting nurse practitioner students and how to meet these needs in a sensitive and creative manner
• a clearer understanding of the development needs of faculty who teach nurse practitioner students within a graduate level program situated in a consortium of nine universities
Marketing strategies influencing new nurse educators’ decisions to choose a nurse educator career path and current teaching position

Virginia Faye Wolgemuth, Assistant Professor, Indiana Wesleyan University, USA

The current and projected long-term global shortage of nurse educators challenges universities and colleges to fill vacant nurse educator positions during a time when there is a growing need. The implications of the shortage have captured the attention of many stakeholders including government agencies, professional nursing organizations, schools of nursing, healthcare industries, private organizations, media, and the public. An international summit, organized by the International Council of Nurses (ICN) and the Honor Society of Nursing, Sigma Theta Tau International (STTI), and supported by The Elsevier Foundation convened in June 2010, where experts from around the world met to address the critical need for qualified nurse educators. The council concluded that there was insufficient research-based evidence available on issues surrounding the global nurse educator shortage and that much work is needed to be done regarding several issues surrounding the shortage, including recruitment and retention issues (STTI, 2010).

Effective marketing strategies need to be implemented to recruit nurses into choosing nurse educator career paths and teaching positions. Developing a new generation of nurse educators cannot be accomplished until new nurse educators have been marketed and identified. Research-based evidence on marketing strategies is needed to provide direction for future marketing efforts.

A national study in the United States was conducted in response to the North American shortage of nurse educators (Wolgemuth, 2010). The purpose of this study was to investigate exposure to and influence of specific marketing communication strategies on new nurse educators’ decisions to choose a nurse educator career path and a current teaching position. A four-stage Complex Evaluations Model combined with ideas of marketing and behavioral drivers, served as an integrated theoretical framework providing the underpinnings for this study (Andreasen and Kotler, 2003). Specifically, publicity, advertising, and personal marketing communication strategies were explored, investigating how they fit into the Complex Evaluations Model and how they can be used to influence the decision-making process.

A retrospective, descriptive, comparative design was used for this quantitative investigation (Wolgemuth, 2010). For comparison, the investigator explored differences in the effectiveness of publicity, advertising, and personal marketing communication strategies in influencing new nurse educators’ decisions to select nursing education as a career choice and their current nurse educator position. The Marketing Strategies for Nurse Educators (MSNE) Questionnaire, developed by the researcher, was used to measure exposure to and influence of marketing communication strategies for nurse educators (Wolgemuth). The MSNE was shown to be a valid and reliable instrument, with documented content validity, demonstrating high internal consistency reliability.

A total of 371 new nurse educators, having a minimum of a master’s degree in nursing, employed full-time or part-time within an accredited program of study, having no more than three years of total teaching experience in associate or baccalaureate nursing education served as the sample for this study (Wolgemuth, 2010). The internet was the primary method of obtaining subjects, with a mailed research booklet as the primary means of data collection. Data collection procedures followed Dillman’s (2007) Tailored Design Method. Descriptive statistics and paired t-tests were the primary statistical methods used for data analysis.

Results indicated that personal marketing had, on average, significantly more influence than publicity or advertising, and publicity had on average, significantly more influence than advertising on both career decisions and on current educator position decisions (Wolgemuth, 2010). Additional analysis demonstrated there were positive and significant relationships seen between exposure and influence scores for publicity, advertising, and personal marketing. Last, additional analysis failed to show significant differences on exposure and influence scores when comparing new nurse educators teaching primarily in traditional associate degree programs with new nurse educators teaching in traditional baccalaureate degree programs.

This study provided important findings that have direct implications for nursing education (Wolgemuth, 2010). First, nurse educators often go through complex decision making processes when choosing a nurse educator career and selecting a specific nurse educator position. Second, while most nurse educator career decisions are finalized during adult years, results of this study showed that some career decisions are made at younger ages, findings that are supportive of career development theories. No statistical support was found to indicate generational differences were a factor in considering marketing strategies. Third, marketing strategies do have the potential of influencing the decision making process and subsequently, there is need for increased exposure to marketing strategies for potential nurse educators. While all marketing strategies had influence on nurse educator decisions, based on this study’s findings, a school may yield, over time, better marketing results by increasing monies and effort towards personal marketing, followed by increasing publicity. Fewer resources should be directed toward advertisements.
References


http://www.nursingsociety.org/Media/Pages/Faculty_Summit.aspx.


Key words:
• marketing
• communication strategies
• new nurse educators
• shortage
• career decision
• teaching position.

T85
Evaluation of faculty members by students in medical science department of Islamic Azad University in Uremia branch
Mostafa Sheikhzade, Assistant Professor, Islamic Azad University, Uremia Branch, Tehran, Iran

Abstract
Evaluation of faculty members is a kind of educational evaluation to determine success of faculty members in reaching the educational goals. There is an enormous amount of literature on student evaluations of instruction. This study was done to examine faculty members and students view point about content and implementation of evaluation of faculty members by students and feedback of the results in the second term of academic year 2008-09 in Medical Science department of IAU in Uremia branch. 20 members and 205 students participated in this descriptive study. Their opinions were studied using two questionnaires for students and faculty members separately, whose content validity were confirmed after a survey from specialists and pilot study and reliability of 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 recognize 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 recognized as important for promoting and recognizing faculty and for identifying faculty for skills improvement. Recognizing 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 (Hadjyaba di 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
20 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's 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).

References
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Key words:
• evaluation
• faculty member
• student
• medical department.
Educational Context

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
Coeducation versus single sex education: impact on self-esteem and academic progress among nursing students

Amal Ibrahim Khalil, Assistant Professor of Psychiatry and Mental Health Nursing, King Saud Bin AbdAlaZiz University for Health Sciences, Kingdom of Saudi Arabia (Egypt)

Background
Coeducation is the integrated education of males and females at the same school facilities. The term 'Co-ed' is a shortened version of 'co-educational,' and is also sometimes used as an informal and increasingly archaic reference to a female college student, particularly in the United States. Before the 1960s, many private institutions of higher education restricted their enrolment to a single sex. Indeed, most institutions of higher education, both public and private, restricted their enrolment to a single sex at some point in their history. Modern-day education is primarily co-educational, but many single-sex educational institutions exist, and single-sex education is undergoing a rebirth of popularity especially in nursing field as it was encouraged in the Hashemite of King Dom of Jordan.

Aim
The aim of the following study was to investigate the impact of educational type on students self esteem and academic achievements.

Methods
A quantitative-non-experimental co-relational research design was utilized to accomplish the purpose of the current research. The study was conducted at Queen Alia and Al Arabia community colleges which are affiliated to Al Balqa Applied University. A convenient sample consisting of 100 nursing students at Queen Alia and Al Arabia colleges have been involved in the study. Student's self esteem was assessed by using the self esteem instrument which was designed and developed by (Jebril) in 1983. Validity of the instrument was obtained and reliability (0.84) has been demonstrated.

Results
The analysis of given data revealed that there was a significant relationship between self esteem and academic achievement for the favour of (85-100%) category, meaning that high academic achievement has a high self esteem. Self esteem is also significantly high among students who are satisfied with learning nursing. On the other hand, there were no statistical significant differences found related to self esteem and gender as well as self esteem and type of education among the subject of the study sample, even though self esteem is high among mixed learning students (co-education) than female only students.

Conclusion
To sum up the most cautious summary of the results of the present research, we would acknowledge that the academic progress of boys is probably improved by coeducation, while that of girls is not harmed. When other factors, such as self esteem, satisfaction with their performance and learning nursing are taken into account, the research clearly supports coeducation. The attention must also be given to the importance of personality development especially self esteem and self concept due to its positive impact on academic progress.

Key words:
- co-education
- single sex education
- nursing education
- cultural differences
- student self-esteem and satisfaction
- academic achievement of nursing students.

How this contributes to knowledge development in the Educational Context theme:
- the academic progress of boys studying nursing sciences is probably improved by coeducation, while that of girls is not harmed
- when other factors, such as self esteem, satisfaction with their performance and learning nursing are taken into account, the research clearly supports coeducation
- the attention must also be given to the importance of personality development, self-esteem and self-concept especially for students who are interested in studying nursing sciences due to its positive impact on academic progress.
T87

Educating tomorrow’s clinical researchers: research preparation in undergraduate education

Frances Badger, Research Fellow; Collette Clifford, Professor of Nursing, University of Birmingham, UK

Aims
The overall study aim was to map the research related content of degree level pre-registration courses followed by healthcare practitioners in one English region. In particular modules were examined for indicators that courses supported the development of:

1. A workforce which is able to adopt evidence based practice
2. A smaller cohort of practitioners who would follow clinical research careers, and ultimately develop into clinical research leads.

Background
In the Department of Health’s strategy for research ‘Best research for best health’ (DH, 2006), the goals of establishing the NHS as an international centre of research excellence, and of preventing migration of commercial clinical research outside the UK were identified. As a major centre for clinical research, the regional office of the NHS in the West Midlands wanted to ensure that the region’s workforce is able to meet these demands and help sustain clinical research in the region. Across the region, Comprehensive Local Research Networks (CLRNs) were experiencing difficulties in recruiting experienced practitioners to clinical research posts. An examination of healthcare degrees was an essential first step in considering these issues. Nationally, the Academy of Medical Sciences’ new report also underlines the need to urgently address these concerns (AMS, 2011).

Methods
1. Documentary analysis of research module guides. Nine universities in the West Midlands region offer degree courses leading to a registerable qualification with the Nursing and Midwifery Council (NMC), the Health Professions Council (HPC), or the General Medical Council (GMC). They were asked to share module guides for their research based modules.
2. Semi structured interviews were conducted with eight research managers and senior clinical researchers to identify the skills required for clinical research posts.

Results
We received 48 module guides from 11 courses, covering years 1 to 3. These guides were analysed by title, level, year delivered, credits, time commitment, content, learning outcomes, competencies, assessment type and progression.

Thirteen modules (27%) had research in the title; 9 (19%) had evidence based practice (EBP) in the title; and five modules (10%), had both research and EBP in the title. Only 10 modules did not have research or EBP in the title. All these modules were analysed, because they covered similar subject areas as the modules labelled ‘research’. The existence of modules called ‘Research and evidence based practice’, or ‘Using research and evidence to support health and social care’ supports the notion that at undergraduate level, the terms research and EBP are synonymous. One university did not have dedicated research modules and delivered the course research content within other modules.

All courses aimed to produce research aware graduates who were capable of evaluating the quality of published research and considering the implications of research findings for clinical practice.

All research or EBP modules were compulsory components of the degree programmes and shared learning was common, especially in years 1 and 2, across nursing, midwifery and therapy courses. There was a focus on evidence-based practice, literature searching and data analysis.

Typically, Year 1 modules introduced research methods. In year 2, research modules were more subject specific while final year modules focused on the dissertation. Final year modules carried more credits than year 1 or year 2 research modules. Most students in the West Midlands conduct a literature based review for their final year dissertation. A minority though do conduct small scale studies.

Across all universities there was a focus on critical appraisal of research papers, integration of an evidence base to practice and preparation for the final year dissertation. Clinical research was not mentioned specifically in most module descriptors, consequently it is difficult to evaluate students’ direct exposure to clinical research from the module guides, however, it appeared to be limited.

All the pre-registration degree programmes were approved by the relevant registration bodies, indicating that the research content was regarded as appropriate for the level of registration. Clinical research managers felt that sound clinical skills acquired post-registration were required before practitioners moved into clinical research.
posts. Ideally practitioners should be 2 years post-registration. This being the case, the grounding in research and evidence based practice offered in pre-registration courses may be considered appropriate.

Conclusions
Course research content met the requirements of the commissioning health service organisation and the registration bodies. The main purpose of undergraduate research modules is to equip students to practise evidence based clinical care, rather than provide a basis for a career in research. In the light of efforts to enhance the UK’s role as a world leader in healthcare research, educators need to consider whether enhanced exposure to clinical research in undergraduate programme would help to address the increased demand for nurse and AHP clinical researchers and research leaders.

References

Key words:
• clinical research
• undergraduate education
• module review.

T88
The key role of nurse educators to support an evidence-based culture for practice
Elizabeth Rosser, Associate Dean (Nursing), Bournemouth University, UK

Background
In spite of the recognition that evidence-based practice has emerged as a major policy drive in modern healthcare systems, even after 20 years since its introduction, there remain real concerns about the continued barriers to its more extensive use. With the move to an all-graduate intake for nursing across the United Kingdom (UK) by 2013, a number of studies refer to an ongoing ‘anti-research culture’ (Hannes et al., 2007; Burke et al., 2005), with nursing students developing a negative attitude to the use of research to support practice and some emerging with little knowledge of research by the time they qualify (UKCRC, 2007). It seems a deal of energy is required to move the situation forwards. With the introduction of Clinical Academic Careers for nurses, the preparedness of the nurse education workforce to take the lead needs exploring as to whether they perceive they have a role to play in promoting a positive approach to research for their students and in shaping the clinical research leaders of the future.

Aim
Part of a larger exploratory study, this paper reports the findings limited to the views of the education workforce in promoting an evidence-based culture for practice.

Methods
Using a purposive sampling technique, 30 experienced educators from four higher education institutions across south west England each participated in semi-structured interviews undertaken between October 2005 – January 2007. 7-8 participants contributed from each institution.

Data Analysis
Each interview was tape-recorded. Data were transcribed verbatim and analysed and coded with the assistance of the computer assisted software NVivo v2 using thematic analysis.

Findings
Since the incorporation of nurse education into institutes of higher education nationally, nurse educators acknowledged the rapid pace of change in relation to the importance of research to their organisations and to the profession and recognised their own responsibility to embrace this. The roles of our research leaders, the professors and readers, varied considerably across the four institutions and most, but not all, actually have a dedicated focus on research. Many do not have a clear role structure. At the time of the study, only 19% of nurse educators in the UK possessed doctoral status (COD, 2005), though many universities now require doctoral status for their employment, even at lecturer level. Participants recognised their importance in creating and leading a research-based culture and positive attitude to research but there remain barriers to translating and using research in practice. In addition to the new career pathway for clinical academics, they recommended the need to create and fund posts at a senior level which span both education and practice to allow evidence-based
practice to be embedded in both organisations. Participants highly valued the professors in their department, yet there continues to be much debate as to what professors of nursing should be doing (Thompson and Watson, 2006). Additionally, against a background of the radically changing context of research funding in healthcare, there is a need for further development of politically minded research leaders to take forward the agenda for research and development and to feel empowered to implement it on the ground. If nursing is to secure its commitment to evidence-based practice and support the large workforce in this endeavour, participants recommended a more visible presence of the professors among the undergraduate students and integration of their role into the business of the school to enhance the impact on the future workforce.

Conclusion

In spite of the different strategic vision and mission of each of the four organisations, there were commonalities in recognising the need for greater collaboration between higher education and clinical practice to influence the strategic direction of research in both organisations. Developing capacity and capability in research by the education workforce was an ongoing goal by all to ensure the curricula were embedded in the research expertise of the team. Whilst clinical academic careers are now becoming established, research leadership of the professors and educators is essential to inspire, educate and support them in their role.

References


Key words:
- evidence-based practice
- clinical research
- education workforce
- qualitative methods
- research leadership.

T89

Delivering the pre-registration midwifery curriculum in the UK: views of education providers

Susan Gibb, Senior Lecturer, Robert Gordon University, UK; Maggie Mallik, Research Fellow, University of Nottingham, UK

Background

Although the Nursing and Midwifery Council (NMC) relies on a range of methods to ensure that approval and monitoring processes for programmes leading to registration are valid and reliable, there have been concerns expressed about the practice capabilities of newly qualified midwives (HCC, 2006) and a LSA Annual Report in 2007/8. As part of a NMC commissioned study of pre-registration midwifery education in the UK (known as the Midwives in Teaching [MINT] study), aspects of the pre-registration midwifery curriculum design and institutional organisation that were thought to have the greatest impact on the quality of learning were investigated. To achieve this data were collected from Midwife Teachers (MT), Lead Midwives for Education (LME) and Programme Leads (PL) during 2009-2010.

Objectives

This paper focuses on the MINT study objective to identify various models of delivery of pre-registration midwifery education in the UK.

Methods

In relation to this objective the data collection methods were a UK wide survey of LMEs, which included the demographic context of pre-registration programmes, the models for delivery of these programmes and the strategic and operational role of the LMEs. In addition face to face recorded interviews with the six case study site LMEs and programme leads for pre-registration midwifery was undertaken.
A UK wide survey of MTs which addressed their experience as midwives and teachers and the activities that facilitate and inhibit their role was undertaken. Following this survey, face to face recorded focus group interviews with MTs in the six MINT study sites was conducted to explore in more depth the issues emerging from the survey responses.

An activity analysis tool was completed by MTs in the six MINT sites. This tool was an adaptation of one already used in one of the MINT study sites.

**Sampling and response rates**

The online survey tool was sent to all LMEs (n=55) in the UK. The response rate was (n=51) 93%. All study site PLs (n=6) and LMEs (n=6) participated in the face to face interviews. Out of the 456 MTs who gave their contact email address, 228 returned questionnaires, giving a response rate of 50%. In the six MINT study sites a total of 37 MTs consented to take part in the focus group interviews. Forty five MTs agreed to participate in the activity analysis task, the actual response rate was 64% (n=29).

**Findings**

As the NMC has not yet published the report from this study, we are unable to reveal the findings in this abstract. Jill Rogers Associates has been contacted regarding this. The findings will however be available at the conference.

**Reference**


**Key words:**
- pre-registration
- midwifery education
- curriculum models
- evidence base
- views of providers.

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**T90**

**Evaluation of midwifery education in the UK: implications for quality and resources**

*Mark Avis, Professor; Diane Fraser, Emeritus Professor; Maggie Mallik, Research Officer, University of Nottingham, UK*

**Background**

In 2010, visioning the future for the delivery of high quality care, the midwifery profession in the UK focused on how midwives and midwifery can make the greatest contributions to the health of women and their families in the next decade and beyond ([www.midwifery2020.org](http://www.midwifery2020.org)). The resources needed to deliver high quality education is of concern to the Nursing and Midwifery Council (NMC), who in achieving their primary role of public protection, set the standards required for pre-registration midwifery education that will produce registered midwives that are fit for purpose and practice (NMC, 2009). In spring 2009 the NMC commissioned this study to evaluate the contribution of midwife teachers (lecturers) to the education of pre-registration midwifery students to enable newly qualified midwives to meet the needs of women and their families.

**Methods**

The study was completed in three phases (April 2009–October 2010) by a collaborative research team which included research leads and assistants from five UK universities.

Phase one consisted of an on-line survey of all midwife teachers, lead midwives for education (LMEs) and local supervising authority midwifery officers (LSAMOs).

Phase two, using an illuminative case study approach, obtained data from senior midwifery students and midwife teachers from six UK sites.

Phase three, employing a prospective study format, obtained diary data from a purposive sample of newly qualified midwives (NQMs) through their first three to six months in post. Validation data was obtained from matched preceptors and supervisors of midwives.

**Ethics**

The research team fulfilled all the stringent ethical requirements for a multi-site project in the UK by obtaining permission for the study through IRAS. The team also obtained research governance permissions from 19 NHS organisations in order to complete phase three. Project researchers collected data from sites where they were unknown by any of the participants.
Results
Survey results were obtained from midwife teachers (50% n=228) and LMEs (93% n=51), the results provided evidence on methods for curriculum delivery and midwife teacher activity. These results regarding curriculum design, role of midwife teachers, and students’ experiences were explored in more depth in the phase two case studies, with senior midwifery students (55% n=117) and midwife teachers (54% n=37). In phase three, newly qualified midwives provided diary evaluative data regarding their first three to six months in employment, a total of 35 NQMs (48% of those who consented) completed diaries of their experiences.

Findings
Highlight the complexity of midwifery education and explore issues around the significance of critical mass of midwife teachers in the curriculum. Students’ evaluations of curricula and data regarding the role of midwife teachers are considered in the context of the development of the skills required by senior midwifery students to deliver safe, effective care to women and their families after qualifying. Findings also consider the experiences of newly qualified midwives, and newly qualified midwives’ reflections on the contribution of midwife teachers in building their competence and confidence. The conclusion considers the role of resource indicators for higher education institutions to deliver a midwifery curriculum that meets NMC standards and the expectations of Midwifery 2020.

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Key words:
• midwifery education
• NMC Standards
• employer expectations
• meeting families’ needs
• midwife teacher role
• resource indicators.
Effective Partnership
Working 1

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
‘Organisational RAID’: student experiences of RAID methodology

Denise Pate, Senior Lecturer; Jeanne Landon-Campbell, Senior Lecturer; Lieanne McLaughlin, Student Nurse; Fiona Clemetson, Student Nurse; Rachel McLean, Student Nurse, University of Cumbria, Carlisle, UK

This paper reports upon an innovative partnership between The North Cumbria University Hospitals NHS Trust and the University of Cumbria. The proposal was for three 3rd year degree nursing students to undertake a ‘raid’ in a clinical area of the Trust and present their findings.

Models of linking practice with theory are possible examples of applied knowledge and are relevant in all healthcare areas. The Clinical Governance Development Programme (CGDP) was developed to facilitate the process of clinical governance by working with clinical staff to promote understanding and encourage creative application of the principles of clinical governance. The key concepts of the CGDP are the ‘bottom-up’ philosophy of change supported by the RAID methodology or review, agreement, implementation and demonstration. This approach stresses the importance of interprofessional and service user involvement, as well as an experiential approach to learning (Rogers, 2003).

As educators we must ensure that clinical governance is fuelled by a desire to improve practice, to encourage nurses and nurse learners to learn from error and to support professionals to get it right in the future. Improving nursing student learning in the practice placement environment demands skills, knowledge, support and commitment to the achievement of best practice for the patient. A collaborative approach presents opportunities for higher education institutions and healthcare providers to work in partnership to realise the shared aims of improving student learning.

The collaborative approach can bring about tangible benefits for students, practitioners and organisations but only if the organisational factors which impact on practice are properly considered and managed through collaborative structures and partnerships.

The intended outcomes for the project included enhancing learning concerning the patient pathway; improving wider understanding of the constraints within the acute nurse setting; improving patient processes; improving the patient experience and developing project management skills.

It was the University’s role to support the degree students and to propose a realistic time for the delivery of the ‘organisational raid’. It was decided that the best time would be during their final placement when they were consolidating their competencies and had received sufficient theoretical input to link evidence to practice.

Prior to the ‘raid’ the students had completed a module relating to change, change management and organisational behaviour and as such there was more time to review the ‘raid’ methodology rather than focus on the underpinning theories of change.

The role of the Hospital Trust was to provide a link person/s for support and guidance and provide resources as required. The NHS Trust professionals involved included the director and assistant director of nursing, the head of nursing, the nursing sister of the allocated area and the practice educational facilitator.

The ‘raid’ took place on a busy surgical ward with a total of 24 patients and 8 members of staff present on the day of the ‘raid’. The decision was made in collaboration with the ward sister to attend the ward at 10am so that both the staff and patients were accessible. Prior to the ‘raid’ the students were given a topic (fluid balance charts) by the ward sister.

None of the staff on the ward were aware of the chosen topic. The data was collected using a 3-pronged approach allowing a holistic view to be collected. These included staff opinions on fluid balance charts; semi-structured interviews for patients about fluid balance and the use of an audit tool to assess fluid balance documentation.

The organisational raid demonstrated that the monitoring and maintenance of fluid balance charts in practice could be improved in order to benefit the patients. Recommendations for practice have been suggested on how to improve practice based on the feedback presented from the raid.

To conclude, the establishment of a project culture creates a win-win situation for all concerned. Students gain firsthand practical knowledge of clinical audit. NHS Trust staff receive a detailed and objective report on the clinical findings of the ‘raid’ which can be used to drive up standards and service users benefit from improved quality of care. We do recognise that it would be unrealistic to expect one scheme to improve learning or indeed one person’s investigations to elucidate all the possible insights however, we do believe the opportunities to develop/improve the service for the users within the ‘raid’ offers a useful agenda for the future.
**T92**

**Working together to develop a programme for an integrated public service**

Mary Milligan, Senior Lecturer; Eugene O'Neill, Lecturer, University of the West of Scotland, UK; Grace Morrish, Lecturer, James Watt College, UK

Developing a degree programme that supports integrated service provision in health and social care is complex and depends on the strength of partnership between employers, colleges and higher education institutions. This paper will outline the challenges involved in the development of the BA public service programme which aims to construct effective and sustainable articulation routes that will meet the needs of students and workforce demands.

An important element of the public service degree is the emergence of integrated care provision to meet the complex needs of clients in future and the requirement for practitioners and support workers who can competently collaborate with others from different disciplines (Scottish Government, 2010a). The degree provides an innovative and distinct approach to a degree level qualification that seeks to prepare the ground for increased understanding, enhanced professionalism and effective management within public service provision.

Scotland’s population is ageing and declining. By 2035 it is anticipated that there will be a 25% increase in those over 65 years of age and an 8% increase in those over 80 (Scottish Government, 2010b). Older people have a higher incidence of ill health and multiple long term conditions and have complex health and social care needs (Scottish Government, 2003; 2010a; 2010b). It is anticipated that there will be insufficient resources available to meet the future, increased demand for care. In view of this the Government proposes a shift from care provision which is perceived to be ‘reactive, episodic and fragmented’ to a health and social care system that is ‘integrated, coordinated and preventative’ (Scottish Government, 2010b). An integrated approach to care management that aims to improve the experience and outcomes for individuals and their carers requires a different culture and involves working across traditional professional boundaries (Scottish Government, 2010b). Integrated service provision aims to provide seamless, person-centred care that is based on a shared understanding of needs (Scottish Government, 2003).

Effective integration depends on achieving the right skill mix and that includes appropriately developed care workers who are capable of assessing needs and promoting client enablement, self-care and independence (Scottish Government, 2003; 2010b). Delegated responsibility and accountability within a newly created partnership requires clearly defined processes and an understanding of the purpose and associated challenges of integrated public service provision (Scottish Government, 2003). Greater autonomy in decision making in relation to care provision and resource allocation is normally regulated and there is a requirement for all social care workers to become registered with the Scottish Social Services Council (SSSC) by September 2015. Within the NHS induction standards and a code of conduct for support workers and a code of practice for employers have been developed (Scottish Government, 2009).

The public service degree aims to provide an academic pathway for the development of health and social care workers and administrators that will adequately prepare them for future roles within public service provision and also meet the requirements for employer registration. The programme must also address the needs of existing experienced support workers and care staff who would benefit from accessible RPL mechanisms, greater programme flexibility and academic support to facilitate transition. At present no other programme exists that...
specifically addresses the development needs of public service administrators. The public service degree will provide an opportunity for individuals to undertake a programme that enables them to understand the importance of an efficient administrative framework to support effective, integrated care provision.

Current educational provision to meet workforce development needs is perceived to lack 'consistency, recognition and transferability' and there is a need for educational provision that is 'flexible, accessible and quality assured' (Scottish Government, 2010a). Health and social care worker development is necessary to release professionals and to develop capability. However, there is a demand to meet diverse and varied needs of a broad range of individuals. The challenge is to provide different levels of preparation that will support individual career development and progression (NES/SSSC, 2009).

References

Key words:
• educational partnership
• articulation
• workforce development.

How this contributes to knowledge development in the Effective Partnership Working theme:
• partnership working involving employers and further and higher education providers
• constructing articulation routes that meet the needs of students and workforce demands
• designing education to support integrated health and social care provision.

T93
Developing a system for nursing and midwifery students to access and use electronic patient records on clinical placements: a partnership between education and service providers
Lesley Baillie, Reader in Healthcare; Sandra Chadwick, Senior Lecturer; Melanie Brooke-Read, Practice Educator (Midwifery); Robert Mann, Practice Educator (Mental Health); Anthony Garvin, Project Manager (NHS Projects), University of Bedfordshire, Aylesbury, UK

Abstract
Good record keeping is integral to nursing and midwifery practice and is essential for safe and effective care (Nursing and Midwifery Council (NMC), 2009). Pre-registration nursing and midwifery curricula must therefore prepare students for effective patient record-keeping practice and provide opportunities for students to develop their knowledge and skills in this area. Whilst United Kingdom (UK) healthcare organisations (NHS Trusts) continue to use paper-based record systems, electronic patient record systems are increasingly being implemented. The potential benefits to patients of electronic patient records include that they enable immediate access to relevant health information by multiple care providers (House of Commons Health Committee, 2007; Ross, 2009). Some writers also link electronic patient records with higher quality care (Pagliari et al., 2007; DeVeer and Fancke, 2010) although these benefits have yet to be confirmed. Under UK data protection legislation, staff access to electronic patient records must be rigorously controlled; this leads to potential problems for students as they are not NHS Trust employees. Consequently students at our university informally reported barriers to their access to, and use of, electronic patient records in NHS Trust clinical placements.

This paper reports on a project which used a partnership approach to develop an effective strategy for facilitating pre-registration nursing and midwifery students’ access to, and use of, electronic patient records on clinical placements. The project steering group included university lecturers, NHS Trust education leads and student nurses and midwives. A literature review indicated that minimal attention has been given to healthcare students’ access to electronic patient records. The project team conducted a questionnaire survey of 350 student nurses’ and midwives’ experiences of patient record keeping in placements which confirmed that students’ experience with electronic patient records was variable. Less than half the nursing students had been able to access and use...
electronic patient records on placements; examples of barriers were that access was not allowed by the organisation and/or local staff and that the students lacked training in the specific systems used. Midwifery students were more likely to have access to electronic patient records but encountered similar difficulties in practice. Data from four focus groups with adult nursing, mental health, children’s nursing and midwifery students, enabled further exploration of issues affecting access and use of electronic patient systems.

The presentation will explain how the project steering group worked with partner NHS organisations and university administration systems to develop a strategy for all nursing and midwifery students to access and use electronic patient record systems. The strategy established clear governance procedures for both the university and NHS Trusts and included planning how training in specific systems would be delivered to students, a method for registering students and activating their access to the system and an effective communication method to ensure immediate withdrawal of access to the system, should the university suspend or withdraw the student from the course. Thus the strategy has been developed to link with other university procedures such as the ‘Fitness to Practise’ procedure. The strategy was piloted in partnership with one NHS Trust but the project team aimed that the systems developed could be implemented across all the NHS Trusts who provide student placements.

The project has implications for healthcare education as new healthcare initiatives are regularly implemented and will affect the practice placement experiences of students. It is therefore essential that universities work in partnership with NHS Trusts to ensure that healthcare students benefit from exposure to, and involvement in, new developments.

References


Key words:
• nursing and midwifery students
• partnership
• clinical placements
• electronic patient records
• healthcare organisations.

How this contributes to knowledge development in the Effective Partnership Working theme:
• providing a current and relevant example of why effective partnership working is essential to ensure healthcare students have access to the full range of learning opportunities
• providing a positive example of effective partnership working between a university and partner NHS Trusts to develop a collaborative strategy
• examining the importance of developing systems which can be applied across organisations when working in partnership.
students to help them develop the necessary career planning and management skills to compete successfully in the job market.

A gap was noted in this regard within the final module of a pre-registration adult nursing programme. Student feedback had indicated a lack of provision of careers development and management information, most notably with regard to the interview process and initial career development. This was seen as particularly crucial to the students as most were in the process of applying for jobs. Subsequently, the careers development aspect of the module was enhanced through provision of additional sessions to enable better understanding of the application and interview process, and to develop the skills required for a successful outcome. This development aligned to the previously stated political drivers, and also to the quality assurance policies pertaining to enhancement and employability of the university, the Quality Assurance Agency (QAA, 2006) and Nursing and Midwifery Council (NMC, 2008).

The aim of this development was:

- to enable students to develop understanding of the processes and skills required for career development.

With the objectives being:

- to enhance existing modular content regarding career progression
- to collaborate with representatives of the university careers service to plan the content and delivery of these sessions
- to seek participation from clinical colleagues and previous students in these sessions
- to co-ordinate and facilitate appropriate learning and teaching strategies.

This development required the integration of several educational theories to provide it with the underpinning of an evidence base, and to inform a framework to build the constituent parts upon. Each aspect of the enhancement was interrelated and required partnership working between academic, clinical and careers service staff.

As part of this modular enhancement, innovative teaching strategies involving small groups were created to overcome the many resourcing and group size problems, underpinned by the theories of Kolb (1976), Knowles (1990) and by Biggs Constructive Alignment (Biggs, 1996). To embrace all desired aspects of the careers application and interview process, the class was divided into two, with one half undertaking directed activities concerned with applications and an overview of interview technique whilst the other participated in a simulated interview scenario, the ‘Dragon’s Den’. Here students worked in small groups of 4 – 5 to ‘bid’ for a job in front of a panel of 4 ‘Dragons’ (academic, career service and clinical staff) and an audience of their class peers. Each small group used a different current job application pack to base their pitch to the ‘Dragons’ on. After all the groups had been ‘interviewed’, the whole student group voted for their winner and the ‘Dragons’ gave verbal and written feedback to each group.

Implementation of this strategy facilitated the development of skills among students in relation to their future career progression, enhancing their transition into the world of work. Wenger (1998) notes the motivational effect of collaborative participation in his work on communities of practice, whereby a group of people with a shared interest work together towards a joint aim. Toohey (1999) agrees, adding that giving students an opportunity to experience and practise skills essential for their future career in a role-play setting will only benefit essential skill development. Small group working also develops some of the key skills of employability (Fry et al., 2003) and promotes a deep approach to learning (Ramsden, 2003; Biggs and Tang, 2007). Student and evaluations, both verbal and written, were very positive at the conclusion of this session. Notably this positivity was significantly increased after exposure to an actual interview situation, with many students stating that this session had been of great benefit to them. However, further research is needed to validate the effectiveness of this innovative teaching strategy, both on the educational experience and on collegiate collaboration.

All staff involved were also very positive in their evaluation of the session itself and of its collaborative focus. It was noted that multi-disciplinary collaboration and intercollegiate working benefited the personal and professional development of all involved as they endeavoured to enhance student employability. This finding is reflected in educational research which notes that in addition to providing a wider resource for students, an increased motivation for further collaboration and intercollegiate working informs the personal and professional development of staff (Baume and Kahn, 2004; Entwistle and Hounsell, 2005).

References


Key words:
• partnership working
• enhancement
• innovative learning
• teaching strategy.

How this contributes to knowledge development in the Effective Partnership Working theme:
• employability strategies need to reflect the needs of both employers and students
• an innovative approach to knowledge and skill development
• the benefits of intercollegiate partnership working for both staff and students.

Educating student nurses for patient safety

Rick Fisher, Senior Lecturer, Bournemouth University; Juliet Borwell, Practice Education Facilitator, Salisbury NHS Foundation Trust; Emma Hoyle, Infection Control Matron, Dorchester Hospital NHS Foundation Trust, UK

Introduction

Effective partnership working is the keystone of educating nurses at pre-registration level in the United Kingdom. It demands a high level of partnership working on behalf of educators and healthcare providers if it is to be successful (Glenn, 2000; Keogh et. al., 2010). Partnership working between agencies is a significant feature of the working relationships that exist in this university. The university has maintained successful partnerships with local NHS providers for a number of years. Members from the school of health and social care work closely with partners from the local NHS in order to design and deliver programmes that will meet the national requirements of the Nursing and Midwifery Council and yet have a real resonance with the local practice situation. Clearly it is not possible to recount every aspect of along term collaboration in a short paper but the focus of this account is the partnership working that led to the development of a unit of education delivered to second year pre-registration students of Adult Nursing. This unit deals with the important issues surrounding patient safety and its
development builds on those existing partnerships in an attempt to produce an educational experience that has enhanced meaning for students practicing within the local area.

What we did
Patient safety is clearly a fundamental concern for all involved in the education of nurses to become registered practitioners. Although such a concern is core to nursing, the topic itself could be considered to be very ‘dry’. A challenge therefore was to produce an educational experience that both stimulated and challenged students’ thinking about this subject. Much has been written about recent events where patient safety has been put at risk (Francis, 2010; Marsden and Mechen, 2008). These in the main related to a national situation that was geographically remote from the area in which the authors practice. The challenge for the team preparing this educational experience was to ensure that national issues and strategies would be translated into material that would offer a local flavour for those students engaged in the unit. To this end, existing partnership networks were explored in order to identify practitioners who had a particular interest in or responsibility for patient safety and education within the local primary care trusts.

How we did it
The authors, two senior NHS managers and an educator recount their experiences during the preparation, delivery and evaluation of the unit. They also explore reflectively their individual and collective impact upon the processes of design, delivery and evaluation. The University serves a large geographical area and has large intakes. This means that educational experiences have to be delivered to more than one group from each cohort in a number of locations. An additional challenge, therefore, was to ensure that delivery of the content was undertaken in a timely and economical manner, yet at the same time offered parity of learning experience for all student in all locations. Partners worked collaboratively using a variety of methods. At an initial face-to-face meeting discussions were held to decide on the roles that various actors would be willing to undertake. These meetings were augmented by close contact using email and telephone.

It was decided that the most effective and expedient methods to deliver the unit would be by the guided use of podcasts and vodcasts, to minimise the difficulties of location and repetition mentioned above. Using locally based anonymised scenarios, material would be delivered in lecture and seminar format. Students would work in groups to produce wiki-based presentations that demonstrated their understanding of safety issues and would explain how they would relate these to their real-world experience of practice. The unit assessment used a group wiki-based online group activity presentation following a model suggested by Judd et al. (2010).

The unit leader took responsibility to engage individuals to produce materials in order to deliver key lectures and seminars.

What we found
Using the unit leader as the conduit for all communication enabled efficient planning and delivery to take place. The benefit of early planning, especially the opportunity for face-to-face meetings, enhanced the process. However, individual work load demand on both educators and practice based personnel sometimes delayed the processes. In all, we consider that our partnership has developed well and continues to flourish.

References

Key words:
• partnership
• collaboration
• locality
• blended learning.

How this contributes to knowledge development in the Effective Partnership Working theme:
• the opportunity to gain (further) insight into the development of partnerships working
• methods of consultation to ensure that national strategy demands are adapted to meet local needs
• the opportunity to explore the economic yet innovative use of electronic resources for blended teaching and learning.
The ripple effect: working in partnership to update mentors in practice

Caroline Hudson, Mentorship Co-ordinator; Linnette King, Principal Lecturer; Patricia Rigby, Practice Education Facilitator, University of Brighton, UK

Introduction
This paper demonstrates how greater partnership working between health service providers and an approved education institution enhances the quality of mentor update sessions for nurses and midwives (NMC, 2009). It briefly outlines contextual issues in mentorship, since the Nursing and Midwifery Council republished its standards (NMC, 2008). Specifically this is an evaluation of a local facilitators’ workshop targeted at agreed practice partners to disseminate good practice in the delivery of mentor updates. In preparation for the workshop a three-round Delphi technique (Broomfield and Humphris, 2001) was used by the authors to illuminate challenging issues for practice education facilitators who deliver mentor updates out in practice. This resulted in identification of five themes. A selection of the themes was explored by producing a filmed simulation of a mentor update for the workshop. Analysis of the workshop feedback using Kirkpatrick’s (2006) evaluative tool revealed its potential for developing facilitators’ skills and impact on practice. Additionally, this paper will consider how this initiative has built relationships and the challenge of maintaining communication within this emerging ‘community of practice’ (Wenger, 1998). This partnership alliance is fundamental to maintain the required standard for mentor updates by promoting knowledge exchange through a ‘ripple effect’ process that provides a communication forum for quality assurance.

Aim
To explore a partnership approach that would provide quality assurance of mentor updates with the potential for enhancement.

Background
The shift of responsibility from approved education institution to practice partners has called for a ‘recoupling’ (O’Driscoll, 2010) of education institution and health service organisations to ensure that the Nursing and Midwifery Council standards could be met. Mentors are increasingly the main ‘arbiters’ of practice assessment (West, 2007). Andrews et al. (2010) has suggested that reliance on the sign-off mentor to judge learners overall attainment of proficiency may reduce the rigour of mentor assessment throughout the curriculum programme. Concern has also been raised that target driven performance on mentor training and updates may lead to a lack of mentor motivation (Jones, 2005).

Historically, mentor updates were provided by education institution staff but had been poorly attended from which the origins of this partnership approach arose in 2007. Wenger’s (1998) ‘community of practice’ supports the notion that the people within the community, who use knowledge in their practice are in the best position to deliver mentor updates; thus with the regulatory body supporting service providers involvement, a joint enterprise was proposed.

Method
From the three-round Delphi Technique (Broomfield and Humphris, 2001) seven out of eight practice education facilitators responded on the following aspects: benefits, challenges and preparation needs of practice partners in delivering mentor updates. The high response rate demonstrated the motivation of these practice education facilitators to share their experience and work in partnership. The five key challenges reported were then shared with the wider community at the facilitator workshop using a filmed simulation of a mentor update.

The practice education facilitators identified quality enhancement and greater partnership working within the key benefits of their contribution to delivering mentor updates. Conversely these facilitators had felt ‘ganged up upon’ at times whilst delivering updates and found resistance from the mentors towards an all degree profession and in the requirements to demonstrate their ongoing achievement.

The simulation was purposefully unscripted, using the themes as triggers only, with an intention of role modelling practice. The film was then viewed by the workshop attendees to gain a consensus on practice issues, and notes were taken of the follow up discussion. Kirkpatrick’s Evaluative tool (2006) was used to capture a meaningful evaluation of learning from the workshop on five levels: ‘reaction, learning, behaviour, results and return on business.’

Conclusion
The Delphi technique (Broomfield and Humphris, 2001) was found to be successful in eliciting real issues from practice. Positive evaluations would suggest that legitimate peripheral participation (Lave and Wenger, 1991) occurred at the facilitator workshop, promoting knowledge exchange within the community of practice. The mentorship team witnessed discourse in the discussion around ‘failing to fail’ (Duffy, 2003) following the short film which is accepted as a healthy element within a community of practice (Wenger, 1998).

Testimonies from individual participants support this simulation approach as appropriate to enhance ‘self discovery’ in learning (Hawkins et al., 2008) and to develop ‘capability’ (Eraut, 1994). The facilitator workshop
revealed that high levels of emotional intelligence are required of facilitators, to engage mentors to disclose 'challenging' practice issues. The short film allows repeated exposure to the role modelling of good facilitation skills (Donaldson and Carter, 2005).

This partnership approach overall has achieved increased numbers of updated mentors and importantly has built relationships through joint working. Work is ongoing to create a system of communication maintenance (Wenger, 1998), for example, through a website interface. Further investment in developing resilience in mentors remains a key area of future work.

References


Key words:
• evaluation and audit
• quality enhancement
• developing facilitator skills
• building partnership relationships
• communication maintenance.

How this contributes to knowledge development in the Effective Partnership Working theme:
• use of simulation to enhance mentor update facilitation skills
• exploring opportunities for creative development of mentor updates through partnership working
• qualitative assurance through a cycle of workshop evaluation feedback and response.
Effective Partnership
Working 2

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
The development and evaluation of a clinical competence toolkit for nurses and midwives: a collaborative approach between clinical practice and academia

Mary Nevin, Research Assistant; Agnes Higgins; Cecil Begley; Fiona Timmins, Senior Lecturer; Ian McGonagle, Trinity College, Dublin, Ireland

The need for nurses and midwives to maintain and develop their competence on an ongoing basis is echoed throughout the literature. For the most part this requirement is facilitated through the encouragement of continuous professional development, which is mandatory in some countries and not others. The drive for ongoing competence determination and development is necessary to ensure good quality care, patient safety and improved healthcare outcomes. To assist nurses and midwives to maintain ongoing competency, this project aimed to develop and evaluate a resource toolkit to provide guidance and support to service managers, nurse and midwife managers and nurses and midwives in the determination and attainment of clinical competencies. The research project was a collaborative endeavour between an institution of higher education and service providers in the Republic of Ireland. The toolkit was developed by nurses and midwives working in clinical practice and an institution of higher education. The clinical nurses and midwives involved in the development ranged from Directors of Nursing/midwifery to staff nurse/midwife grade. Following development, the relevance, utility and applicability of the toolkit was evaluated using a mixed-method approach (questionnaire and focus group interviews) in 16 clinical sites around the country. Ethical approval to conduct the evaluation was granted from the Faculty of Health Sciences Ethics Committee and the local research ethics committees for the services involved. A purposive sample of 455 registered nurses or midwives, to ensure representation of discipline, profession, grade and area of practice, were recruited to participate in the survey aspect of the pilot. In total 208 questionnaires were returned representing 46% of the total number distributed. 45 people also participated in six focus group interviews.

The findings from the evaluation suggest that the majority of the participants were familiar with some concepts associated with competency; however, a substantial minority were unfamiliar with using competencies as a basis for service development planning or had never completed a self assessment of their own competence. Participants welcomed the introduction of a toolkit that simplified the process of competency determination and assessment and demystified some of the language. Participants were strongly in agreement that reading the toolkit and participating in the activities increased their knowledge and motivation towards competence assessment and development. They were of the view that the toolkit provided them with an accessible step by step resource to support competency determination and assessment at service, team and individual level. Many people commented favourably on the examples and case studies, especially examples that related to their own speciality or area of practice. Following the pilot phase and feedback recommendations, a number of modifications were made to the toolkit.

The model of collaboration between academia and clinical collaboration used in this research project was found to be very effective in achieving a high level of participation from clinical sites and in achieving the objective in a timely manner. This presentation will focus on the collaborative process used to develop and evaluate the toolkit. In addition to presenting the findings of the evaluation it will explore the experiences, process used, challenges encountered and lessons learned for the collaborative approach between practice and academia.

Key words:
• collaboration
• clinical practice
• institution of higher education
• partnership
• research practice development initiative.

How this contributes to knowledge development in the Effective Partnership Working theme:
• there is little literature relating to the development of competency toolkits to meet service, team and individual nurse or midwife competency needs
• this research project provides an example of a collaborative process, between practice and academia, to develop and evaluate a toolkit to assist nurses and midwives, at all grades, in the determination and attainment of clinical competencies
• the lessons learned and recommendations for future collaborative initiatives will be identified.
CLOSING THE GAP: A PARTNERSHIP APPROACH TO COMMUNITY CARE EDUCATION FOR LONG-TERM CONDITIONS

STEVE TEE, ASSOCIATE DIRECTOR OF EDUCATION; EMMA BÖCKLE, PROJECT LEAD, MODERNISING EDUCATION AND PRACTICE IN LONG TERM CONDITIONS, UNIVERSITY OF SOUTHAMPTON, UK

AIM
To examine the benefit and outcomes of a partnership approach to a knowledge-exchange process within a community of practice, for developing learning resources for pre- and post-registration learners aimed at improving the care outcomes of patients with long-term conditions.

BACKGROUND
National policy drivers targeting services for patients with long term conditions (DH, 2009; Lepper, 2007) have led to a rapid transformation of service design and delivery. The focus on reducing hospital admissions and caring for patients closer to home, place new demands on the academic and practice workforce. This has resulted in an emergent knowledge and skills gap between new service expectations and the readiness of academic and clinical practitioners.

It was recognised that a new approach to workforce development was needed in order to close the emerging gap. A tripartite partnership between a university, service provider and commissioner initiated a two-year joint-funded project with the aim of promoting knowledge-exchange between academic and practice staff. The process of knowledge-exchange is derived from the fields of organisational development and organisational learning. It is an essential element within a ‘community of practice’ that Wenger (1998) described, simply, as a group of people, coming together, who share a common interest. In the context of delivering care for people with long-term conditions, knowledge exchange involved collaborative problem-solving, between academic and practice staff, to address shared organisational needs. The primary purpose of the project was to address local and national workforce hotspots, namely the shift of services from secondary to primary care and achieving service improvements.

METHOD
Academic staff, under the mentorship of community matrons, spent a year of clinical time working alongside and networking across a range of health and social care services caring for patients with long-term conditions. The objectives of this activity were for academic staff to develop their knowledge and skills with a particular emphasis on achieving contextual awareness of the needs of patients with long-term conditions within modern community services. In doing so academic and practice staff collaboratively identified gaps in the knowledge and skills of the academic and practice workforce and designed appropriate learning resources. In parallel with this process an evaluation framework was established consisting of joint focus groups, involving academic and practice staff, and a quarterly partnership reporting process capturing the key outcomes of the project.

FINDINGS
The knowledge exchange process, within a community of practice, is a useful approach for capturing competency and knowledge deficits that can be translated into a series of innovative learning resources to meet a range of workforce development needs. Outcomes of the project include new practice learning opportunities within the all-graduate nursing curriculum as well as a range of CPD activity targeted at advancing community nursing, the care of children and end of life care. Academic staff found the opportunity to work alongside practice colleagues enlightening, challenging and rewarding, which has led to a shift in the culture towards greater partnership working and increased responsiveness to workforce needs.

CONCLUSION
The project has demonstrated how, with targeted investment and leadership, the combined outcomes of an effective partnership can be greater than the sum of its parts leading to creative solutions to complex problems. Responding to seismic shifts in service design requires a level of responsiveness that tests the agility of traditional academic and practice partnerships. Only through open dialogue and flexibility will academic teams maintain a credible contribution to the future workforce needs of practice.

REFERENCES
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KEY WORDS:
- knowledge-exchange
- collaboration
Abstracts: Theme Papers, Symposia and Posters

• workforce
• long-term conditions
• community.

How this contributes to knowledge development in the Effective Partnership Working theme:
• the benefits of structured knowledge exchange as a method for securing knowledge and skills transfer across the academic and practice interface
• how agile and flexible academic and practice partnerships are required to respond to service re-design
• how partnership working across organisational boundaries requires effective planning and management in order to achieve real collaboration.

T99

General practice nurse training needs analysis within a cardiovascular context

David Cochrane, Lecturer in Post-registration Nursing; Marty Wright, Senior Lecturer, Glasgow Caledonian University, UK

Introduction
As heart disease, cardiovascular disease (CVD) and risk factors for developing heart disease are often first identified through a visit to the General Practitioner (GP) surgery, either by a GP or a practice nurse (PN), it is widely acknowledged that PNs and GPs will have a pivotal role to play in the management of cardiac and vascular conditions (Cox, 2002; While, 2002). Preparation for the role and ongoing professional development is crucial for effective clinical care, however, it has been suggested that PNs particularly have been afforded very little preparation (Baird, 2002; Latter et al., 2004).

The British Heart Foundation (BHF) commissioned Glasgow Caledonian University (GCU) to explore issues around education/training of general practice nurses working within the United Kingdom (UK) context.

Key stakeholders (educationalists and strategic/clinical managers) require an understanding of the context in which these practice nurses work, their professional development issues, the barriers and the facilitators which will ultimately impact on the quality, efficiency and financial effectiveness of the care they deliver.

Methods
An online survey by questionnaire and follow up telephone interviews were used to explore educational needs and seek explanations for the quantitative data obtained. The needs assessment tool was informed and underpinned by the 'Skills for Health' (2005) Competency Framework for Coronary Heart Disease and the General Medical Services Contract (GMS) – Quality and Outcomes Framework (QOF) (DH, 2004).

Sample
Information was collected from a convenience survey sample, or representative subset, of the PN population working in the United Kingdom.

Findings
The study identified a definitive need for CVD education within the general practice setting. These can be broadly described as arising from:
• a personal awareness of knowledge deficits in the context of a growing evidence base in increasingly complex cardiac care situations
• diversity of health needs
• challenges of co-morbidity and scope of contemporary developments leading practitioners to acknowledge increased expectations for higher order knowledge and skill levels placed on them.

Expectation of a greater knowledge and skills base comes from a variety of sources; from the practitioners themselves, from patients, and from employers. Practitioners are being expected to demonstrate an increased awareness of governance and professional accountability and acknowledged their personal limitations in an era of role expansion. There are also challenges and tensions emerging between developing a depth of specialism at the expense of a broader understanding and skills base. It was highlighted by the participants that diabetes and respiratory specialism can be more easily contextualised where CVD specialism is more difficult to define. This may be due to the fact that it encompasses many accompanying health related activities such as smoking cessation, cholesterol management and weight and lifestyle management.

Furthermore we must acknowledge the resultant complexity of the patient journey and the impact this may have on educational need. Patients are living longer; having heart transplants and innovative interventions whilst more and more are requiring palliative and end of life care. Practitioners will no doubt find the growing body of interventions to support care decisions challenging to keep up to date with. Despite the rapid changes taking
place within the management of CVD participants assert that they continue to enjoy their role, are positively challenged by its diverse nature and show no reluctance to personally and professionally evolve with the role.

The apparent increase in diversity of the cardiac condition and co-morbidity particularly diabetes and respiratory conditions, adds to the enormity of the knowledge base staff are expected to be aware of. However it has been suggested that CVD development is ‘lagging behind’ other long term conditions. This was highlighted particularly well in a telephone interview where one respondent commented:

‘...respiratory and diabetes specialisation predominates…’

The sense is of an almost overwhelming breadth of diverse situations and depth of complex needs for practitioners to master in order to care for patients effectively.

It was re-assuring that the themes suggested for future education provision topics reflected the range of competencies identified by the ‘Skills for Health’ framework and related to providing holistic patient centred care.

Key messages
• Historically, education preparation for PNs has been problematic with majority following an ad-hoc pathway,=
• Constraints impeding access to education e.g. part-time working, lack of funding, time and support,=
• NMC anticipated education would mirror ‘Specialist Practitioner Qualification (SPQ)’, Practice Nurses have not engaged in this level of preparation,=
• The SPQ requirement that education should be 50% practice has been difficult to achieve due to constraints (part-time working, lack of funding, time and support),=
• There is role ambiguity due to the dynamic nature of general practice,=
• The PN role appears to act as an ‘absorbing mechanism’ for the GP contract, where their role is governed by their GP’s targets and therefore priorities,=
• Tensions with other nursing roles e.g. community nurses, health visitors, public health nurses, specialist nurse (diabetes, respiratory) still exist.

The focus of the theme presentation will be on strategies for taking forward the findings of this study.

References

Key words:
• British Heart Foundation Partnership
• practice nurse
• educational needs
• cardiovascular disease.

How this contributes to knowledge development in the Effective Partnership Working theme:
• stakeholder (BHF) commissioned research
• practice nurse professional development needs
• engage practitioners in role development.
Enhancing the quality of learning in practice: a strategic partnership approach

Graham Congdon, Associate Dean; Tracey Baker, Senior Lecturer, Edge Hill University; Amanda Cheesman, Head of Professional Practice, Wigan and Leigh NHS Foundation Trust, UK

Introduction
This practice development project was undertaken in partnership by University and Hospital Trust staff within a large UK NHS Hospital Trust in the North of England. The aim of the project was to introduce the role of learning environment manager with dedicated responsibility for learning in practice within 49 practice learning settings. Whilst aspects of this role were already evident in several practice learning settings within the Trust, this project sought to locate and standardise responsibilities related to the organisation and management of learning and assessment in practice explicitly within the existing staffing structure of each practice learning setting.

Background
The provision of high quality practice learning experiences for students remains a significant challenge for the providers of professional education programmes (Warne et al., 2010; Pollard et al., 2007; Hall, 2006; Williamson, 2004; Field, 2004; Moseley et al., 2004). Brennan and Hutt (2001) argue that the value of practice teaching needs to be re-established advocating that nurses in practice need to regain responsibility for practice learning and embed education within staffing infrastructures. Building upon the work of Brennan and Hutt (2001) this project aimed to locate and standardise responsibilities related to the organisation and management of practice learning across a large UK NHS Hospital Trust through the introduction of the role of the learning environment manager within the existing staffing structure of each practice learning setting.

Methodology
The introduction of the learning environment manager role within the Hospital Trust was designed as a process project over a period of 18 months. The role was developed in 49 practice learning settings across the Trust. Whilst the role did not attract financial reward, each learning environment manager was allocated three hours dedicated time each week.

Methods
Focus group interviews were used to explore key aspects of the learning environment manager project with key stakeholders groups comprising learning environment managers, clinical educators, ward managers, modern matrons, mentors, link lecturers and student nurses. Interview data were analysed using thematic content analysis (Strauss and Corbin, 1998).

Ethical considerations
The project was formally approved by the NHS Hospital Trust Research Ethics Committee and the associated University Ethics Committee.

Findings
The findings of the study are presented within three inter-related themes: managing mentors, managing the student experience, and monitoring and enhancing the quality of learning in practice.

Managing mentors
A significant function of the learning environment managers was to manage key processes surrounding the role of mentors within discrete practice learning settings. This involved several tasks traditionally undertaken by clinical educators including the allocation of students to appropriate mentors and ensuring equity of mentor workloads. The learning environment manager role also provided a convenient point of reference for mentors that was pivotal in the support of mentors on a day-to-day basis. This transfer of responsibility for the management of mentors to the individual practice learning setting enabled the clinical educators to adopt a more strategic approach to their role.

Managing the student experience
Learning environment managers played a key role in the management of the student experience within the practice learning setting. In essence, the learning environment managers became the central reference point for student learning related issues in each setting. Collectively, learning environment managers sought to develop common practice learning related processes for students. A major initiative particularly welcomed by students was the introduction of formal fortnightly meetings between learning environment managers and students which ensured that student issues were dealt with at an early stage.

Monitoring and enhancing the quality of learning in practice
Learning environment managers played a pivotal role in practice learning related quality monitoring and enhancement processes. This involved ensuring that action plans in relation to educational audit, student evaluations and mentor evaluations were developed and acted upon promptly.
Conclusion
This project undertaken in partnership between University and Hospital Trust staff represents a bold and innovative strategy to enhance the quality of learning in practice settings. The findings suggest that the learning environment manager role affords providers of practice learning with a robust approach to establish organisation-wide benchmarks that standardise the organisation and strategic management of practice learning. The learning environment manager role was found to provide mentors with high levels of support that promoted consistent, positive and holistic practice learning experiences for student nurses across the Hospital Trust. The transfer of routine and labour intensive work to learning environment managers enables clinical educators to adopt a more strategic approach to the organisation and management of practice learning. Most importantly, the devolvement of accountability for the quality of practice learning to the individual practice setting provides an opportunity for nurses to regain responsibility for practice learning and re-establish the value of practice teaching.

References
Moseley *et al.* (2004)

Key words:
- practice learning
- partnership working
- learning environment manager
- mentorship
- student experience in practice.

How work contributes to knowledge development in the Effective Partnership Working theme:
- Details a clear and concise overview of an innovative partnership strategy that enhances the quality of learning in practice and provides an opportunity for nurses to regain responsibility for practice learning and re-establish the value of practice teaching.
- Provides guidelines how to establish organisation-wide benchmarks that standardise the organisation and strategic management of practice learning.
- Describes a partnership approach that provides mentors with high levels of support that promote consistent, positive and holistic practice learning experiences for students.

**T101**

**Designing and validating the band 4 assistant practitioner role**

Chloe Griggs, Pathway Director Foundation Degree; Claire Thurgate, Programme Director Foundation Degree, Canterbury Christ Church University, UK

The aim of this paper is to share the experiences of a partnership between a local higher education institute and an Acute Hospitals Trust in the South East of England to develop the band 4 assistant practitioner role. The assistant director of nursing (workforce, education and training) had identified the need to design the band 4 role in areas where there were predictable pathways of care with clear role boundaries so that patient and public protection can be managed (Macleod Clark, 2007, cited in RCN 2009). Consequently, job descriptions were designed which outlined the necessary competencies.
The Trust identified that the use of the band 4 assistant practitioner role to support the registered nurse would enhance patient care in the presence of more diverse care needs and demands. To facilitate the required knowledge, skills and understanding linked to these new roles and National Occupational Standards (NOS), it was clear that a foundation degree was the vehicle of choice.

This required a partnership where the employer was seen as the ‘expert’ in establishing new practice and curriculum requirements and the University had expertise to award academic credit for learning in the workplace. This ensured that the needs of both parties were met; the Trust had a workforce fit for practice and the University developed diversity of provision.

The resultant validated foundation degree in health and social care offered to healthcare assistants by the Trust included 50% of modules with content relevant to all. The other 50% is focused to the individual role as defined by the job description and largely delivered through experiential learning supported by a mentor in the workplace. This design ensured that assistant practitioners built their competence to safely deliver care with a specific focus, thus meeting the needs of a locally identified patient care group. The partnership has enabled the successful completion of a foundation degree and implementation of band 4 roles in a range of clinical areas including outpatients, theatres and oncology.

This partnership has many benefits including a bespoke programme to meet local workforce needs, improved confidence of the assistant practitioner and the opportunity for higher education institutes to provide innovative approaches to learning, teaching and assessment. However, the learning from this partnership has highlighted the need for effective workplace support for both mentors and students and the need for managers ‘buy-in’.

**Workplace Support**

Colthart *et al.* (2010) found that registered nurses often accepted the role of mentoring foundation degree students but later reported to have seriously underestimated the time needed to fulfil the role. Wareing (2008) suggests this could be due to the preparation time needed for performance and not practice as many foundation degree students are already well immersed in clinical practice. Time restraints could have a significant impact on mentor and mentee according to Nettleton and Bray (2008) who suggest that lack of time has a direct correlation to quality of mentorship.

The traditional methods and models of mentorship currently used within healthcare may be insufficient to meet the needs of foundation degree students (Wareing, 2008). Nettleton and Bray (2008) advocate mentors must have a good understanding of the learners needs and the programme of study, however, Colthart *et al.* (2010) found that mentors did not have an adequate appreciation of the theoretical context and content of foundation degree teaching. This is unsurprising as traditional registered nurse mentorship training has historically centred around undergraduate nursing student and Nursing and Midwifery Council (NMC) requirements. With increasing numbers of healthcare assistants undertaking foundation degrees it is important to question if current mentorship practices are meeting the needs of this unique student group. The foundation degree is gaining momentum and the time that is required to support these work-based learners requires serious attention.

**Manager’s role**

Manager’s commitment and partnership working with the higher education institute is vital to its success, they need the vision and support to identify how an assistant practitioner will fit into the clinical team skill mix; they must develop clear job descriptions which identify competency required and assessment of competency needs to form an integral component of a training programme. The focus of the educational programme is work-based learning and managers must consider how they will support their employees.

**Assistant practitioner in practice**

Findings from the first cohort of assistant practitioner s found a need to *develop their competence* for their roles, but employers and prospective assistant practitioner s may still need to know the graduation/difference in competence between band 4/band 5 for particular functions in the clinical teams. Some trained staff were resistant to the new role in clinic areas where they felt their jobs were vulnerable. Other registered nurses did not initially understand the assistant practitioner competences and one or two assistant practitioner s gave themselves license to practice in relation to their own interpretation of their function. This demands better clarification of role through a competency framework and good job descriptions linked to their foundation degree.

**References**


Skills for Health (2009) *Core Standards for Assistant Practitioners*. Bristol: Skills for Health

**Key words:**
- foundation degree
- assistant practitioner
- work-based learning
- new ways of working.

**How work contributes to knowledge development in the Effective Partnership Working theme:**
- enhanced knowledge of the contemporary challenges associated with workplace support
- new ways of working – the manager as “expert” in developing their workforce to meet local need
- AP’s in practice require a clear competency framework to clarify band demarcation.
E-Learning, Including Blended Learning

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
T102

Using authentic assessment as a driver for higher order cognitive skills using web 2.0 education pedagogy

David Gillham, Senior Lecturer; Carol Grech, Associate Head of School, University of South Australia, Adelaide, Australia; Lesley-Jane Eales-Reynolds, Director of Teaching and Learning, University of Westminster, London, UK; Margaret Swincer, Manager, Research, WorkCover SA, Adelaide; Jacqueline Corneli, Project Officer, WRAP Project, University of Australia, Adelaide, Australia

Abstract

Healthcare educators face numerous challenges in the contemporary environment including technological change, information overload, limited time and resources, and the need to maintain clinical expertise and research knowledge across multiple specialty areas (Florance et al., 2002). While most educators are highly motivated and driven by the desire to enhance student learning, skilful use of technology and resources is needed to balance competing demands. This paper describes a unique approach to authentic assessment that addresses these contemporary education issues by using a student-centred approach precisely targeting the research-teaching-practice nexus. This approach called the Web Resource Appraisal Process (WRAP) has developed from the ground up. The initial concept was generated within the discipline of nursing at the University of South Australia (UniSA) and was only implemented effectively as a result of student input and enthusiasm. Use of the WRAP has now expanded across other health professions such as physiotherapy, occupational therapy and podiatry; it has been trialled in law and is now being further developed in the arts through an international collaboration. Prior to 2010, the WRAP received minor institutional support. Like many successful web 2.0 developments, it has a relatively simple conceptual basis and broad applications. The work has now reached the stage where its dissemination and uptake is rapidly expanding. While the WRAP, is different to most e-learning approaches, educators seem quick to recognise the value of this approach. Likewise the practice applications of the WRAP have been acknowledged. However, the WRAP is in early stages in terms of gaining recognition as a tool for research and publication.

The WRAP is a pedagogic approach that draws upon theoretical work from the areas of evidence based practice (Strauss et al., 2005) and authentic assessment, (Gulikers et al., 2005; Herrington et al., 2006). The unique aspect of the WRAP is the way in which teaching, critical appraisal and product or artefact development occurs simultaneously. The WRAP also draws upon the expertise of students and links this with high quality web based resources. Prototype software has been developed for the WRAP, providing a practical mechanism for dissemination of this pedagogic approach. Currently the WRAP is best described in its three adaptation versions. Version 1, while delivered online, is primarily a pedagogic process involving negotiating an authentic assessment task with students that has workplace relevance, directing students to Internet resources, guiding and facilitating critical appraisal and synthesis of resources and formulating a report with value and relevance to both academia and the workplace. Version 2 is advanced appraisal and synthesis software driven solely by the pedagogy of version 1, while version 3, only at the early prototype stage, has authoring capabilities able to further enhance the extent of student input.

While the WRAP has been used across health science disciplines for several years, a collaborative link was established in 2010 between the UniSA, Westminster University and Tate Gallery resulting in substantial funding to implement and investigate this pedagogic approach and software in the Arts and Health Science disciplines. The international aspect of the project has been further strengthened with input from the British Museum, John Hopkins University and the University of Wageningen. Concurrent to this development has been the implementation of a research uptake and dissemination project involving the WRAP’s application within a South Australian workers’ compensation authority.

While the WRAP has been developed through a series of small, and now large funding grants, this paper will focus on the overall WRAP development and grant program, drawing together a range of activities as the software and pedagogy is applied in different disciplines for varied purposes. This story of development will highlight the value of cooperation and collaboration amongst organisations and individuals, describing the importance of goodwill, student-centred learning and recognition of the human elements related to software development and implementation across international boundaries. Conversely, barriers to development will be highlighted along with limitations and failures. Positive longitudinal evaluation data will be presented in the context of limitations and initial implementation of a rigorous Delphi study.

The discussion will conclude with plans for broad dissemination and exploration of diverse applications. This will include dissemination website details and timelines for development of open source applications all incorporated within a detailed evaluation, modification, dissemination and update strategy.

References


T103

Working in partnership to develop innovative solutions to enhance patient safety: an evaluation of an embedded e-learning package

Angela Christiansen, Head of Adult Nursing, Edge Hill University, Ormskirk; Jenny Hurst, Assistant Director of Nursing for Patient Safety and Infection Prevention and Control; Mike Moore, Head of Learning Development, Aintree University Hospitals NHS Foundation Trust; Brian Smith, Head of Technology Enhanced Learning, Edge Hill University, Ormskirk, UK

While ensuring the safety of everyone who comes into contact with healthcare services is a key international priority (WHO, 2009) finding ways to maintain and enhance safety during times of diminishing resources is one of the most important challenges facing healthcare today. In meeting this challenge there is enormous potential for collaboration between Higher Education Institutions and Service Providers to co-design organisational strategies to promote system wide change and support safer care at all levels of service delivery (Milligan, 2007).

This paper reports on a collaborative partnership between Edge Hill University and University Hospitals Aintree NHS Foundation Trust, created to design a comprehensive organisational solution for enhanced patient safety. A key aim of the strategy was to develop educational initiatives to engender a patient safety culture and embed the key skills and practical knowledge to embed patient safety practice into the everyday roles of all staff.

The term ‘patient safety’ is widely used but can mean different things to different people. The National Patient Safety Foundation (2000) defines it as ‘the avoidance, prevention and amelioration of adverse outcomes or injuries stemming from the process of healthcare.’ This definition acknowledges that many factors can impact on the safety of patient when working within complex organisational systems such as healthcare. Indeed it is suggested that safety resides not in an individual or a devise but in how all the parts of the system interact (Reason, 2000). Improving safety therefore involves a focus on both individual and organisational issues and all staff whether patient facing or non-patient facing staff can play an active role in safety enhancement (Christiansen et al., 2010).

In light of this, the educational strategy developed was comprehensive in scope and aimed at improving the knowledge, understanding and performance of all staff. The strategy had four work streams including the development of a bespoke e-learning package consisting of five units of learning; the accreditation of patient safety related in house education and training; the development of patient safety modules within the University Postgraduate Portfolio and the use of work-based learning modules to support small ward based patient safety initiatives.

The e-learning package was developed to be accessed by all Trust staff and was aligned to the organisations online 360 degree appraisal software called COMPASS. The first unit of learning went live in January 2011 and introduced human factors in safety, systems thinking, learning from errors, reporting safety incidents and how to improve and enhance the safety of patients. All staff who undertook the initial e-learning unit completed an online evaluation. Findings from this initial evaluation identify how the learning was experienced and suggest ways in which it has impacted on knowledge, understanding and practice.

References


Key words
• authentic assessment
• web 2.0 pedagogy
• teaching-research-practice nexus
• curriculum innovation
• research dissemination.
T104

Education for all: living it!

Judith Ball, Senior Lecturer Edge Hill University, UK

The theme paper presentation will demonstrate the current and ongoing development within e-learning in the healthcare sector work place within the United Kingdom. The technology enhanced learning team within the Faculty of Health at Edge Hill University has over the past 18 months developed a portfolio of e-learning sessions. The new era of ‘Web 2.0’ technologies has been adopted to foster the building of online communities for sharing and standardising services across National Health Service trusts and the independent healthcare sector. The educational expertise of the University has enhanced the online learning environment by ensuring all the sessions are pedagogically aligned.

The faculty of health’s current online e-learning provision provides healthcare managers with a solution to address the challenge of staff training within the current economic climate. It is a flexible, adaptable way to ensure the staff within their organisations are kept up-to-date with national mandatory standards whilst maximise flexibility of training and significantly reducing on-costs to their parent organisations. The issue of costs on a national basis can be clearly demonstrated with the example of British Telecom who in 2002 delivered its e-business training to 23,000 employees over a three month period at a cost of £5.9m, in comparison to the £17.8 million and the previous five-year time span for classroom training.

There are a number of benefits for the commissioners and students alike. Online allows an increased flexibility for training large numbers of staff which would normally have been taken place during face-to face training settings. It provides a reliable, efficient and cost-effective solution to meeting the essential learning needs of healthcare professionals without the need to backfill or staff to take time away from their work, or even the need to organize trainers and training venues. The University of Manchester (2010) reports a number of benefits of eLearning for both its staff and students. Learning is self-paced and gives students a chance to speed up or slow down as necessary and online 24/7 accessibility on-demand access means learning can happen precisely when needed by the student. Travel time and associated costs such as the parking fees, increased fuel costs and ongoing vehicle maintenance are reduced.

For the students there are added benefits which include accessing their e-learning at any time, day or night which helps to encourage a balancing of family commitments and work related activities. The Joint Information Systems Committee (JISC, 2008) supports this in their assessment of e-learning stating how staff and students are physically and socially distributed and may wish to pace participation according to personal circumstances therefore flexibility in time and place is essential.

The range of mandatory training sessions on offer includes health and safety; to the more specific areas such as child protection. Specialized areas of theoretical mandatory training to compliment the competencies achieved in practice, have been developed in conjunction with regional cancer networks to produce online training for chemotherapy, clinical intravenous training and spirituality. Each evidence-based package is quality assured by experts in the field to provide standardized care. The sessions are designed to be easy and flexible to use. On successful completion of one of the sessions, an electronic certificate is automatically generated and issued to the user.

Current ongoing development work currently being undertaken with NHS Trusts within the global issue of Patient Safety and Service Improvement; sexual health awareness for adolescents and the standardisation of examinations head and neck trauma.

References


Key words:
• e-learning
• mandatory training
• flexibility
• cost effective
• online.

How this contributes to knowledge development in the E-Learning, including Blended Learning theme:
• online e-learning provision provides healthcare managers with a flexible solution to training and education
• a reliable, efficient and cost-effective solution to meeting the essential learning needs of healthcare professionals
• learning is self-paced and gives students a chance to speed up or slow down as necessary.

T105
Nurse educator and student nurse response to YouTube as a resource for teaching and learning

Andrew Clifton, Lecturer in Mental Health Nursing, Northumbria University, Newcastle-upon-Tyne; Claire Mann, PhD Candidate, Nottingham University, UK

Technology has revolutionized the delivery of nurse education in recent years. 21st century nurse educators have an array of technological tools at their disposal to engage and stimulate student nurse learning. Virtual reality, patient simulation, podcasts, blogs, wikis, iTunes, computer assisted learning and user generated content (such as YouTube) are some of the more popular innovations used to stimulate and engage the contemporary student (Clifton and Mann, 2010). These technological developments are, in part, a response to meeting the needs of the netgen (net generation). The current funding changes (Brown, 2010) have led to a power change in the higher education dynamic and moved the model to that of student-as-consumer. This shift in power dynamic adds weight to educational research suggesting that engaging students in the development of their learning can improve pedagogic practice and therefore the student experience (Kay et al., 2007). The Student Voice project funded by the Higher Education Academy defines their work as ‘using the student voice to enhance professional development in learning, teaching and assessment within higher education’ (Campbell, 2007). There are many examples of student voice projects in nurse education practice from a broad level such as in developing curriculum (Thornton, 2010) to a more localised approach to improving tutorials (Callara, 2008). Verrill and Worden (2006) suggest that ‘the student voice is the motor which drives reflective staff development’.

This research paper is an attempt to bridge the technological gap between student nurses and nurse educators by reporting on the development of an online learning resource which has the potential to benefit both students and educators. This research measures reactions of nursing students and nurse educators to training in the use of YouTube as a resource for teaching and learning. It builds upon previous work which evaluated the benefits of YouTube for educating student nurses (Clifton and Mann, 2010). The dissemination of the findings from the original project involved the delivery of a series of workshops to both students and nurse educators, supported by a web based toolkit. This paper focuses on the findings from pre-session and post-session surveys and in-session participant observations. The findings of the study show some interesting similarities and differences between student and teacher approaches to learning which have implications for future teaching.

The research finds that most student nurse participants exhibited traits of digital nativity (Prensky, 2007) with many utilising YouTube as a resource for recreation, although a high proportion of these had not considered its potential as a learning resource prior to the workshops. Post-session evaluations revealed many students were excited by the prospect of accessing alternative resources in a familiar online digital video format to support their learning. Some students suggested they would use YouTube resources as a tool for engagement in their independent study as an, additional, but not supplementary, alternative to more traditional material. By contrast, and as expected, a smaller proportion of nurse educators exhibited habits of digital nativity and some displayed habits of digital immigration (Prensky, 2007). Nurse educators demonstrated a range of understanding of both affordances and constraints of using video in teaching delivery consistent with the findings of previous work (Clifton and Mann, 2010). Prior to workshops nurse educators displayed minimal consideration for using YouTube as a resource for informal, or stimulation of independent, learning. Throughout the workshops and in post-session evaluations, nurse educators displayed a critical approach to the range of user-generated resources and their relationship to depth of knowledge. For example at one extreme, there was a fear displayed by some that acceptance of YouTube, and therefore un-moderated content, as a resource could encourage a superficial approach to learning. Broadly, however they agreed with the need to evaluate new resources afforded by technology and engaged with the workshop. Most participants explained ways that felt that they could improve their practice through engaging further with YouTube resources. Through the medium of the interactive training workshops and supporting web-based toolkit, nurse educators were able to engage with research offered in student voice to enhance their professional development. (Campbell, 2007).
The findings from this work demonstrate the benefits of engaging with both the student and educator voices to evaluate new resources and associated pedagogic approaches to learning. The Student voice informed the educator about the need to engage with YouTube for their learning and teaching. The nurse educator voice warned of the need for students to maintain a critical approach to knowledge. Through training and supporting resources, both students and teachers can develop a critical approach to user-generated knowledge which is essential in the modern digital era and may even be motivated to join the user-generating generation!

References

Key words:
• e-learning
• YouTube
• teaching and learning
• critical thinking
• digital nativity.

How this contributes to knowledge development in the E-Learning, including Blended Learning theme:
• The development of an online teaching and learning ‘Toolkit’ for healthcare professionals.
• Applying critical thinking skills to YouTube videos.
• Engaging students in developing teaching and learning resources.

T106
Developing an e-learning package for essential skills clusters
Stuart Roberts, Practitioner Health Lecturer, University of Nottingham, UK

Abstract
The aim of the paper is to show how a simple e-learning package was created and ultimately used across two universities and at differing levels of nurse education. E-learning, incorporating a blended learning approach when teaching has been shown to enhance medication knowledge (Sung, Kwon and Ryu, 2008). Therefore using this approach as a platform to launch an educational package to student nurses relating to patient group directions (PGDs) was a strategy that would suit the topic well. So (2009) suggests that using an approach such as this is effective, highlighting the importance of integrating differing technologies to enhance the blended learning experience.

There was a need within my school of nursing to produce a training package that met the requirements of the Nursing and Midwifery Council following their review and subsequent introduction of Essential Skills Clusters (NMC, 2007). This training package was required to give the foundation knowledge required to understand the fundamental role that patient group directions play in everyday nursing.

From conception to implementation the e-learning package was to incorporate interactive activities, video scenarios and example documents culminating in a multiple choice assessment. It was initially launched to the Dip/BSc course, but then later developed to accommodate the Graduate Entry Nursing and MNurSci programmes. The Medicines Act (1968) regulates the use of medicines in the UK. There are obvious legal differences between prescribing and the use of PGDs, this type of issue has been covered within the training package, highlighting to students not only the differences but also their involvement in their role as a student.
nurse. The e-learning package allows the student to directly access this information by creating hyperlinks to access the information at the touch of a button.

Enabling students to work collaboratively between branches was achieved through filming a number of scenarios relating to different branch situations. Students were encouraged not only to view their own branch scenario but also to access the non-branch version to highlight how Patient Group Directions would work in a different environment to the one they would more commonly see.

The assessment strategy for the e-learning package aimed to identify the level of understanding the student nurse had of PGDs. A multiple choice question assessment involving five questions randomly selected from a bank of twenty was used. 100% pass mark was required from the students.

Problems arose during the implementation of the training package due to the geographical spread of the division of nursing, which covers five centres of education. A delivery system for disseminating the information relating to the e-learning package was the main issue. This was overcome by creating a generic presentation for all programme leads to circulate the necessary information to students.

There is an ongoing evaluation of the package, resulting in feedback being received from academic staff, web design staff and students. Alterations to the package have been made as necessary, in particular to the wording of the assessment questions. Some of the original multiple choice questions and answers had been written in double negative format, causing confusion for the reader.

I will be a first time presenter at conference, and would very much appreciate the opportunity to present work I have been committed to developing over the recent twelve months. Other than self development, the NET conference would be a fantastic chance for me to represent the University of Nottingham, and how their curriculum innovation and enhancement is progressing.

References
Medicines Act (1968) (c.67) London: HMSO.

Key words:
• e-learning
• blended learning
• interactive.

How this contributes to knowledge development in the E-Learning, including Blended Learning theme:
• providing an example of the use of an e-learning package in relation to the essential skills clusters
• exploring issues related to collaborative working
• identifying areas for consideration when developing packages of this nature.

T107
An examination of the effectiveness of e-learning, when blended with other forms of learning, in teaching breaking bad news in emergency and critical care situations to undergraduate nurses

Desiree Tait, Lecturer in Critical Care Nursing; Michael Tait, Senior Lecturer in Health Informatics and E-learning, Swansea University, UK

Introduction and background:
This project related to the facilitation of a specialist practice module in the third year of the BN (Hons) programme. The module focused particularly on critical and emergency care. Two components of the module’s learning outcomes focused on clinical decision making in critical care situations and breaking bad news (BBN). This research evaluates the effectiveness of blending a scenario based e-learning programme (eWard) with small group work focusing on BBN. The scenario follows the story of John Macadam who is involved in a road traffic collision. With the aid of video clips and guided clinical decision making the programme user is taken through John’s extrication from the scene of the collision through the eyes of a paramedic, his management in accident and emergency through the eyes of a nurse and finally through to his management in ITU where he suffers a
catastrophic event and dies. After completing the scenario, the theme of sudden loss and the experiences of both staff and significant others involved, is explored with the students by reviewing video clips taken from the story during small group work.

What is already known:

- In emergency or critical care situations the experience of receiving bad news can be unsettling, traumatic, may lead to extremes of behaviour and leave the recipient with bitter memories of the event. In some situations the family can be described as co-victims when the patient dies suddenly or their death is related to trauma or a suicide attempt (Clements et al., 2004; Kaltman and Bonanno, 2003).
- Methods employed in teaching breaking bad news include: lectures, small group discussions, group discussions with video clips, peer role play, standardised patient role play, mixed reality simulation, team teaching, web-based e-learning, clinical teaching in the practice setting (Bowyer et al., 2009; Kerridge et al., 2009; Rosenzweig et al., 2008; Cleland et al., 2007; Rosenbaum et al., 2002). These studies identified that each method had both advantages and disadvantages but all appear to have demonstrated a positive impact on the learner experience.

Objectives:

- to interpret students’ attitudes to the use of blended learning
- to interpret student’s perceptions of breaking bad news in healthcare situations
- to compare students’ understanding of breaking bad news before and after using an e-learning scenario
- to describe whether the use of a blended approach has met their learning needs.

Methodology:

An eclectic approach to the research was informed by a pragmatist ideology and used a mixed method design. This was justified on the grounds of triangulation and recognition of process as well as outcome.

Ethical issues:

Ethical approval was obtained prior to commencement of the study.

Sample:

A convenience sample of 66 third year students ready to commence the module in the adult branch of the BN was used.

Data collection:

- All groups attended two focus groups one at the beginning of the research intervention and one at the end. The focus groups were run as an integral part of the small group work sessions and included informed consent
- Students were asked to complete a pre- and post-self test at the beginning and end of the e-learning scenario
- Students completed an attitudinal questionnaire at the end of the e-learning scenario
- Data from the small group work discussions in the form of lecture notes and student feedback were collected

Data analysis:

- Thematic analysis of focus groups was undertaken, with the findings from the pre-focus groups informing the post-focus group questions
- Statistical analysis of pre- and post-self tests using SPSS
- Content analysis of breaking bad news documentation from group discussions
- Statistical analysis of the attitude questionnaire using SPSS
- Triangulation of findings.

Results:

- Student nurses had a positive attitude to this e-learning scenario with regard to ease of use, realism, and reported increased confidence and understanding in handling similar situations.
- Thematic analysis of the focus groups identified the following core themes:
  - Student feelings of being unprepared
  - Memories of bad experiences
  - Learning from experience
  - Learning from planned opportunities
  - Learning needs
- Findings from the pre-focus groups identified the breadth of students’ levels of knowledge and specific learning needs and the findings confirmed that the blended learning approach had met their learning needs.
References


Key words:
• electronic and blended learning
• critical care education
• undergraduate
• breaking bad news
• student experience.

How this contributes to knowledge development in the E-Learning, including Blended Learning theme:
• students experience feelings of distress and discomfort when involved in breaking bad news
• the use of a blended learning approach where students can have time to work through clinical problems safely on their own followed by group discussion has been demonstrated to be meet students’ learning objectives and improve their level of knowledge and understanding of the subject.
Enhancing the Student Experience 1

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
T108

Objects as learning objects in healthcare

Angela Turner-Wilson, Lecturer, Bournemouth University, UK

Learning objects are structured materials generally used to meet specific learning outcomes. Lecturers usually compose or re-use Microsoft Powerpoint sessions and handouts, or draw on film clips or pictures to support and illustrate particular points. Artefacts also sit in the lecturer's toolkit, and it is these that are considered in this paper. Often objects are used to enhance clinical skills development within healthcare teaching (e.g. Ruiz et al., 2006) however this work suggests that it is possible to extend their use as learning aids beyond this domain.

Drawing on the scholarship of material culture, it is suggested that objects from daily life can enhance learning. Material cultural studies, often found in disciplines such as anthropology or archaeology concentrates on the 'things' in our lives. It is possible to classify and provide typologies for objects, but that is of little interest to student nurses, physiotherapist or midwives. Rather the relationship of artefacts with people offers a more rewarding avenue. Here the connection between a person and a thing becomes blurred and fuzzy. Two domains exist, that of the practical functional role and the other symbolic (Hodder, 1999). Carl Knappett (2005) offers an interesting insight, suggesting that a stick can be perceived as an integral part to a blind man's bodily presence in the world. Given the complexities of objects in our lives, and their potential to expand understandings of health, it is suggested that they are brought into the learning environment. Small items could, for example, be distributed to groups of students, who might be encouraged to consider how these artefacts create or influence a client's social role in the world.

It is recognised that teaching material should be stimulating and interesting in order to assist student learning (Fry et al., 2001), and the use of small objects in the classroom setting can provide such opportunity. Artefacts offer a different perspective from the computerised approach, in that they are tangible and tactile. Students can draw on their own experiences of interacting with an object (utilising a Kolb (1984) type methodology), before extracting meanings relating to a client. This might be extended to reflective accounts, providing a platform for self discovery concerning issues that matter to an individual's health. A comb for instance might act as a means to promoting health and wellbeing for the self through its use in styling hair, or be perceived as gendered, contributing to identity, or act as an item for memorialising the dead. As a consequence learning about healthcare can be further extended into the realm of the qualitative.

References


Key words:
- learning objects
- artefacts
- student learning
- healthcare
- material culture.

How this contributes to knowledge development in the Enhancing the Student Experience theme:
- concepts drawn from material cultural studies provide a different way of understanding the world
- objects related to the activities of daily life can be used as learning objects, by providing students with a focus for self discovery
- the artefact has the potential to reveal multiple insights into the self, the client and the social within healthcare.
Enhancing the students’ learning experience through the use of YouTube

Áine McHugh, Lecturer; Bard Ovenden, Audio Visual Technician; Kirsten Farrell, Student Psychiatric Nurse; Philip Doyle, Student Psychiatric Nurse; Jana Hlavata, Student Psychiatric Nurse; Megan O’Malley, Student Psychiatric Nurse; Maria Flaherty, Student Psychiatric Nurse; Claire Kenny, Student Psychiatric Nurse; Yvonne Leahy, Student Psychiatric Nurse; Tara Moran, Student Psychiatric Nurse; Maura Rogan, Student Psychiatric Nurse; Elaine Kelly, Student Psychiatric Nurse; Eoghan Finn, Student Psychiatric Nurse; Emma McCarthy, Student Psychiatric Nurse; David Cowling, Student Psychiatric Nurse, University College Dublin, Ireland

The aim of this presentation is to demonstrate how student nurses can have an enriched learning experience through the development and broadcasting of a film on older person abuse, while producing an evidence based and content appropriate film.

Increasingly students are engaging with social networking and online video broadcasting sites such as YouTube, to communicate and share experiences with their peers and the wider community. The majority of this communication is social; however this media can be harnessed for educational purposes (Skiba, 2007; Jenkins, 2007). Recently a group of psychiatric students nurses used YouTube to broadcast a short film about the abuse of older people and communicated the availability of this film through their social network accounts.

The initial impetus for this project was a competition which was being run by the Health Service Executive in Ireland to highlight older person abuse. This is a topic the students are exposed to through formal lecture, selected readings and clinical skills; however the students with support from their lecturer, and the audio visual technician decided to participate in the competition and use the experience to learn about this important area using more contemporary media.

The process the students engaged with, involved developing a concept for the film through familiarising themselves with policy documents, legislation and literature pertaining to older person abuse. Following on from this the creative process carried the concept through story boarding, planning, filming, editing and finally broadcasting (McHugh et al., 2009).

As an educational tool the process of developing the film challenged the students to present information that captured the salient points pertaining to older person abuse in such a way that the viewer was clear what older person abuse was and how to report it to the correct authorities.

As nurses and midwives, one of our core skills is to educate patients about health, be it health promotion, awareness of symptoms, or management of illness. These new media can be used to educate patients, and it is through the students’ exposure to the experience of developing a film that potentially unlocks this contemporary method of communicating health information to populations who otherwise do not engage with health professionals such as young men and women (Collins et al., 2008).

References


Key words:
• enhanced learning experience
• contemporary communication
• communicating with large populations
• health awareness
• nurse as educator.

How this contributes to knowledge development in the Enhancing the Student Experience theme:
• introducing the students to a new way of learning about a health topic through the medium of film development
• challenging the student to present health awareness information through the medium of film
• demonstrating to students the importance of disseminating evidence based and content appropriate information to patients.

T110
The role of the peer educator: a classic concept re-visited
Dianne Burns, Lecturer and Adult Field Lead; Monica Haggart, Lecturer; Steven Pryjmachuk, Director of Innovation and Excellence in Teaching and Learning; Patricia Wood (Independent Researcher); Philip Keeley, Director of Undergraduate Education, University of Manchester, UK

Peer education could be considered an old concept (Topping, 1996) but has often been identified as a valuable and effective strategy to assist student nurses with their learning, particularly within clinical settings (Parkin, 2006; Secomb, 2008). Furthermore, there is evidence to suggest that the use of peer support can increase self-confidence, independence, role-modelling ability, and appreciation of peer expertise and support amongst students (Glass and Water, 2000; Aston and Molassiotis, 2003). Indeed, in recent years, higher education has formally embraced the use of peers in undergraduate education – not just in the pastoral role of mentors but as peer educators. Peer-assisted educational schemes such as ‘PASS’ (peer-assisted study sessions) and peer mentoring are now an established part of the University experience in some areas.

This paper reports on the findings from one small qualitative evaluative study funded by the Learn Higher Centre for Excellence in Teaching and Learning (£5,000) which sought to identify and explore the student nurse experience of peer education from the peer educator and student recipient perspective.

The role of peer educator was introduced within a large undergraduate nursing programme in North West England. The overall aims of the peer educator project were:
• to engage with students as partners in shaping the learning experience
• to increase the confidence of both junior and senior students in a supportive learning environment
• to assist students in developing collaborative learning partnerships.

Perspectives of both peer educators (n=5), student recipients (n=14) and lecturers (n=2) were obtained from a volunteer sample via individual and focus-group interviews. These and the subsequent data analysis activities were carried out by an experienced, independent researcher appointed by the project team.

The principal findings of the study were that:
• The peer educator role made a considerable positive impact on the life and learning of many student nurses, enhancing the student experience despite having a relatively low level of resource.
• Peer-assisted learning demonstrated benefits for students and tutors/lecturers alike.
• Peer educators were considered a credible source of information by other students as they share similar experiences and social norms and were therefore considered well placed to provide relevant, meaningful, explicit and honest information.
• Peer educators perceived that they had increased their own ‘employability’, utilised additional opportunities for skills development, increased confidence and leadership skills with a value added effect in practice areas.

It appears that the role of peer education in nursing can assist in enhancing a positive student experience that will often extend into the clinical setting. This is a role certainly worthy of further consideration at a time when a positive higher education experience is considered imperative. The study also suggests that the peer educator role assists students to develop key transferable skills which are perceived by the students themselves as enhancing future employability prospects. This is certainly an area worthy of further exploration in the future.

References

Key words:
• enhancing
• student
• experience
• peer
• educator.

T111
An investigation of the expectations of nursing students regarding their nurse education experience
Jon Harrison, Senior Lecturer, Child Health, Birmingham City University, UK

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

Methods
A structured questionnaire was designed on the basis of the literature review and incorporated established questions found within the study by Lowe and Cook (2003). In total, 399 questionnaires were distributed to new students who had just started the diploma in nursing, at the selected university. 395 questionnaires were returned, producing an overall response rate of 98.9%. The results from these questionnaires were analysed using SPSS and the findings are discussed in relation to the existing research.

Outcomes
The results of this study indicate that the majority of the students within this study perceive themselves to be well prepared for university life and have appropriate expectations relating to the academic requirements of the course. Despite this, however, the majority still anticipated that they would require extensive or some support in a number of essential academic and clinical skills. There are also a substantial minority of students that are at risk of failing to come to terms with the academic demands of university life and it is these students that have been identified as being highly susceptible to underachievement and eventual dropout.

Discussion
One of the most striking findings and something that seems to have been little discussed within the literature previously, is the fact that a significant proportion of students commence nurse education with little or no clinical experience. Indeed, 33.6% (n=123) of the students in this study had had no healthcare work experience whatsoever, prior to starting the course. This could be a key explanation as to why students don’t know what to expect when entering nursing, especially in relation to the clinical practice element of the course. The study found that lack of clinical experience didn’t just have an impact on the student’s ability to describe what nursing is like; it also had an impact on the student’s expected level of support in developing clinical skills.

Interestingly, whilst previous clinical experience didn’t seem to have an impact on the level of support expected by students in terms of academic skills, the study found a statistically significant association between previous clinical experience and expected levels of support required in clinical skills. In other words, those students that had previous healthcare experience expected that they would require less support in learning the clinical skills compared to those students that didn’t have any previous healthcare experience.

It is clear that significant steps need to be taken in order to address the misconceptions that are held by the general public about the nursing profession. It is also important to examine the information and support that is made available to student nurses prior to and during the early stages of the student’s arrival. Finally, it is recommended that students should have to undertake some sort of work experience within a clinical area prior to applying to do nursing, so that they can further comprehend what nursing entails. Early interventions such as these have been shown to be successful in addressing misconceptions and ultimately, have reduced attrition and improved the student experience overall (Parmar and Trotter, 2005).
It is hoped that by further examining the findings of this study, the ways in which we can improve the student’s experience can be critically considered at this conference.

**References**


**Key words:**

- student experience
- perceptions and expectations of nursing
- attrition.

**How this contributes to knowledge development in the Enhancing the Student Experience theme:**

- this study explores the expectations and perceptions that students have about their prospective nurse education experience
- the findings from this study remind us that the student experience starts well before the first day of the nursing course. Prior to the course, many students have unrealistic expectations or are poorly prepared in terms of study skills and these issues should be considered further
- the findings from this study also highlight the concerns and anxieties that many students have about undertaking a nursing programme. As a result, strategies to reduce and address these worries can be discussed at the conference.

**T112**

**Promoting global citizenship within the nursing curriculum**

Jean Cowie, Lecturer; Avril Milne, Senior Lecturer; Martyn Main, Senior Lecturer; Lindsey Watson, Lecturer; Carol Jackson, Lecturer; Leanne Morrison, Lecturer, The Robert Gordon University, Aberdeen, UK

**Abstract**

The aim of this paper is to discuss the challenges and opportunities of promoting and co-ordinating international exchange opportunities within a pre-registration nursing curriculum.

Internationalisation of the curriculum and global citizenship are currently key areas of interest in higher education institutions. Indeed there is great emphasis on recruiting students from overseas and encouraging home students to participate in European and International exchange opportunities such as the Erasmus Life Long Learning Programme. The benefits to undergraduate students who will be the potential workforce and leaders of tomorrow are immense. For example Oxfam GB (2006) Bourne et al. (2006) highlight that graduates who are globally aware will have a greater understanding of the dynamics of other countries as well as the inherent social, economic and political issues. Consequently this will foster deeper cultural awareness and respect for the vast diversity of people, culture and customs. This is a very important concept for nurses who in the course of their career will work with colleagues from overseas as well as care for patients from a variety in international and cultural backgrounds.

The nursing profession and indeed pre-registration nursing curricula are regulated by the Nursing and Midwifery Council (NMC, 2010). Coupled with the academic regulations within Higher Education Institutions this can lead to many challenges for Schools of Nursing to enhance the student experience by offering overseas exchange opportunities. However the Robert Gordon University, Aberdeen has a long history of supporting Erasmus Life Long Learning Programme Exchanges within Europe and has now integrated this within designated modules of the pre-registration nursing curriculum.

The school of nursing and midwifery at the Robert Gordon University coordinates exchanges to seven institutions in four European countries (Finland, Norway, Spain and Belgium). The current agreement with the partner institutions is for up to 28 nursing students from the Robert Gordon University to exchange 13 weeks of their practical experience within their university course with an equivalent learning experience in the host country. In
tandem with this practice experience all students engaged in the Erasmus Life Long learning Programme are required to be enrolled on the international healthcare module. This module is also open to home students who choose not to take part in the exchange experience.

Furthermore there is also the opportunity for up to 28 students from the European partner institutions to undertake an exchange experience at the Robert Gordon University, Aberdeen.

Ensuring that the learning needs of both in-coming and out-going students are met is a daunting challenging task. The NMC stipulate that all practice placements to which nursing students will be exposed must be audited and deemed a suitable learning environment (NMC, 2004). This involves academic staff visiting the host institutions and practice placements on a regular basis. Furthermore nursing students are required to have a practice placement mentor who, in some of the host countries is also required to speak English (NMC, 2008). In addition to this, health and vaccinations checks are required, and for all incoming students criminal record screening. In coordinating the international health module and the Erasmus Life Long Learning Programme exchange experience, the school of nursing has adopted a system whereby each country has a dedicated European link teacher. The link teacher is responsible for managing and coordinating the exchange experience and also supporting both incoming students and outgoing students for the duration of the exchange experience. In addition the European Link Teacher facilitates teaching staff exchanges and also engages in the teaching of courses and curriculum of the partner institutions. Partnership working, therefore, is central to the success of the Erasmus Life Long Learning Programme.

The work of the international team in coordinating and supporting the international exchange experience for nursing students is continually evolving. This paper will focus on the challenges and the opportunities of facilitating the exchange opportunity for pre-registration student nurses.

Practical issues to ensure conformity with the needs of the universities, and healthcare providers as well as the Nursing and Midwifery Council will also be discussed. The importance of international collaboration and partnership working to enhance the student exchange experience and to promote the ethos of global citizenship within nursing will also be explored.

References

Key words:
• global citizen
• internationalisation
• partnership working
• collaboration
• graduate attributes
• cultural awareness and diversity.

How this contributes to knowledge development in the Enhancing the Student Experience theme:
• promote global citizenship and graduate attributes
• improved knowledge and understanding of cultural diversity and norms
• promotes collaborative working.
Enhancing the Student Experience 2

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
How undergraduate student paid employment choice(s) influences graduate nurse transition

Craig Phillips, Lecturer of Nursing, University of South Australia, Adelaide; Amanda Kenny, Director, La Trobe University, Victoria; Colleen Smith; Adrian Esterman, University of South Australia, Adelaide, Australia

In Australia, nurse education was transferred from hospital based nursing schools to the higher education sector. This transfer resulted in a change for students, from hospital employee to an unpaid, supernumerary role during professional placements. Due to increasing financial pressures, related to on-going living costs, approximately 90% of all Australian university nursing students are engaged in part-time employment of 15 hours per week or more (Employment to Work, ABS, 2006). They work mainly within health settings or service sectors such as hospitality and retail. Little is known about the impact of paid undergraduate nursing student employment choice and its relationship to graduate nurse transition.

The aims of this study were to identify if newly qualified registered nurses engaged in paid employment during their final year of undergraduate studies, the types of employment they chose, reasons for that choice, skills acquired and their views on any link between employment choice and transition to practice. Focus group interviews involving sixty seven new graduates were conducted. From the data, utilising thematic networks (Attride-Stirling, 2001), four organising themes were identified; financial independence and autonomy, confidence and experience, future opportunity and ease of transition. The global theme maximising opportunity describes nurse’s views about their decisions on undergraduate student paid employment. Participants had differing views on paid employment choice and transition to practice. In this study we found that whilst the majority of undergraduate nursing students engage in paid employment primarily for two reasons, remuneration and the experience of working, research participants indicated that there were other influencing factors such as, long term strategies to obtain a graduate nurse position and an opportunity to enhance university studies. Although there are a number of studies purporting benefits for undergraduate nursing students who engaged in employment within clinical settings, concerning sound transition to graduate practice as a registered nurse (Kenny, Nankervis, Kidd, Connell, Kevin and Callaghan-Williams, 2007; Alsup, Emerson, Lindell, Bechtle, and Whitmer, 2006; Hoffart, Diana, Connors and Moynihan, 2006; Gamroth, Bugden and Lougheed, 2003), there is a paucity of literature that considers any differences between paid employment choices and the impact on graduate nurse transition. As a consequence, the findings from the focus groups in this study were utilised to inform the development of an electronically based survey questionnaire, which all graduate nurses throughout Australia were given access to.

This survey explored undergraduate paid employment choice; whether recently qualified graduate nurses were satisfied that their specific form of undergraduate paid employment offered them the best transition to registered nurse practice, whether they considered another or multiple simultaneous paid employment options, and if provided with the opportunity, where they did not need to seek paid employment during their university studies, would they have done so?

A brief summary and analysis of the data from the focus group findings will be presented and information on how the framework for the questionnaire and development of the survey instrument from the focus group data will be discussed. Challenges to participant recruitment, and an overview and analysis of the quantitative findings will be a focus. This data will encompass the comparison of transition index scores from survey participants (n=417) relating to each specific paid employment choice, and a number of variables incorporating Likert scales, rating each variable in accordance to both importance and satisfaction criterion, linked to successful graduate nurse transition from the graduates perspective.

References


Key words:
• mixed method research
• student employment
• transition.

How this contributes to knowledge development in the Curriculum Innovation and Enhancement theme:
• the research will determine whether a specific undergraduate paid employment choice (if any) gives rise to successful transition
• the research will inform prospective employers of newly qualified graduate nurses what it is that they require for ease of transition
• the research will contribute to and influence the body of knowledge to develop and effectively facilitate future undergraduate paid employment models between the HES and hospital based institutions.

T114
Do we really understand the decision making process in choosing nursing as a career? A case study of mature applicants to a DipHE/BSc programme
Kathryn Hinsliff-Smith, PhD Educational Researcher, The University of Nottingham, UK

Abstract
There are increasing concerns about the levels of attrition and retention of pre-registration learners in many schools of nursing. It is widely reported that there is a global shortage of qualified nurses and in the UK an aging nursing workforce. There exists a plethora of studies on the phenomena of student retention. The findings from these studies relate to three areas of attrition: clinical placements (Keogh et al., 2009; Pearcey and Draper, 2008; Kevern and Webb, 2004), selection and recruitment of suitable applicants (McLaughlin et al., 2008; Wharrad et al., 2003; Kevern et al., 1999) and student support needs (Evans and Kelly, 2004; Shelton, 2003). Within these studies, there is general agreement that retention is a complex issue with multivariate influences that will require more than one approach if we are to address these global concerns and issues.

Within the scope of selection and recruitment of applicants, studies have focussed on the career making decisions in considering or rejecting nursing as a career choice (Neilson and McNally, 2010; Wilson et al., 2010; Price, 2009; Mooney et al., 2008). However, these studies have largely focussed on younger applicants, those leaving compulsory education at 16. There is a scarcity of studies (McLaughlin et al., 2009) which have considered the decision making process undertaken by mature applicants who largely are returning to education without the support networks readily available to younger applicants; teachers, career advisors and professional agencies. Like many schools of nursing, in the UK mature applicants (those over 21) are an important source of recruits to our pre-registration programmes.

In this study, semi-structured interviews were conducted with nine participants, seven female and two male aged between 23 and 49, on a full time DipHE/BSc nursing programme at one UK school of nursing. Interviews focused on three main topic areas; previous school experience and career aspiration, career decisions made after leaving formal education (at 16 or 18) and their transition to higher education.

The findings from this study indicate how the parental influence was very strong initially, when leaving school, but also how the actions of parents affected the decision not to pursue a nursing career at that stage of their lives. Now as mature entrants there is a strong influence of significant others - partners and children - as they re-considered nursing as a career.

These findings have resonance for all schools of nursing that recruit mature applicants. I argue that we need to consider the ways in which we might recruit and select mature applicants by understanding how they make decisions about a career in nursing which may differ from younger applicants.

References


Key words:
• mature students
• decision making
• pre-registration
• retention
• attrition.

How this contributes to knowledge development in the Enhancing the Student Experience theme:
• there are limited studies on the career making decisions by entrants to pre-registration programmes; even fewer studies exist on the decisions by mature entrants
• this study indicates some new and interesting findings that add to the debate about the recruitment of applicants to all pre-registration programmes
• the findings indicate that there are different considerations that mature applicants make that all schools of nursing, need to consider.

T115

Prompting student learning: introducing an obstetric emergency training strategy into a simulated environment for student midwives

Clare Hughes, Midwifery Teaching Fellow; Gail Anderson, Midwifery Teaching Fellow; Mary O’Prey, Midwifery Teaching Fellow; Dorothy Patterson, Midwifery Teaching Fellow, Queen’s University Belfast, UK

Modern midwifery education seeks new ways to enhance and promote student learning. Recent developments in simulation technology have realised opportunities for enhancing the student learning experience. Within the practice setting, new strategies for teaching clinical skills to develop multiprofessional team working and promote health professional confidence in dealing with strands of practice have been developed (Draycott et al., 2008).

Within one higher education institution, there was recognition for the potential to develop some of these new strategies into the university setting to enhance the student learning experience. The aim of developing this strategy is to provide students with increased confidence and competence to cope with obstetric emergencies within the practice setting.

Obstetric emergencies in the clinical area require healthcare professionals to react in a competent and confident manner and places emphasis on the importance of cohesive multiprofessional team working. The most recent confidential enquiries into maternal deaths highlighted substandard care in a number of cases of maternal and fetal deaths in the United Kingdom (Lewis, 2007). The report recommended the need for emergency obstetric training for staff to improve maternal and fetal outcomes. As a result of these findings, the Practical Obstetric multiprofessional training (PROMPT) course was developed through the North Bristol NHS Charitable Trust. This training format has been successfully integrated into a number of hospital Trusts and research is identifying that health professional knowledge in relation to obstetric emergencies has been enhanced (Crofts et al., 2007).
Midwifery educators are challenged to produce registrants who are fit for practice at the point of registration with competence at the heart of this expectation (NMC, 2009; NMC, 2007). Whilst the main focus of pre-registration midwifery training is on normality, there is recognition that students need to have the skills of critical decision making where normal processes become adversely affected, for example, in emergency obstetric situations (NMC, 2009). Students may be on duty in placement when an obstetric emergency occurs; however, they are most likely to be in the role of observer. This constraint within the practice setting could lead to a limitation in confidence and potentially of competence for students (Dow, 2008). Simulating obstetric emergencies within the University setting, utilising the practical obstetric and multiprofessional training (PROMPT) approach may afford a unique opportunity to allow students to take on increasingly responsible roles within the multidisciplinary team as their training progresses. First year student midwives taking on the actual role of mother or partner; second year students taking the role of junior midwife and final year students adopting the role of senior midwife. The aim within the university setting would then be to integrate medical students into the role of obstetricians and anaesthetists to enhance the multi-professional approach to emergency care management.

Recent research has supported the use of simulation in midwifery education and highlighted the importance of creating a safe environment where students are allowed to gain skills with minimal risk and have the opportunity to gain immediate feedback on practice (McCaughey and Traynor, 2010; Davis et al., 2009; Norris, 2008). It has been recognised that simulations that mirror reality can bridge the theory-practice gap and develop decision-making skills and enhance deeper learning in students (Norris, 2008; Murray et al., 2007; Haigh 2006).

Simulation has been recognised to increase students’ confidence in their ability to take critical decisions (McCaughey and Traynor, 2010). Initial anecdotal evidence from module review feedback provided by final year student midwives who undertook a ‘PROMPT’ obstetric emergency day within the university setting supports much of the above evidence; the midwifery students identified increased feelings of confidence and recognition of the value of team-working and the importance of communication. This has encouraged a team of midwifery educators to develop and undertake a study focusing on the enhancement of student confidence in relation to obstetric emergency management utilising the PROMPT strategy. Preliminary analysis of these findings will be available in 2011.

References


Key words:

• confidence
• competence
• decision-making
• enhanced learning
• team-working.

How this contributes to knowledge development in the Enhancing the Student Experience theme:

• increased recognition of importance of simulation for deepening student learning
• obstetric emergency simulation training offers students a safe environment to develop confidence and competence in what is otherwise a rare event in practice
• emergency simulation training utilising the PROMPT strategy offers students an opportunity to develop team-working skills and communication skills.

T116
An exploration of undergraduate students’ views on the effectiveness of academic and pastoral support
Sue Murray, Deputy Associate Dean (Learning and Teaching); Jo Cahill, Deputy Associate Dean (Quality Assurance and Enhancement); Jan Turner, Associate Dean (Academic Quality), University of Hertfordshire, Hatfield, UK

Academic and pastoral support are established requirements for students within higher education (Morosanu, Handley and O’Donovan, 2010). Arrangements usually comprise a blend of localised provision complemented by a range of specialist central services. Such arrangements promote student learning in all areas of activity and are used to enhance the quality of a student’s experience. Local frameworks of academic and pastoral support vary depending on the subject and how teaching and learning are organised and delivered (Fu, 2010); for example, clinical supervisors play a key role in enhancing healthcare student learning on practice placements (Nash, Sacre, Calleja and Lock, 2010). Support mechanisms tend to be tutor-led and global. The importance of connecting with students within the context of healthcare education was indeed found to be a key feature of quality enhancement (Cahill, Turner and Barefoot, 2010). This project sought to recognise the student as a partner and involve them in exploring the effectiveness of established academic and pastoral support systems. Furthermore it is built upon a commitment and drive for an holistic understanding of the student learning experience.

The overall aim of the project was to assess the effectiveness of the academic and pastoral support given to students within one large Faculty which comprised a range of subject disciplines, healthcare students and professional groups. The project objectives were to:
• establish the range of ways in which academic and pastoral support was currently being provided
• identify factors that enhanced and/or limited the effectiveness of academic and pastoral support provided to students
• develop and publish local guidelines for good practice for the provision of academic and pastoral support and guidance.

The survey included all students (circa 4,400) who were actively studying on undergraduate, full-time programmes within the faculty. Subject disciplines included nursing, midwifery, social work, radiography, physiotherapy, psychology, pharmacy and life sciences. Students were from all years of study and included those with and without special educational needs.

The research was conducted using a Bristol-on-line census format survey, the link for which was posted on the programme pages of the University’s managed learning environment. Demographic data was collected to contextualise individual student support requirements; Quantitative data regarding opinion on the methods and effectiveness of academic and pastoral support was gathered using closed response formats and Likert scales. A total of 935 responses (31% response rate) was obtained representing all full-time, undergraduate programmes within the Faculty (n = 17). SPSS was used for data analysis.

Just under half of all students indicated a need for academic support; there was no correlation with background and special learning needs, however, the results suggested that some specific ethnic groups required more support. Students reported that e-mail and group tutorials were most commonly accessed and provided the most effective support. Of all teacher-led activities, telephone communication was the least preferred.

When exploring pastoral support, students cited ‘fellow students’ as their preferred source of personal support. Very few students rated staff support in this category. When asked about the effectiveness of tutor support, students identified desirable features including: timely response from staff; accessibility; availability; staff personality; familiarity; experience of staff member.

Recommendations and conclusion
The research highlighted specific areas with which students experienced challenges and identified their views on the effectiveness of established support provision. Key recommendations include:
• Students and staff to work together to review marketing literature to ensure the demands of healthcare programmes are made explicit and voiced in terms relevant to students;
• Students and year leaders to review strategies employed to prepare students for each year of study in order that the academic demands of each year are clear and student expectations are embedded within appropriate and effective academic and pastoral support mechanisms;
• Programme managers to consider strengthening strategies to promote peer support during a student’s period of study;
• Faculty initiatives to promote dissemination of effective academic and personal support strategies.

In summary the effective student support strategies need to be made available and employed at all stages of a student’s higher education experience. Support arrangements need also to be student-led and tailored around specific student needs. The nature of the support provided needs also to relate to the subject area being studied and the specific demands of the programme. Implications for academia are thus widespread however the key to enhancing the effectiveness of academic and support mechanisms and ultimately the student learning experience is the need to include students in the development of academic and pastoral support policies and practices: making them partners in education.

References

Key words:
• support
• effectiveness
• enhancement
• partnership learning
• engagement.

How this contributes to knowledge development in the Enhancing the Student Experience theme:
• future student experience strategy development
• partnership working practices that enhance holistic understanding of student learning experience
• effective academic and pastoral provision of support for healthcare students.

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T117
Widening online engagement with courses: enhancing the student experience?
James Little, Learning Technologist; Tony Blackett, Senior Lecturer, University of Sheffield

As with the business-world and society in general there is an increasing trend to provide academic resources and communication opportunities using digital technologies. Within the arena of taught programmes this has increasingly meant that course materials that would have traditionally been provided in hard copy format are now being made available digitally, with some physical meetings being replaced by virtual equivalents.

Adapting to these changes appropriately is vital to ensure that the student experience of learning is maintained or, as is everyone’s aspiration, improved. But how can we be sure that the student experience is being enhanced and not hindered by some of the changes that have occurred? Technology-driven change is often viewed suspiciously, with good reason, as the quality of the student experience is of paramount importance - the implementation of new technology should not itself be the primary driver of change.

With the tectonic plates of UK university finance currently shifting at an unprecedented pace towards a brave new world of wholly consumer-financed education, we must, more than ever before, be confident that we can meet student requirements to ensure their satisfaction.
The University of Sheffield School of Nursing and Midwifery launched two new health-related programmes in 2009: an undergraduate degree course in ‘health and human sciences’ and a postgraduate adult nursing diploma. Provision was made to distribute course materials and provide communication opportunities for both courses through the institution's virtual learning environment (VLE). The aim of this was to allow resources to be disseminated and accessed by students at their convenience; an important consideration for programmes where the students would, at times, be elsewhere in the university or further away on clinical placements.

During this time a new ‘social’ collaborate online environment was launched called uSpace – which purported to offer a more modern and easier-to-use interface for document sharing, discussions and other collaborations (akin to an academic Facebook). For the 2010 intake to both courses the decision was taken to use this new system to provide online services rather than the established VLE. This effectively gave us two arms of a trial with which to compare the two online systems.

We have been able to gather data by analysing differences in the ways the two systems have been used in practice by the student groups. We have also gathered opinions and experiences from the students directly by conducting focus groups. By combining the data generated by these approaches we have been able to synthesise a holistic picture of the way in which these online systems impacted on the student experience. Comparators include satisfaction with electronic resources provided in this way versus provision of paper-based resources; differences between uptake and usage of the two online systems and differences between the two courses.

Demographic comparison of the groups of students undertaking the two courses showed relatively small differences in gender ratio and group size. The undergraduate group were, as expected, somewhat younger on average than the postgraduates but the years spent gaining a first degree, additional ‘life’ experience and the clarity of vision coming with the decision to follow a new vocational career pathway had imparted a major cultural attitude shift in the postgraduate group.

Some of the themes uncovered that will explore further in this presentation include issues around: ‘Ownership’ – students need to feel they share control of systems to be sufficiently empowered to make full and innovative use of them.

The nature of community spirit - which differs between traditional classroom-based, distance learning and peripatetic programme modes and thereby impacts upon student use of online facilities. A university’s version of a social online environment may be less attractive than one which bypasses any university control.

Allocation of financial responsibility – when students become responsible forshouldering the full economic cost of their course will they be more or less willing to pay additional costs such as that of printing course materials?

Key words:
• enhancing
• student experience
• dissemination
• material
• online.

How this contributes to knowledge development in the Enhancing the Student Experience theme:
• examining the contribution made by two different online course support systems to the student experience on both undergraduate and postgraduate health-related programmes
• exploring various factors contributing to student views of system utility including perception of ownership and the nature of community spirit
• extrapolating findings into the future to speculate on the impact that total consumer financing of UK tertiary education may have on expectation and satisfaction levels of online learning support systems.
Humanising Healthcare Education

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
T118

The determination of culturally competent care: whose culture? Whose agenda?

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

To be a culturally competent nurse or health professional is, as Leininger (1989) argued when coining the concept, to consider the unique needs of an individual patient, resulting in the delivery patient-centred care. Today, the notion of what is seen as culturally competent care is also often displayed with pride in ward/unit philosophies to display their notion of a holistic service. Those in political powers have been now, for a number of decades, pained to ensure that everyone, whatever their need or background, benefit from reforms that they have set (DH, 2010; 2008; 2006) within the realm of equality.

It is felt, though, that some political rhetoric and media led sensationalism, often express the emphasis of culturally directed dialogue onto ‘others’ within a community, dehumanising them. Negative imagery and censure at a time of conflict and economic downturn of the ‘others’ remain significant. These persistent discourses of objectification cannot be one that misses a nurses’ or any health professionals’ view of the world without affecting personal perspectives and thus, care delivery and the power based relationship that exists between the nurse and patient (Howarth and Haigh, 2007). It ‘problematises’ any concepts that merge from the basic idea of culture to a notion that it is something extra that needs to be done when considered in a caring capacity.

Within this, culture is something ‘others’ have, so, is not owned by those who provide care. Significantly, those with cultural needs are often judged or reduced to those who only have the obvious accoutrements of a differing ethnicity or racial feature. Any other groups or needs of a distinct community outside this realm is often ignored, nor seen as a cultural requirement. Within health and social care, awareness of diet, religious requirements and rituals to be followed when a patient dies become some of the reductionist ‘tick-boxes’ of having assessed a patient for their cultural needs. This, of course, could be considered to be in direct contradiction of what is considered to be equitable care delivery but is not seen as such. As Todres et al. (2009) expresses, within the framework of humanisation, there are elements of subjectivity that is the lens of an individual (which I argue, is culture) and when this is left out of their care delivery, nurses are thus neglecting an important aspect of care. An individual from within the majority population is thus, often left out of being assessed for their cultural requirements and needs as there appears to be nothing unusual about them that needs to be considered in order to make them ‘better’.

This theoretical paper intends to challenge the notion of what really is deemed as the delivery of culturally competent care in a number of ways. One, it intends to explore what one considers to be persistent messages, especially in the present global climate, that limited political and media led ideas regarding multiculturalism affects societal (thus nurses) perspective on the concept of culture. Two, there will be a consideration of how the wide ranging concept of culture needs to be introduced to student nurses to open up their thinking in order to redress the power relationship and to humanise the care they are giving. Finally, it will argue that self-awareness about one’s own culture is of fundamental and greater importance to providing culturally sensitive care than only exposing the student to a variety of knowledge that educates them about the beliefs and traditions of ‘other’ groups including and beyond the definitions of ethnicity and race. It is felt that this exercise of ‘cultural humility’ (Tervalon and Murray-Garcia, 1998) introduces a lifelong obligation to self-evaluation and self-critique, to redressing the power imbalances in a care relationship needs to happen before ever attempting to ask a student to reconsider personally held notions of intentional and unintentional discrimination. The paper will conclude by asserting that this will encourage the student nurse to develop a mutually beneficial relationship with the individual patient in order to re-focus the aim of holistic and effective healthcare delivery.

References


**Key words:**
- culturally competent care
- power relationships
- cultural humility
- lifelong learning
- self-awareness.

**How this contributes to knowledge development in the Humanising Healthcare Education theme:**
- the linking of significant concepts in nursing (cultural competence and humanising care) in order to develop educational theory and improve subsequent practice
- innovative methods of education helping to redress the power imbalance of the nurse-patient relationship in order to humanise healthcare
- creative thinking about education delivery of fundamental concepts of culture to benefit all patients receiving care.

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Sue Baron, Lecturer/Part-time Student, Bournemouth University, UK

In 2000, in the UK, the Labour Government called for the NHS to ‘...be redesigned to be patient-centred, to offer a personalised service’ (NHS Plan, Department of Health, 2000). A vision which has since been re-stated by the Coalition Government, in their White Paper ‘Equity and excellence: Liberating the NHS’, published on 12th July 2010. The aim, as before, is to ‘put patients at the heart of everything we do’, and to enable the NHS to become a truly world-class service that is easy to access, treats people as individuals and offers care that is safe and of the highest quality (DH, 2010). The difference now is the additional financial emphasis placed on patient experience and satisfaction through which ‘a significant proportion of provider income’ - perhaps up to 10 per cent of NHS trusts’ income – is to be sourced (NHS 2010 – 2015: from good to great. Preventative, people-centred, productive’ (DH, 2009)).

It might be argued that these directives, with their focus on the patient experience, highlight the importance of humanising healthcare education. When coupled with knowledge of fiscal hardship, possible future radical NHS reform, and the ever-changing needs of the population, they illustrate why healthcare professionals must be prepared to become even more responsive, productive and adaptable if they are to continue to meet the growing expectations placed upon them. Expectations and demands which have also arisen because people are generally healthier and longer-lived than ever before; are increasingly knowledgeable about their conditions, and, perhaps most significantly, because they now hold higher expectations as consumers of healthcare than ever before (DH, 2010).

This presentation will draw upon findings from an action research study which has explored patients’ and healthcare professionals’ views as part of a collaborative, multi-disciplinary, service improvement process designed to make healthcare more patient-centred (Baron, 2009). The aim will be to demonstrate the power of personal experience, not only as a catalyst for improving healthcare services, but also as a means to humanising healthcare education and influencing individual practice. In so doing links will be also made between research, theory and practice and the significance of all three to contemporary healthcare practice. By using this study as an example, where patient and frontline staff experiences were central to service redesign, the significance of the human dimension of healthcare becomes more visible. Correspondingly, critical thinking in individuals and meaningful dialogue amongst peers may be more readily facilitated.

This understanding of what it means to be human in the context of healthcare is important as by enabling practitioners to become more self-aware and more conscious of the experiences of others, this also helps to prepare them as advocates of a workplace culture where healthcare professionals, as well as patients, feel valued and cared for; and where the significance of support, and appropriate and timely professional development, to the delivery of safe, effective, patient-centred and compassionate healthcare is also acknowledged. In light of the proposed future direction of NHS healthcare, where patient experience and satisfaction is also to be linked with ‘provider income’, it might be argued that the significance of humanising healthcare education becomes even more apparent (DH, 2009).

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**T119**

**Recognising the value of personal accounts of patient and health professional experiences to humanising healthcare**

Sue Baron, Lecturer/Part-time Student, Bournemouth University, UK

In 2000, in the UK, the Labour Government called for the NHS to ‘...be redesigned to be patient-centred, to offer a personalised service’ (NHS Plan, Department of Health, 2000). A vision which has since been re-stated by the Coalition Government, in their White Paper ‘Equity and excellence: Liberating the NHS’, published on 12th July 2010. The aim, as before, is to ‘put patients at the heart of everything we do’, and to enable the NHS to become a truly world-class service that is easy to access, treats people as individuals and offers care that is safe and of the highest quality (DH, 2010). The difference now is the additional financial emphasis placed on patient experience and satisfaction through which ‘a significant proportion of provider income’ - perhaps up to 10 per cent of NHS trusts’ income – is to be sourced (NHS 2010 – 2015: from good to great. Preventative, people-centred, productive’ (DH, 2009)).

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References


Key words:
- patient-centred
- patient experience
- humanised
- education
- service improvement.

How this contributes to knowledge development in the Humanising Healthcare Education theme:
- provides an argument in support of humanising healthcare education
- offers brief insights into real healthcare experiences, linking education with research and practice
- helps to contextualise contemporary healthcare practice within the broader political and global healthcare arenas.

T120
‘Coats off’: service-learning in a pre-registration physiotherapy programme

Jacky Conduit, Lecturer with Responsibility for Physiotherapy Practice Education, University of Birmingham, UK

Introduction
All pre-registration physiotherapy programmes contain physiotherapy practice-based education (‘Coats on’). However the inclusion of service--learning (aka volunteering, community service) described here is an innovative approach in physiotherapy education. This approach is well summarised by Learn and Serve, the USA’s National Service-Learning Clearing House (http://www.learnandserv e.gov/about/service_learning/index.asp).

This presentation will discuss the introduction of service-learning into the first year of a two-year pre-registration MSc Physiotherapy programme. The service-learning was placed within a 20 credit compulsory taught MSc module supported by pre-placement preparation and post-placement debrief and evaluation.

Background
The education of healthcare professionals has seen increasing attention paid to the development of knowledge, skills and attitudes commensurate with required professional behaviour. Regulatory bodies such as the Health Professions Council (HPC) articulate these requirements in their published standards (2007; 2008). Educators are challenged to provide effective learning experiences which facilitate development of practitioners who meet these standards and thus are ‘fit for practice’.

One aspect of professionalism focuses on the need to deliver healthcare within a ‘patient-centred’ approach. This is a recurrent theme within healthcare policy of the last decade as part of the government’s modernisation agenda for the NHS (DH, 2008). Current policy in healthcare education calls for more research into educational strategies supporting development of capability to deliver a patient-centred approach and the embedding of service users’ perspectives into the curriculum (Skills for Health, 2007).

Yoder (2006, p.116) suggests that ‘some of the most powerful service-learning experiences occur in a non-clinical setting, where the artificial barriers of the ‘white coat’ do not interfere with communication and where students can critically examine and question what they know as they reframe their understanding of the impact of social issues on health’.

Bonner (2010) has summarised the two different approaches, coining the term ‘CoCo model’. ‘Coats off’ (Co) placements that have no direct link between the students’ programme and the service-learning setting are compared with ‘Coats on’ (Co) placements such as the students’ physiotherapy placements, where students are directly applying theory to practice.
The project
Fourteen Year 1 MSc (Pre-reg) Physiotherapy students were placed in five local community groups for a total of 20 hours over three weeks. These groups are all social enterprise organisations. Their clients include people with impaired vision and other disabilities, addiction problems and the socially excluded and disadvantaged young and elderly.

Prior to the service-learning experience, the students were introduced to the use of reflective practice, development of portfolios, cultural competence and diversity.

Intended outcomes
• Enhance awareness of potential health service users and their communities
• Encourage reflection and experiential learning
• Assist with the development of knowledge, skills and attitudes necessary for the delivery of more patient-centred and equitable healthcare
• Enhance employability through enabling development of a wider set of skills

Evaluation
Data was collected through questionnaires and focus groups and evaluated using the ten components of Yoder’s (2006) framework.

Conclusion
Embedding service-learning in the curriculum was a successful vehicle for the achievement of identified learning outcomes. Academic staff and students have gained much from this project which has continued through a second successful iteration with modifications identified from the initial evaluation.

References

Key words:
• service-learning
• reflection
• patient-centred
• diversity.

How this contributes to knowledge development in the Humanising Healthcare Education theme:
Helping students to:
• appreciate the impact of social issues on health
• develop patient-centred and equitable healthcare
• reflect on experiential learning.

T121

New concepts for practice learning: home, like home, near home, away from home
Melody Carter, Programme Leader, University of the West of England, Bristol, UK

This paper introduces a conceptual model for practice learning in nurse education. It explores the practical application of the model: ‘Home, Like Home, Near Home, Away from Home’, considering its usefulness and its limitations as applied to the idea of the patient/service user’s journey.

This will be achieved by a discussion of aspects of the current health and social policy context (DH, 2008; 2010a; 2010b), exploring philosophical ideas that explain common understandings of the place of home or sense of place (Eyles and Williams, 2008) in different cultures (McDermott et al., 2009; Wiles, 2009) and through the use of case studies that illustrate the application of this model in practice.
It could be said that it is the perceived distance between a person and their home that will, on one hand, preserve a sense of autonomy and self determination, or on the other, contribute to a sense of alienation, disempowerment and the loss of self and identity. This can be applied as much to our own homes,(if we have one) a temporary stay in a hospital ward, if we are displaced from our home, or if we permanently reside in an institutional setting of some kind.

Gilroy (2005) draws on Nussbaum’s (2000) proposition that human freedom is inextricably linked to the capacity of people to hold on to those things that people value. This model for understanding the nursing practice experience equally asserts that if home is valued, any movement away from this represents a loss for the individual. This loss and its consequence need to be recognised as integral to the experience of care. This approach helps to keep the service user’s and carer’s needs at the centre of practice wherever care takes place. It enables the student to apply health and social science theory to the context of care delivery whilst considering the development of compassionate and therapeutic relationships within an Interprofessional context (Miers et al., 2007).

This approach rejects the notion that nurse education be shaped around outdated and service models of care; the ‘hospital’ ward, ‘the community’ (whatever that means) but rather seeks to reference ‘home’ as the context of learning in relation to the experience of care delivery. This requires the review and a reclassification of practice learning opportunities in the light of rapidly changing health and social care need, migrating and ageing populations and the diversity of individuals and groups needing nursing care in contemporary society (Evans, 2010; NMC, 2008; 2010).

Work place cultures have a tendency to simply reproduce themselves (Bourdieu, 1993) through traditions of language, education and practice. For healthcare this can result in institutional or service driven models of provision which excludes and disempowers those it intends to help. This conceptual model allows the student, the teacher and the practioners to avoid framing practice learning within the arbitrary, transitory and parochial configurations of health and social care services. Rather it makes the individual experience and understanding of health and illness in its everyday context the starting point of learning (Friere, 1970; Vygotsky, 1962; Maben and Griffiths, 2008). Moreover, if we are at the beginning of a serious and more balanced dialogue with service users and carers about the content and process of nurse education and practice this should help move dialogue forward.

Using a widely applicable, universally understood language to describe the places in which care is experienced, the model:
- is a step towards the demystification and humanising of the practice learning pathway,
- keeps nurse education in step with the changes ahead,
- will encourage collaborative professional and ethical approaches to practice to keep service users and carers at the centre of care.

References


Nursing and Midwifery Council (2010) Standards for Pre-registration Nursing Education. London: NMC.
I don't think we're in Kansas anymore: Developing good character through a values based curriculum

Christopher McLean, Lecturer and Adult Lead; Catharine Sullivan, Lecturer and Head of Practice Learning, University of Southampton, UK

Abstract

This paper presents a radical and innovative model for a whole curriculum approach which explicitly seeks to develop character and personal integrity so as to ensure that students base their future practice on values of care and compassion. The NMC require practitioners to be of ‘Good Character’ (NMC, 2010a), and emphasise that personal integrity and compassion are central to nursing practice and education (NMC, 2010b). In recent months, the importance of further emphasising values of care and compassion has been highlighted by the report of the Parliamentary and Health Service Ombudsman (2011). As a means of addressing these issues, the ‘Values Based’ curriculum model was particularly commended by the NMC during validation of one of the first programmes to be approved under the new NMC (2010) Standards for pre-registration education in February 2011.

The model is theoretically underpinned by an integration of two perspectives; these being values-based practice (Fulford, 2004; Sullivan, 2009), and virtue ethics (Scott, 2000; Melia, 2004; Sellman, 2009). An understanding of the synthesis of these perspectives may be gained by consideration of the film ‘The Wizard of Oz’ as an analogy. Metaphorically, this film presents Dorothy as on a journey of self-discovery during which she doubts that she has ‘the heart’, ‘the nerve’ and ‘the brain’. The model we present conceptualises the whole curriculum as such a journey on which students themselves must develop the heart, nerve and brain that are required for professional practice. In these terms ‘the heart’ implies person-centred care which is underpinned by values of care and compassion and respect for person; ‘The Nerve’ highlights that nurses are required to have the courage to speak out and to ‘make a difference’ as practitioners; whilst ‘the brain’ encapsulates the need for graduate nurses to be insightful analytical thinkers with the ability to problem solve and to generate evidence for practice. Just as there is no Wizard of Oz and Dorothy finds she had these qualities all along, the role of academic staff is to guide and nurture these intrinsic qualities during the student journey.

Values based practice is predicated on an understanding that many clinical and ethical challenges in health care result from the different value perspectives of parties involved (Fulford, 2004). Traditionally, the value perspective of the service user may not be fully considered, and by exploring differences in values it may be possible to come to a richer consensus that can incorporate both similarities and differences. Developing an awareness of self and ones own personal values, together with an awareness of and responsiveness to the values of others, is therefore central to the values based curriculum.

In operationalising the model, the values-based curriculum offers a powerful means of expressing a shared ethos within an institution, and provides an understanding of the nature of nurse education that may be shared between students and staff. The ‘yellow brick road’ metaphor offers a powerful shorthand or heuristic means of communicating this shared understanding, and may readily be incorporated within a wide range of learning and teaching activities. Within our institution students will learn within ‘values-based enquiry’ groups guided by the enquiry model. The enquiry model incorporates powerful ‘prompt questions’ which encourage students to develop and re-inforce the ‘habits of mind’ necessary to develop ‘good character’, whilst also serving as a guide to learning. The prompt questions may be used to guide students’ development though cyclical models of learning such as described by Kolb (1984), and has synergy with cyclical models of reflection such as Gibb (1988).

In summary, we present a model which characterises the curriculum as a personal journey which educationalists may only guide. The aims of this model are to develop:

- Individuals with integrity, who are self-aware, and responsive to the values of others
- Practice which is grounded in care and compassion
- Practitioners with ‘the heart’, ‘the nerve’ and ‘the brain’ required within an all-graduate nursing workforce.
References


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Interprofessional Learning and Working

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
T123

Personal development planning: an evaluation of a dedicated module within the curriculum at University of Derby

Judie Taylor, Assistant Subject Head; Bev Haywood, PDP Project Co-ordinator, University of Derby, UK

There is much current debate in higher education, not least within the Higher Education Academy (HEA), with regard to incorporating PDP into the curriculum, how to define it, what form it should take and where it is best placed. This paper will reflect on some of these questions in the context of research carried out this academic year to evaluate a dedicated Level 5, 15 credit PDP module, Working Towards the Future and any potential impact upon student ‘graduateness’. The HEA in 2007, identified the difficulty in defining ‘graduateness’ in The Graduate Project (http://www.prs.heacademy.ac.uk/view.html/prsd documents/370 (accessed 20 January 2011). For the purposes of this study the term is defined as the ‘development of the student’s awareness and realisation of their full potential in order to maximise their investment in their education’ (Postgraduate Research Review, University of Derby 2007).

In 1999, a career’s advisor commented that the students from the BA Hons Creative Expressive Therapies degree had many skills but that ‘they didn’t know they had them’ and ‘neither did they know that they were the skills that employers wanted’. This became the motivation to create a dedicated module. Since its implementation, the module has had a significant impact on raising student aspirations and destinations, with some students setting up in their own business or progressing to further training options such as teacher training which they had not formerly realised was a possibility.

While student feedback has been largely positive at the end of the module it often takes a long time to engage students with the module. Various learning methods have therefore been devised including the use of metaphor, narrative and the invitation of former students as role models to talk about their evolving careers. Former assessment of the module was by a paper based portfolio, but this year PebblePad has been the platform for submission of a webfolio.

In academic year 2010-11, research monies were awarded to evaluate student perceptions of this module. Maybe more significantly, former students from the alumni have also been included in the research to evaluate any longer term impact. The research used a mixture of quantitative and qualitative data gained via questionnaires and semi structured interviews and focus groups. Grounded theory will be used to extract meaning in addition to descriptive statistics to extract meaning from the quantitative data.

As the research is still underway, it is not possible to give an overview of the outcomes at this stage.

Key words:
• PDP
• raising student aspirations
• interprofessional collaboration
• graduateness
• alumni.

How this contributes to knowledge development in the Interprofessional Learning and Working theme:
• collaboration with colleagues in IT and Career Development Centre
• PDP in the curriculum
• raising student aspirations and awareness of graduateness.

T124

Sexuality and disability education: outcomes of an interdisciplinary collaborative education programme

Agnes Higgins, Professor in Mental Health, Trinity College, Dublin; Barbara Sheerin, Physiotherapist; Maeve Nolan, Psychology; Paul Flanagan, Care Assistant; Snuiguole Slaicuinaite, Staff Nurse; Sinead McDonnell, Nurse Practice Development; Heather Walsh, Occupational Therapist, Royal Hospital DonnyBrook, Dublin, Ireland

Sexuality is a challenging issue for all healthcare workers, as it is a sensitive and emotive topic, but when it comes to sexuality of people with disability another layer of silence and stereotyping seems to exist. Research suggests that sexuality is rarely discussed with such groups in an open and constructive manner. There are a variety of negative attitudes about the sexuality of people with disability, including the common view that they are
Asexual, are uninterested in sexual relationships or they lack sexual and intimacy needs. In addition, interprofessional education has been advocated as a means of enhancing quality patient care, collaboration and team working.

In an attempt to enhance patients’ quality of life, a interprofessional education programme was developed and delivered for staff on issues of sexuality and physical disability. The facilitators and participants came from a variety of disciplinary groups, including social work, nursing, care staff, speech and language therapy, occupational therapy, occupational therapy assistants, physiotherapy and physiotherapy assistants. A collaborative action research approach informed the development and evaluation of the project. To determine if the education programme was effective in achieving its objectives, a pre- and post-evaluation questionnaires were given to all 38 participants and in-depth interviews were conducted with 12 participants. Ethical approval to conduct the research was granted by the college research ethics committee.

Comparison between the pre-course and post-course questionnaires suggest that the programme increased participants’ knowledge and skills in managing the majority of sexuality issues identified in the questionnaires. However, the course did not have a significant impact on comfort levels. Interview data also suggested that participants perceived they had gained a greater insight into the impact of acquired disability, illness and ageing on sexuality. Participants also reported a greater willingness to create a supportive listening space in which patients could talk about sexual concerns. Participants were of the view that the multidisciplinary nature of the course sent out a clear message that responding to the issue of sexuality was not within the realm of any one discipline, but an issue that needed to be embraced and acknowledged by all members of the team. The multidisciplinary nature of the day was considered crucial in enhancing team spirit, increasing participants’ knowledge of the role and contribution of each team member, and improving communication around issues of sexuality amongst team members. The presence of a member of the care staff on the teaching team was seen as a very positive initiative, as not only did it help to reduce any perceived hierarchy, but it served to remind all staff of the important role care staff play within the organization. By taking on a teaching role on the programme the care assistant also acted as a powerful role model for other care staff. The diverse range of teaching strategies, coupled with the skills of the facilitators, was viewed as a key factor in creating a supportive educational environment and removing some of the anxiety and embarrassment that surrounds education on a subject as sensitive as sexuality.

Key words:
- sexuality
- collaboration
- interdisciplinary research
- practice development.

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**T125**

**Key steps of initiating interprofessional learning across healthcare undergraduate programmes**

_Siobhan Smyth, Lecturer; Adeline Cooney, Senior Lecturer; Catherine Houghton, Lecturer, National University of Ireland, Galway, Ireland_

The paper will present the introduction of interprofessional learning (IPL) across healthcare undergraduate programmes. The findings from an initial pilot programme of IPL will be shared from the perspective of the students and facilitators. Interprofessional undergraduate teaching was introduced with students (n = 212) from medicine, nursing (general, psychiatry), midwifery, podiatry, occupational therapy, and speech and language therapy. The notion was first initiated in a pilot study (Mc Farland, 2006) at the National University of Ireland, Galway. One of the key recommendations from this research was ‘the development of faculty policy to promote the development of interprofessional education’ (p.39). This was regarded as an important prerequisite because it promoted the idea and enthusiasm for interprofessional learning into a more formal commitment. Following this, a college away day was organised. The action from this day was to pursue IPL in the college. There was a great appetite to engage with the concept. An education and assessment committee (E&A) was set up shortly after this, and one of its agreed remits was to encourage interdisciplinary teaching and programme development.

The process commenced with the Chair of the E&A committee surveying all timetables across the disciplines to establish a common slot that could facilitate IPL. It was agreed that ‘interpersonal communication skills’ with the 1st years across the disciplines was the best option. A rationale for this was to develop positives attitudes from an early stage with the students and an emphasis was on developing team work/problem solving skills. Some of the course material focused on shaping professional identities. We also agreed to have shared facilitators who would follow the groups. They had the opportunity to debrief after the sessions. The challenges that were encountered in the process will be highlighted.
There is a general agreement that facilitating interaction between students in multi-professional groups is considered key component of IPL (Barr, 1996; Barr et al., 2005; Hammick et al., 2007; Ponzer et al., 2004). However, previous evidence does suggest that holding shared lectures for students from different healthcare professions will not promote the attitudes and knowledge that is likely to foster effective interprofessional team working (Reeves and Summerfield Mann, 2003).

Feedback was obtained for the pilot using two online questionnaires: one for students, which was completed by 113 respondents (out of total class enrolment of 212, (response rate of 53%) and a second for the facilitators involved in delivering the sessions, which was completed by 8 respondents out of a total of 20 to whom the questionnaire was emailed (40%). Respondents were also asked to identify which discipline they were enrolled in (or taught) in the anonymous questionnaire. There were ‘open text’ response options which a majority of respondents used to make observations and recommendations. The majority of the respondents agreed that the programme was organized well, with effective and committed tutors and it provided a useful opportunity to meet with students from other related disciplines. The idea of mixing students from different disciplines was very well-received and appreciated by the respondents. The perceived value of the programme, however, varied across the cohorts, with some respondents indicating that some of the activities and content were perhaps overly basic, the sessions too long and repetitive. Overall it was indicated from the data that this innovation should be offered in later years of the undergraduate programmes.

References

Key words:
- healthcare undergraduate programmes
- interprofessional learning
- interprofessional teaching
- collaboration.

How this contributes to knowledge development in the Interprofessional Learning and Working theme:
- key findings will be of interest to educators, practitioners, and researchers involved in the evolution of interprofessional learning (IPL)
- these observations represent the challenges encountered in the process that will assist other champions of IPL in a better understanding of developing IPL in other institutions
- the development of shared high quality educational initiatives such as this pilot study may result in enhanced interprofessional relationships and improved quality of patient/client care in the future.

T126

Different ways of knowing: the challenge of interprofessional assessment
Melissa Owens, Lecturer; Chris Dearnley, Senior Lecturer, University of Bradford, UK

The study
This presentation will highlight the results from a small-scale study undertaken to explore the impact that professional epistemologies may have on the introduction of interprofessional assessment in the practice setting. Carried out with a school of health in a university in the north of England, the study included students from five pre-registration professional programmes delivered at this school as follows: midwifery, nursing (all branches), occupational therapy, physiotherapy and radiography. Additionally, lecturers and practice assessors involved in the delivery and assessment of these programmes were included. Following ethical approval, data were collected.
using focus group (FG) interviews with students interviewed interprofessionally in their year (first, second and third) groups; lecturers and; practice assessors.

A semi-structured interview schedule, based on Belenkey et al's (1986) 'Women's Ways of Knowing' was used for the FGs and the interviews both audio and video recorded; enabling the professional identity of individuals to be established during the transcribing process. Interviews were then transcribed and analysed using the software package 'NVIVO8' and template analysis, enabling data to be organised thematically through the initial creation of a template (King, 2004).

Results
Through analysis of the data, three broad themes were identified with one being further divided into three sub-categories as follows:

• Truth and knowledge: cultural differences
• Truth and knowledge: assessment differences
• Becoming professional
• Searching
• Belonging
• Assimilating

Truth and knowledge: cultural differences
There were distinct differences noted with regards to what each profession valued as truth and knowledge with only one profession (radiography) standing noticeably apart by adopting a positivistic paradigm in comparison to the constructivist paradigm of the remainder. Nevertheless, all professions were protective of their own cultural identity which strengthened over time. Practice assessors were found to be the most protective and as such did not consider it possible for one profession to assess students from their own profession, even when the skills, such as communication skills, could be considered to be generic.

Truth and knowledge: assessment differences
There were noticeable cultural differences in the way each profession assessed their students. Radiographers, for example, selected assessments which reflected their leaning towards the scientific positivist paradigm (for example: unseen written exams), which tested objective knowledge upon which they believed practice should be based. Other professions, however, adopted assessments which were broader in focus and embraced a reflexive approach to knowledge and understanding (Schon, 1984).

Becoming professional
What was similar across the different professional groups was the way in which the affiliation to a chosen profession became stronger over time, developing through three phases as follows:

1. Searching
2. Belonging
3. Assimilating

The initial phase was identified as ‘searching’. Here, first year students wanted to belong to their chosen profession but were aware of cultural aspects, such as linguistic codes, which needed to be learnt prior to this being attained. By the second year, however, students did consider themselves as now ‘belonging’ to their chosen profession and were aware of the nuances they had acquired which enabled them to achieve this status. However by year three, students had assimilated themselves so strongly to their chosen profession that they could no longer recognise the characteristics they had adopted in taking on that identity. This ‘assimilation’ continued developing in strength post-qualifying with the practice assessors so strongly assimilated to their profession that they considered it to be a fundamental part of their identity: fiercely gatekeeping their professional identity and resulting in the belief that no other professional was competent to assess the skills of their ‘own’ students.

Discussion
The value of interprofessional assessment in clinical practice is now formally recognised by its inclusion in the new Standards for Pre-registration Nursing Education (2010). However, as this study shows, there are many challenges that need to be addressed if this to be achieved effectively and include: contrasting paradigmatic approaches, over-protectiveness of own profession which becomes ingrained prior, even, to qualification and; attitudes to interprofessional assessment. If interprofessional assessment in clinical practice is to be successful, therefore, consideration needs to be given as to how the belief systems of different professions can be bridged; and (re)education of those involved in the development, delivery and assessment of pre-registration programmes achieved.

References

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


Key words:
• interprofessional learning and assessment.

How this contributes to knowledge development in the Interprofessional Learning and Working theme:
• recognition of the existence of, and attitudinal changes to, professional gate-keeping
• recognition of the potential value that can be gained from the knowledge and skills of other professions
• consideration as to how contrasting paradigms of practice can be bridged.

T127

The implementation of PebblePad E-Portfolio into the curriculum

Judie Taylor, Assistant Subject Head Mental Health and Therapeutic Practice; Bev Haywood, PDP Project Co-ordinator, University of Derby, UK

A dedicated Level 5 personal development planning module, Working Towards the Future (WTTF), within BA Hons Creative Expressive Therapies has been running for a number of years and is situated within the subject area of mental health and therapeutic practice at the University of Derby. The module includes a range of experiential and directed learning activities in order to help students realise their full potential, a process which has been facilitated by long standing collaboration with the career development centre. A webfolio replaced the former paper-based portfolio this academic year. This presentation focuses upon a curriculum development bid to support research into the implementation of this e-portfolio. PebblePad was the system of choice.

It has been said that PebblePad is a ‘Personal Learning System…. for Personal Development Planning, Continuing Professional Development, and Learning, Teaching and Assessment’, and that ‘It has been designed with the learner at the centre of the system. It provides scaffolding to help users create records of learning, achievement and aspiration and has a reflective structure underpinning all of its core elements’. (http://www.pebblepad.co.uk accessed 20 January 2011).

The aims of the bid were as follows:
• To introduce pebble pad into Working Towards the Future
• To promote confidence and expertise in both staff and students in the use of TEL within the curriculum and to add value by promoting the independent learner
• To offer the student a platform for ongoing continuous professional development which goes beyond a store of evidence and which becomes part of the teaching and learning process
• To evaluate whether existing learning and teaching strategies within the module are enhanced by the introduction of PebblePad
• To maintain currency in line with developments at University level in the use of Pebble Pad for students
• To build on existing good practice in the PDP module and share this through collaboration with colleagues within the faculty and university.
• To develop training materials and video in use of PebblePad.

As this was one of the first PDP modules to embrace a webfolio within the university, there was limited experience to draw upon in its implementation. It was hoped that the use of a webfolio would enhance PDP in its widest sense as it offered a platform for lifelong learning and career development while also developing the use of e technology within the curriculum. Going beyond being a store of evidence we hoped that CVs would be brought alive through the inclusion of students playing their own music or showing video clips of workshops facilitated, art exhibitions etc. Students who graduate from the programme do not have a professional qualification as such and enter a variety of destinations, many of which include portfolio working, self employment or further professional training. Offering students an e-portfolio tool that was owned by the student and which is not only accessed as part of an active learning process but also used beyond graduation would facilitate valuable continuing professional development and reflection.

The module already presented a challenge to students and asks that they move beyond their ‘comfort zone’ (White, 2009) and so in implementing PebblePad it was important to ensure there was adequate support. The research bid therefore included a request for monies to pay for some students to train in the use of PebblePad and also support other students as employees through the University of Derby’s student employment agency. Monies were also awarded as part of the bid to support the development of video training materials and students have also played a central part of this process. Student perceptions were evaluated through a semi structured
questionnaire at the end of the module and the findings will be presented along with the staff perspective on the implementation of PebblePad in the curriculum.

Reference

Key words:
- PebblePad
- e-portfolio
- e-learning
- interprofessional learning and working
- PDP
- student voice in training materials.

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**T128**

**Evaluation of an online interprofessional learning module in health and social care at a University in the UK**

Janice Gidman, Senior Teaching Fellow; Jane Harris, Deputy Head of Midwifery and Reproductive Health; Jillian McCarthy, E-learning Coordinator; Noreen McGuiness, Senior Lecturer in Social Work; Katie Psarou, Senior Lecturer in Nutrition and Dietetics; Victoria Ridgway, Deputy Head of Pre-registration Nursing, University of Chester, UK

In order to overcome the geographical and logistical barriers and to enable effective collaboration between the various students, a faculty planning team decided to introduce an online programme of study for the students from the various health and social care professions to access. This presentation discusses this interprofessional e-learning project locating this within current research regarding the use of technology in teaching and learning. Through critical analysis and evaluation of the pedagogical rationale for using technology to enhance learning in this example, the presentation discusses the success of this initiative including student and staff evaluations.

Interprofessional education (IPE) has been defined as ‘occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care’ (CAIPE, 1997). This paper reports on a study to evaluate an online interprofessional learning (IPL) module involving 437 students undertaking pre-qualifying programmes in nursing (adult, mental health, child and learning disability branches), dietetics, midwifery and social work at a university in the North West of England. It used a multi-method approach to analyse virtual attendance data and to explore students’ and lecturers’ experiences of participating in the module, via an online questionnaire and focus groups. The module evolved in an online format in October 2009 to fulfil the requirements of professional bodies and the North West NHS that students engage in interprofessional learning opportunities within the university setting.


This however, is acknowledged as a complex process due to organisational barriers such as; merging timetables; geographically separated sites; teaching space for large numbers of students and the fact that the allied health professions, medical, midwifery and nursing education are often disconnected (Glen and Reeves, 2004). There are also educational challenges such as ensuring equal numbers of students participate and that there is equality between these students, in order that one professional group does not dominate the learning activities (Funnell, 1995). Effective facilitation is an additional crucial factor as facilitators require knowledge of the professions, current issues facing those professionals, the focus of IPL and the skills to ensure collaboration in the learning experience.

This paper reports on the initial evaluations of the project that will be delivered over three years. Both students and lecturers reported that the module was effective in promoting learning; several challenges were identified in terms of students’ engagement in online discussion. These will be discussed within the presentation and recommendations made to improve the experience of both students and facilitators in future modules and learning.
T129

Interdisciplinary preceptorship: the importance of partnership working

Maureen Smojkis, Associate Director, CEIMH, University of Birmingham; Frances Byrne, Lead for Professional Development and Quality, Birmingham and Solihull Mental Health Foundation Trust, UK

Abstract

This paper will disseminate the information gathered from the evaluation of an interdisciplinary preceptorship programme which has been developed and delivered in partnership with the University of Birmingham and the Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) and service users. Two interdisciplinary cohorts have completed and been evaluated to date with a third in process; 71 evaluation forms were completed over the two cohorts and this paper will share information gathered re the importance of partnership working when delivering continuing professional development programmes.

Although professionally competent and accountable it has been acknowledged that newly qualified practitioners are in need of support during the transitional stage from student, and when supported during this process the transition is less stressful (Newton and McKenna, 2006; Smojkis and Powell, 2005). Preceptorship has evolved in response to practitioners feeling unprepared for the roles they thought they were prepared for. In Australia Newton and McKenna found that for newly qualified nurses there was a sense of going through their degree course not really taking on board a lot of what was happening, and the first six months was perceived as the most difficult (Newton and McKenna, 2006). The role of the preceptor is to support the preceptee in practice and the partnership of education and practice enables the preceptee to maximise the opportunity to link theory to practice.

Building on a successful nurse specific programme this six-month Interdisciplinary Preceptorship programme was developed in partnership with the BSMHFT and service users and is offered to all newly qualified occupational therapist, physiotherapist and nurses. The groups meet for one day every two weeks, divided into an education session in the morning and reflective practice groups in the afternoon. In accordance with their professional body all preceptees have a professional portfolio which incorporates guidance on professional development and is underpinned by the Knowledge Skills Framework (Department of Health, 2004).
Multidisciplinary working is a constant within health and social care, however pre-qualifying programme are mostly profession specific and qualified practitioners can sometimes be unsure of the role of other professionals; preceptorship takes place when relationships are forming and practitioners are beginning to understand their own and others role within the team.

The programme is linked to 20 credits at degree and Masters Level offering the practitioner an opportunity to work towards achieving their own professional development plan. All preceptees complete a learning activity sheet after each session to reflect on what they will take from the session and use in practice and complete an academic essay reflecting on their own transition.

The group reflective practice sessions are facilitated by academic and clinical practitioners and are an opportunity for the preceptee to discuss, confidentially, any issues that arise in the work place. There is an agreement that the themes of the sessions will be fed back to practice but unless asked by the preceptee to deal with a specific issue no names will be given. The evaluations from the preceptees stress the importance of these groups and the opportunity to share experiences with peers during this transitional stage.

BSMHFT serves a culturally and socially diverse population of 1.2 million people. It covers 172 square miles and has over 140 sites which include community based teams, wards and day centres. There is over 4000 staff of these there are one thousand seven hundred and sixty seven (1767) nurses, ninety five (95) occupational therapists, fourteen therapists (14) of various backgrounds including dieticians and art therapists and fourteen (14) physiotherapists.

The services provided are wide ranging and inter professional, they are divided into three main divisions mental health services for older people (MHSOP), adults of working age (AWA) and youth, addictions, secure and complex care (YASSC), the divisions are further divided into programmes.

A wide range of services are included in this particularly community services which offer assertive outreach, home treatment, early intervention and recovery, community personality disorder service and mental wellbeing services. The trust also has community teams and inpatient wards at HMP Birmingham. There are also teams that provide regional services and these include secure and complex for males, females and adolescents, mother and baby services, deaf services and eating disorder services.

Staff accessing the preceptorship course will be employed across all divisions including the prison service one of the key outcomes of the programme addresses the feeling of isolation that many new staff experience. At a time when change is a constant in healthcare delivery and education recruitment and retention of staff is essential, preceptorship supports the recently qualified practitioner to maintain high standards of service provision through partnership with education and practice.

References
Learning and Teaching Strategies

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
Using a 'map of medicine' project to develop independent learning skills in a small group of pre-registration student nurses

Mary Paget, Lecturer in Nursing; Tony Paget, Lecturer in Health Informatics, Swansea University, Wales, UK

Background
The Map of Medicine is an on-line resource that allows access to several hundred ‘expert verified’ clinical pathways. Access to the Map is free for any healthcare professional in Wales and the NHS in Wales supports its use. What distinguishes the Map from other clinical pathways is that it has multiple layers of information, so that users can access precisely what they need for their purposes – from as little as a reminder of the next priority of care to full access to the underpinning local and national policies and research.

In Swansea University, the last 4-5 cohorts of student nurses have been introduced to the map at the beginning of year 2 and encouraged to use the available information to help them in the preparation of clinically based scenario presentations that they must complete as formative work. Following one such session, students from the March 2008 cohort identified that there was no pathway that addressed the needs of patients with non-complicated venous leg ulcers.

Following discussion with representatives of the Map of Medicine, it was proposed to set up a project where students would develop a nurse led clinical pathway for the management of non-complicated venous leg ulcers.

Conduct of the project
Following the acquisition of relevant permissions from the College of Human and Health Sciences, students were sent an email asking for volunteers, to which 5 responses were received. An initial meeting was set up in which the demands, benefits and requirements of the project were discussed.

A series of meetings was set up. Between these meetings the students identified specific reading to undertake with a view to achieving staged objectives. Students were guided by academic and clinical staff with background and expertise in the management of venous leg ulcers and the achieved objectives were then translated into a format that allowed the development of the clinical pathway.

Evaluation
Two forms of evaluation were undertaken; the first was ongoing in nature, where the academic staff concerned considered whether the project objectives were being met and whether the students concerned were coping with the extra work demands of the project. The marks of the students’ assignments were also monitored to elicit whether their summative work was affected in any way.

The second, qualitative evaluation occurred towards the end of the project – all students and staff were invited to participate in a focus group type meeting. Questions were posed that attempted to elicit the extent of learning that the project had engendered as well as the personal benefits (if any) to the students concerned. Data from the focus group were analysed using thematic analysis and several themes emerged that provide useful insights into the students’ perceptions of the project.

Discussion
Preliminary findings support the potential educational benefits of group projects of this nature. Such group projects are clearly an effective means of developing subject knowledge however it would appear that a range of transferable skills have also been developed (Huntley-Moore and Panter, 2008) as part of the process. In particular, the in-depth knowledge gained through reading a large range of literature afforded the students the confidence to participate in debate even within meetings populated with ‘experts’. This was further exemplified by a meeting of the students with representatives from the NMC, during which they acquitted themselves confidently and professionally. The students themselves express a desire to see venous leg ulcer management improved and would appear to have the knowledge base that will enable them to facilitate change as qualified nurses.

Students also offered the perception that their marks had improved as a direct result of their involvement in the project and this is supported by scrutiny of the pattern of their marks across years 1, 2 and 3. In particular, the skill of appraising the literature in order to inform the project was clearly identified as beneficial to the summative literature review assignment undertaken in year 3. Indeed all students achieved marks above 70% for this particular assignment, no mean achievement as this is the first assignment at level 3.

Students commented on the range of skills they felt they had developed as a direct result of participation in the project, in particular critical appraisal and critiquing skills, team working skills, as well as debating skills and delegation skills. These skills were rehearsed in the safe project environment, but rapidly spilled over into practice demonstrating their increased confidence in the practice environment.

It would appear that this project has facilitated independent learning in this small group of students, although it must be recognised that they were a highly motivated group to begin with and therefore likely to be high achievers anyway. However, this raises the dilemma of how to develop this form of ‘learning-centered education’ (McCombs and Whisler, 1997) to use with a larger cohort of nursing students.
T131

Development of an innovative practice-based educational tool to enhance nursing students’ skills in assessing older people

Deborah Coleman, Teaching Fellow, Queen’s University Belfast; Janice Christie, Senior Lecturer, City University London; Bronagh Blackwood, Lecturer in Nursing, Nursing and Midwifery Research Unit, Queen’s University, Belfast, UK

Rationale

Ageing is one of the most important global phenomena at present (Timonen, 2008). Whilst increased longevity can be seen as a societal achievement, it also presents challenges in relation to how the health needs of older people will be met. In order to maximise the health and functional capacity of older people it is essential that their health needs are assessed appropriately. This has led to assessment of need becoming a central feature of government policy and practice. In addition, a central theme of current policy agendas is the emphasis on assessment as a person-centred activity (DH, 2001). This has led to an increasing emphasis on accurate, holistic and individualized assessment for older people, who may have complex needs.

Comprehensive assessment is the focus of all healthcare disciplines, as it determines need for care services (Heath and Watson, 2005), and is essential to ensure care is personalised rather than driven by a medical diagnosis or condition (Nursing and Midwifery Council, 2009). It is also an essential part of interagency and multidisciplinary care following the introduction of a single assessment process for health and social care (SAP) (DH, 2001). The Royal College of Nursing (RCN, 2004) suggests that, historically, assessment strategies in nursing have been influenced by the problem solving framework of the nursing process and nursing models. While assessment is integral to professional care, the ability to holistically assess clients and patients appropriately and accurately has always been a key part of a nurse’s responsibilities (Stanley, 2003). However, in light of the Making a Difference (DH, 1999) agenda, the nature of nursing assessment has expanded. As a result of the decrease in junior doctor’s working hours, the nurses’ role has been extended and now includes skills such as auscultation. This means that nurses will be involved in patient assessment to a greater level than in the past (Stanley, 2003). It is crucial, therefore, that core holistic skills are developed before proceeding to more specialist forms of assessment (Stanley, 2003) and thus a greater emphasis must be placed on the holistic nature of assessment within undergraduate nurse education. Yet, there is some evidence that suggests some care personnel lack older person assessment expertise (Nazarko, 2008).

Aim

To develop a practice-based educational tool to enhance nursing students’ older person assessment skills.

Search methodology/intervention development

Tool content and delivery method were selected and developed through synthesis of three activities. The first activity was a comprehensive search of healthcare and educational databases. The databases searched include:
Cochrane Central Register of Controlled Trials (Central), Medline, Embase, Cinahl, Web of Science, Proquest, PsychInfo, ASSIA, ERIC, and BREI. This was synthesized into a review of: effective clinical teaching and learning strategies, needs of older people and nursing assessment skill proficiencies. A second activity concerned consultation with relevant stakeholders. The third activity involved adaptation of a previously validated ‘Older Person’s Assessment Framework’ (OPAF). The framework was developed in 2006 by three lecturers (including the presenter), to support undergraduate nursing students to assess the needs of older people and to help them meet their curriculum learning outcomes/proficiencies, in relation to assessment skills.

Conclusion
The literature review revealed a dirth of information about evaluated comprehensive assessment teaching packages and the need for an innovative practice-based tool based on experiential and constructivist theories. The consultation revealed a need for a tool that was easily accessible, allowed incremental learning, integrated practice support and allowed recording of learning. Therefore, a workbook was developed in which a tailored OPAF provided a coherent learning structure.

Implications
This workbook provides students with a structured approach, integrating academic and practice skills and utilises learning opportunities from practice placements in older persons' care settings. It is anticipated that it may help students develop integrated and holistic assessment skills for an increasing ageing population.

References

Key words:
- experiential learning
- constructivist theory
- workbook.

How this contributes to knowledge development in the Learning and Teaching Strategies theme:
- a literature review revealed a dirth of information about evaluated comprehensive assessment teaching packages
- the need for the development of an innovative practice-based tool based on experiential and constructivist theories was identified
- the practice-based educational tool was developed to support student learning in the clinical setting by encouraging reflective practice, self-critique, self-direction and will encourage critical thinking.

T132

Collaborate, innovate, and change: designing and delivering an information literacy programme to undergraduate nursing students

Heather Baker, Senior Lecturer; Lisa Stewart, Senior Tutor; Lorraine Nielsen, Subject Librarian; Stephanie Cook, Learning Services Librarian, The University of Auckland, New Zealand

Abstract
The importance of information literacy in the nursing curriculum is well documented in the literature. The proliferation of information, the trend towards evidence based practice, and increasing demands for nurses to stay current with emerging research trends necessitates the ability to recognise when information is needed and a capacity to locate, evaluate and use information effectively.

These abilities have been well documented in the literature as being of fundamental importance within nursing education and the nursing profession. Nurses must possess information literacy skills in order to make clinical decisions and provide appropriate patient care.
‘With these underlying skills, students will be better equipped to consolidate and extend their key information literacy skills to include research appreciation and application. These are vital for effective lifelong learning and a prerequisite to evidence-based practice’

(Shorten, Wallace and Crookes, 2001, p.86)

Discussions in the literature have primarily centred on ways of implementing information literacy within courses and methods of delivery, rather than focusing on the collaborative process involved in the implementation of such programmes (Courey, Benson-Soros, Deemer and Zeller, 2006; Craig and Corrall, 2007).

The aim of this project was to provide an information literacy programme that was integrated, incremental and interactive. Achieving this goal required the integration of library resources, services and support more fully into the nursing programme rather than as an ‘add on’; a step-wise approach to building students’ information literacy skills across a series of learning components and tutorials; a shift towards a student-centred teaching approach.

The University of Auckland has an information literacy policy and graduate profiles which outline what the University expects its students to graduate with at undergraduate and at postgraduate level. These include discipline-specific skills, along with general intellectual and life skills. Teaching staff at the University of Auckland are expected to design and deliver curriculum and courses that provide opportunities for students to achieve these attributes.

Having guidelines and a policy that clearly state the importance of information literacy, and who the key contributors are, provides librarians and lecturers with a common understanding from which to work together to collaborate. It also creates a culture of shared vision.

This presentation describes three years of the project which includes components for plagiarism and referencing, evaluating websites, academic reading and writing, library catalogue and database searching in year one, managing evidence based literature in year two and managing a literature review data base in year three. In addition to describing the three years of the information literacy project, this presentation also examines the collaborative process that took place, the effectiveness of integrating information literacy into the programme and the value of using an incremental approach to information literacy.

The effectiveness of integrating information literacy into the programme was evaluated by measuring the students’ information literacy skills as well as qualitative feedback provided by students’ through questionnaires administered prior to entering the programme, at the end of year one, two and three respectively.

Results from this evaluation are presented. Significant improvements over the three years related to using the Web to source information, finding key information sources, and the perceived academic reputations and excellence between difference sources of information are noted. The students’ ability to source reliable and valid sources for evidence to support quality practice was evident by year three. Overall, students had an improved understanding of different types of literary and academic sources, where to source information from, and had developed effective strategies to gather specific and relevant information from reputable publications in order to improve practice.

This collaborative approach has improved student learning and will have a beneficial long term effect on their lifelong learning skills. The collaborative experience between the library and lecturers has been a positive one. Sharing expertise, working together to modify assignments, and discussing the generic information literacy skills that the students require has enabled the subject librarian, learning services librarian, and nursing lecturers to work towards delivering a more cohesive information literacy programme.

References

Key words:
• information literacy
• collaboration
• integrated learning
• student centred approach
• evidence based practice.

How this contributes to knowledge development in the Learning and Teaching Strategies theme:
• strategies to include information literacy techniques within assessed work
• the influence of information literacy skills by nurses on clinical practice
• working in collaboration with librarians and nursing lecturers.
Linking interprofessional education and simulation: physiotherapy students expand their respiratory skills

Marianne Hensman, Clinical Tutor; Serena Stirling, Teaching Fellow, University of Birmingham, UK

Background
Respiratory care is an area of physiotherapy which students may not have the opportunity to experience in practice before qualifying, despite respiratory dysfunction being highlighted as a key experience for students (Chartered Society of Physiotherapy, 2005). Robertson and Bandali (2008) suggested the linking of simulation – to give clinical experience where it is currently lacking – with interprofessional education, to foster high quality team working, as a key future development in learning and teaching. At the University of Birmingham, pre-registration MSc Physiotherapy students may have little chance to interact with other health professionals before placement. A current interprofessional learning project enabled these students to work with student nurses, medical students and student operating department practitioners treating simulated respiratory patients.

Methods
Two interprofessional clinical skills simulations were developed (chronic respiratory and surgical respiratory) enabling physiotherapy students to work alongside student members of three other professions. A hospital ward environment was recreated in a university classroom. Students worked in interprofessional teams to assess and treat a ‘patient’ (role-played by a professional actor). As learning outcomes, emphasis was placed on the fostering of good communication skills and team working. Academic staff facilitators provided clinical skills guidance and professional role support. Facilitators and peers provided feedback on clinical performance, communication and overall interprofessional team performance. Video recordings of the simulations were also made available for students to access after taking part. Questionnaires to all student groups were used for evaluation, along with individual interviews to the MSc Physiotherapy students. As part of the evaluation facilitators were also invited to comment about their perceptions of their participation in the sessions.

Results
All student groups evaluated the simulation sessions very positively. Results mirrored the findings of Kyrkjebo et al. (2006). The most useful aspects they identified were:

- learning about the roles of other professionals,
- reflecting on their own performance, with the help of facilitator and role player feedback
- the opportunity for team interaction.

Specific findings for the physiotherapy students included the value of dealing with deteriorating patients, in a supported environment, giving them greater confidence to use their skills on placement. Physiotherapy students also enjoyed being questioned and challenged during the simulation. They felt they benefited from watching themselves, enabling reflection on their current skill level and development needs. They spoke positively about having the opportunity to teach other professions about the physiotherapist’s role in respiratory care. Facilitators viewed the sessions as hard work, but enjoyable and felt they learned from their involvement. Formal training to aid development of specific skills for interprofessional facilitation would assist them in their roles. They also felt the need for guidance on dealing with clinical errors and poor practice (West Midlands Centre for Innovation and Training in Elective Care, 2009).

Conclusions
These simulations could be made available to larger numbers of physiotherapy students. For those who do not have the chance to experience a respiratory placement the opportunity serves to aid the development of their practical skills. Appropriate professional facilitate is required to enable the students to correctly perform role-orientated tasks. In this low tech environment potential exists to develop the use of a range of scenarios. Support for facilitators would further enable this to happen.

References
West Midlands Centre for Innovation and Training in Elective Care (2009) Interprofessional Clinical Skills Project. Evaluation 08-09.

Key words:
- interprofessional education
- simulation
• physiotherapy
• respiratory care.

How this contributes to knowledge development in the Learning and Teaching Strategies theme:
• simulation is highly valued by students as a learning and teaching strategy in an interprofessional context. Simulation enables enhancement of student practical skills where opportunities in practice may be limited
• immediate feedback to students from the patient (role player) and from peers is greatly valued and is used to aid the development of reflective practice
• investment in training and support for interprofessional facilitators is necessary to further develop the use of interprofessional simulation.

T134
Healthcare delivery through a different lens: the lived experience of an undergraduate international experience
Karen Egenes, Associate Professor, Loyola University Chicago, USA

During the past two decades, the opportunities for participation in international study programs have become increasingly available to undergraduate students. The Loyola University course in community health nursing, which is taught in England, affords students the opportunity to both experience a different culture and to study the healthcare system of the United Kingdom. The opportunity to compare and contrast the British healthcare system with that of the United States causes many students to view healthcare in an entirely different light. However, the exposure to innovative approaches to healthcare coupled with the experience of living in a different culture can engender symptoms of ‘culture shock’ in many of the participants. The role of the instructor is therefore crucial in helping program participant to process their experiences and to integrate new knowledge into their personal philosophies of healthcare delivery.

This paper describes the impact of an international experience on nursing students’ personal and professional development. It further describes students’ experiences and feelings as they progress through the various stages of culture shock, students’ reactions and coping mechanisms, and the role of faculty in facilitating the students’ progress through this phenomenon. Sources of data include students’ qualitative accounts, notes kept by faculty members involved in the program, and interviews with program participants. While the focus of the paper is the lived students’ experience, it also provides guidelines for the organization and implementation of an international experience, as well as a description of the faculty role in such a program.

Key words:
• clinical experience
• international experience
• cultural competence
• culture shock
• student adjustments.

How this contributes to knowledge development in the Learning and Teaching Strategies theme:
• review the rewards and challenges of teaching undergraduate nursing students in a study-abroad program
• explore the role of the faculty in assisting nursing students in the development of cultural competence
• explore the lived experiences of nursing students in their adjustment to an alternative culture and philosophy of healthcare delivery.

T135
Supporting the practice-based curriculum: the role of the link lecturer
Valentina Collington, Deputy Dean/Head of School of Midwifery and Child Health, Kingston University/St. George’s, University of London, UK

Note: As the NMC has not yet published the report from this research study, it is not possible to reveal the findings in this abstract. Jill Rogers Associates has been contacted regarding this. The specific study findings will be available at the conference.

Background
Since at least one half of the midwifery programme is based in placement learning, it is essential that an Approved Education Institution can support placement based learning. The NMC Education Standards (NMC,
Abstracts: Theme Papers, Symposia and Posters

2008) stipulate the requirements for practice learning and support for students. Midwife lecturers must understand placement learning environments, ensure students are adequately supported in these learning environments, and should, themselves be up to date in midwifery practice and policy.

Evaluating whether midwife lecturers bring a unique contribution to the outcomes of pre-registration midwifery education programmes was investigated through a blend of quantitative and qualitative research approaches. With all ethical considerations taken into account, ethical and R&D approval gained, a UK-wide research project was conducted including a survey of lead midwives for education and midwife lecturers and detailed case study research at six higher education institutions across all four countries providing three year and shortened pre-registration midwifery programmes.

The research study had three specific tasks and one of them was to establish which roles and responsibilities of lecturers have most impact on student learning and capability as midwives and provide best support to mentors in their teaching and assessment decisions. It is elements of this task which is addressed in this paper.

**Overall aim of study**
The overall aim of the project is to evaluate whether midwife teachers bring a unique contribution particularly in the context of outcomes for women and their families. This required the research team to investigate the aspects of the midwife lecturer’s practice role that facilitated student learning and where it could be improved.

**Methodology**
The project was designed in three phases and the second phase evaluated the impact of midwife lecturers on the educational experiences of student midwives and on their practice. In-depth case study work took place in six university sites and the maternity units where student are placed.

Data was collected from lead midwives for education (LME), midwife lecturers and student midwives to ascertain different viewpoints on the role of the link (sometimes referred to as liaison lecturer) lecturer. For example, the UK wide survey of LMEs included questions about implementing the practice curriculum and student support, part of the survey of lecturers focused on their activities in the practice settings, whilst face to face interviews explored their role in practice learning support.

The response rates for the different samples/elements of data collection ranged from 50 to 93%.

**Key findings**
The nature of midwife lecturer’s engagement with practice is variable and is determined by the particular organisation model used, by the lecturer’s needs and strengths, and also the effects of other university roles they may have. However, it is expected that lecturers play a vital role in supporting the practice based curriculum. Key findings relate to the lecturer practice role and its effect on:

- student practice skills
- learning and assessment in practice
- lecturer credibility
- student and mentor support.

Various models for how the lecturers in the case study sites linked with the practice sites were identified. There were also factors that facilitated or hindered the practice role of lecturers.

**Reference**

**Key words:**
- link/liaison role
- practice learning
- engagement in practice
- supporting mentors and students.

**How this contributes to knowledge development in the Learning and Teaching Strategies theme:**
- expectations for enhancing practice-based curriculum delivery
- models to support practice learning
- developing the link lecturer role.
Lifelong Learning

Wednesday 8 and Thursday 9 September
Second Group of Theme Sessions
T136

Finding their way: an examination of the lived experience of nurses gaining access to and completing CPD

Ian Donaldson, Senior Lecturer, Bournemouth University, UK

Summary
This paper explores the lived experience of nurses undertaking continuous professional development (CPD) in England. The aim of the research on which this paper is based was to gain an understanding of the lived experience of undertaking CPD from the qualified nurses own perspective. The work builds upon recent work by Bahn (2007a, b), Tame (2009), Balls (2010), Ellis and Nolan (2005) and Drey et al. (2009).

Methods and methodological approach
A descriptive phenomenological approach was utilized to explore the experience of qualified nurses. Data were collected through unstructured in-depth interviews and participants were followed up six months later by a semi structured telephone interview. The interview process was developed from Wengraf’s (2001) work in order to ensure data collected was derived from the participants experience rather than influenced by questionnaire or structured interview. Data was analysed using Giorgi’s (2009) modified Husserlian approach and Cross’s (1981) Chain-of-Response (COR) model.

Results
Data analysis showed how some participants had greater success at accessing and completing CPD than others. Three constituents were identified arising from the data which described the participants’ journey. They were the First Steps, Undertaking CPD and Where Next? Issues around access to CPD, the quest for graduate status, protected study time, coping with learning and teaching strategies/technologies and dissemination of learning were identified as key issues within the student experience.

Participants who described access to supportive networks and a high degree of control over their work and personal lives were more successful in accessing and completing CPD. The role of others in providing support was seen as crucial and the term ‘influential helpful other’ is proposed to describe those individuals who gave active support to empower the nurse in their CPD journey.

Critical areas in the data were around the negotiation and interaction between employer and nurse about shared goals for CPD, a discussion on commitment and support while undertaking CPD and a consideration of evaluating the outcome of CPD for both the individual and the organisation. Developed from the findings the modified chain-of-response model is proposed for use in post-registration CPD in nursing as a model to facilitate closer employer/employee interaction through the CPD journey.

Conclusion
This study adds to the knowledge about the experience of undertaking CPD and has relevance for educational providers of CPD and health service employers. Significantly the issue of disassociation between the individual nurses’ aspirations and practice needs were highlighted and the modified Chain-of-Response model is proposed as a possible approach to bridge this gap.

References


Key words:
• lived experience of CPD
• evaluation of CPD experience
• chain-of-response model
• lifelong learning.

How this contributes to knowledge development in the Lifelong Learning theme:
• explores from the participant’s perspective the lived experience of undertaking CPD
• identifies the need for evaluation of CPD experience and learning gained by nurse and manager
• identifies the role of networks, personal autonomy and role of others in enabling successful participation.

T137
The state of a nation’s diabetes education (UK) for healthcare professionals: where are we now?

Nicki Walsh, Lecturer, University of Nottingham; Stella George, Locum Consultant Diabetes and Endocrinology, East and North Herts NHS Trust; Lynne Priest, Specialist Practitioner, Parkside Surgery, Burnley; David Simmons, Institute of Metabolic Science, Cambridge University Hospitals NHS Foundation Trust; Trudi Deakin, X-PERT Health CIC, Hebbden Bridge; Brian Karet, GPwSI Diabetes, Bradford; Grace Vanterpool OBE, Consultant DSN, Slough, UK

Diabetes UK (the United Kingdom’s leading charity for people with diabetes), recognised that there was potential inequality throughout the United Kingdom (UK) in the education and training of healthcare staff around all issues faced by people with diabetes. They therefore initiated a working group to review the current position and provide recommendations to address any possible limitations. This paper considers the current (as at June 2010) provision of educational courses in the UK for all healthcare professionals (HCPs) involved in the care of people with diabetes and links this to issues and concerns around lifelong learning for nurses and nurse education providers.

The rational for this scoping activity is based on the belief that education provides, in part, a metaphorical bridge between theory and practice thus ensuring care provision is of the highest quality. The existence of a practice-theory gap within healthcare is well defined and much debated (Hewison and Wildman, 1995; Upton, 1998; Corlett, 2000; Gallagher, 2004). This is compounded by concern around the realism within education and how this can be achieved in terms of outcome improvements in the delivery of healthcare (Melia, 1987 and Rolfe, 1996). In addition it was felt that the need to establish the educational value of provision is particularly important in diabetes due to the complex nature of the condition and its management (Cooper and Geyer, 2007; Stacey, 1996; Sweeney and Griffiths, (eds), 2002; Fraser and Greenhalgh, 2001; Plsek and Wilson, 2001; Rickles, Hawe, and Shiell, 2007).

Aims
To explore the current provision of education for those involved in the care of people with diabetes.

To review the alignment of curricula objectives to competencies defined within roles of those involved in the care of people with diabetes.

Methods
It was considered that individuals seeking education around diabetes are likely to use facilities such as the internet search engines as these are easily accessed and provide the information required to select appropriate courses for the individuals’ needs. Therefore in order to mirror the reality of this search strategy, an initial search of the internet was undertaken using generic search engines. Only English language websites were sourced and courses aimed specifically at people with diabetes were excluded. Key words such as Diabetes education; diabetes educators; diabetes courses; diabetes competencies; online diabetes courses; online diabetes education were used.

The search strategy revealed that there are a range of education providers that deliver initial and ongoing courses in diabetes healthcare. These are summarized in Table 2 along with the level of accreditation if available and the method of delivery.
Table 2. The types of education providers that offer diabetes related courses

<table>
<thead>
<tr>
<th>Type of Institution/Education Provider</th>
<th>Academic Level of Courses offered</th>
<th>Types of Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• University/Higher Education Sector</td>
<td>Accredited</td>
<td>Online or face to face teaching</td>
</tr>
<tr>
<td></td>
<td>Certificate</td>
<td></td>
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<tr>
<td></td>
<td>Diploma</td>
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<td></td>
<td>Bachelor of Science</td>
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<tr>
<td></td>
<td>Postgraduate Certificates and diplomas</td>
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<tr>
<td></td>
<td>Master of Science</td>
<td></td>
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<tr>
<td></td>
<td>PhD</td>
<td></td>
</tr>
<tr>
<td>• Charitable Organisations</td>
<td>Generally Non accredited</td>
<td></td>
</tr>
<tr>
<td>eg DUK, IDF</td>
<td></td>
<td></td>
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<tr>
<td>• Commercial Organisations</td>
<td></td>
<td></td>
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<tr>
<td>eg pharmaceutical companies</td>
<td></td>
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<tr>
<td>• NHS Diabetes</td>
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<tr>
<td>• Primary Care Diabetes Society (PCDS)</td>
<td></td>
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<tr>
<td>(PCDS) SB communications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Postgraduate Colleges</td>
<td>Continuous Professional Development Points (CPD)</td>
<td>Online or face to face teaching</td>
</tr>
<tr>
<td>eg Royal College of Physicians</td>
<td></td>
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<tr>
<td>Royal College of Nursing</td>
<td></td>
<td></td>
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<tr>
<td>• In-Service Training through</td>
<td></td>
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<tr>
<td>NHS Trusts</td>
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</tbody>
</table>

Further to this generic appraisal of the data a more refined analysis looked at the institution delivering the education and sort the educational objectives which it was felt would guide the potential participant. This data was somewhat extensive and therefore a content analysis was undertaken using the strategies defined by Glaser and Strauss, (1967). Table 3 reduces these to a constant comparative of 7 and demonstrates the potential for confusion for those seeking education in terms of the course expectation, outcome and appropriateness for their needs. These are not listed in any order.

Table 3

Core educational content analysis

<table>
<thead>
<tr>
<th>Core educational content analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucose metabolism and physiological response</td>
</tr>
<tr>
<td>Epidemiology</td>
</tr>
<tr>
<td>Diabetes Management</td>
</tr>
<tr>
<td>Diabetic Emergencies</td>
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<tr>
<td>Living with Diabetes</td>
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<tr>
<td>The Context of Care Delivery</td>
</tr>
<tr>
<td>Research and Innovation</td>
</tr>
</tbody>
</table>

Discussion and conclusion
It was felt that there was disarray and large gaps in educational provision, with three key issues arising from the scoping activity. Firstly there were significant difficulties in alignment of course to either specific disciplines or competency levels (aligned to the Knowledge and Skills Framework (KSF, 2008), currently used in the National Health Service) this was felt important for appropriation of educational activity to clinical activity. Secondly there was a significant void for those who work at levels below professional registration, such as healthcare assistants. This was felt to be unacceptable with the changing structure of work forces and the reliance on the non registered
workforce. Finally, it was found there was a lack of alignment with course outcome and other discipline specific frameworks such as the report by TREND (TREND, 2010), who looked at diabetes specific competencies for nursing.

In conclusion, recommendations highlight the need for alignment between educational providers and service. It was felt that an independent body populated by all stakeholders including those with diabetes could identify the key skills required from all who come into contact with those with diabetes resulting in unified curriculum objectives that could be used by both potential learners and providers.

References


Key words:
- diabetes
- Healthcare professionals (HCP)
- education
- skills and competency.

T138

An ethnographic case study exploring the use of reflective learning by trainee nurse mentors

Maria Miklaucich, Adult Tutor, University of Surrey, Guildford, UK

Background
Reflection and reflective practice are extensively used in nurse education yet we know little of how the concepts are used in practice. The aim of this study was to discover the extent to which the nurses’ learning was influenced by reflection and reflective practice enabling their development as mentors and fulfilling educational requirements for continual professional development. Questioning this was important. Pre-registration curriculum requires student nurses to spend fifty percent of their time learning in practice with forty percent of that time directly supervised by a mentor. At the end of the programme mentors who meet the criteria also sign-off proficiency,
Nursing Midwifery Council (NMC, 2008). Also, some nurses were being sent to train as mentors when they did not feel ready to take on the role.

**Policy drivers impacting on the study**

The United Kingdom Central Council (UKCC) 1995, introduced the terms of reflection when the Post-registration Education and Practice standards (PREP) were first defined. The aim was to improve education, training and the efficiency of the profession. Traditionally nursing had been motivated more by service to society than by personal achievement. Little notice had been taken at that time of the nurse’s individual achievement or of potential for failure within continuing professional development.

The ENB (1988), the UKCC (1996; 1995) and later the NMC (2008; 2006; 2004) all promoted the use of the concepts of reflection. It was thought by Argyris and Schön (1974) that the separation of theory and practice undervalued and inhibited the generation of practice knowledge and reflection may be the concept through which the theory practice gap could be reduced.


Schön, (1987, p.25) defines his term reflection-in-action as knowing-in-action or knowing what to do. As a process, it is though knowing-in-action that cognitive ability and understanding is demonstrated as an outcome of reflection. Schön, (1987, p.26) defines his term reflection-on-action as reflection retrospectively undertaken however; this will only be the case if it has been remembered.

**Method**
Ethnography was used to gather data from participants in their natural settings by the researcher being there sharing experiences. Praxis offered me a particular perspective on the education of trainee nurse mentors and required me to take action through interpretation of issues as they arose. Within this approach the work of Lather (1991b; 1986) was influential to me as a researcher and a tutor. Participant validation and Yin’s (2003) thinking with the multiple methods known as ‘triangulation’ increased my accountability.

Data collection methods included 1) semi-structured interviews, 2) non-participant and participant observations of trainee mentors in practice teaching and assessing student nurses. 3) Written reflective accounts from the trainee mentors and field notes. Ethical application was formally agreed.

**Results**
Following completion of grounded theory analysis a substantive praxis theory emerged. This theory placed an emphasis on my perception of the participants and on my interpretations as described by Strauss and Corbin (1998).

**Figure 1 Theoretical finding.**
This is a Diagrammatic representation of a praxis theory of learning through reflection and reflective practice not previously identified.
Through ethnography I have identified the way in which trainee mentors utilise reflective practice for learning the role of the mentor. The findings have the potential to inform educational policy and practice in relation to the value of reflection and reflective practice.

References


The Nursing and Midwifery Council (2006 and 2008) Standards to Support Learning and Assessment in Practice NMC Standards for Mentors, Practice Teachers and Teachers. London: NMC.


Key words:
• trainee mentors
• reflection
• reflective practice
• praxis
• continual professional development

Implications for education
Educators and practice should give more recognition to the need for support and facilitation for learning through the use of reflection and reflective practice. Peer group learning for reflective discussion and interpretation of learning outcomes could be incorporated into programmes. Nurses should recognise the different forms of relationships for learning through reflection and reflective practice and that this approach will be supportive to their personal and professional development. Consideration should be given to the development of nurses to the role of the mentor via review of the personal development plans.

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T139

An integrated workforce development model: strengthens care quality and clinical staff retention

Kenneth W. Dion, Chief Executive Officer, Decision Critical Inc., Texas, USA

The electronic medical record has emerged as an essential element in rapidly evolving healthcare systems. However, the nearly exclusive focus on patient-centered information applications ignores an equally important piece in the overall healthcare information matrix: the capture of qualitative and quantitative data relating to the professional development of individual nurses delivering the care.

Because health outcomes to a great extent depend on the training, experience and competence of clinicians providing the care, it is vital that more comprehensive systems be devised to document the skills and ongoing professional development of individual caregivers.

The Workforce development model
A new, integrated workforce development model that incorporates a central data repository populated by four dynamic applications – a learning management system, professional portfolio, evaluation tool and training checklists – can provide a powerful mechanism for capturing, retaining and analyzing the full spectrum of information about the professional capabilities of individual nurses.

Just as the EMR provides a detailed snapshot of a patient's medical history and current status, so too can the Workforce Development Model present a clear picture of the nurse's experience and skills.

Hospitals seeking to minimize the impact of the nursing shortage can utilize the workforce development model to identify individuals within the organization who may be ideal for advancement. In doing so, the organization will likely increase retention; reduce costs associated with turnover and boost employee morale.

Perhaps most importantly, hospitals can expect to see improved patient outcomes once a robust system is in place to promote, capture, aggregate and evaluate clinician competency.

A growing emphasis on clinical competence
In the years since the Institute of Medicine revealed in 1999 that as many as 98,000 lives are lost annually due to preventable medical errors, a variety of strategies have been implemented to improve the level of clinical care.

Nursing organizations have created new mechanisms designed to assess nursing competency, including accreditation of continuing education, specialty certifications (Jenkin, Prows, Dimond, Monsen, and Williams, 2001) and the designation of Magnet Recognition (ANCC, 2008; Drenkard, 2010; McClure, Poulin, Sovie, and Wandelt; 1983).
Nursing schools are incorporating the six IOM principles for the transforming healthcare into both classroom and clinical curriculums. They also are placing a greater emphasis on simulations to more effectively teach and evaluate critical thinking skills (Kaddoura, 2010).

**Hospitals focused on process management**
The quest to reduce errors has led hospitals to adopt a variety of systemic improvement strategies. Some of these approaches include total quality management, continuous quality improvement, Six Sigma and root cause analysis.

Less attention, however, has been paid to nurse training and assessment. Hospitals historically have spent relatively little on the development and enhancement of what is arguably one of the most important components in the healthcare value chain.

**The workforce development model**
A dynamic database that serves as a repository for a variety of detailed professional information represents the most logical and effective method for accumulating and assessing the full array of professional nursing competency data.

A brief review of the model’s components:

- **Learning management system**: Most learning management systems provide an interactive platform for Internet-based continuing education. LMS’ provide a number of advantages over traditional classroom instruction, including 24/7, self-paced learning and a reduction in the costs associated with travel, time away from work and instructor led-teaching. In addition to providing continuing education, most LMS’ track and store educational records as well as licenses, certifications (Cruchville, 2005; Dumpe, Kanyok, and Hill, 2007; Haland and Tjora, 2006; Jensen, 2010).

- **Professional portfolio**: A professional portfolio may contain information found in the LMS but also functions as the clinician’s electronic resume, including details about prior employment history, education and letters of recommendation. Subjective documents, such as case logs and exemplars that demonstrate competency, can be included in the portfolio, along with narratives or job reviews that reflect the nurse’s experience or performance (Cruchville, Buhagiar, and Cardona, 2011). A Web-based portfolio functions as a living document that contains alerts and reminders for events and deadlines, such as licensure and certification renewal. The portfolio may contain roadmaps and clinical ladders to help the individual plan and track professional development strategies (Dion and Smolenski, 2008; Miller and Tuekam, 2011; Moyer, 2002).

- **Evaluation tool**: Increasingly stringent requirements and a traditional reliance on subjective quality analysis in healthcare are driving the development of new applications designed to provide a more systematic approach to assessing staff competence and capabilities. The evaluation tools facilitate the acquisition and assessment of information designed to provide actionable feedback for both the organization and individual. Typically, all aspects of job performance can be factored in. These elements can include job knowledge, productivity, initiative, creativity, interpersonal relationships, supervisory skills, dependability and professional contributions. Defined standards and benchmarks ensure consistent evaluations across the organization. More effective planning for personnel placements can be accomplished by isolating details about each employee’s demonstrated capabilities (Franklin, 2009; Smith, Gunzenhauser, and Fielding, 2010; Ritter and Kinsler, 2007).

- **Check lists**: Successful staff development depends on periodic training and skills assessments that integrate academic, clinical and business competencies. Check list tools allow for individual assessment to ensure that professionals obtain and maintain accreditation-required competencies. By developing on-line check lists tailored to specific organizational standards and procedures, cumbersome, paper-based processes can be eliminated (Davis, 1987; Hardy, 2007; Hess, 2011).

**Benefits of the combined model**
The synergistic effect of the data points collected in the workforce development model creates a level of granularity and transparency that is predominately unavailable with traditional paper records. Real-time snapshots of training, performance and skills allow managers to more effectively match clinicians with departments, positions and organizational needs.

Managers also can use the information to help clinicians develop their professional development path.

Given that the cost of replacing one nurse is estimated at $50,000 in hiring and retraining expense, it behoves hospitals to find more effective ways to assess and support the capabilities and professional objectives of their existing staff (Dion, 2011). By demonstrating a commitment to the individual's professional evolution it improves retention and morale.

**In conclusion**
The healthcare industry has and will continue to move from a model of compliance to a model which requires the demonstration of continuing professional competency. All the process improvement and technology we can
implement will have little impact on patient outcomes if we do not focus on where the true value in our healthcare system comes from, the people who deliver the care.

References


Key words:
• e-Learning
• assessment (web-based beside skills assessment)
• electronic professional portfolio (life-long learning demonstration)
• competency management (work-based learning)
• blended learning (integration of e-Learning, classroom-based learning, skills demonstration and performance evaluation captured in a single database).
T140
Leading innovations in practice: developing doctoral networks within clinical settings
Ruth Dawson, Practice Development Lead Nurse; Mary Douglas, Head of Learning Development, Salford Royal Hospitals Foundation Trust, Salford, UK

Aim
To illustrate how doctoral networks are enabling senior, academically competent, clinicians to develop effective spheres of influence and a strong voice, impacting on patient care delivery.

The network facilitates the learning of practitioners, influences policy development and creates a platform for challenging healthcare practice and leading developments within a high performing foundation Trust.

Background
Innovations in practice has been defined ‘as the encouragement of professionals to utilise their acquired knowledge and skills to creatively generate and develop new ways of working drawing on technologies, systems, theories and associated partners/stakeholders to further enhance and evaluate practice’ (McSherry and Douglas, 2011).

Innovation does not occur in isolation, and requires three main principles ‘creating innovative competencies, allocating resources to innovative projects and managing an innovative pipeline’ (Boyd, 2011). Innovation is about doing things differently. Most innovations largely come from staff working within the organisation (Institute for Innovation and Improvement, 2011). Nursing is a complex and demanding profession requiring knowledge, skilled and critical thinkers (Brechin, 2000), despite this there is a growing perception that the quality of nursing is diminishing (Firth-Cozen and Cornwell, 2009). Future healthcare professionals need also to be mindful that they will be challenged by major economic crisis, climate disasters, changes in healthcare politics and policies and societal factors.

In recent years increased opportunities for professional healthcare staff to access higher degrees has contributed to the creation of a mass of highly educated highly knowledgeable practitioners.

Development of this network, sought to provide the support infrastructure and financial pump priming to enable such individuals to come together to form a strong voice in practice development and to raise their sphere of influence.

In November 2010, clinicians who are currently studying to Doctoral level, either via Professional Doctorate or PhD routes, were invited to come together to form a Doctoral network.

Monthly forums are established and clear terms of reference agreed. This network is the bridge that spans the gap between academia and clinical practice. Network members have one foot in the HEI which supervises their studies, and one foot in the clinical setting. All research studies are steeped in clinical practice, developing positive outcomes for patient care delivery. The network focuses on how this ‘bridge’ can develop its voice via critical thinking and meaningful dialogue, and therefore influence healthcare in today’s ever changing climate.

This presentation will share early experiences of this innovative network including considerations of the impacts, insights, benefits and challenges of working together to support innovations in practice.

References


T141

Concept map method using as a data analysis and synthesis method

Kerttu Tossavainen, Professor; Virpi Kemppainen, Doctoral Student MNSc; Hannele Turunen, Professor, University of Eastern Finland, Kuopio, Finland

Background

Concept map method has been developed by Joseph D. Novak and his research group since 1960. The concept map method was originally developed and widely used in teaching and learning contexts, (e.g. in mathematics and educational psychology) and also in nursing education. The concept map method is an instructional strategy for identifying, graphically displaying, and linking key concepts by organising and analysing information. Main principles for concept maps are that they have hierarchical structure, concepts are identified via key questions and the concepts are linked together by cross-links and the links are named. The concept map method is an effective deep learning method and it develops critical thinking. It assists to perceive and understand essential issues from irrelevant issues of research data. The concept map method also assists to combine new theoretical knowledge to the previous knowledge base. In nursing science, the concept map method has been widely used in nursing education as a metacognitive tool to promote and evaluate critical thinking of nursing students, teachers and managements. In research methodology the concept map method has been used as a data collection method and researchers should develop the concept map method also toward research analysis method.

Data analysis process of the concept map method in research project

In this research project: 'Nurses' health promotion practice and qualification in nursing' concept map method was used as a data analysis and synthesis method in an integrative literature review which data consisted of twenty-eight research papers. Concept map method was applied as follows: Firstly, the key question was identified and concepts were identified through the key question. Secondly, the concepts were presented in a hierarchical fashion with the main concepts at the top of the concept map and less general concepts arranged hierarchically below. Thirdly, the concepts were connected to each other using cross-links; the cross-links were named and they described the relationships between the concepts. Fourthly, specific examples were added to clarify the meaning of each concept. In the last phase the concept map was compared with the included studies to verify that the concept map was correct. Results of the integrative literature review were also presented as a concept map.

Conclusions

All the published research articles were analysed systematically via the concept map method, which is rarely used as a data analysis method in research methodology. We used researcher triangulation (VK, KT and HT) during the research process, which enhanced our understanding of the concepts and improved scientific rigour. Nurses health promotion practice is challenging topic to conceptualize, but we found that the concept map method was useful in data analysis and synthesis.

References


Key words:

- concept map
- research analysis method
- integrative literature review
- assessment
- learning and teaching.
Symposia

09.00 – 10.30
Wednesday 7 September
Contemporising practice placements for undergraduate student nurses: are ‘hub and spoke’ models the future?

Symposium Chair: Professor William Lauder, Editor in Chief, Nurse Education Today

Michelle Roxburgh, Lecturer in Nursing; Patrick Bradley, Teaching Fellow, University of Stirling; Debbie Banks, Senior Lecturer; Colin Macduff, Reader, Robert Gordon University, Aberdeen; Morag Gray, Professor of Nursing, Associate Dean (Academic Development); Margaret Conlon, Lecturer, Edinburgh Napier University, UK

Background and context

Issues that may impact on student retention and attrition are multifactorial but a number of key areas have been highlighted, including the quality of support and learning experiences in practice settings. The ‘Recruitment and Retention’ Report of the ‘Facing the Future’ Sub-group and Working Groups (SGHD, 2007) recommended:

‘a small number of focused projects should be established to enhance mentor and practice learning where NHS boards and their partner education institutions work collaboratively to develop a specific area of good practice.’

Additionally the NHS Education for Scotland commissioned Evaluation of the Fitness for Practice Pre-registration Nursing and Midwifery Curricula in Scotland (Lauder et al., 2008, NES, 2008) also suggested a need to evaluate current clinical learning experiences in terms of balance, length and quality.

This project is being progressed by NHS Education for Scotland as part of the broader SGHD Student Recruitment and Retention programme.

Currently practice placements in pre-registration programmes in Scotland have, in the main, been organised in a way that commonly involves students attending a number of different placement types and areas over the duration of their training programme. This poses several challenges including:

- Configuring placement experiences in a way that respond to the policy drive to shift the balance of care
- Focus on health improvement and reflect the service user journey, including access to appropriate placements within the community
- Variability in number and length of placements across the Fields of Practice (branches) and between education institutions
- Balancing the supply and demand for particular placements
- Ensuring quality of student practice placement experience.

The following three papers will discuss how three Scottish Universities and their associated NHS Partners have designed and tested a variety of models based around the notion of ‘hub and spoke’. Each paper will share their unique features in design; implementation and the results of the evaluations conducted and provide recommendations for future contemporary practice placements.

1. Hub and Spoke as a 1st Year student experience: Stories from student diaries

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

This paper will explore findings from the students perspective of the impact of a hub and spoke model of clinical practice placement across 3 geographically diverse locations, (Urban, Remote and Rural) with a particular focus on enhancing the student experience of belongingness, continuity, continuous support and contemporary and future focused practice.

A brief overview of the models developed will be offered followed by the findings of one element of the data collection undertaken, namely the students reflective diaries which they completed during the 1st year experience.

The diaries were semi-structured with students being asked to record their thoughts on the following items: experiences of activities in the clinical setting, work-study life, how they participate in clinical placements, factors that shape their clinical experience. The diaries also encompassed a free text section.

2. A whole systems approach to establishing hub and spoke placements for mental health nursing students

Colin McCuff, Reader; Debbie Banks, Senior Lecturer, Robert Gordon University, Aberdeen, UK

This paper will share the key learning points emerging from the development, implementation and evaluation of a hub and spoke model for the practice learning element of a whole mental health nursing programme. Following brief description of the aims of the model and the nature and scope of the whole systems approach involved in its development to date, the session will provide three perspectives on its implementation. The first will be provided by faculty from the HEI, focusing on initial foundational issues. The second, provided by an NHS based mentor will focus on the practical challenges involved in translating aspiration into practice. The third will synthesise the key lessons to emerge from a stakeholder evaluation of the development, with particular focus on students’ and
mentors’ perceptions of their experiences. In this way it is hoped to highlight commonalities with the perspectives in Paper 1 and points where contrasts are evident, as a basis for symposium discussion and debate.

3. Student placements in CAMHS: a hub and spoke approach for person-centred learning in children and young peoples’ mental health services
Morag Gray, Professor of Nursing, Associate Dean (Academic Development), Edinburgh Napier University, UK
The aim of our collaborative project is to explore the advantages and disadvantages of allowing students a placement experience in which the application of knowledge to practice in the field of child and adolescent mental health services is achieved at a deeper level and more sustainable over time through a hub and spoke approach. Through this paper, we will share details of the highlights of the project as well as outlining the challenges and our attempts to overcome these. We will focus on both the student and mentor perspectives.

References

Key words:
• nursing
• practice Learning
• hub
• spoke.

Contribution to knowledge development:
• creating a sense of belongingness for students
• enhancing the quality of practice learning
• consistency of mentorship and therefore objective practice assessment.

Acknowledgements
The studies were commissioned by NHS Education for Scotland (NES).

S2
The learning disability/social work dual award: the best of both worlds
Alex McClimate, Senior Research Fellow; Dave Bosworth, Joint Programme Leader (Social Work); Jacqui Brewster, Joint Programme Leader (Learning Disability); Charlotte Nutting, Final Year Student, Sheffield Hallam University, UK
The Faculty of Health and Wellbeing, Sheffield Hallam University, has been running a dual award professional degree programme since 2005. It is aimed at students who wish to graduate with a combined learning disability nursing/generic social work qualification.

This new route operates in a challenging environment and the design of the course reflects this. Each paper will focus on a particular aspect of the overall experience from policy to practice via teaching, student reflection and service user involvement. Our symposium will highlight how the new dual award programme offers unique opportunities for teaching, learning and assessment.

Our aim is to introduce the rationale behind such programmes with some discussion on the importance of healthcare for the target population. Specific objectives are then to highlight the opportunities and challenges of delivering the curriculum with a focus on the innovative use of placement learning and virtual technologies. We invite debate on models of best practice and sharing of expertise to benefit both practitioners and users of services.

The four papers which address the conference themes of Curriculum Innovation and Enhancement; Students, Teachers and Service Users; and Partnership Working comprise our symposium.
1. Must the future resemble the past? An introduction to the learning disability/social work dual award
Alex McClimens, Senior Research Fellow, Sheffield Hallam University, UK

This paper will outline the historical precedents and policy initiatives (Briggs, 1972; Jay, 1979) that have led to the formation of dual award programmes that combine learning disability nursing with social work. In doing so we shall address the political background and shifts in social thinking (DHSS, 1990; DH, 2001; 2009) that have created the space that allows educationalists to develop curricula which can meet the challenges of caring for a highly marginalised population within an increasingly squeezed health service.

This is difficult terrain not least because the health needs displayed by this group bring them into contact with primary and secondary care where their more general needs, particularly around communication and often are not well understood. The results are well documented (Mencap, 2007). This does two things. It places an onus on the health service to meet the requirements of anti-discriminatory legislation (DH, 2010) and on educators to produce professional who can operate social model thinking in this political environment.

Key words:
• politics
• policy
• social model (of disability).

2. An evaluation of ‘new learning’ on the experiential placement
Dave Bosworth, Joint Programme Leader (Social Work), Sheffield Hallam University, UK

Students on the course are provided with an 'experiential placement' in year 1. This was developed to encourage 'deep learning' (Fry et al., 1999). To facilitate this constructivist educational principles typified by a learning environment that promotes 'self directed learning activities' (Wenger, 2009 p.217) were used. This required the development of practice learning opportunities, not necessarily in traditional settings, with the focus on enabling students to work with individual(s), so that they may 'reflect on the lived experiences of individuals' they will work with (SHU Def Doc. Sept 2009). When the programme first ran, there was such enthusiasm that the course team was interested in both what the students were learning and how this was promoting their professional development. Accordingly, a group of students on the programme were involved in a small scale study to evaluate the efficacy of the educational experience. The study indicated that the learning environment had promoted a stimulating educational experience that was highly reflective and that key to that learning was 'active participation' (Beverley and Worsley, 2007) and 'transformative learning' (Mezirow, 2009). Beverly and Worsley (2007) argue that it is essential that students are enabled to participate in their educational experiences and the data supports that this has been the case. Additionally, ‘transformative learning’ (Mezirow, 2009), typified by a process that involves critical reflection enabling learners to transform their previously held viewpoints.

Key words:
• student learning
• learning theory
• professional development.

3. Enhancing learning: virtual improvised scenarios (The El-vis Project1) using interactive technology to enhance student learning via computer assisted packages of learning
Jacqui Brewster, Joint Programme Leader (Learning Disability), Sheffield Hallam University, UK

People with profound and multiple learning disabilities (PMLD) are among the most excluded in society. Recent reports (Mencap, 2007; DH, 2008; Local Government Ombudsmen, 2009; DH, 2010) highlight the failure of generic health services to meet the needs of this population where service failure has led to ‘discomfort, pain and premature death’ (DH, 2010). In addition people with PMLD and their families face continued ‘prejudice, discrimination and low expectations’ from poorly co-ordinated care services which are ill equipped to meet their needs (DH, 2010).

The El-vis Project is aims to educate health and social care professionals to meet the complex care needs of people with PMLD and their families. To do this we have introduced students to a ‘virtual’ individual who has PMLD.

The individual's story develops to incorporate various health and social care crises throughout the three years of the student's course. The project involves the use of technology such as Sim Man patient simulators, disability aids, video and virtual learning sites as well as the development of avatars and scenarios. The project also involves users of learning disability services throughout who contribute their expertise.

Key words:
• profound and multiple learning disabilities
• simulated learning experiences
• healthcare discrimination.

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1 Enhancing Learning – virtual improvised scenarios
4. Learning Together: the student experience
Charlotte Nutting, Final Year Student, Sheffield Hallam University, UK

Charlotte will provide a reflective account of her first university placement with Chris and Nicky Sampson. Chris is a nineteen year old man with down syndrome who lives at home with his mum Nicky. For the last four years, Chris and Nicky have hosted a ‘family placement’ for first year students on the dual award.

Having set the context of the family placement (when, where, duration, aim) Charlotte will detail the opportunities for learning and development. She will comment on the usefulness of interprofessional university teaching prior to placement and will share ethical dilemmas whilst on placement.

Charlotte will reflect on ‘what she got out of placement’ followed by short videos from Chris and Nicky who tell us why they became involved in the dual award and what the family placement means to them.

Key words:
- family placement
- ethical dilemmas
- interprofessional learning.

References

S3
How may we best support bioscience learning in nurse education? Research and approaches from Birmingham City University
Patricia Fell, Senior Academic (Learning and Teaching); Patricia James, Head of Health Sciences Department; Laura Ginesi. Lecturer (Applied Physiology); Melanie Shale, Senior Lecturer (Applied Physiology); Racheal Parke, BSc (Hons) Dimensions in Healthcare Student; Rhys Jones, Lecturer (Applied Physiology); Helen Clarke, Senior Lecturer (Applied Physiology); Nigel Penny, Lecturer (Applied Physiology); Roger McFadden, Senior Lecturer (Applied Physiology), Birmingham City University, UK

Aims of Symposium
A working appreciation of biological scientific knowledge underpins many nursing skills and most authors agree that students appreciate the necessity of studying physiology and bioscience as an essential basis for safe and effective practice (Nursing and Midwifery Council, 2010; National Institute for Clinical Excellence, 2007).

As nurses become more autonomous in their practice and undertake new roles such as prescribing, bioscience knowledge is becoming increasingly important (Friedal and Treagust, 2005). Current literature however
repeatedly suggests that the learning of bioscience by pre-registration students is problematic and that both nursing students and qualified nurses often struggle and experience difficulty assimilating and applying biological scientific knowledge (Davies et al., 2010; McVicar et al., 2010). As nursing moves to an all graduate profession, nurse educators need to ensure that graduates of the future are confident in their abilities to apply bioscience in clinical decision making.

This symposium will first discuss findings from a small pedagogic research project exploring the perceptions of pre-registration students' opinions and experiences on learning bioscience and then present some of the approaches the Health Sciences Department have taken in helping students tackle this perceived area of difficulty.

1. Learning and applying physiological knowledge to clinical practice; pre-registration nursing students' perspectives

Patricia Fell, Senior Academic (Learning and Teaching); Pat James, Head of Health Sciences Department, Birmingham City University, Birmingham, UK

The aim of this study was to explore the perceptions of Birmingham City University (BCU) students regarding their experience of physiology education within nursing curriculum.

In keeping with the exploratory nature of the study, a qualitative methodology was adopted. A survey approach was undertaken and questionnaires were used to explore the views of students about their experience of bioscience education on their course. The views of both DipHE and BSc third year pre-registration nursing students (n=245) were collected.

The initial findings support current literature that students believe that there is insufficient physiology in their pre-registration nurse education and highlights the need to incorporate more applied physiology and bioscience both in university and on placement. Students expressed a preference for applied active forms of learning as opposed to traditional didactic forms of teaching such as lectures. The data from this study will be presented and discussed under key themes identified from the data analysis as follows:

1. Quantity of physiology in the pre-registration nursing programme
2. Learning and teaching methods
3. Range of bioscience coverage

The implications of research findings from this study will be considered in order to explore the most effective ways to support student learning of bioscience and ensure students are sufficiently prepared for practice on qualification.

2. Introducing an action learning approach that promotes high levels of student satisfaction

Laura Ginesi, Lecturer (Applied Physiology); Melanie Shale, Senior Lecturer (Applied Physiology), Birmingham City University, Birmingham, UK

Human Physiology and Health was developed as an option module for 3rd (final year) students on the BSc (Hons) Nursing programme at BCU. Groups were divided into action learning sets with the aim of developing their ability to discuss and analyse case studies from a physiological perspective. Module sessions were designed to promote student participation and enthusiasm for a problem-based approach to learning and were supported by a lead lecture for each case study.

Feedback from students stated that the module had helped them to better understand how physiology informs their observations of signs and symptoms. Students perceived that they were offered choices that left them feeling empowered to apply knowledge gained to their future practice.

From a tutor's perspective, the role of facilitator of learning changes our interaction with the students, but the range of activities and approaches adopted by the various action learning sets appear to promote in-depth understanding of the scenarios. As module leaders we observed that the levels of student engagement with the learning, particularly during presentation sessions, were extremely high. In addition, the quality of work that students submitted for assessment was excellent and students told us that their ability to apply knowledge in their workplaces improved. A satisfying experience for all.

3. Can laboratory based practical sessions help nursing students learn bioscience?

Racheal Parkes, BSc (Hons) Dimensions in Healthcare Student; Patricia Fell, Senior Academic (Learning and Teaching); Rhys Jones, Lecturer (Applied Physiology); Helen Clarke, Senior Lecturer (Applied Physiology); Nigel Penny, Lecturer (Applied Physiology); Birmingham City University, UK

Traditionally at BCU, nursing students have not undertaken laboratory based sessions as part of their nurse education. However with the recent installation of new laboratory facilities and new LabTutor® software, there are exciting opportunities to incorporate 'hands on' practical sessions to support bioscience teaching within the Faculty. Members of the Health Sciences Department are currently working in partnership with a post-registration student (as part of the University student academic partnership scheme) to design and develop an initial set of laboratory practical sessions to pilot and evaluate in the pre-registration nursing curriculum. This presentation will reflect on the process and present the initial findings from student evaluations as to whether such hands-on
laboratory work adds value to student learning in developing understanding and knowledge of the biosciences that underpin practice.

4. Assessment based on Peer-Marking as part of the learning process
Melanie Shale, Senior Lecturer (Applied Physiology); Roger McFadden, Senior Lecturer (Applied Physiology), Birmingham City University, UK

Many nursing students find the subject of biomedicine quite daunting so in 2006 we introduced a new first-year module, ‘Principles of Biomedical Science for Nursing’. This module focussed on student-led learning with an open structure based on workshops and self-directed study that encouraged students to interact with learning materials rather than passively receiving information and memorising facts for exams.

An innovative form of assessment was used involving the peer-marking of assignments. This aims to enhance and reinforce students’ learning experience by integrating assessment into the learning process. By a process of continuous assessment, students are required to complete a series of questions and tasks in workbooks related to each section of the module. Then, in collaborative sessions, students mark the work of their peers.

The peer-marking of assignments was a significant departure at BCU from normal assessment procedures. Integrating assessment into the learning process, students not only had to complete their own assignments but also reflect on the answers as they marked their peer’s assignments.

The module received very good evaluations from students who appeared well motivated and the pass rate was excellent. The process of peer marking requires good organisation but has worked well and continues to be enthusiastically endorsed by the students.

References

S4
Great expectations: enhancing the placement experience
Pauline Walsh, Head of School, Keele University; Marion Leducq, Lecturer and Lead for Student Retention; Liz Aston, Associate Professor and Lead for Practice Learning; Mark Avis, Head of School; Julie McGarry, Associate Professor; Aimee Aubeeluck, Course Director GEN and Sue Thompson, Deputy Course Director GEN, School of Nursing, Midwifery and Physiotherapy; Kathryn Hinsliff-Smith, PhD Educational Researcher, University of Nottingham, UK

Introduction
Improving student retention is relevant to an international audience concerned with the educational and clinical preparation of nurses to meet the challenges of the 21st century. Student retention has multivariate influences; the clinical placement is one such variant in the overall student experience. Current work in student retention across the higher education sector in the UK directs us towards creating realistic expectations, increasing student engagement and enhancing the student experience, particularly in the first year. In this symposium we consider what this means for the preparation and support of students on clinical placements. Our theme, therefore, is the impact of clinical placement experience in pre-registration nursing programmes.

The four papers discuss, in turn, the significance for student retention, placements as transitions, the particular viewpoints of mature students and enhancing the learning of graduate entry students on an accelerated programme.

Symposium objectives
- highlight the role of clinical placements in the ‘student journey’
• discuss the relationship with student retention and success
• present examples of initiatives from our own experience
• invite discussion with delegates on experiences and insights from their own institutions.

1. The impact of clinical placement experience on student retention
Pauline Walsh, Head, School of Nursing and Midwifery, Keele University, UK

The need to reduce attrition from healthcare programmes is not a new concern, however it is now gaining momentum due to the introduction of quality payments to higher education institutions (HEIs) if attrition is below the nationally set benchmark of 13%. Several studies have identified clinical placements as a factor in attrition (Brodie et al., 2004; Gibbons et al., 2007; Last and Fulbrook, 2003), however little empirical research has explored the impact of clinical placements on student retention. Recent studies acknowledge the complexity of the issues involved and, in line with the move in the literature towards promoting retention, suggest that the focus should not be on why students leave, but why those who have considered leaving stay (Bowden, 2008; O’Donnell, 2009; Fowler and Norrie, 2009). The shift from seeing attrition as a student issue to an institutional one poses challenges for education managers in terms of ensuring integration, student support and course organisation. This paper will link the literature in these two areas to identify potential areas for future consideration and action.

2. Enhancing the student experience: clinical placements as transitions
Marion Leducq, Lecturer and Lead for Student Retention, Liz Aston, Associate Professor and Lead for Practice Learning, Mark Avis Head of School, University of Nottingham School of Nursing, Midwifery and Physiotherapy, UK

The significance of transitions in ‘the student journey’ is widely acknowledged in the literature on student retention, in particular the difficulties of passage into higher education and the first year experience (Yorke and Longden, 2008). Approaches to transition support have now shifted towards student empowerment, development and engagement rather than merely as prevention of dropout (QAA, 2008).

Many authors in the international nursing literature have concentrated on the transition from student to registered nurse. Relatively few authors have described transitions during pre-registration programmes (Bradby and Soothill, 1993; Holland, 1993). We argue that we should go beyond identifying predicable transitional points and define the nature of each transition and what is required to enable students to progress, develop and ‘flourish’. For example, there is increasing evidence that the first clinical placement experience is a key event that influences decisions to stay or drop out. In this paper we discuss the nature of the transition and strategies to prepare and support students during their first placement.

3. ‘Am I just a student on a clinical placement or can I offer more?’ The voices of mature students on a DipHE/BSc nursing programme in the UK
Kathryn Hinsliff-Smith, PhD Educational Researcher, School of Education and Division of Nursing, University of Nottingham, UK

In the UK there is a requirement that pre-registration nurses undertake 50% of training in a clinical placement. Despite a growing body of research on the effects of placement experience on student retention, only a few studies have sought the views of student nurses themselves (Pearce and Draper, 2009; Keogh et al., 2009). Relatively little attention has focussed on the particular experiences of mature students. The aim of this paper is to add their voice to the debate.

One to one semi-structured interviews were conducted with nine participants on a DipHE/BSc in nursing programme. This paper presents an overview of their experiences during clinical placements in the first 2 years of their programme. The findings are part of a larger PhD study on student persistence using a grounded theory methodology. From the participants’ narrative, there was perceived role conflict on placements: that of a student nurse or an individual with ‘life experiences’. Success of the placement, as viewed by the student, was dependant on their ability to ‘negotiate’ with their mentor and the support provided by their institution.

4. Supporting practice learning with graduate entrants to nursing: the case for PBL in the Nottingham GEN curriculum
Julie McGarry, Associate Professor, Aimee Aubeeluck, Course Director GEN and Sue Thompson, Deputy Course Director GEN, Division of Nursing, School of Nursing, Midwifery and Physiotherapy, University of Nottingham, UK

Nurses in contemporary care environments need to be responsive and adaptable to meet the changing demands of healthcare (Dalley et al., 2008). This requires life-long learning skills, such as critical thinking and reflection on practice (Department of Health, 2008). The graduate entry pre-registration programme (GEN) at the University of Nottingham is an accelerated course which builds upon transferable skills and knowledge. Our model views learning as a process of educational and personal growth through evidence and problem based learning (PBL) and where reflection and deep learning are synthesized into clinical practice (McGarry et al., 2010).

GEN students value PBL as an opportunity to incorporate their placement experiences as part of the problem solving process. However, there is a paucity of evidence regarding the process underpinning PBL (Da Silva and
Dennick, 2010) in terms of fostering deep learning and synthesis with practice learning. In this paper we describe a study that explored interpersonal processes and group dynamics within GEN PBL groups in terms of the development of deep learning and synthesis within practice settings.

References:

Key words:
• student retention
• clinical placements
• student experience
• pre-registration
• transitions.

Contribution to knowledge development
• integrates and adds to the growing literature on student retention
• expands the discussion of the role of clinical placements in supporting student retention and success
• shares perspectives from two higher education institutions in the UK and facilitates discussion with an international audience.
S5
Sustainable healthcare: a holistic curriculum
Stephen Gillam, Director of Public Health, University of Cambridge; Frances Mortimer, Medical Director, Centre for Sustainable Healthcare; Stefi Barna, Lecturer, Norwich Medical School, University of East Anglia, UK

Objectives:
• display innovations in academic scholarship in conceptual analysis
• share new insights of relevance to an international audience
• stimulate discussion about the barriers to change and the results of solutions piloted during the 2010-11 academic year.

Introduction
Many health professionals intuitively recognise the inter-connectedness of environmental sustainability and health. However, clinicians can initially find it difficult to bring the two concepts into the same frame of reference. Sustainable living might make perfect sense in your personal life, but on walking through the double doors of the hospital, medical thinking kicks in – seeming to offer no space (or time) for wider considerations. Yet many practitioners recognise how deeply our health is rooted in the sustainability of our environment, and that this has many practical implications for society and for good patient care. It is not surprising that interventions to curb over-consumption and encourage active travel should 'co-benefit' health as well as the environment; nor that supporting patients and their families to take a more active role in their care should improve their experience of healthcare and clinical outcome, while also contributing to a more efficient and sustainable service. Bringing an understanding of sustainability to healthcare can improve its effectiveness while reducing environmental costs. It also provides an important contribution to the emergence of sustainability in wider society – narrowing the gap between national or international policy-makers (who increasingly recognise the imperative to act on climate change) and the populations they represent.

The sustainable healthcare education (SHE) network is a fast-growing group of UK clinicians, academics and students who have been developing teaching materials for undergraduate medical education. This symposium represents the breadth of their work, both theoretically and in practice. The first presentation will set the social, economic and policy context for the global importance of a more sustainable healthcare system. The second presentation will discuss the findings of various pedagogical innovations in medical schools that are also applicable to other health professions. The third presentation will give examples of training and CPD activities for the current workforce.

1. Climate change and the role of health professionals in sustainable, patient-centred healthcare
Frances Mortimer, Medical Director, Centre for Sustainable Healthcare
Climate change has been widely acknowledged as a major threat to public health and its effects are likely to be felt most strongly among socially disadvantaged sections of society. Our high-carbon society bears the responsibility for much of the obesity-related chronic illness that we attribute to ‘lifestyle’ choices. The largest part (60%) of the NHS carbon footprint comes from the procurement of goods and services, of which pharmaceuticals contribute some 4 million tonnes of carbon dioxide. The NHS is responsible for 25% of England’s public sector emissions and the NHS Carbon Reduction Strategy (2009) requires its workforce to take a role in reducing carbon consumption across the NHS, and that NHS organisations work in partnership with higher education institutions to ensure that sustainability and carbon reduction concepts are included in medical training. Too few clinicians are currently engaged in leading service improvement, yet the combined challenge of improving quality of care, financial efficiency and environmental sustainability can only be met through clinicians seizing responsibility to drive change. Sustainability is increasingly cited as the seventh dimension of quality of care. Sustainable healthcare is preventative, patient-centred and lean - tapping into the resource of empowered patients, giving them ownership of their own health data, making better use of telecommunications and home therapies.

2. Sustainable healthcare in the undergraduate curriculum
Stefi Barna, Lecturer in Public Health, Norwich Medical School, University of East Anglia
The sustainable healthcare education (SHE) network is a group of clinicians and academics who have developed open-source teaching materials for use in undergraduate and postgraduate education. The learning objectives, lesson plans and slide packs make it possible for those who consider themselves ill-informed about sustainability to run insightful sessions for students. They are available for free download internationally. The materials are being piloted and evaluated in nine medical schools which have both traditional and problem-based curricula. They employ a variety of pedagogical formats, including student-selected modules, introductory stand-alone lectures, problem-based learning exercises and activities in clinical modules. The learning outcomes are mapped to the General Medical Council’s guidelines for medical graduates to show that climate and sustainability can be integrated into core curricula without adding to the syllabus load. The overall focus is on developing skills for clinical sustainability, advocacy, leadership and management, in addition to knowledge about the health effects of climate change.
This presentation will demonstrate the teaching materials developed by the sustainable healthcare education network, describe the outcomes of the first year of piloting in a range of pedagogical contexts, and discuss the implications for public health and healthcare education internationally. The learning objectives have been developed by contributors from six UK medical schools, in consultation with the NHS Sustainable Development Unit, the Center for Health and the Global Environment at Harvard Medical School, and the WHO office of Climate Change and Health. Teaching packs are available free of charge, with lesson plans and materials to support the following learning objectives:
1. Describe the benefits and challenges of sustainable healthcare
2. Recognise the role of climate change as an environmental hazard in ill-health and discuss ways to mitigate its effects
3. Explain the role of doctors as both managers and clinicians in the provision of sustainable healthcare
4. Demonstrate advocacy and leadership skills for sustainable healthcare

3. Sustainable healthcare in clinical training
Stephen Gillam, Director of Public Health, University of Cambridge

The links between health and sustainability have become increasingly mainstream in health policy. For many practitioners, however, sustainability and climate change remain marginal to day-to-day practice. The lack of modelled best practice, combined with GP trainers' uncertainty about content expertise, has resulted in a skills gap for new registrars. This presentation will demonstrate how to teaching sustainability skills at three levels: patient care, practice management and leadership/commissioning.

References

Key words:
• learning and teaching strategies
• innovation in clinical practice
• succession planning
• leadership
• social determinants of health.

S6
Whose role is it anyway? Maximising the impact of continuing professional development on practice
Elisabeth Clark, Director, OU–RCN Strategic Alliance; Jan Draper, Professor and Head of Nursing; Shelagh Sparrow, Project Officer, The Open University, UK

Introduction
In this symposium, we explore the complexities associated with maximising the impact of learning beyond registration on healthcare practice. Although there has been significant investment in continuing professional development (CPD) over recent years (DH, 2010), the responsibility for ensuring returns on this investment, in terms of meeting organisational targets and delivering better patient care, is still not well understood or articulated (Mackinnon Partnership, 2007). Despite claims of the importance of lifelong learning (see, for example, Hardwick and Jordan, 2002; Atack, 2003; Clark, 2008), there is limited robust evidence to support such assertions. Most of the empirical studies that have been undertaken are small scale and limited to a single presentation of a single educational programme (e.g. Dierckx de Casterlé et al., 2008; Lin et al., 2008). Against a backdrop of major financial cutbacks across the public sector in the UK and other countries, there is increasingly an imperative to target resources effectively, and to demonstrate value for money and quality outcomes for service users.
Of relevance to educationalists, healthcare professionals, students and commissioners, the objectives of the symposium are to:

- examine critically the literature on the evaluation of the impact of CPD on practice, highlighting the complexities
- provide an overview of the development of the Impact on Practice (ImP) framework and the role of the student, their manager, their employing organisation and the education provider in enhancing the opportunities for CPD to impact on practice
- outline our approach to evaluating the ImP framework, including the rationale for adopting realist evaluation to determine what works for whom and under what circumstances
- summarise the evaluation findings and their implications for education providers, service providers and for education commissioning policy and practice.

We will achieve these objectives through the presentation of three inter-related papers and discussion with participants.

1. **Mission impossible? Using the experiences of others to develop our thinking**  
   Jan Draper, Professor and Head of Nursing, The Open University, UK

   This paper commences with a critical exploration of the literature assessing the impact of CPD on practice. Although the importance and complexity of evaluating the effectiveness of professional education programmes has been debated (e.g. Bates, 2004; Ellis and Nolan, 2005; Eraut, 2006; Attree, 2006; Sayer and Gray, 2006; Spencer, 2006) and despite increasing interest in this area, little significant progress has been made over the past decade. This lack of progress is apparent within the education and management literature, as well as in healthcare, and may reflect the challenges and complexities involved (Chartered Institute of Personnel and Development, 2007).

   From the literature review, we conclude that there is a need to examine the effectiveness of CPD from a more pluralistic perspective than has previously been the case.

   Drawing on the findings of the literature review and following subsequent consultation with a range of stakeholders, the ImP framework was developed. This framework aims to maximise the impact of learning on practice by identifying the specific roles of the organisation, the manager, the education provider and the student in this process. Although the framework has been well received at a number of conferences and workshops over the past two years, its usefulness can only be fully assessed through an evaluation of its practical application in the workplace.

2. **Using realist evaluation to explore the use of the ImP framework in practice**  
   Shelagh Sparrow, Project Officer, The Open University, UK

   This paper explores the use of realist evaluation to investigate the use of the ImP framework in practice. Realist evaluation enabled us to explore the contextual issues associated with use of the framework and how different roles and experiences affect potential outcomes (the process), rather than focusing solely on outcomes in isolation (Greenhalgh et al., 2009).

   With funding from the Higher Education Funding Council for England Innovation Fund (HEIF 4) and the East of England Strategic Health Authority, the evaluation was carried out in two hospitals and one community trust located in one county in the east of England. Students, managers, board members and education providers were interviewed to explore the relevance of the framework and to identify areas where the views of one group did not match the reality experienced by another. In particular, this paper will examine how rigour was achieved by:

   - defining and justifying the case (the courses/the role of the student/the workplace)
   - achieving immersion (collecting sufficient data from a variety of sources to understand what is going on)
   - encouraging reflexivity between researchers and between researchers and participants
   - looking for contrasting explanations/interpretations between cases (e.g. courses)
   - supporting claims with evidence.

   The paper concludes with a reflection on the extent to which realist evaluation enabled us to examine what works for whom and under what circumstances (Pawson and Tilley, 1997).

3. **Maximising impact: The implications for service providers, education providers and education commissioning**  
   Elisabeth Clark, Director, OU–RCN Strategic Alliance, The Open University, UK

   The final paper outlines the strengths and limitations of the latest version of the ImP framework. We also consider how this framework can be used to influence the extent to which knowledge and skills gained through CPD can be used to enhance practice.
In particular, this paper focuses on:

- the factors identified as either enabling or disabling the use of the ImP framework in practice
- the impact of organisational culture on the use of the framework and the implications of this for enhancing practice
- the extent to which theory and practice links established within CPD modules influence a learner’s ability to apply their learning
- the relationship between the role and status of the learner within the organisation and his/her ability to implement or consolidate change in practice.

We also examine the ‘swampy lowlands’ of undertaking an evaluation project during a time of significant upheaval, reorganisation and uncertainty within the NHS. This led to significant challenges in recruiting healthcare professionals, the majority of whom were already having to juggle the competing demands of study and work in pressurised healthcare environments, as well as hectic non-working lives which often included carer responsibilities.

**References**


Enhancing collaboration across education and research

Maxine Holt, Senior Lecturer; Carol Haigh, Professor in Nursing, Anne-Marie Borneuf, (Chief Investigator) Senior Lecturer in Nursing; Dianne Burns, Senior Lecturer in Nursing, University of Manchester; Sharon Dean, Practice Educator Facilitator, NHS Bolton; Nicky Fishburn, Practice Educator, Salford Royal Hospitals Foundation Trust; Joyce Smith, Senior Lecturer in Nursing, The University of Salford; Elizabeth Tudor, Practice Educator Facilitator, Greater Manchester West Mental Health Trust, UK

1. Enhancing education and practice through the establishment of brief intervention training into pre-registration nurse training in four higher education institutions
Maxine Holt, Senior Lecturer; Carol Haigh, Professor in Nursing, Manchester Metropolitan University, UK

Background
This project was commissioned by the CHaMPS Public Health Network. A programme of brief intervention training was developed by the public health network and 4 northwest universities. This training was to be incorporated into over the course of the three year training period for student nurses. This evaluation study is carried out by Manchester Metropolitan University and supported by quarterly governance meetings between the research team, the commissioners and the providers.

Aim
The aim of the project is to evaluate the impact of brief intervention training on the student nurses of the four higher education institutions (HEIs) involved.

Methods
Phase 1 – Initial in-depth interviews (n=7) with the key nurse lecturer material development representatives across the four HEIs and two lead public health workforce development/public health network leads.

Phase 2 – We distributed questionnaires to each of the 4 participating HEIs. A total of 494 questionnaires were returned – Liverpool University n=34, Liverpool John Moores n=128, Chester n=220, Edge Hill n=112.

Phase 2a – was the collection of data to form a comparison between an HEI which did not expose its student to brief intervention training and the 4 HEIs in the study.

Phase 3 – Student focus groups at each of the 4 HEIs.

Results
Phase 1 Results – The inclusion of brief intervention training into the pre-registration curriculum was welcomed as timely and providing advantages to the students.

Phase 2 Results – Overall students reported high levels of confidence around giving advice around:
• healthy eating (81.8% of the total responses n=404 agreed or strongly agreed)
• physical activity (90% of the total responses n= 395 agreed or strongly agreed)
• alcohol (76.6% of total response n=377 agreed or strongly agreed)
• stopping smoking (74.1 of total response n=366 agreed or strongly agreed).

Confidence was lower around the provision of sexual health advice:
• 61.8 of total responses n = 305 agreed or strongly agreed.

Phase 3 Results – The students were aware that opportunities for brief intervention were available to them in the clinical area but appeared reluctant to initiate them.

Conclusions
This study is on-going however the value in brief intervention training as a valued added element to nurse training was recognised by the HEIs. Student confidence was theoretical high but, as yet this has not translated into clinical behaviour. This pattern may change as the student progress through their programme and their self-confidence develops.

2. Enhancing assessment using a single practice assessment tool
Anne-Marie Borneuf, (Chief Investigator) Senior Lecturer; Dianne Burns, Senior Lecturer in Nursing, University of Manchester; Sharon Dean, Practice Educator Facilitator, NHS Bolton; Nicky Fishburn, Practice Educator, Salford Royal Hospitals Foundation Trust; Carol Haigh, (Principle Investigator) Professor in Nursing, Manchester Metropolitan University; Joyce Smith, Senior Lecturer in Nursing, The University of Salford; Elizabeth Tudor Practice Educator Facilitator, Greater Manchester West Mental Health Trust
Background
This multi-method study collected data from Nursing and Midwifery Council (NMC) registered mentors, undergraduate nursing students and personal tutors from undergraduate nursing academic teams in the north west of England with a number of shared clinical placements who had been utilising a single practice assessment tool, which had been developed collaboratively. Documentary evidence has highlighted that there was variation and inconsistencies for training and assessment that required practitioners to be conversant with different systems (Australian Health Workforce Officials Committee (AHWOC), 2005).

Aim
Explore how effective is a single practice assessment tool?

Methods

Online Questionnaire – There were 711 participants who took part in the online questionnaire who included a wide range sample of key stakeholders from 19 NHS Trusts and 3 Universities. This offered a baseline exploratory assessment of the effectiveness of a single practice assessment tool.

Focus Groups – Four participants were recruited to follow up focus group sessions with the key stakeholder allowing for a deeper analysis of the issues raised.

Results
Following triangulation of the results within the group, the questionnaire and focus groups highlighted the emergence of four themes: general preparation and the content contained within the tool. The process of using the tool as well as the notion of student expectation were highlighted. The evidence identified training needs for students and practitioners, that users felt unprepared and that the content was repetitive, confusing and jargonistic. Interestingly, academics felt fully conversant with the tool.

Conclusions
The results concluded that users of the tool needed to be included more closely in the development of a revised single assessment tool.

3. Enhancing collaboration across education and research – lessons learned
Carol Haigh, Professor in Nursing, Manchester Metropolitan University

Background
The previous papers in this proposed symposium will outline two seeming different research studies focusing around nurse educations. Paper 1 is concerned with enhancement to the curriculum whilst paper 2 focuses upon the practice assessment process. This final element of the symposium will reflect upon will processes involved in facilitating these processes.

Aim
To share the lessons learnt from multi-site educational collaborating in the teaching and research domains.

Methods
Interested parties of each of the project were contacted by e-mail to ascertain what lessons they thought they had learnt from the collaborative experience. These responses were categorised and the final themes were commented upon by the project lead for each study.

Results
Overall the experience was seen to be positive. Practical issues such as timing of interventions/research tools were highlighted and the cultural differences of Universities were also seen as challenges to be addressed in the planning stages of any study.

Conclusions
A number of issues require discussing and managing at the beginning of any large collaborative project. However these may not be immediately apparent until the project is well under way.

Key words:
• assessment
• collaboration
• research
• teaching.
Posters
P1

Nursing students’ attitudes to health promotion: implications for teaching practice

Bróna Mooney, Lecturer in Nursing Studies, National University of Ireland, Galway; Fiona Timmins, Senior Lecturer, Director BSc (Cur); Gobnait Byrne, Lecturer; Ann Marie Corroon, Lecturer, Trinity College Dublin, Ireland

The role of the nurse as a health promoter is well recognised. However, despite acknowledgement by professional nursing bodies and nurse educators that health promotion forms a central tenet of undergraduate nurse education curricula, there are varied approaches to teaching and learning and little formal evaluation of the consequences of the approaches taken.

This study aimed to identify current health promotion curricular content within the Irish undergraduate nursing programme context and to measure nursing students’ attitudes towards health promotion. The study found students views of health promotion and the role of the nurse were influenced according to whether or not teaching in this topic was received in their senior years. Those who did not receive the latter were less likely to accept the practical aspect of this role, and retained a naïve outlook related to policy level health promotion only.

Recommendations include an examination of the place of distinct modules of health promotion within the curriculum, in favour of inclusion only in the final year. Rather than front loading students in the first year, consideration also needs to be given to integrating this topic through adoption of a curriculum that is rooted in the principles of health promotion.

P2

‘Stepping up to better health’ challenges and barriers to exercise: the process of encouraging activity for first year nursing students

Fay Cobden-Grainge, Senior Lecturer; Susan Duraisamy, Senior Lecturer, Manukau Institute of Technology, Auckland, New Zealand

Statement of the problem

The aim of the pilot study was to investigate the effectiveness of using steps and stairs to promote physical and psychosocial well being. Participants were first year students studying fulltime on the Bachelor of Nursing Programme.

The purpose of this research was to clarify to students that as registered nurses they will be responsible for promoting health and wellness in the community. There is an expectation that they will be role models for their family and community. International research increasingly suggests that, although healthcare providers traditionally take care of others, they frequently neglect their own health (Gorin, 1992) therefore the research study focused on highlighting to beginning students the importance of establishing and maintaining a healthy lifestyle.

Study design

A mixed methods approach: physical data and psychosocial data were collected using questionnaire, log book, blood tests, psychometric analysis.

Sample size

Female nursing students (N=60) age 18-55 years.

Measures utilized

Participants used the stairs and increased their step count, wore a pedometer and maintained an exercise log.

Tests Pre (Week 1) and post (week 16)

- Fasting blood collection
- Height, weight, anthropometric measurements, (VO2max), questionnaires.

Results

15 students completed every facet of the study design. Complexity of academic expectations, family commitments, and economic necessities proved major challenges to the continuation of student participation in the study.

Conclusions

Results demonstrated the importance of establishing and maintaining a lifelong commitment to daily activity, as well as a commitment to lifelong learning.

Reference

How this contributes to knowledge development in the humanising healthcare education theme:

- During first semester of study students are expected to provide a poster presentation of past, present and future health status of own family and the changes they intend to make in the future.
- Student nurses attempting to motivate clients to exercise and maintain a healthy lifestyle will be more realistic having experienced the difficulties themselves.
- The community that the students live, work and study in has the highest rate of Type 2 Diabetes and adult and childhood obesity in New Zealand (www.cmdhb.org.nz).

**P3**

**Empowering the professionalisation of nurses through mentorship (EmpNURS) project (2010-2013)**

Mikko Saarikoski, Project Manager, Turku University of Applied Sciences, Finland; Andrea Pokorna, Lecturer, Masaryk University; Zdenka Surá, Head Nurse, Teaching Hospital Brno Bohunice, Czech Republic; Idiko Szöödi, Lecturer, Institute for Basic and Continuing Education of Health Workers; Mariann Bódi, Ward Manager, National Institute for Medical Rehabilitation, Budapest, Hungary; Olga Rikliksiene, Lecturer, Lithuanian University of Health Sciences, Lithuania; Gražvyde Masiliuniene, Head Nurse, 2nd Kaunas Clinical Hospital, Lithuania; Ileana Antohe, Professor, ‘Gr. T. Popa’ University of Medicine and Pharmacy of Iasi, Romania; Camelia Bogdanici, Professor, University Emergency Hospital ‘Sf. Spiridon’ Iasi, Romania

**The concepts and context of the project**

The first key concept of the empowering the professionalisation of nurses through mentorship (EmpNURS) project is empowerment. It refers to the positive conception and experience of one’s capability to cope with different kind of challenges. In this project the concept of empowerment refers to the anticipated outcomes for the nursing professionals who will experience mentorship, both as the mentor and mentee.

As second key concept of the project, supervision which acts as an overarching term which refers to the guidance, support and assessment of student nurses by qualified clinical nurses. In the case of individual supervisory relationship, we use the term mentor which is used specifically to describe the role of a qualified nurse who acts as named personal supervisor of a student during a clinical placement.

**Aims**

The main aim of the empowering the professionalisation of nurses through mentorship (EmpNURS) project is to advance professional nursing in four new EU countries; the Czech Republic, Hungary, Lithuania and Romania. In the former Eastern European countries, the professional status of nursing has not date been independent from other professions (Kalnins et al., 2001). This can be seen in nurse education where the role of medical profession has dominated and registered nurses may not have seen their role as important, in particular during the clinical studying periods of student nurses.

The specific aims of the EmpNURS are:

1. to improve the quality of nurse education by advancing a new supervision culture of student nurses during their clinical practice
2. to increase the readiness of registered clinical nurses to act as supervisors and mentors for student nurses during their clinical placements
3. to pilot a Mentorship model developed by the project partner organisations in the collaborating hospitals and universities of 4 new EU countries
4. to evaluate the introduction of a Mentorship model in relation to changes in current practice and future developments.

**Project interventions**

Basic situation of supervision practices of nursing students during their clinical placements will be explored in the four partner hospitals. As modified research tool will be used the Clinical Learning Environment and Supervision (CLES) evaluation scale (Saarikoski and Leino-Kilpi, 2002). According the survey results and a wide literature review, the partner organisations will collaborate in producing a Mentorship model tailored for participating countries. The University college and its teaching hospital will work together to implement and evaluate the programme in the clinical practice environments.

**Results of the project**

It is anticipated that the project will promote the professional identity of student nurses and qualified nursing staff. We anticipate that the evaluated and piloted Mentorship model will then be adopted in the participating universities and in their partnership teaching hospitals and will transform as permanent practice in many similar educational environment in these countries as well as others as part of the valorisation process of the EmpNURS project.
Funding
The project is funded by Lifelong Learning Programme/ European Commission.

References


Key words
• clinical placements
• empowerment
• nurse education
• nursing profession
• mentorship

P4
Evaluation of skills simulation using a 3-dimensional virtual reality training system within an undergraduate radiotherapy programme

Nick White, Senior Lecturer; Mark Holland, Senior Lecturer; Clair Brackstone, Clinical Lecturer, Birmingham City University, UK

Introduction
Within undergraduate curricula for professions allied to medicine (PAMs) academic and clinical components of the course may often be viewed as separate discrete entities. In an attempt to find a solution for this problem and ally skills acquisition to associated understanding of theoretical concepts, the Department of Radiography at Birmingham City University has implemented dedicated ‘skills simulation’ activities into its BSc (Hons) Radiotherapy course. Students undertake clinical-skills sessions within the university setting, principally using a Virtual Environment for Radiotherapy (VERT) system - a fully immersive three dimensional virtual reality interface replicating real radiotherapy clinical machinery and treatment techniques. This activity allows the student to practice clinical radiotherapy techniques in the ‘virtual world’ free from the pressures of clinical error and without the usual time-pressures witnessed in the radiotherapy clinic.

Method
Feedback from the simulation weeks was gathered from a cohort of BSc (Hons) Radiotherapy students (n= 18) following their clinical simulation week. This was gathered via a semi-structured questionnaire and analysis of free-text responses. Discrete themes arising from the questionnaire responses were subsequently collated.

Results
Three principal themes have arisen from the data: *linkage of theory to practice, facilitation of learning and development of practical skills*. Analysis indicates that the students perceived a great benefit from the simulation time, with the reinforcement of the application of academic theory to clinical learning cited as of particular relevance. Students also highlighted the opportunity to reflect on their real-life clinical experiences in the virtual world and explore the rationale for technical aspects of treatment delivery. Student commentary also indicates that whilst simulation activities are facilitated outside of the clinical environment they are viewed in much the same way as traditional placement activity time.

Discussion:
Virtual reality systems provide students with opportunities to undertake skills practice opportunities which help in the integration of theory and skill acquisition. Our evaluation highlights that students value this approach to supplement their clinical placement learning as they may cement their understanding and explore technical concepts in greater detail when freed from the pressures of day to day clinical service delivery. Limitations of this approach are acknowledged however; in particular the virtual reality world may not provide opportunities for development of ‘softer’ clinical skills in the affective domain including communication and clinical reasoning.
P5
Supporting the lecturer to deliver simulation

Iwan Dowie, Senior Lecturer; Cheryl Phillips, Senior Lecturer, University of Glamorgan, Pontypridd, UK

There is a current shortfall in clinical practice placements for pre-registration nurses, especially in the United Kingdom and in the United States (Alinier et al., 2006). In response nursing faculties have been examining alternative ways to support the student with their clinical skills, with simulation being considered as one of the more popular method. In a nursing context, simulation is often used to replicate a clinical setting, such as a hospital ward or the patients’ home. Simulation is defined as a reproduction of the conditions of (a situation) for example for training purposes (OED, 2008).

Some Universities have introduced clinical suites which enable replication of clinical environments and facilitate the use of Human Patient Simulators (HPS) to mimic patient focussed scenarios. Whilst this is a positive step in aiding students to become more confident in their clinical skills within a safe environment, and research generally indicates students’ value simulation (Jeffries and Rizzolo, 2006; Moules et al., 2008), very little research has been undertaken to explore nurse lecturer’s views of simulation.

A pilot study in one such University aimed to identify how lecturers felt about simulation. Key questions focussed on whether they thought it was beneficial, if they used it currently in their teaching and if they felt adequately prepared to do so. They were also asked if they felt confident in its use and if they felt a simulation module to prepare lecturers would help increase confidence in its use. The results indicate that although many staff currently utilise simulation and they believe it is a beneficial approach to learning, many also lack confidence and do not feel sufficiently prepared in its use. Eighty percent of respondents felt the development of a simulation module for lecturers would increase their confidence. One of the main findings is that while nursing has to adapt and change to meet the needs of the student, and the utilisation of new methods of teaching such as simulation is key to developing student skills, there needs to be a concerted effort of HEI’s to acknowledge that new methods (often quickly adopted) may engender a climate of apprehension for the teachers required to use these new resources, which potentially can lead to resistance (McIlfatrick, 2004). In the author’s own HEI, courses have been made available for staff to learn more about advanced simulation and how this can be used as a part of their teaching. This has led to a greater uptake of simulation being used in clinical education programmes. Incorporating simulation as part of the PGCE curriculum may be a good vehicle for introducing new teachers and practitioners to simulation.

The poster will display the findings of the pilot study. The poster will also identify limitations to the study and make recommendations for practice.

References


Key words:
- simulation
- support
- lecturer
- nursing
- clinical practice.

P6
Leadership in practice development new innovations: the practice development matrons

Louise Bramley, Practice Development Matron, Nottingham University Hospitals NHS Trust, UK

Abstract
Practice Development Matrons (PDMs) where introduced to Nottingham University Hospitals (NUH) in 2006 following the merger of Nottingham’s two Acute Trusts.

With over 1600 beds and 4000 nurses and midwives, NUH provides a challenge which requires innovation and forward thinking to drive the Practice Development Agenda forward.

Prior to the creation of the PDM role at NUH in 2006, pockets of practice development nurses, governance nurses and clinical educators worked within wards and specialities. There was a lack of clarity in roles and inconsistency across the Trust. Review of national and international literature relating to practice development assisted in review and reorganisation and formed the concept of the PDM role.

There are 29 PDMs within the trust, working across 9 clinical directorates as well as the trust nursing development team, all whom have close links to the Assistant Directors of Nursing and hold core responsibilities in:
- quality and patient safety
- developing a learning culture
- sharing research based best practice.

Service redesign and improvement initiatives form part of the PDM’s key objectives, including initiatives such as; the productive ward, hourly rounding and a trust-wide essence of care benchmarking programme. All of which have been shown through research to improve patient safety outcomes and quality of fundamental care.

Examples of key achievements:
- 92 wards are now implementing an annual rolling programme for all the DH Essence of Care Benchmarks, there is local clinical ownership and wide scale involvement of the multi professional team. PDMs provide leadership, support and a quality assurance process.
- Each clinical area has a band 6 nurse who as an integral part of their role acts as education link and works closely with the PDM to develop practice and clinical education at ward level. This aims to create a ‘ward to board’ approach enabling a two way process of communication and development, ensuring quality standards across the trust.
- The role provides a proactive link between the clinical directorates, regional research and clinical networks and the University of Nottingham. Partnership working within these networks has lead to a nursing and midwifery research strategy and a regional non-invasive ventilation education and competency package.

Challenges have included examining how education, research and innovation through practice development can be integrated at ward level. Redefining the role of the PDM and how it fits into the trust structure alongside the operational matron role to achieve a cohesive team approach within directorates.

Key words:
- practice development
- innovation
- research and education.
This poster aims to show a new innovative model of practice development within nursing and Midwifery at Nottingham University Hospitals NHS Trust.

- Practice Development Matrons make a significant contribution to the education and knowledge development of nursing and midwifery staff throughout Nottingham University Hospitals NHS trust (NUH).
- Partnership working both within NUH, Regional Clinical and Research networks and Nottingham University ensure sharing of knowledge and improving quality of education for nursing and midwifery staff.
- The innovative model of practice development shown here has widened the participation in Practice Development across a large NHS trust enabling all nurses and midwives access to education and development.

P7

**Wikipedia as an evidence source for nursing and healthcare students**

Carol Haigh, Professor of Nursing Manchester Metropolitan University, UK

**Background**

Students frequently cited search engines such as Google and information sites such as Wikipedia as the first places they look when seeking information for an assignment. Although a number of disciplines have accepted that Wikipedia can be viewed as an accurate and legitimate evidence source nurse educators tend to view Wikipedia with a degree of suspicion.

**Aim**

The purpose of this poster is to present an exploratory study of health and health related content on a sample of Wikipedia site with the overall intention of assessing the quality of their source and supporting information.

**Methods**

Wikipedia has 115 pages in the category ‘health’, and 417 pages in the category ‘signs and symptoms’ category (although this also includes pages relating to anatomy and physiology). This gave a potential sample of 532 relevant pages. A 10% sample (n=50) was selected and a total of 2598 references assessed.

A 10% sub sample (n=5) was selected for further analysis. This sample consisted of the entries for the Skeletal system, the Renal system, Deep Vein Thrombosis (DVT), Fever (pyrexia) and Pain. Citation tracking for the selected Wikipedia entries were carried out and the subsequent sources (n=132) were assessed using the typology developed by the British Department of Health.

**Results**

In total 1473 (56%) of the references cited on the Wikipedia pages reviewed could be argued to come from clearly identifiable reputable sources. This translates to a mean number of reputable sources of M=29 per Wikipedia entry.

**Conclusion**

The quality of the evidence taken from the 2500 plus references over 50 Wikipedia pages was of sufficiently sound quality to suggest that, for health related entries, they were appropriate for use by nursing students.

**Key words:**
- technology
- evaluation
- evidence
- internet.
Six stages of doctoral study: a new model for PhD students

Carol Haigh, Professor of Nursing Manchester Metropolitan University; Pip Hardy, Director, Pilgrim Projects, Cambridge; Fiona Duncan, Research Fellow, Manchester Metropolitan University, UK

Background
Doctoral students find the first six months of their programme of study a difficult and taxing time as they struggle to develop relationships with their supervisors and clarify the nature and focus of their research. Thus, it is not surprising that new students experience a number of strange and difficult emotions for which few, if any, doctoral induction courses prepare them.

Aim
This theoretically and experientially poster aims to provide an overview of the various emotional stages of doctoral study

Methods
The theory is formulated by a number of encounters, as both doctoral candidates and supervisors, which suggest a congruence of experience. The original hypothesis was verified by triangulation with colleagues.

Results
A total of 6 stages were defined:
Stage 1 – elated smugness. This is the preliminary stage of doctoral study and typically occurs immediately after registration but before any actual work begins.
Stage 2 – paranoid bemusement. Individuals who reach this stage tend to haunt the university library, wandering aimlessly with a worried look. This phase typically occurs early on in the student's doctoral career.
Stage 3 – domination. The candidate has begun to adjust to the isolation of the doctoral path, and started to value the freedom to express their own ideas.
Stage 4 – obsession. Individuals in this stage are characteristically hunched over a laptop, oblivious to external stimuli. They are generally found in the cyber café at conferences.
Stage 5 – fear. Often manifests itself as high levels of emotional instability in which any minor setback assumes the status of a major disaster.
Stage 6 – tranquillity. This tranquillity can last for the entire length of a doctoral defence and may explain why so few people can actually remember their viva once it is over.

Conclusion
Doctoral study is multi-faceted and awareness of these stages can help supervisor and student.

Key words:
• doctoral study
• emotion.

A comparison of attitudes following brief intervention training into pre-registration nurse training in four higher education institutions

Maxine Holt, Senior Lecturer; Carol Haigh, Professor in Nursing, Manchester Metropolitan University; Carmel Henshall; Gill Turner; Lisa Woods, Liverpool John Moores University; Alison Farrar, CHaMPS

Background
This project was commissioned by the CHaMPS Public Health Network. A programme of brief intervention training was developed by the Public Health Network and 4 Northwest Universities. This training was to be incorporated into over the course of the three year training period for student nurses. This evaluation study is carried out by Manchester Metropolitan University and supported by quarterly governance meetings between the research team, the commissioners and the providers.

Aim
The aim of the project is to evaluate the impact of brief intervention training on the student nurses of the four higher education institutions (HEIs) involved.

Method
We distributed questionnaires to each of the 4 participating HEIs. A total of 494 questionnaires were returned – Liverpool University n=34, Liverpool John Moores n=128, Chester n=220, Edge Hill n=112.
We also collected data from a comparison between these groups and an HEI which did not expose its student to Brief Intervention Training and the 4 HEIs in the study.

**Results**

Overall students reported high levels of confidence around giving advice around:

- healthy eating (81.8% of the total responses n=404 agreed or strongly agreed)
- Physical Activity (90% of the total responses n= 395 agreed or strongly agreed).

Confidence was lower around the provision of sexual health advice:

- 61.8 of total responses n = 305 agreed or strongly agreed.

There was a small difference in opinions and attitudes between those HEIs that had incorporated brief intervention training into their curricula and the institution where students had not been exposed to the training.

**Conclusions**

This study is on-going however the value in brief intervention training as a valued added element to nurse training was recognised by the HEIs. Student confidence was theoretical high but, as yet this has not translated into clinical behaviour. This pattern may change as the student progress through their programme and their self-confidence develops.

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**P10**

**Utilising Twitter as a community of learning within nurse education**

**James Hewitt, Senior Lecturer, Manchester Metropolitan University, UK**

Currently the majority of nurse lecturers are reliant on Web 1.0 asynchronous cyber technology such as e-mail and virtual learning environments in which interaction between students, their peers and the teaching staff could be regarded as inflexible and slow. Web2.0 synchronous cyber technology allows the participants to create the contents of what is learned, enabling the teacher to guide the students toward a mutual learning goal.

Facebook and YouTube has been utilised to vary the student learning experience in and out of the classroom. Twitter is now the 3rd largest social networking website, and becoming incredibly popular within the student population. Therefore, does this growing platform have a role in enhancing the student nurses learning experience, by creating a community of learning?

Web 2.0 technologies can assist student nurses in communication, collaboration and research (Phillippi and Buxton, 2010). Weblogs such as Twitter can be used to broadcast opinions and salient contents of the students’ curriculum from the lecturer, this can lead to the interaction between groups of students, such as discussing issues of the taught content and experiences whilst in practice (Ebner et al., 2010). The numerous applications on Twitter can foster blending learning, providing an informal area to facilitate learning/increase engagement in the learnt content/dissemination of knowledge/collaboration in practice or problem based learning/reinforcement of learning and practice – an area for reflection (Andrew et al., 2008).

Web 2.0 promotes an anthropological learning structure, with learning rising from participation within a wider social network (Lave and Wenger, 1991), the Twitter platform develops a community of learning and subsequently a community of practice as nurse training spans both areas neatly, sharing each other experiences. These aspects have triggered research within this subject and subsequently launching the use of Twitter to create a community of learning.

The purpose of this poster is to critically identify the many aspects that are involved whilst implementing Twitter as a community of learning within a cohort of student nurses. It will identify the many aspects such as ethical and legal aspects through whilst participating and the pedagogical monitoring required within this bidirectional communication platform.

**References**


Abstracts: Theme Papers, Symposia and Posters

P11
Quick Response (QR) codes and e-handouts
Tim Goodchild, Senior Lecturer, University Campus Suffolk, Ipswich, UK

The use of handouts via a Virtual Learning Environment (VLE) often either replicate paper based handouts or use the (now ubiquitous) method of placing an oft abused PowerPoint presentation (Adams, 2008) available for download for students. It is felt that this method of providing extra learning for students as a handout misses the potential of the online possibilities made available by a VLE, and also may prevent some students from accessing the handouts, as they are not available ‘in the lecture’. This pilot study uses a vibrant and interactive ‘e-handout’ including audio/video, classroom material, presentations, and extra activities. QR codes are a 2D graphical image similar to a barcode, that can provide links to web content, or enable an action by a mobile device such as send or receive a text message (Ramsden and Roper, 2008). At the beginning and end of a lecture students can use their mobile device (phones and iPods) to scan QR code’s so they can download the relevant e-handout or the presentation being given.

The QR codes and ‘e-handouts’ are being piloted within a nursing ‘Life Science’ module during early 2011. Full evaluation of the e-handouts will take place via a survey and also a group face to face evaluation. Participating staff will also be part of the full evaluation. It is envisaged that this pilot study will lead into further developments in this area.

This poster will use QR codes to demonstrate how they can be used to conference attendee’s. It will also offer the results of the pilot study for discussion with proposals for future development.

References

P12
Fitting into the placement team: the tactics employed by pre-registration nursing students (MSc dissertation)
Adrienne Sharples, HPC Registered Podiatrist; Professor Gail Kinman, Professor of Occupational Health Psychology; Sharon Black, Principle Lecturer, University of Bedfordshire, UK

Previous nursing research has suggested that registered nursing staff expect student nurses to integrate into practice settings by adopting certain attitudes and behaviours. While there is some evidence that students are aware of these expectations, in general, it appears that they struggle to identify exactly what is demanded from them. Potentially, failure to successfully integrate into practice placement teams has negative outcomes upon students’ placement experience, assessment outcomes and future career.

A limited amount of nursing research has examined the strategies student nurses employ to enhance their chances of successful integration and experience within practice placements. Studies in the field of psychology suggest employees in occupations other than healthcare utilise a range of impression management strategies and undertaking citizenship acts in order to integrate successfully within workplace teams. There is however, little research within this field that has examined the specific strategies nursing students employ to enhance their chances of successful integration and experiences within practice placements.

Using semi-structured interviews with pre-registration nursing students at the University of Bedfordshire, this qualitative study aimed to explore participant’s perceptions of the strategies they used to successfully fit in and integrate into practice placement teams. Thematic analysis of the interviews revealed that the student participants employed several impression management strategies and performed citizenship acts for patients, their mentor
and other placement staff on a regular basis. Additionally, participants often utilised the techniques that they employed when experiencing new social situations. In contrast to previous study findings from the field of nursing, students did not suggest that citizenship acts undertaken for the benefit of patients ceased, or that non-reporting of poor clinical practice occurred in an effort to fit in with the placement team.

Participants also revealed behaviours they perceived led to less positive outcomes, including potential alienation from placement teams. These included presenting oneself as a ‘model’ student, excessive self-promotion, confrontational behaviour, displaying too much self-confidence, over enthusiasm, being lazy and looking bored or disinterested.

The findings of this study may provide useful information for students when aiming to successfully integrate into placement teams and enhance their chances of gaining a positive clinical experience. The findings are also likely to provide insight into practice placement behaviours and experiences for lecturers, mentors and placement staff.

P13

Promoting competence in supporting learners in practice

Paula Shepherd, University Practice Learning Advisor; Claire Uren, University Practice Learning Advisor, Bournemouth University, Yeovil, Somerset, UK

The university practice learning advisor team at Bournemouth University have developed innovative approaches to the provision of interprofessional practice assessor education. This was in response to professional requirements and feedback from practice assessors themselves. Opportunity to share knowledge and experience with other healthcare professionals is considered helpful in expanding the assessor’s repertoire of skills. These approaches include workshops, workbooks, conferences and online resources, providing flexibility to enable updating of knowledge and skills.

The impact of poor mentorship on students has been widely reported (Miles, 2008; Kilkullen, 2007; Pearcey and Elliott, 2004), resulting in students suffering from lack of confidence and even leaving their programme of study. This can also influence the assessment process, when some practice assessors passing underperforming students. Duffy (2004) identified that a lack of understanding of assessment processes and inadequate time contributed to the potential for students to be deemed competent when in fact they were not fit for practice. This reinforces the importance of adequate preparation and support for practice assessors to enable them to fulfil this role and Gleeson (2008) identified the need for regular updates on courses and assessment documentation.

The value of ongoing development for practice assessors is recognised by the professional bodies (Nursing and Midwifery Council (NMC), 2008; Health Professions Council, 2009). For nursing annual updating is a mandatory requirement to promote effective learning and assessment (NMC, 2008).

Lee (2000) and Fisher (2000) recognised that motivation, empowerment and mentorship are interdependent. Research undertaken by members of the team identified how a variety of educational approaches empowered practice assessors to engage more fully in their roles. These innovative approaches to mentor education have motivated practice assessors to confidently engage in their role, thereby promoting rigour in assessment and improving the student experience.

References


Key words:
• flexibility
• empowerment
• motivation
• collaboration
• choice.

How this contributes to knowledge development in the Learning and Teaching Strategies theme:
• creative approaches to education can support ever-changing professional requirements.
• promoting interprofessional learning.
• recognising the importance of flexibility to support the variance of clinical practice.

P14
The role of the clinical nurse facilitator in a paediatric intensive care unit
Stephanie Lawlor, Clinical Nurse Facilitator, Our Lady’s Children’s Hospital, Crumlin, Dublin, Ireland

Background and aims
The health services are currently undergoing rapid change. Emphasis on the provision of cost effective and efficient services challenges all healthcare workers to justify their contribution to patient care.

The role of the clinical nurse facilitator (CNF) is relatively new and little evaluation of this role has been undertaken.

In Ireland how CNFs perceive their role and the foundations upon which that role may be articulated in the future have not been subject to empirical enquiry.

Methods
For this abstract the writer conducted a literature review to gather information about what is already known about the role of the CNF in practice.

The focus of the research being on the lived experience of CNFs and to determine whether their experiences working in a PICU correlate with what is already known about the role of the CNF.

To yield sufficient papers relevant to the topic of interest and avoid missing literature, multiple databases are used (Hek et al., 2000) representing multiple healthcare disciplines.

The review will critically analyse five themes emerging from the literature role conflict, educational support for registered children’s nurses, sense of self, traits of CNF and constraints on the clinical nurse facilitator.

Results
Facilitation is proactive and dynamic. It is not a process of stepping back and simply providing resources. Indeed, Beckett and Wall (1985) describe the facilitator as a manager of learning, while Goodall (1990) asserts that facilitators must recognize and share their knowledge and experiences.

While nurse educators are striving to respond to changes in education the dichotomy between the theoretical input taught in the classroom and what is practised or experienced on the wards remains a challenge (Ashworth and Longmate, 1993).

Conclusions
A review of the literature supports the notion that much of the research and discussion concerning clinical teaching fails to illuminate the experience of clinical nurse facilitators. Having a clearer understanding of this role can pave the way for the preparation of individuals who wish to undertake clinical education.

References
Key words:
• role conflict
• educational support for registered children’s nurses
• sense of self
• traits of CNF
• constraints on the clinical nurse facilitator.

How this contributes to knowledge development in the Learning and Teaching Strategies theme:
• lived experiences of clinical nurse facilitators
• clearer understanding of role of clinical nurse facilitator
• preparation of individuals who wish to pursue clinical education.

P15
Enhancing the quality of placement experiences for allied health professions: identifying relevant quality standards

Alistair Kelly, AHP Practice-based Education Facilitator, NHS Dumfries and Galloway, Dumfries; Peter Glover, AHP Regional Practice-based Education Co-ordinator; Paul Lambert, AHP Regional Practice-based Education Co-ordinator; Helen McFarlane, Programme Director, NHS Education for Scotland, Glasgow, UK

Background
Quality placement experiences are crucial for Allied Health Profession (AHP) students undertaking higher education. A quality learning experience is just as important for AHP workforce members undertaking less formal non-assessed placement experiences, such as shadowing opportunities or practitioners returning to practice.

NHS Education for Scotland (NES) developed Quality Standards for Practice Placements (QSPP) for nursing and midwifery professions in 2002. These standards were revised and modified to be multiprofessional in 2008.

To date, there are no placement standards that are used across the nine AHPs to enhance the learning environment of the workplace for either assessed or non-assessed placements (NES, 2005).

Aim
To determine if the generic multiprofessional Quality Standards for Practice Placements (NES, 2008):
• Align with existing quality assurance documents and standards for assessed and non-assessed placement experiences.
• Are appropriate for to support the learning environment of assessed and non-assessed placement experiences provided by AHPs.

Methodology
A scoping exercise was undertaken to identify standards and other relevant quality assurance guidance documents about assessed and non-assessed placement experiences.

Content analysis of each document was undertaken and common areas were identified, themed, and subsequently agreed through discussion by the authors.

Peer verification of the findings was obtained through a briefing paper, presentation and discussion provided to the AHP Education Forum (university representatives) and AHP Forum Scotland (professional body representatives). The representatives were given an opportunity to forward comments about the findings via an online questionnaire.

Findings
Eight common themes were identified: the importance of partnerships; processes underpinned by policies and procedures; responsibilities of education programme providers; responsibilities of placement site and those supporting learning; responsibilities and rights of learners; support and access to resources for learning; and evaluation, assessment and feedback of learning experiences.

A mapping exercise of the QSPP (NES, 2008) to the eight key areas was undertaken. The standards were able to be mapped to the eight areas identified.

Conclusions
Eight key areas have been identified that a core set of standards to support a quality placement learning experience, for either assessed or non-assessed placements, requires to address.
As the QSPP (NES, 2008) address each of the key areas, the Standards align with existing quality assurance documents and standards for both assessed and non-assessed placement experiences.

In the absence of nationally recognised AHP placement standards, this work provides evidence that the multiprofessional QSPP (NES, 2008) are appropriate to be used to enhance the learning environment of the workplace.

References
NHS Education for Scotland (2005) Practice Placements for the Allied Health Professions in Scotland – A scope of Practice Placement Providers and Higher Education Institutions. [not published]


Key words:
• workplace learning environment
• placement
• quality standards.

How this contributes to knowledge development in the Exploring Work-based Learning theme:
• the findings of this paper support the development of a quality learning environment for work-based placement experiences.
• this paper identifies key areas that any set of quality standards require to cover to support the learning environment of the workplace that provides a placement experience.
• the Quality Standards for Practice Placements developed by NHS Education for Scotland (2008) can be used by allied health professions to develop the learning environment of the workplace to support quality placement experiences.

P16
Evaluation of patient safety training for clinical nurses
Linda Halley, Research Officer, NHS Education for Scotland, Edinburgh, UK

Research shows that 1 in 10 patients in Scotland may experience an adverse event in hospital. Half of these are believed to be avoidable. Patient safety can be significantly improved by implementing evidence-based training interventions for health professionals (SPSA).

An evaluation of the NHS Lothian Scottish Patient Safety Course (designed by NES TDSU to increase knowledge around the Scottish patient safety programme and quality improvement initiatives) is underway which aims to explore course effectiveness beyond the standard evaluation of a delegate’s immediate reaction to training. This new work has been examining delegate satisfaction in greater depth, learning acquired and importantly the impact of the training upon delegates’ attitudes and any changes in behaviour/practice on return to their own working environment.

Methods and approach
A mixed methods approach has been employed in collecting and analysing data. An appropriate method was selected to test the level of impact upon clinical nurse educators, participating voluntarily, according to our amended version of the Kirkpatrick training evaluation model (Kirkpatrick, 1994) incorporating the need for pre-training measures/scores.

Level 1 impact (reaction) was examined using a detailed pre-/post-course evaluation form and focus groups (the analysis of which is fed back to training team at regular intervals via course recommendation/action sheets and quality improvement run-charts), level 2 (learning) assessed using a test of knowledge and level 3 (application of learning) explored using detailed training impact surveys, focus groups and in depth qualitative interviews. Data is being transcribed and thematically analysed. The implications and recommendations derived from each method are guiding a procedure that is acting as continuous feedback mechanism to improve course content and delivery.

Outcomes and results
Analysing quantitative and qualitative data indicated satisfaction was high with training delivery (with 95% of delegates agreeing their learning needs were met and 67% rating the course as ‘excellent’). A pre-/post-self-report knowledge measure indicated an increase in delegates understanding of the SPSP. Level 3 impact results
indicated that the course improved performance in relation to patient safety and 75% delegates feel more effective in their role as a result of the training in supporting the patient safety agenda.

**Conclusion**
The TDSU is presented with an opportunity to enhance the knowledge and skills of health professionals, contributing to improving the quality of healthcare and safety for patients.

**References**

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**P17**

**Experience of nursing students’ clinical placement in Akureyri Hospital**

**Hugrún Hjörleifsdóttir**, Project Manager for Clinical Nursing Education, Akureyri Hospital; **Hildigunnur Svavarsdottir**, Manager, Office of Education and Research and Assistant Professor, Akureyri Hospital and University of Akureyri, Akureyri, Iceland

Clinical experience is recognised as the core of nursing education. It prepares student nurses to be able of ‘doing’ as well as ‘knowing’ the clinical principles in practice. It is very important that nursing students graduate as competent professionals who are able to deal with different nursing tasks. However, financial cut down has been applied in the healthcare system for the last two years leading to fewer opportunities for the nursing students to work as nursing assistants in Iceland. As a result of this the clinical practice during the nursing study becomes even more important.

**Purpose**
The main objective of this study was to investigate the student nurses’ experience about their clinical practice and compare the results between 2010 and 2011 in order to enhance the quality of the clinical practice within the hospital.

**Methods**
The nursing students were asked to answer questions through the SPList questionnaire system. The questionnaire includes questions about the organisation of the clinical practice, the learning opportunities, guidance of the staff, ways to achieve goals etc. The students get an e-mail at the end of their clinical practice in the spring of 2010 and 2011 guiding them to the questionnaire. The nurse educator in the hospital collects and analyses the data. The collection is still in process.

**Sample**
The sample size consists of the nursing students in their 3rd and 4th year who come to the hospital in the spring 2010 and spring 2011 (the results will be compared).

**Findings**
The majority of the nursing students from the spring 2010 are very or rather happy about their experience in the hospital. Feedback to the students could, however, be better as well as the organisation of their placement in the department. The results from spring 2011 will be analysed in the same way as the results from the previous year and then compared.

**Conclusions**
The results of the data so far show that nursing students were rather satisfied with the clinical component of their education. The result of this study will help us as nursing educators in the hospital to design strategies for more effective clinical teaching

**References**
Birth and second life: simulating the labour suite in the virtual environment

J. Bailey, Midwife Teacher; Bob Hallawell, Deputy Academic Lead Mental Health and Learning Disabilities; University of Nottingham, UK

Flexibility in delivering education increasingly includes the use of information technology (IT) and blended learning approaches. Both the National Committee chaired by Dearing in 1997 and Lowry and Johnson (1999) commented on the 'under exploitation' of available technology, mainly due to staff resistance and limited computer aided learning (CAL) resources in midwifery and nursing educational institutions. Currently there is a generation of lecturers and academics who may not be IT literate with some students having far more knowledge about its uses and applicability (Prior, 2006). However, there has been change in attitudes towards the use of technology and today many universities are providing access to virtual learning environments (VLEs) and incorporating web based materials into their courses as technological confidence increases and the development of teaching and learning technologies continues.

At the University of Nottingham, the Academic Division of Midwifery is developing an innovative approach to student learning incorporating immersive learning in Second Life. Second Life is a virtual world where everyday life can be simulated and unique learning opportunities may be created in situations that would otherwise not be physically possible. Second Life is a global community, with approximately 15 million registered users (Beard et al., 2009), within which many Universities have a presence in order to promote unique teaching and learning opportunities for students across a range of disciplines. Within healthcare studies the virtual environment promotes experiential learning (Skiba, 2009), allowing students to experiment (Savin-Baden, 2010), to role play, to collaborate and interact in real time (Skiba, 2009) and to reflect on clinical practice. The design of Second Life offers unique opportunities to train health professionals, to conduct health based research, to educate patients and to disseminate health information (Beard et al., 2009). Kamel Boulos et al (2007) noted the presence of education facilities within Second Life focusing on nutrition, cardiology, genetics, mental health, disease control, neurological disability, and health libraries. Universities are also working with students to explore nursing care, public health, health informatics, and disaster planning (Skiba, 2009) as well as medical education, pathology, and problem based learning (Kirriemuir, 2009).

The development of a virtual midwifery unit at the University of Nottingham seeks to enhance experiential and simulated aspects of learning. Students must develop excellent communication skills in the clinical arena when dealing with people in their care. Real life face to face communication, caring for women in labour and dealing with busy staff in the clinical situation do not always afford student midwives the ideal time or place for discussion and questioning of clinical practice. By simulating practice within the virtual environment students and midwives can immerse themselves in clinical scenarios within a representative environment and practice communication skills and the management of care issues in a practically and ethically safe environment. This affords the possibility of mistakes without repercussions or clinical harm (Kamel Boulos et al., 2007) whilst promoting the acquisition of necessary clinical skills. Practical aspects of communication can be rehearsed through role play in preparation for practice or used after an event as part of the reflective process. Studies have shown that behaviours developed within virtual worlds can be translated to real world situations (Beard et al., 2009).

This paper will explore and demonstrate the use of Second Life for midwifery and nursing students and detail some developmental issues with regard to the technology, learning design and the learning needs of both faculty and students.

References


Key words:
- midwifery
- simulation
- virtual environments
- safe practice
- technology.

How this contributes to knowledge development in the E-learning, including Blended Learning theme:
- simulation/emulation of midwifery/nursing practice
- immersive use of experiential virtual worlds
- enhancing student learning through the creation of safe and effective learning opportunities

P19
‘To be or not to be a nurse’: decisions by mature applicants on a DipHE/BSc programme
Kathryn Hinsliff-Smith, PhD Educational Researcher, The University of Nottingham, UK

Poster Abstract
In 2006, the United Kingdom (UK) Department of Health (DH) produced guidelines requiring institutions to address the attrition rates for student nurses and midwives. This issue has not only gained prominence in the UK but other Schools of Nursing including the USA, Australia, and developing countries. Many Schools of Nursing have witnessed a change in their student population with a growing prominence of mature entrants (those over 21). Studies that focus on learner persistence, in particular of mature students, are relatively rare and very scarce on entrants with an Access to Higher Education (HE) qualification.

Within the scope of selection and recruitment of applicants, studies have focussed on the career making decisions in considering or rejecting nursing as a career choice. However, these studies have largely focussed on younger applicants, those leaving compulsory education at 16. There is a scarcity of studies (McLaughlin et al., 2009) which have considered the decision making process undertaken by mature applicants who largely are returning to education without the support networks readily available to younger applicants; teachers, career advisors and professional agencies.

In this study, semi-structured interviews were conducted with nine Access to HE learners, 7 female and 2 male aged between 23 and 49, on a full time DipHE/BSc nursing programme at one UK School of Nursing. Interviews focused on three main topic areas; previous school experience and career aspiration, career decisions made after leaving formal education (at 16 or 18) and their later transition to higher education.

The findings from this study confirm the influence of parents when leaving school but also how parental actions significantly affected career decisions by these learners. Now, as mature students there is a strong influence of significant others – partners and children – as they work towards professional registration. Thus demonstrating that despite initially rejecting nursing as career, these mature learners re-considered nursing at a later stage in their lives. For Schools of Nursing, this could present opportunities at a time of concern for the global shortage of registered nurses.

References

P20
Interprofessional learning sets: exploratory analysis of online students discussions
Ana Linda Da Silva, PhD Student; Heather Wharrad, DR Reader in Education and Health Informatics; Richard Pitt, Associate Professor/Director of Interprofessional Learning, University of Nottingham, UK

Abstract
Effective collaboration among different health professionals has argued to be one of the crucial factors to improve patient outcomes (Mcpherson, Headrick, and Moss, 2001; Hammick, 2009).

Effective team work has also been associated with patient outcomes (Wilcock, and Carr, 2001) and recently in a Neily et al. (Neily et al., 2010) study with lower surgical mortality.
For more than a decade now, several policy statements have been released advocating for Interprofessional education to be increasingly introduced as part of pre-registration training of health professionals (DH, 2000a; DH, 2001; Quality Quality Assurance Agency, 2001; WHO, 2006; WHO, 2010).

Providing health professions students with the learning opportunities and the educational environments that foster the development of these skills is currently one of the challenges faced by the many higher education institutions, such as Medical Schools, Pharmacy Schools, and Nursing School among others (DH, 2000a; b).

The Centre for Interprofessional Education and Learning (CIEL) from the University of Nottingham, has implemented an Interprofessional Learning Experience for all semester one students in undergraduate health and social care courses. Each of these learning sets started with a face-to-face meeting with a facilitator and was followed by an on-line scenario and discussion forum. In 2009, 730 students took part in this learning experience.

The comments made on-line during the scenario and discussion forums were collected and analysed using Corpus Analysis (CA). CA uses powerful computer programs to process, and categorise written texts (Adolphs, 2006) and its characteristics make it an extremely useful methodology to analyse collaborative IPE settings looking at students communication patterns and common discourses per course of study.

A comparisons between students from different professions was performed, and no significant stereotypes regarding other professionals emerged. However there are significant differences on the words used by students, revealing different perspectives towards the scenario closely associated with their future profession. One reason for this might be that students from each course share a common set of attributes, and these facilitate communication between peers, as one is more likely to reach agreement with someone with similar attributes (Berkowitz and Wellman (eds), 1988).

References
Department of Health (2000a) A Health Service of all the Talents: Developing the NHS workforce. London: DH.

P21
Public health is everyone's business: the challenges of interprofessional learning within public health
Jean Cowie, Lecturer; Heather McAskill, Lecturer; Robert Buckley, Lecturer, The Robert Gordon University; Sheila Nutkins, Lecturer; Catriona McDonald, Lecturer, University of Aberdeen, UK

Abstract
The aim of this paper is to discuss the challenges and opportunities of developing interprofessional learning to promote public health within an e-learning curriculum.
In Scotland public health is considered everybody’s business (Scottish Executive, 2006a) and the need for professionals to work collaboratively in promoting public health is clearly documented over recent years (Scottish Office, 1999; Scottish Executive, 2005a; Scottish Executive, 2005b; Scottish Executive, 2006a; Scottish Executive, 2006b). However in order to work constructively and positively together, professionals need to be educated together. They need to understand the roles and perspectives of each other and also share a basic understanding of the principles and values underpinning health promotion and public health work. This paper will take cognisance of the philosophy of working together, learning together and focus on the process of integrating interprofessional learning within a curriculum.

Two Higher Education Institutions in Scotland worked collaboratively with three professional groups: social work; nursing; and primary and secondary education to develop shared learning within statutory and regulated curriculum. Core elements were identified for shared learning and simulated case studies developed to encourage exploration of professional roles and role overlap within a public health context. It was envisaged that this concept would develop ‘communities of practice’ to enhance the student journey and foster collaborative working and promote lifelong learning.

Practical issues such a collaborative innovation was examined, in particular the challenges and opportunities of integrating shared learning within the three curriculum, and two virtual learning platforms. Consideration was also given to the individual professional requirements and the needs of the two higher education institutions. It was clear that there are many advantages and benefits for all students, and future public health practice. In the long term it is anticipated that this interprofessional learning will help in some way to overcome barriers that may have previously hindered collaborative working in the promotion of public health.

This poster will focus on the challenges and opportunities as well as the practical issues involved in developing an interprofessional on-line resource to promote collaborative working in public health.

References

Key words:
• interprofessional education
• interprofessional learning
• collaborative working
• public health
• community health
• health promotion
• nursing
• e-learning
• interactive learning

How this contributes to knowledge development:
• promotes multi-professional learning and working
• improved knowledge and understanding of the roles and responsibilities of other professionals within a public health context.
• development of a virtual classroom to promote learning using an asynchronous on-line discussion forum.
The challenges of developing a global exchange programme leading to transatlantic double degree in nursing: the preliminary impact

Catherine Monaghan Teaching Fellow; Patricia Campbell Nurse Lecturer; Patrick McCartan Nurse Lecturer; Pauline Daniels, Teaching Fellow, Queen’s University Belfast, UK

The School of Nursing and Midwifery at Queen’s University Belfast, in partnership with Washburn University (United States of America), Mikkeli University of Applied Sciences (Finland), and University of Szeged (Hungary), has developed a 4 year transatlantic double degree programme which will enable full-time nursing students to obtain an additional degree from a partner institution of higher education. Funded jointly by the European Union and the United States Department of Education, students undertaking the undergraduate programme are required to study at institutions located in both the European Union and in the United States. As global healthcare is now acknowledged as a component of core knowledge within 21st century nursing practice (Bosworth et al., 2006) nursing student exchange programmes are becoming increasing popular both within continents and across continents. Early evidence would suggest that while there are problems in developing exchange programmes they are of value in clinical cultural development (Sloand et al., 2008). The rationale for the transatlantic programme is that the additional degree will increase the student's skills and knowledge, affording them greater awareness of healthcare provision and culture within a global perspective. This in turn, will facilitate professional and employment mobility and lifelong learning. The programme commenced in June 2010 (to Finland) and September 2010 (to other countries). During the next four year period it is envisaged that 24 students from Europe (8 from each European University) will study in two partner universities. For Queen’s students they will study in Washburn University for one academic year and in Mikkeli University of Applied Sciences (Finland) for a shorter three month study placement. During the same period Washburn University students will study in two of the European Universities.

Our students going to other countries
This entailed the selection and preparation of students to participate in the initiative. The first step was to advertise the opportunities and target the student cohort. This involved providing the details of the experience available and inviting students to access further information online and to consider applying. They were advised of the recruitment procedure involved and on how to apply.

Applicants were short-listed based on their academic achievement, motivation to study abroad and the desire to travel and learn about a new culture. In addition students were asked to consider their personal and professional development including commitment commensurate with the challenges of their own lives.

Applicants were interviewed, selected and made offers. It was important that candidates met the visa, criminal and health requirements. As part of the terms of the offer, they had to agree to undertake a basic language course where necessary and obtain the support of the University International Office.

Overseas students coming to Northern Ireland
This involved the preparation of academic and clinical staff and the curriculum. It was essential that everyone was mindful of the potential implications of students experiencing culture shock, home-sickness and difficulties in understanding the language. The provision of online resources on cultural aspects of the country was devised to develop insight into living and learning in Northern Ireland.

Accommodation was organised and it was ensured that students had full student status and the right to access all services. They were exposed to the University and its services, taking time to explore how these compared and contrasted with their own experiences. Other aspects informing the experience included information technology systems, curriculum similarities and differences, healthcare systems and cultural similarities and differences within nursing.

References

Key words:
• transatlantic
• challenges
• culture
• nursing
• competencies.
How this contributes to knowledge development in the Global Challenges in Healthcare Education theme:

• the overall experience contributes to the personal, professional and educational development of international students and staff involved with the programme.
• the acquisition of knowledge to enhance student and staff cultural development in the areas of education, health and healthcare.
• the impact of international student experience and how it influences the development of global nurse education.

P23
The use of cognitive behavioural therapy (CBT) techniques for patients with mild to moderate dementia

Colin Hughes, Teaching Fellow; Catherine Monaghan, Teaching Fellow, Queens University Belfast, Northern Ireland, UK

Cognitive behavioural therapy is the recommended treatment of choice for a variety of common mental health problems (Evans, 2007). According to the Department of Health (2002) a person’s age should not in any way prevent them from accessing psychological therapies. In a survey by Murphy (2000) it was found that the psychotherapy needs for this group were not as well addressed as those of younger patients. Hilton (2009) showed that while an additional 1.5 billion has been spent on patients of working age this has not occurred in older persons services.

Of those patients with dementia 60-70% suffer from depression and/or anxiety at some stage in their illness (Walker, 2004), and there is increasing evidence for the effectiveness of cognitive behavioural therapy techniques in the treatment of this patient group (Evans, 2007). The focus of this presentation is the training of staff in basic techniques aimed at improving the life not only of the patient but also of their carers. This is accomplished through the application of basic cognitive behavioural therapy techniques using a conceptual model proposed by James (1999). Behaviours which may have previously been identified as challenging by staff and carers may in fact have been a method of coping. It is hoped thorough the application of this training and in particular the model, that these maladaptive coping strategies will be better understood and managed. In addition it is desired the application of cognitive behavioural therapy methods will influence the management of this behaviour in a more adaptive way both for the benefit of the patient and the carer.

Aims and objectives of the teaching session:

• to establish current knowledge base and practice
• to enhance and focus on improving the quality of life of the patient with dementia and his/her carer
• to understand two cognitive behavioural therapy models
• to raise the issues of the human rights of the older person with dementia over 65.

References


Key words:
• practice development
• cognitive behavioural therapy
• dementia
• coping strategies
• models.
How this contributes to knowledge development in the Education in Clinical Practice and Practice Development theme:

- to promote the regional service strategy with reference to psychotherapy with the older person.
- within clinical practice the aim would be to encourage a more equitable approach to assessing, planning, implementing and evaluating individual psychotherapeutic care.
- to promote additional research into the area of psychotherapy for mild to moderate dementia.

Student evaluations:

*Marie*: When visiting the home I found one of the residents with dementia very bright and alert and looking up and smiling at me and responding. Normally, she had a vacant expression on her face and would not make eye contact with me. I asked staff what they thought had made the difference and they told me how she was enjoying their activity programme.

*Marie*: I found the activities training provided by Queen's very useful and a worthwhile experience which enhanced my competence and understanding in the importance of good activities in patient's lives in the care home setting. I hope to be able to pass on my knowledge to carers within the home.

*Chie*: Activity training provided by Queen's University was very helpful, not only for the patient but for the staff as well. They gave us the help to be able to assess and to choose the appropriate activities that will benefit the patient. Activities are one of the important parts of care, it helps to improve patient mental and physical health and make their daily life enjoyable. Activities help to develop good relationships between the patient and the carer.

*Elizabeth*: When activities are being carried out some patients like to take part. It helps to distract them, putting them in a better mood. You get to know who likes what activities so that we know what to do with each patient. It helps the patient's self esteem.

*Bernie*: Queen's University provided us with training in activities which gave us an excellent insight into the importance of activities in the daily lives of patient's with dementia. With this knowledge we were able to plan and put into practice daily activities which helps to give each patient a sense of worth and feelings of inclusion and well being that enhances their quality of life.

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**Table top exercises in teaching**

Gerard White, National University of Ireland, Ireland

**Background**

This poster details the use of a table top exercise in teaching the principles of major incident management to postgraduate emergency nursing students. This method combines clinical scenarios with audiovisual teaching aids to explore the issues and difficulties in managing clinical scenarios that are infrequent in practice or difficult to teach using traditional didactic methods. The method allows the realistic simulation of clinical settings in a safe environment for the student which poses no danger to patient safety (Fletcher, 1995). Faculty members guide the session by observing student interventions and clinical decisions (Medley and Home, 2005).

**Development of teaching strategy**

Students on the emergency nursing programme at National University of Ireland, Galway, identified major incident management as an area where they lacked skill. The clinical facilitator and clinical nurse manager highlighted a theory-practice gap in this subject but felt that it was extremely logistically difficult to teach in the clinical area.

A new teaching unit on major incident management was developed and submitted for approval by the relevant university boards. The module was then piloted in the 2009/2010 academic year.

**Assessment of teaching strategy**

Students were asked to list the top three positive and the top three negative aspects of Moulage training. Examples of the feedback include:

- major Incident was very interesting-the best and most practical days spent in NUIG.
- enjoyed the discussions and hands-on element. Being practically involved was the best thing.

**Implementation of teaching strategy**

Examples of real-life major incidents were adapted for use as clinical scenarios. A practical problem-solving approach and flip charts were used to document clinical decisions and generate discussion at the end of the scenario. Students were encouraged to explore multiple possible scene management decisions and to arrive at a consensus.
Positive feedback and an open discussion of scene management were used to reinforce learning and allow the clarification of contentious issues.

**Contribution to knowledge development**
- table top teaching can be effectively used as part of a problem based approach to student learning
- table top teaching can be an inexpensive way of adding to the student experience
- this teaching strategy is particularly useful for subjects that are difficult to replicate in real-life such as large scale major incidents.

**References**


**Key words:**
- teaching
- strategy
- emergency nursing.

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**P25**

**Interactive moulage scenarios in teaching**

**Gerard White, National University of Ireland, Galway**

**Background**
Moulage is a term for real-time interactive clinical scenarios which use simulated patients to challenge the leadership, critical thinking and psychomotor skills of the participating nurses. This teaching method seeks to more closely emulate real-life scenarios and prepares nurses for clinical practice without causing any patient harm (Rauen, 2001). This type of patient simulation has been shown to improve learner self-confidence and satisfaction (Jeffries, 2005).

**Development of teaching strategy**
Students and nursing academics were contacted for their views on the educational needs of postgraduate emergency nursing students. Key priorities identified were the development of practical clinical skills and critical thinking abilities among students.

**Implementation of teaching strategy**
Anonymised real-life clinical scenarios were given to students. Mannequins with simulated injuries were used as part of a larger simulated clinical environment to enhance the authenticity of the scenarios. Students acted as team leader for a scenario with a nursing assistant. The rationale for possible treatment options was emphasised and students were encouraged to make clinical management decisions in a challenging but supportive environment.

Students were given the opportunity to practice psychomotor skills and positive feedback was provided at the end of each scenario. Learning was reinforced by allowing an informal question and answer discussion which compared practice with evidence based guidelines.

**Assessment of teaching strategy**
Students were asked to list the top three positive and the top three negative aspects of moulage training. Examples of the feedback include:
- the scenarios were very realistic and allowed us to practice skills that we don’t get to chance to do in the clinical area
- the scenarios were a different approach to lectures. The discussion at the end of the scenario was great for comparing what others are doing in their accident and emergency departments.

**Contribution to knowledge development**
- moulage scenarios can be used as part of an educational strategy to develop the psychomotor and critical thinking skills of emergency nursing students
- moulage scenarios can be an inexpensive way of adding to the student experience
- this teaching strategy is particularly useful for situations that are challenging for students such as the resuscitation of trauma patients.
References

Key words:
- teaching
- strategy
- moulage
- emergency nursing.

P26
Students and educators’ perceptions about nursing assessment in higher education in Greece
Paraskevi Tsiamalou, Nurse, University Hospital of Larissa, Greece; Alice Kiger, Senior Lecturer, University of Aberdeen, UK; Anthony Wilson, Retired Senior Lecturer, The Robert Gordon University, UK; Amanda Lee, Professor of Medical Statistics, University of Aberdeen, UK; Alexandros G. Brotis, Larissa University Hospital, Greece

Background
Assessment is a continuing matter of debate in higher education. Numerous assessment modes have evolved throughout the years, but only a few of them have been extensively studied in nursing education in Greece.

Aim
The aim of this study was to review educators’ and students’ beliefs regarding assessment in the Greek nursing education system. Special attention was devoted to the faculty curriculum and the learning and teaching procedures, both of which comprise major components of effective assessment.

Methodology
For this purpose, a descriptive retrospective survey in combination with qualitative interviews was used to investigate the views of students and educators about the assessment of learning, and factors that may influence those views. This survey was carried out, with one cohort including 70 students for quantitative data and 17 students for qualitative data and the second including 50 educators for quantitative data and other 8 educators for qualitative data. The students’ and educators’ sample was convenience with the students to be between 3rd and 4th study year, whereas the educators to teach theory and lab courses in nursing universities. For the data analysis, descriptive non-parametric statistical methods were employed, whereas the qualitative data were analysed sentence-by-sentence to facilitate the grouping of participants’ perceptions into themes and the comparison of findings from the two cohorts.

Results
The results indicated that both educators and students were familiar with more traditional teaching and assessment procedures. Both students and educators indicated that there are serious problems in the organisation of the curriculum and these may cause difficulty in the development of alternative models of teaching and assessment. Finally, positive relationships seem to play a key role in students’ learning and their satisfaction with assessment procedures and the educational environment. Based on the overall findings of the study, a model of the context of effective assessment in Greek nursing education was proposed.

Conclusion
The positive relationships between students and educators seem to play a very important role in the effectiveness of assessment, but the organisational problems of curriculum may be an obstacle for the educators to adopt more alternative assessment that promote students’ learning. It is suggested that nursing education in Greece should seek to adopt more alternative modes of assessment to promote self-directed learning, and that audit of teaching and assessment procedures is needed for a more effective curriculum in future.

This study highlights the importance of positive relationships between students and educators. The proposed model of assessment suggests tips for effective assessment, especially for countries that do not have budgets that includes sufficient resources to reformat their educational system.

This study suggests the value of incorporating alternative assessment modes rather than restricting assessment to traditional modes in many levels.
Key words:
• higher education
• assessment
• learning
• curriculum
• students and educators.

P27
Challenges facing healthcare education and the working environment: integration of R&D work and teaching
Anneli Sarajärvi, Principal Lecturer; Riitta Lumme, Principal Lecturer; Elina Eriksson, Director and Adjunct Professor, Helsinki Metropolia University of Applied Sciences, Helsinki, Finland

The task of universities of applied sciences is to implement R&D work along with education. The purpose of this presentation is to describe challenges facing education and working environment in this implementation. Universities of applied sciences educate competent professionals meeting the needs of working environment. The applied R&D work originates from the practical needs of the workplace. The relationship with work and its development is emphasised in teaching.

The data for this study were collected by interviewing teachers of Metropolia University of Applied Sciences involved in R&D work (N=32) in groups. The interview themes comprised study units integrated with R&D, good practices, attainable learning, results in relation to teaching and work, barriers and development challenges. Voisi ehkä jättää pois tämän vihreän osan? The data were analysed by content analysis.

According to the results concerning challenges, they comprised the need to increase collaboration between degree programmes and working environment as well as the need to increase flexibility in the curriculum. In addition, teachers' job descriptions required re-examination. The curriculum should be based on learning and competence objectives defined from the perspective of working environment. In the workplace, the major challenge is to take on experiential learning by means of workplace-oriented R&D tasks and other assignments. The students are encouraged to gain new experiences and perspectives during their clinical practice integrating theoretical teaching and R&D work. Similarly, encouraging work communities to reflect on their present practices, finding new development targets and developing good practices pose a challenge to teaching.

The structures and culture of a suitable learning environment enables students, teachers and workplace representatives to reach good results together. At its best, education in the workplace inspires the entire work community to develop its learning and R&D work. We need open-minded and long-term development to create working environments, which produce fresh knowledge collectively, efficiently and flexibly.

Based on these results, a programme for integrating R&D work and teaching has been outlined. Further, a pilot scheme has been drawn, and it will be implemented in two degree programmes of the Faculty of Health Care and Nursing in 2010-2011.

Key words:
• R&D work
• teaching
• integration
• challenge.

P28
Developing professional training for stop-smoking specialists in Scotland
Judy Corbett, National Training Development Manager, ASH Scotland/PATH, Edinburgh, UK

Summary
PATH (Partnership Action on Tobacco and Health) is a partnership of Scottish Government, NHS Health Scotland and ASH Scotland.

The PATH Training and Development Team delivers two modules (in partnership with and academically accredited by Glasgow Caledonian University) to enhance the practice and knowledge of stop-smoking professionals. These modules were developed to comply with the Scottish National Training Standards: stop-smoking support (December 2009) at levels C and D.
Our poster will inform readers about how we went about developing the modules in line with the Standards, discuss the format of the course including assessment via OSCEs, presentations and written submissions, and display a selection of the materials.

Key words:
• assessment of learning
• professional standards
• blended learning
• behaviour change.

P29
The partnership approach to the development and delivery of training around raising the issue of smoking to support workforce development in Scotland
Judy Corbett, National Training Development Manager, ASH Scotland PATH, Edinburgh, UK

Summary
PATH (Partnership Action on Tobacco and Health) is a partnership of Scottish Government, NHS Health Scotland and ASH Scotland.

PATH brief advice training – Raising the Issue of Smoking (RIS) – is delivered through a managed partnership with ASH Scotland.

The Scottish National Training Standards: stop-smoking support (2009) provides a guide and framework for the skills and knowledge criteria for the training content and delivery of these RIS courses.

Training is delivered across all NHS Board areas in Scotland. The suite of brief advice training is designed to meet the continuing professional development needs of a wide range of health professionals.

The RIS courses include generic, during pregnancy and with mental health service users. An e-learning component has been incorporated to minimise the time away from service delivery for front-line workforce.

A training for trainers cascade model of delivery has been adopted nationally to promote capacity building and sustainability of future delivery. This is supported by ASH Scotland personnel.

A virtual learning environment hosted by NHS Health Scotland provides further support through on-line resources and forum which practitioners can access.

P30
Introducing interprofessional simulated practice learning to the curriculum
Andrew Domelow, Practitioner Facilitator; Sheila Ollerhead, Associate Head Adult Nursing; Jennifer Paterson, Senior Lecturer, Edge Hill University, UK

This poster presentation is based around the reflections on the challenges inherent in curriculum innovation. The authors have worked collaboratively to introduce simulation practice learning to the 3rd year undergraduate adult pre-registration nursing and operating department practitioner curriculum.

Why the Innovation was introduced
According to Barr (1994) interprofessional education is grounded in adult learning theory. Educators acknowledge that adults learn more permanently and more deeply when knowledge has direct and early application to practice, and more effectively using a range of learning opportunities involving problem-based approaches (Knowles 1975). Kolb’s (1984) experiential learning cycle can be extensively utilised with simulation based learning. Stopping the simulation at relevant points, thus providing concrete experience, facilitating reflection, and conceptualisation followed by reapplying the scenario allows experimentation to take place. Simulation can therefore be seen as a positive setting for interprofessional education by providing interactive learning environments within which the learner can explore and develop critical thinking and problem solving, as well as applying practical skills to real world scenarios.
By learning together, the professions would work more effectively together and thereby improve the quality of care for patients, valuing what each brought to collaborative practice (Barr, 1994).

What was done
Simulated practice ‘Major Incident’ scenarios were produced where students from the two disciplines worked in teams and were assigned roles to diagnose and treat standardised patients. The incorporation of high fidelity patient simulators also added different dimensions to the simulated practice of the day. Professional relationships were explored as participants had undertaken different roles in imagined situations.

Evaluation of results
Questionnaires evaluated students perceptions of interprofessional and simulated learning. Transferable skills that students have developed and taken forward into practice include:

• communication and active listening skills
• team working
• management and leadership skills.

Effective debriefing is incorporated to assist in reflective practice and the overall performance evaluation of team and individual student performance.

Future implications for healthcare education
The introduction of interprofessional learning into the curriculum allows students to explore professional roles and responsibilities in patient care by providing a safe and effective means to support learning.

References

Key words:
• interprofessional
• simulated practice
• collaboration
• problem-solving
• critical thinking.

P31
Nursing students' knowledge on patient education
Anna-Maija Seutu, Lecturer; Leena Salminen, Senior Lecturer; Heli Virtanen, Coordinator, University of Turku, Finland

Background
This abstract focuses on a descriptive study designed to evaluate graduating nursing students’ knowledge of patient education. The aim of the study was to evaluate graduating nursing students’ knowledge structure in the domain of patient education. Wide-range, structured and constructively built knowledge structure helps students to understand, control and adjust knowledge on clinical patient education and respond to individual patients’ expectations. Evaluation of knowledge structure reveals qualitative learning outcomes. Concept mapping has been found useful in the evaluation of the knowledge structure and illustrating how students perceive the knowledge structure. (Novak, 2010.)

Methods
The data of this study consisted of the voluntary graduating nursing students (n = 37) in one Finnish polytechnic in autumn term 2007. The data collection method was a concept mapping for measuring knowledge structure in the domain of patient education. A researcher asked students to draw a map that described identifying of ambulatory surgical patients’ knowledge and knowledge expectations in patient education. The concept maps were analysed by using Bigg’s SOLO taxonomy (Biggs and Collis, 1982) and by quantifying concepts, interconnections between concepts and hierarchy levels of the map according to Ausubel’s meaningful learning theory (Ausubel, 1963).

Results
SOLO-Taxonomy analysis showed that only some of the students had relationalistic or large abstract knowledge on patient education. Most of the students’ knowledge structure was uni or multistructural where the substance areas were appropriate but without integrative connections.
The students’ knowledge was based mainly on rote-learning and consisted of disconnected part of information. Some students showed wide-range and profound understanding of the meanings and interactions of various ideas.

**Conclusion**

The findings of this study show that there are shortcomings in the nursing students’ knowledge on patient education. There is a need to focuses on content and teaching methods concerning patient education so the students can achieve more integrated knowledge and profound understanding for carrying out high quality patient education.

**References**


**How this contributes to knowledge development in the Innovative Approaches to Assessment theme:**

- this study provides qualitative information on nursing students’ knowledge on patient education that can be used in developing of teaching of patient education
- nursing students need to deepen their knowledge of patient education in order to develop patient education
- this study shows that concept mapping is a useful assessment method that should be used more in nursing education.

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**P32**

**Significant learning experiences of nurse student teachers: a Finnish point of view**

Hanna Aalto, Student; Maija Hupli, Senior Lecturer, University of Turku, Finland

The significance of nurse teacher education is central in educating high quality healthcare professionals. However, studies focusing on nurse teacher education are few. (Turunen, 2002.) For constant development of nurse teacher education up-to-date scientific knowledge is needed. It has been stated that for learning to be significant, it must be subjectively valued and personally affect the learner (Merriam, 1993). According to previous research emotional significance, reflection, differing perspectives, collaboration, autonomy and dialogue play important role in significant learning (Soini and Flynn, 2005; Janhonen and Sarja, 2005; Turunen, 2002). Knowledge on significant learning in nurse teacher education can be obtained through students’ significant learning experiences (SLEs). Research evidence on nurse student teachers’ SLEs can be used in planning and developing the education.

The purpose of the research was to find out what are the SLEs of Finnish nurse student teachers like. The purpose was also to find out what was learned through these experiences. The participants were nurse student teachers from four universities in Finland. The data were collected from all universities where nurse student teachers study nursing as their major subject and receive education in Finnish language. Written descriptions of nurse student teachers’ SLEs were collected using electric questionnaire including also 10 background factors. The questionnaire was sent to 106 nurse student teachers. The data will be analysed using qualitative content analysis. The results and conclusions will be represented at the conference.

**References**


**Key words:**

- nurse teacher education
- significant learning experience

**How this contributes to knowledge development in the Enhancing the Student Experience theme:**

- study focuses on nurse student teachers and their experiences
- study offers up-to-date research evidence on significant learning experiences of nurse student teachers
- study develops knowledge on electric questionnaire as a method for collecting data on learning experiences of students.
P33
Psychiatric nurses' needs for continuing education
Maija Hupli, Senior Lecturer; Virve Rannikko, MNSc, University of Turku, Finland

The importance of continuing education for nurses has been emphasized in nursing literature since the beginning of the profession (Gallagher, 2007). In addition, there is a need for more continuing professional education in mental health interventions.

The purpose of this study was to describe the needs of nurses for continuing education while working in outpatient services for psychiatric nursing. An additional purpose was to describe how previous supplementary training fulfilled nurses' needs for continuing education. The aim was to obtain new information on the need psychiatric nurses experienced for further training and on their experiences regarding prior supplementary training. The information obtained may be applied in the design and development of further professional training in both employer and education organisations.

This study was carried out in the psychiatrics division of the hospital district of Southwestern Finland. The target group was the nurses in outpatient care in psychiatric nursing (n=23) who were interviewed individually. The data were analyzed using inductive content analysis. The analysis was continued by quantifying the data.

According to the study results, the professional skills of psychiatric nurses have been maintained by further professional training that comprised of further training supporting the care of a psychiatric patient, as well as further training in nursing based on organization, administration and demonstration. The psychiatric nurses presented a continuing need for further training in assisting and care of a patient, which would be based on demonstration. The nurses also expressed a need for further training in management and administration.

The study provided new information on the need for further training for psychiatric nurses. The requirements presented by the nurses must be taken into account in the development of further training so that supply and demand will suit each other.

Reference

Key words:
• nurse
• continuing education
• lifelong learning
• psychiatric nursing
• outpatient care.

P34
Nurse students and public health nurse students’ way to learn: main learning approaches
Henna Honkanen, MNSc; Sanna Koskinen, MNSc; Leena Salminen, PhD, Senior Lecturer, University of Turku, Finland

Nurse students and public health nurse students use different learning approaches, either deep, surface or strategic approach (Marton and Säljö, 1976; Entwistle et al., 2000). The deep approach means connecting and synthesizing new information with the earlier knowledge (Thomas et al., 2008). The surface approach means that the information about the matters to be studied has splintered (Lizzio et al., 2002). The strategic approach means pursuing good grades with the efficient organizing of studies and with controlling the use of time (Biggs, 2003). Constructivism which emphasizes student as an active participant and as a dynamic adapter of information is often used as the basis of nursing curricula.

The purpose of this study was to analyze nurse students’ and public health nurse students' learning approaches and are there connections to different curricula. The data was collected from nurse students (n=125) and public health nurse students (n=46) from four polytechnics in Finland. PBL (problem-based learning) was the basis of the curriculum in two polytechnics (students n=73). In two polytechnics constructivism was stated the basis of the curriculum but was not defined in more detail (students n=99). The data was collected with one part of an international structured Likert-scaled ASSIST-tool (Entwistle et al., 2000) via e-mail. Response rate was 20%. The data was statistically analyzed.
Both nurse students and public health nurse students used the strategic learning approach the most. Secondly often both groups used deep learning approach. The nurse students used more the surface learning approach than public health nurse students ($p=0.03$). The curriculum and the used learning approach did not have a connection. The use of deep learning approach decreased after the first school year in both groups but the difference was not statistically significant. Nurse students and public health nurse students who were 31–40 years old used the deep learning approach more than others ($p=0.05$).

The majority of nurse students and public health nurse students were strategic learners. PBL as the basis of the curriculum did not increase deep learning in either group. Students' learning approaches were uniform despite different curricula. The surface learning was considerably general on both groups but nurse students used it more than public health nurse students.

References

Key words:
• nursing student
• learning approach
• curriculum.

Contribution to knowledge development in the Learning and teaching strategies theme:
• it is important that nursing teachers as well as individual student recognize different learning approaches.
• nursing teachers need to understand different learning approaches effect on knowledge retention and how to enhance students' deeper learning.
• more research is needed about the connections between the curricula and learning results.

Current and future proposals for change in nurse education
Wendy Corbin, Lecturer, Institute of Health and Social Care Studies, Guernsey

Abstract
There are many potential challenges facing nurse educators in meeting the demands of a rapidly changing healthcare environment. It is appropriate that academics consider these challenges in order to prepare graduates to meet future developments (Hegarty et al., 2009). The Department of Health (2006) in their Modernising Nursing Careers document state that nurses must respond to the profound changes taking place in healthcare.

Nursing itself has changed and developed immensely. It has evolved from an unskilled, low paid job into a profession with great potential to transform healthcare. The drivers for this are many and varied. They include; the government, the National Health Service; advances in technology; public demand; and professional imperatives. It is also suggested that globalisation and changes in the patient profile will drive the education of future nurses (Hegarty et al., 2009). Nurse education needs to adapt to produce a workforce fit for purpose.

A scenario development process is a highly sophisticated and useful way of thinking about the future (Flower, 1997). Van Notten (2006) suggests that this type of curiosity-driven research was traditionally the province of universities, but that this is diminishing due to the current market orientated nature of the times. A scenario development process can highlight the key drivers in an organisation and create ideas suggesting how the future may look.

The difficulties that stakeholders have in adjusting to change are highlighted (Lovell, 1994). Armstrong and Stephens (2005) suggest that ‘ownership’ is central to managing stakeholders’ resistance, that stakeholders should be encouraged to take part in the management of change. It is suggested that stakeholders who participate in scenario development are moved to own changes as they create and suggest possible futures.
The poster will portray the rapid transformation of nursing and concurrent nurse education, and the key drivers for this. A scenario development process will be used to create portrayals of possible futures of nursing. These will then be used to consider how education needs to adapt to create nurses of the future. Changes to the current system will be explored, using some suggested change management theories.

References


Key words:
• exploration of key drivers in nurse education
• suggestions of how the future of nursing may look
• ideas for changes in nurse education.

P36
The student enrichment programme: an interprofessional collaboration, from pilot to programme

Joanne Greenwood, Senior Lecturer; Celia Sinnott, Senior Lecturer, University of Chester, UK

The student enrichment programme is an interprofessional collaboration (Day, 2006) of the University of Chester initially developed from a pilot study in 2009. The programme has two key aims first, to build commitment during the 3 year undergraduate nursing programme in addressing the issue of student retention. Second, to aid student academic progression through offering a structured, learning support programme. Both considered important in achieving a positive experience for students and staff (Atwood, 2008), and beneficial course outcomes (Dearnley and Matthew, 2007). The student enrichment programme planning, preparation and delivery is collaboratively undertaken by the University student support departments of the Learning Support Unit, Learning Information Services, Careers and Employability and Pre-Registration Nursing Department. This encompasses teachers, nurse lecturers, careers advisers and librarians. The student enrichment programme is delivered to students in week 9 of their respective programme years.

The pilot study involved student nurses from the 1st, 2nd and 3rd years of the pre-registration programme according to their yearly timetable. Students were invited to attend however attendance was optional. The sessions were between 1 and 3 hours long, and delivered on 3 consecutive days. The subjects included were academic writing skills (level 4, 5 and 6 respectively), literature searching and referencing skills, time management and e-portfolio and had all been delivered in the 1st year programme induction week. In evaluation 2 key themes emerged relating to the student experience and attendance. The students who attended evaluated the experience as very positive and would recommend the enrichment programme to fellow students. Attendance however was poor and key in the students’ evaluation was that sessions were too dispersed.

As a result of this pilot study the student enrichment programme has been embedded into the Pre-Registration programme for 1st year student nurses. Attendance is now mandatory and all sessions are conducted over 1 day. Student enrichment has been highlighted as a strength in a recent Faculty of Health and Social Care internal review and is being rolled out for 2nd and 3rd year student nurses. Student enrichment links strongly to the new Nursing and Midwifery Council standards for pre-registration nursing education (NMC, 2010).

References

Clinical skills education for pre-registration nursing students: meeting the diverse needs of learners using a multi-modal approach

Jocelyn Cornish, Lecturer in Nursing; Jacqueline Bloomfield, Lecturer in Nursing; Anne Pegram, Lecturer in Nursing, King’s College London, UK

Widening access to higher education, the promotion of equality and diversity and increasing numbers of mature-aged students has led to diversity among nursing students around the world (O’Brien et al., 2009; Meehan-Andrews, 2008). In the context of the fitness for practice debate, the need for effective clinical skills education that accommodates different learning needs is essential (Fleming et al., 2010).

This paper reports the development of a new clinical skills module at a UK university. Aimed at first year postgraduate nursing students undertaking a pre-registration programme, the module adopted a multi-modal approach comprising a range of teaching, learning and assessment strategies to maximise comprehensiveness, complementarity and flexibility.

Assessment also comprised multiple elements including formative skills assessment, written skills accounts exploring the evidence-base and reflection on practice. This paper reports module evaluations and identifies strategies deemed most and least useful for learning from a student perspective.

Issues around clinical skills education are of global relevance (Borneuf and Haigh, 2010) and the information presented contributes to the ongoing discourse on approaches to clinical skills teaching in healthcare by offering insights to inform the future planning and delivery of clinical skills education.

References


How this contributes to knowledge development in the Curriculum Innovation and Enhancement theme:
• use of multiple methods for teaching enhanced flexibility of education for students’ learning.
• assessment of competence in clinical skills via different assessment modes maximised comprehensiveness of the assessment.
• evaluation of the multi-modal approach provides insights for the future of clinical skills education.

The student experience of the sign off mentor process in pre-registration nursing

Abbie Barnes, Placement Quality Lead / Nurse Lecturer and Nursing Midwifery Council Fitness to Practise Investigating Committee Registrant Panelist, Keele University, Stoke-on-Trent; Kim Eaton, Practice Placement Manager, Walsall NHS Trust Hospitals, UK

Students highly value clinical practice and the opportunities of becoming a nurse and joining a profession. The challenges confronting nurses in today’s healthcare environments have highlighted the necessity for graduating students to feel both competent and prepared for practice. It is widely acknowledged in the literature that the amalgamation of theory with practice is vital to the development of competent practitioners. The Nursing
Midwifery Council acknowledges that in order to facilitate nursing students to make this crucial translation, support strategies are a requisite. The NMC (2006, 2008) implementation of the sign off mentor aims to ensure students have achieved the safe and effective practice for entry to the register.

Historically, students felt that upon qualification they lacked the confidence and experience to make clinical decisions, and implement care effectively (Charnley, 1999; Evans, 2001; Last and Fulbrook, 2003). There were concerns raised about clinical skills of recently qualified nurses by employers and healthcare managers (O'Connor et al., 2001). Pre-registration nurse education needs to mirror the fast pace of practice; foresee the future changing roles and produce students who are fit for practise and fit for purpose at the point of registration.

Pre-registration nursing programmes require a sign off mentor to assess the competence in practice at the point of registration, and this role deserves time and investment. In order to support and develop sign off mentors, inform and improve future practice an in-depth look at the students experience was needed. The student evaluations were analysed and this generated valuable recommendations and insight into the sign off process.

Recommendations for future practice:
• partnership strategies to support the sign off mentor and student
• documentation, development plans and performance management
• the role of the student and sign off mentor to follow the process.

References

Key words:
• partnership
• innovation
• to develop the role of the sign off mentor.

How this contributes to knowledge development in the Education in Clinical Practice and Practice Development theme:
• practice development of the sign off mentor, student and role evaluations.
• development of partnership strategies and knowledge acquisition for the final placement student.
• application of educational theory with practice.

On-the-job and off-the-job training for an electronic nursing diagnosis documentation system in Japan

Yukari Shimizu, Chief Nurse Educator; Mitsue Hayakawa, Nurse Vice-Director; Sachiko Tachibana, Nurse Director; University of Fukui Hospital Japan; Kumiko Asakawa, Associate Professor; Tomoko Hasegawa, Professor, University of Fukui Faculty of Medical Sciences, Fukui, Japan

Introduction
To facilitate information exchanges among patients, families and medical professionals, the Japanese government has encouraged hospitals to institute an electronic medical recording system (EMR) in Japan since 2001. In order to develop relevant nursing documentation, there is a need for support and education to strengthen the professional identity of district nurses (Törnvall, et al., 2004). In addition, in-service education and enlightenment regarding the protection of personal information needs to be implemented for the nurses so that data on patients are secured from disclosure. The University of Fukui Hospital completed implementation of its 100% paper-free EMR system in 2005. Since then, a nursing EMR system education program has been offered to newly employed nurses. This study evaluates the effectiveness of the program.

Materials and methods
The subjects of the educational program are the 55 nurses who were newly employed, including newly graduated nurses, in 2009. The program consists of two training programs: Off-the-job-training (Off-JT), and on-the-job-training (On-JT). Off-JT addresses basic documentation roles, an introduction to and application of the EMR and
nursing process support system, and the security system. Altogether, 240 hours of lecture-based training are provided by four nurse educators. Off-JT is a six-week program, during which each new nurse works with a preceptor nurse and learns documentation of patient data, nursing diagnoses, outcomes, and evaluations.

Results
The majority of the subject were familiar with using computers and the Internet, and had clinical practicum at hospitals with EMR systems. For this reason, the subjects did not have any difficulties in understanding the hospital EMR systems. With respect to an introduction to and application of the EMR and security system instruction, about 70% of the subjects stated they could understand the efficiency of EMR and the importance of the security system.

Conclusion
Most of the subjects stated that Off-JT before On-JT was very helpful in understanding documentation systems, and in reducing their anxiety about using the actual EMR system. We are planning to introduce more written case studies so that attendants can practice nursing process using EMR systems.

References

Key words
- nursing documentation
- in-service education
- Off-JT
- On-JT.

How this contributes to knowledge development in the Education in Clinical Practice theme:
- this paper will discuss innovative training program for nursing documentation
- this paper will discuss practice development for newly graduated nurses
- this paper will discuss in-service education in Japan.

P40
Innovative program to produce nurses certified in respiratory care in Japan
Tomoko Hasegawa, Professor; Kumiko Asakawa, Associate Professor; Yoshiko Uehara, Associate Professor; Yumiko Tanaka, Assistant Professor; Yukari Shimizu, Chief Nurse Educator; Takeshi Ishizaki, Professor, University of Fukui, Faculty of Medical Sciences, Fukui; Chisako Takeda, Professor, Hyogo University of Health Sciences, Japan

Introduction
The Japan Nursing Association (JNA) has developed a system to certify nurses who can use matured nursing skills and knowledge to provide a high level of nursing practice, leadership, and consultation in a specific nursing area (Japan Nursing Association, 2006). As of April 2010, JNA has established an education and certification system for certified nurse (CN) in 21 specialized areas, such as emergency nursing, palliative care, cancer chemotherapy nursing, and diabetes nursing; there are currently 7,334 CNs practicing in specialized areas in Japan.

As a result of the increasing number of patients with chronic respiratory diseases and the shortage of respiratory care doctors in Japan, the chronic respiratory nursing certified nurse (CRN-CN) was established in 2010. This paper discusses the CRN-CN program and its clinical implications in Japanese medical fields.

Prerequisites for entrance to program, certification renewal
Nurses must have a minimum of five years of practical clinical experience in respiratory care to be eligible to enter the program. To be certificated, candidates need to complete a regulated curriculum of at least 615 hours within six months, and pass the JNA examination for a certified nurse. Certification renewal requires at least 2,000 hours of nursing practice over the past five years, and a score of 50 points or more earned by writing papers for designated journals and/or participating in or making presentations at designated academic conferences, thereby demonstrating their achievements.

Objectives
1. To increase nursing skills to promote the quality of life for patients with chronic respiratory diseases and their family members at the stable, critical, and terminal stages of the disease.
2. To increase nursing skills to provide guidance and consultations to nurses and other medical professionals in the respiratory care field.

Clinical implications
1. CRN-CNs provide comprehensive respiratory care based on an in-depth knowledge of pathophysiology and symptom control.
2. CRN-CNs understand the physiological, psychological, and social problems of patients and their families, and provide appropriate intervention to resolve any associated problems.
3. CRN-CNs support respiratory rehabilitation according to symptoms and conditions.
4. CRN-CNs provide guidance to patients with chronic diseases and their families so that they can maintain a high quality of life.
5. CRN-CNs protect the rights of patients and their families, and respect their self-decisions.
6. CRN-CNs function as a member of a respiratory care team to provide the best advanced care to patients.
7. CRN-CNs provide guidance and consultation to nurses as role models through nursing practice.

References

How this contributes to knowledge development in the Interprofessional Learning and Working theme:
• this paper will discuss an innovative curriculum to produce specialized nurses.
• this paper will discuss details of the education program.
• this paper will discuss the clinical implications of chronic respiratory care nurses.

P41
Improvement of living rhythm of young children in Japan: development of educational practical project
Miho Kaji, Associate Professor, Chubu University, Aichi; Tsutako Miyazaki, Professor, Takada Junior College; Ikumi Honda, Associate Professor, Kyoto University, Japan

Objective
Change in the lifestyle of children has recently become an issue of concern in Japan. In order to improve basic lifestyle of the public, the government of Japan has promoted a movement using ‘go to bed early, wake up early and eat breakfast’ as a slogan since 2006. As part of this movement, we conducted an educational practical project at nursery schools in collaboration with local governments and children's nurses to kindle affection and improve living rhythm in infancy. This study aims to describe practical and educational activities at nursery schools participating in the project and to clarify change in nursery schools and children's nurses.

Methods
The targets of the study were all 56 nursery schools in Tsu City in the central region, and 5,490 parents of children enrolled at them.

The project activities included holding a workshop for children's nurses on theory and practice for improving living rhythm. Along with holding education lectures for parents, consultations were held at nursery schools by counsellors specializing in childcare. Educational leaflets and check sheets were created and distributed.

When the project was completed, children's nurses were asked to submit a report of activities. A survey was also taken of nursery school principals concerning holding of training sessions at the school facilities, change in motivation of staff and educational activities for parents.

Results
A total of 153 children's nurses from all institutions participated in workshops, and the practical activities for improving the living rhythm were carried out in all institutions. In addition, 39 institutions independently held training sessions concerning living rhythms at their facilities. 34 institutions had made positive awareness and practice by participation in the project. 48 institutions had been involved in activities to educate parents. Many of institutions had prepared and had utilized their own check sheet for parents to be interested in child's life rhythm further. A wide range of activities using leaflets to educate parents, such as talking about the contents of the leaflets at meetings were conducted.

Conclusion
The study suggests that, along with indicating a project model whereby the government, nursery schools and researchers each take advantage of their positions and expertise, participation in the project was also related to enhanced motivation of the staffs of participating institutions.

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Key words:
• young children
• living rhythm
• nursery school
• development of practical healthcare education.

How this contributes to knowledge development in the Curriculum Innovation and Enhancement theme:
• this paper will discuss innovative collaborative project for improving living rhythm of children.
• this paper will discuss practice development for improving living rhythm of young children.
• this paper will discuss healthcare education at nursery schools in Japan.

P42
An analysis of the intention of nurses to remain with organizations and their recognition of organizational culture
Rie Kashihara, Assistant Professor; Saori Yoshioka, Associate Professor; Chie Ogasawara, Professor, Hiroshima International University, Tomoko Hasegawa, Professor, University of Fukui Faculty of Medical Sciences, Fukui, Japan

Introduction
A dwindling birthrate and extended life expectancy have triggered a dramatic rise in the ratio of senior citizens since 1970 in Japan (Ministry of Health, Labour and Welfare, 2005). As a result of the development of advanced medicines, an increase in the number of hospital beds, and the aging of patients, demand for nursing workers has outpaced supply. Japan currently has a severe shortage of nurses in terms of both quality and quantity (Source: Japan Nursing Association, 2006). It is very important for nurse administrators to retain nurses in their organizations. One study reported that nurses might stay in their jobs if the organizational climate suits them (Mrayyan, 2008). Nurse administrators should understand their organizational climates and cultures as well as their influences, so that they can retain nurses in their organizations.

Purpose
The purpose of this study is to clarify the relation between recognition by nurses of organizational culture and retention estimates.

Methods
A total of 584 nurses from 14 hospitals were asked to respond to a questionnaire. The questionnaire included questions on demographic data, estimates of how long nurses intended to stay with the organization, and their recognition of the organization culture. The retention estimate was assessed using the ‘Retaining-leaving Scale’ (Hirai et al., 2003). Recognition of the organization culture was assessed using Inada’s scale (Inada, 2007), which contains three aspects of organization culture: basic underlying assumption of the group, basic underlying assumption of the job, and basic underlying assumption of the nurse.

Results
A total of 475 out of 584 nurses (81%) responded to the questionnaire, of which 464 (79%) qualified for study analysis. The subjects were classified into three types as to their intention to stay with their organizations: Type I, the ‘staying group’, contained 326 (70%) subjects; Type II, the ‘noncommittal group’, contained 81 (18%) subjects; and Type III, the ‘leaving group’, contained 57 (12%) subjects. The leaving group scored lower points on ‘fellow feeling’ and ‘evidenced-based practice’, and expressed lower job satisfaction than the other two groups.

Conclusion
Nurses’ recognition of organization culture differed according to their expressed aim to stay with their organizations. Nurses who intended to leave an organization did not value evidenced-based practice. Nurse administrators should assess nurses’ recognition of organization culture to ensure evidenced-based practice and to predict the intention of nurses to stay with an organization.

References


Do nursing students' views of e-learning change over the undergraduate programme?

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

Background

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

Methods

The original enquiry into students views of e-learning used a cross sectional design to collect the data (Polit and Beck, 2008). The benefits of a cross sectional design is that it is practical, easy to undertake, economical and therefore pragmatic. The disadvantage of the cross sectional design is that you are inferring change over time and it is only time that changes views (Robert and Burke, 1989). It is not known if this change in opinion is causal in relationship or even the direction of the relationship (Lauder, 2008b). Social, generational and technological changes will impact on behaviours, views and opinions (Polit and Beck, 2008.). This study aims to address this issue by re-questioning the 1st year students who are now in 3rd year. Undergraduate nursing students attending a single Scottish HEI were invited to complete a questionnaire on e-learning. The Self Administered Questionnaire and information leaflet were distributed by hand to the students. Sample size was calculated using the Raosoft survey sample size calculation package. The response rate was 1st year 1 = 42% (n=67), 3rd year 52% (n=58) this ensured a 5% margin of error with 95% confidence in the results.

Results

<table>
<thead>
<tr>
<th></th>
<th>A (%)</th>
<th>B (%)</th>
<th>C (%)</th>
<th>D (%)</th>
<th>E (%)</th>
<th>F (%)</th>
<th>G (%)</th>
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<tbody>
<tr>
<td><strong>Strongly agree/agree</strong></td>
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<td></td>
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<tr>
<td></td>
<td>More EL in NE</td>
<td>More FTF in NE</td>
<td>EL replace FTF</td>
<td>Balance of FTF to EL</td>
<td>EL should supplement</td>
<td>EL used distribution</td>
<td>EL used for assess</td>
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<tr>
<td>All years</td>
<td>11.3% N203 n23</td>
<td>75.4% N203 n153</td>
<td>2.5% N205 n4</td>
<td>25% N204 n51</td>
<td>70% N203 n142</td>
<td>39.2% N204 n80</td>
<td>53.7% N203 n109</td>
</tr>
<tr>
<td>Sept 07 Year 1</td>
<td>4.5% N66 n3</td>
<td>72.3% N65 n47</td>
<td>3% N67 n2</td>
<td>17.9% N67 n12</td>
<td>59.1% N66 n39</td>
<td>33.3% N66 n22</td>
<td>53% N66 n35</td>
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<tr>
<td>Year 2</td>
<td>19.2% N52 n10</td>
<td>71.2% N52 n37</td>
<td>3.8% N52 n2</td>
<td>29.4% N51 n15</td>
<td>74.5% N51 n38</td>
<td>36.5% N52 n19</td>
<td>59.6% N52 n31</td>
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<tr>
<td>Year 3</td>
<td>11.9% N84 n10</td>
<td>80% N85 n68</td>
<td>0% N85 n0</td>
<td>27.1% N85 n23</td>
<td>75.3% N85 n64</td>
<td>44.7% N85 n38</td>
<td>51.7% N84 n43</td>
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<tr>
<td>Sept 07 Year 3</td>
<td>7% N58 n4</td>
<td>84% N58 n49</td>
<td>3% N58 n2</td>
<td>26% N58 n15</td>
<td>84% N58 n49</td>
<td>43% N58 n25</td>
<td>67% N58 n39</td>
</tr>
</tbody>
</table>


How this contributes to knowledge development in the Curriculum Innovation and Enhancement theme:

- this paper will discuss factors that influence nurses to stay with an organization.
- this paper will discuss assessments of organization culture.
- this paper will discuss partnerships between institutions and nurses in Japan.

P43
The comparison of percentage points identifies that there is less support by students for e-learning (EL) compared to face to face (FTF) teaching (column A compared to Column B). The inference is that students do not want to replace face to face teaching with e-learning (Column C). Column D suggests that students do not consider there is a balance of face to face teaching compared to e-learning. This could be interpreted as students identifying that they would like to see more face to face in there education rather than an increase in e-learning.

The use of information technology to supplement face to face teaching was supported as was the distribution of information. In the original cross sectional study there was gradual percentage increases in the support for e-learning from 1st through to 3rd year though no statistical significance was identified. The assumption from the original study was that students started to accept e-learning as an appropriate teaching and learning strategy. This study identifies that student's views do not change over the three years of programme. In the original study the 3rd year students could just have been more open to e-learning as they may have been in first year. This raises a number of questions why do student's views of e-learning remain unchanged over a programme? Can we change their views on e-learning? Is e-learning an appropriate teaching strategy for student nurses?

<table>
<thead>
<tr>
<th>Strongly agree/agree that '       ' is a good way of learning.</th>
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<tr>
<td>All years</td>
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<tr>
<td>N205</td>
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<tr>
<td>Sept 07 Year 1</td>
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<tr>
<td>N67</td>
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<tr>
<td>Sept 07 Year 3</td>
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<td>N58</td>
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</table>

Students strongly support the 'traditional' nursing methods of education compared to the more 'modern' method of e-learning. Clinical skills were strongly supported identifying that practice is in the student opinion the best way of learning the skills of nursing. No statistical change in the support for the strategy and use of e-learning in education but there was significant statistical evidence identifying student's increasing computer ownership and usage. Increasing number of students have broadband 98% (n56) p=0.03, increased ownership of laptops 74% (n43) p=0.004, sending emails 57% (n33) p=0.014 and downloading music 47% (n27) p=0.037. Students also identified home as the primary venue for the use of the computer.

<table>
<thead>
<tr>
<th>Where do you use the computer most often</th>
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<td>Year</td>
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<td>Sept 07 Year 1</td>
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<td>n66</td>
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<tr>
<td>Sept 07 Year 3</td>
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<td>n58</td>
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</table>

<table>
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<tr>
<th>Computer ownership</th>
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<tr>
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<td>Year</td>
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<td>n67</td>
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<td>Sept 07 Year 3</td>
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Discussion and conclusions
Undergraduate student nurses are identifying that they consider traditional methods of education more supportive of their development of skills and knowledge than that of e-learning. This view does not change over time although computer ownership and usage does. This study identified that only 20.5% of students consider e-learning a good way of learning. Undergraduate Nursing programme development has to take into consideration the views and thoughts of the users to deliver knowledge and skills in a format that student nurses consider most appropriate to their education.

References
Key words:
- undergraduate
- nurse
- e-learning
- higher education
- views.

How this contributes to knowledge development in the E-learning, including Blended Learning theme:
- student nurses consider traditional methods of education more supportive of their development of skills and knowledge than that of e-learning.
- this view does not change over time and exposure to e-learning.
- a minority of undergraduate nurses identify e-learning as a good way of learning.

P44
Collaboration in mental and physical health development
Denise Cooper, Practice Educator; Lorna McGlynn, Clinical Development Nurse, Royal Preston Hospital, UK

The Disability Rights Commission (2006) declared that the acid test of a national health service was not whether it worked for people who are generally healthy but whether it would benefit those with the shortest life expectancy, the greatest problems accessing services and the biggest risk that poor health will stop them taking part in society. This investigation has revealed an inadequate response from the health services and governments in England and Wales to the major physical health inequalities experienced by some of the most socially excluded citizens: those with learning disabilities and/or mental health problems. This includes the one million people with learning disabilities, 200,000 people with schizophrenia or bipolar disorder and six million people with depression in England and Wales.

This work is mirrored by the Department of Health reports, Choosing Health (2006) and From Values to Action (2006).

Additionally the National Institute for Health and Clinical Excellence recommended that people with schizophrenia receive a comprehensive multidisciplinary assessment, including a psychiatric, psychological and physical health assessment (NICE, 2010).

In order to ensure that the trust respond appropriately to these recommendations Lancashire Care NHS Foundation Trust for Mental Health developed a policy to respond to the physical needs of clients with serious mental illness (SMI) (LCT, 2008).

The authors of this document recognised that mental health nursing staffs were in need of physical health skills development in order to meet the physical health needs of their clients in line with their own policy. Tenders were invited for health education providers to offer their services to manage the training needs of the trust staff. Lancashire Teaching Hospitals Acute NHS Foundation Trust (LTHTR) was successful in winning the contract to deliver this training.

The proposed presentation will discuss the collaborative efforts of the human resource development teams of both trusts to develop the skills of a large number of registered mental nurses (RMN) and support workers in order to improve the physical health of those with SMI, by developing skills in physical health assessment and continuing care.

The auditing processes are currently underway to determine if the training intervention is having an impact on the rate of quality assessment of new patients.

Competency statements have been developed with the cooperation and involvement of both trusts in order to ensure quality in the management of practice standards.

Shared values of development staff have ensured a close and cooperative working relationship that builds on strengths and challenges areas of our work that required adjustment to achieve the desired outcomes within the available resources.

References


**Key words:**
- practice development
- physical health
- mental health
- partnership
- skills based.

**How this contributes to knowledge development in the Partnership Working theme:**
- education in health cannot afford to ignore holistic principles of care by entirely separating mental and physical health into unrelated subjects
- partnerships must incorporate a genuine respect for participants skills and knowledge establishing and exercising shared values results in achieving the globally desired outcomes for patients.

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**P45 Valuing the practitioner experience of supporting students in practice**

Steve Booth, Director of the Practice Learning Unit, University of the West of England, Bristol, UK

Providing the best possible support for students in practice is at the core of preparing the future workforce of nursing and midwifery. Mentors and practice educators are key to the success of students in practice and can often be the vital role model, teacher and support mechanism for students. Despite the central role that practice based mentors play, there is little literature that examines the experiences of the mentor. (Omansky, 2010). This Faculty like many others collects data which evaluates the student's perspective of their clinical placement, practice based evaluations and audit. In addition mentor updates provide face to face contact with mentors and the chance to capture the day to day experiences of mentors. What is clear is that recognition of the work of the mentors is highly regarded by all partners but is at times lost from sight by all.

The Faculty of Health and Life Sciences developed an initiative which recognised and rewarded mentors for their work that they do. Led by the Director of the Practice Learning Unit, faculty staff in partnership with practice based staff developed the ‘Best Practice Award for Supporting Students in Practice’. All fields of nursing as well as midwifery developed criteria for measurement. These were based on the NMC standards (2008) but with agreed profession specific statements. Poster and electronic communications were used to advertise the award and a 3 month window offered for nominations. Nominations were sought from students, fellow mentors and senior practice staff. In all over 40 nominations were received. Judging panels were convened by field and these included Faculty staff, students and practitioners. All 4 fields of nursing and midwifery received nominees and 5 winners were selected and awarded £100 of tokens. 4 of the winners were individual mentors and one was a community team. All winners were contacted by phone and all nominees were written to. Response from the winners has been extremely positive with all stating how valuable it is for them and their service to be seen by students and peers as providing a good quality learning environment. As one winner put it:

‘it was great to receive recognition of the work we have done with mentoring students. Thanks for all the support we have received from the university which has helped us to meet our students needs.’

Managers have also been keen to publicise their successes in support of the education agenda. Students have thanked the Faculty for being able to reward staff in practice. The initiative has been seen to strengthen the close working with the HEI and partner organisations to the benefit of all.

On a wider note the initiative has been part of the strategic direction of partnership working with the stakeholders. The reality of supporting a student, balancing clinical and education workloads which often means having little protected time for assessment documentation completion, is now being rewarded in a direct as well as indirect fashion.

This year the Faculty will extend the award to all professions and student groups and develop an electronic link for the evaluation form. Winners will also be invited to university celebrations highlighting good practice in teaching and learning.

**Reference**

**How this contributes to knowledge development in the Partnership Working theme:**
- supports partnership working at the workplace level.
- mentors feel valued by the HEI and students.
- students perceive the HEI is seeing value in their mentors.

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**P46**

**Strength from within: creating a community of leadership practice**

Chen, R; Culver, K; Drummond-Young, M; Hanna, E; Hunter, A; Jewiss, T; McCurdy, T; Palma, A; Sinclair, N; Peachey, G; McKey, C., McMaster University, Canada

As schools of nursing across the country face challenges with recruitment, retention and succession planning for academic leadership roles, one school of nursing has embarked on a unique journey in an attempt to address these concerns. A diverse group of faculty, with disparate leadership roles in the undergraduate program, comes together through a bi-weekly Leadership Exchange (LE). The LE, a networking forum facilitated by two senior faculty with expertise in leadership and management, provides faculty leaders with the opportunity to discuss experiences arising within their leadership roles and to learn from one another through a mutuality of trust and respect. The group works collectively by way of action oriented problem solving towards shared leadership goals. This concurrent presentation will explore the community of leadership practice initiative, highlighting the guiding framework, the experiences of participants, and the key outcomes with respect to faculty leadership development.

At the completion of the presentation, participants will:
- understand the impetus and rationale for the creation of a community of leadership practice
- appreciate the lived journey of the participants
- recognize the value of the initiative through review of the outcomes
- gain tools and perspectives to bring back to their schools of nursing.

**Key words:**
- mentoring
- networking
- coaching
- new leaders
- building capacity.

**How this contributes to knowledge development in the Succession Planning: Developing the next generation theme:**
- the evaluation of the exchange will inform the next steps of the leadership exchange within the School of Nursing and Faculty of Health Sciences.
- The learning by the members of the exchange will assist them to be mentors to faculty within the School of Nursing.
- The outcomes of the exchange will provide pilot data to help inform a leadership capacity building framework for the School of Nursing.
P47
The characteristics of an effective graduate level primary healthcare nurse practitioner program: overcoming barriers

Pamela Baxter, Associate Professor, McMaster University; Faith Donald, Associate Professor, Ryerson University, Toronto; Célyne Laflamme, Course Professor, University of Ottawa; Ruth Martin Misener, Associate Professor and Associate Director, Graduate Programs, Dalhousie University, Nova Scotia; Renee Charbonneau-Smith, Knowledge Exchange Specialist, McMaster University, Hamilton; Esther Sangster-Gormley, Assistant Professor, University of Victoria, British Columbia, Canada

Abstract
The primary healthcare nurse practitioner program in Ontario, Canada is offered through a consortium of nine university schools of nursing overseen by the Council of Ontario University Programs in Nursing. This program uses a combination of on-site small group tutorials, labs, clinical practicums, and distance education modalities. It places a strong emphasis on adult learning principles, self-directed learning, critical thinking, and evidence-informed practice. This program requires students to complete general master's-level courses and five graduate-level primary healthcare nurse practitioner courses which focus on the advanced practice role.

A formative evaluation of this intensive two-year program was undertaken in 2009 to describe the experiences of educators and learners as they sought to achieve the educational outcomes of the program, its strengths and deficiencies. Using a descriptive single holistic case study approach, semi-structured, in-depth individual and focus group interviews were conducted from August 2009 to May 2010. Fifty-one participants, representing all target groups and both the anglophone and francophone streams of the program, took part.

Study results revealed that although students were achieving the primary healthcare nurse practitioner graduate competencies at a novice level, there were several barriers to achieving these. Barriers included: conflicting expectations between students, faculty and preceptors; a lack of faculty preparedness to teach at the graduate level, a lack of understanding related to problem-based self-directed learning, a lack of communication within and across the consortium and between the preceptors and the university, and stress.

This poster presentation will inform future primary healthcare nurse practitioner programs by discussing the characteristics of an effective nurse practitioner graduate program offered at a distance; describing key factors that contribute to positive educational outcomes; and discussing barriers faced by students and faculty alike and how to overcome them using various strategies that will appeal to an international audience.

Key words:
• nurse practitioner
• curriculum
• graduate
• educational outcomes
• barriers.

How this contributes to knowledge development in the Curriculum Innovation and Enhancement theme:
• sharing characteristics of a successful graduate level curriculum for primary healthcare nurse practitioners and effective curriculum delivery strategies.
• providing new data on the barriers to teaching graduate level primary healthcare nurse practitioner curriculum using self-directed, distance and in-class teaching methods.
• sharing strategies to overcome barriers that both students and faculty face when engaging in distance graduate level primary healthcare nurse practitioner education.

P48
An evaluation of a tobacco control course on nursing students' knowledge: a pilot study

Savai Norasan, Lecturer; Sookfong Wongsathapornpat, Lecturer; Vilai Tangpanithandee, Lecturer, Ramathibodi Hospital, Mahidol University, Thailand

Abstract
Tobacco use was known as the major cause of health problem associated with cardiovascular diseases, pulmonary diseases, cancers, and increased risks of surgical procedures. Nursing students with well prepared regarding tobacco control should be qualify for taking role in tobacco reduction.
The purpose of this study was to evaluate tobacco control course on nursing students’ knowledge at a school of nursing in Thailand. A quasi-experimental with pre- post-test design was used. Sampling were the second-year nursing students in a school of nursing, Mahidol University, Bangkok, Thailand. Fifty of 246 samples were participated in this study. All participants received a compact disc with nine lessons of tobacco control (medium) for a one month of self study.

The contents in the compact disc consisted of epidemiology and harmful of tobacco to health, counseling, strategies to help people quit smoking and legal control. Before study, presentation designs were developed by a group of lecturers in schools of nursing. The designs presented various styles of media such as computer assisted instruction, video, and text. During a month of self study the participants were gained supplement information of tobacco control from lecturer in a health promotion subject. Pretest and posttest were administered to measure educational outcome. Data were analyzed by using descriptive statistic and paired samples t-test.

The results showed: at pre-intervention, the mean scores of knowledge regarding tobacco control were at low level. At post-intervention, the mean scores were significantly higher. The satisfaction of tobacco control course was at high level. Overall, all lessons in the tobacco control course helped participants gain more knowledge. The finding of this study suggested that nursing educators can integrate tobacco course by using various media. The study also suggested a revision of tobacco contents specific to various classes of learners and an innovation of various styles of media.

High satisfaction implies participants’ attitude to nurses’ role in tobacco reduction.

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**P49**

**Iranian nursing students’ actual and ideal perception towards their clinical learning environment**

Neda Mehrdad Assistant Professor, Center for Nursing Care Research (CNCR); Robabeh Shekarabary Faculty Member; Haghany Hamid, Statistician and Faculty Member, Tehran University of Medical Sciences; Vahid Pakpour MSc in Nursing, Zanjan University of Medical Sciences, Tehran, Iran

**Introduction**

Clinical learning as a fundamental part of nursing education constituted more than 50% nursing education curricula make up. During clinical learning, student learns and promotes clinical skills in real conditions. Clinical field has been historically an important environment for learning. Nursing students understand clinical learning environment of effective educational factors for acquiring nursing skills and knowledge. The aim of present study was to determine nursing students’ perception of actual clinical learning environment and preferred clinical learning environment in Tehran University of Medical Sciences.

**Materials and methods**

A cross-sectional, descriptive study about Iranian nursing students’ perceptions of their learning environment was carried out using modified Chan’s Clinical Learning Environment Inventory. The CLEI was translated into Farsi language and modified under educational expert in nursing field. All students enrolled in the Bachelor of Nursing program of Tehran University of Medical Sciences in the first semester of educational years at the time of the study(N=217) completed demographic data sheet and two versions of the actual and preferred clinical learning environment. The 42- itemed instrument made up of six scales with seven items per scale. Data were analyzed by SPSS (version 16).

**Results**

All of the questionnaires distributed were returned completed. Overall mean scores for each scale of the preferred form were higher than the corresponding scales of the Actual form (p< .0001). In other word, nursing students’ expectations of clinical learning environment were not met in any areas under study, and compared with the clinical learning environment experienced by students learning environment that they prefer to pay more attention to all areas.

**Discussion**

The result showed that there were statistically significant differences between students’ perceptions of the actual clinical learning environment and the ideal clinical learning environment they desired. Considering that students understand and interpret the clinical learning environment to improve teaching and learning is very effective, also students learning outcomes is very dependent to congruency between the expected and the actual environment. Therefore this adaptation can improve the current environment.

**Key words:**

- nursing education
- clinical education
- clinical learning environment
How this contributes to knowledge development:

• clinical environment is a vital part of nursing education curricula. nursing students learn to understand practice and to have the knowledge to care for patients in different settings.
• clinical environment provides the essential combination of theoretical knowledge and practice in the hospital.
• this study offers the chances to advance nursing clinical placements in iran and concurrently to progress students’ experience.
• in iranian nursing context the importance of the role of the clinical instructors as a spur for the clinical learning experience emerges.