First group of theme sessions
Enhancing the student experience 1
First group of theme sessions

Enhancing the student experience 1

Core and theme papers

Tuesday 4 and Wednesday 5 September

Please note:
References are as supplied by authors
Papers included are those being presented at the conference at the time of going to press.
Core paper

Biographical details of core presenters

Enhancing the student experience 1 and 2

Claire Hamshire and Christopher Wibberley

Claire Hamshire has worked at Manchester Metropolitan University (MMU) since 2003; initially as a Senior Lecturer in Physiotherapy and from 2008 as a Senior Learning and Teaching Fellow in Technology Enabled Learning. This role combines faculty teaching with a cross institutional contribution to technology innovation. From this position she has been instrumental in ensuring that MMU put students' perspectives at the centre of teaching and research developments.

Her research interests include student engagement and learning transitions. She recently led an NHS North West funded project that explored healthcare student attrition at nine institutions in the North West of England. The ‘Staying the Course’ project explored the reasons why students leave and developed new strategies to help reduce attrition. The core paper will present the findings from the current students who participated in this research project.

Dr Christopher Wibberley is the research degree development lead for the Faculty of Health, Psychology and Social Care at Manchester Metropolitan University. He has worked in higher education for some 20 years, having previously worked in the health service within public health. His research interests currently include:

a) the use of bricolage and other multi-method approaches (including mixed methods) to the study of health and social care,
b) narrative explorations of experiences of: health conditions/disorders; transitions into healthcare education and employment; health and social care service use, and
c) practice-based research/ practitioner research/ analysing professional practice.
Mind the gap – healthcare students’ experiences of student services

Claire Hamshire, Senior Learning and Teaching Fellow; Christopher Wibberley, Principal Lecturer: Research Degree Development Lead, Manchester Metropolitan University, UK

Introduction

The majority of institutions in the UK offer a comprehensive range of support services, however, we need further research to identify which services and facilities are the most useful and how provision can be targeted to reach those most in need. This study explored healthcare students’ perspectives of support services to identify which services were perceived as vital and supportive, and how the users of these services believed that provision could be improved. Healthcare students are in some ways dissimilar to the general student population as they have extended terms and have to complete a mandatory minimum number of placement hours in order to be eligible for professional registration. These programmes also attract a diverse student population with a predominance of females (86% in this study) and mature students (65% of students in this study identified themselves as being over 22). Data analysis of the student comments also identified a significant number of students who were parents. However, they still require access to both academic and personal support, and academic institutions need to strive to ensure that service provision is equitable for all student groups, so that students feel valued and fairly treated.

The paper reports on students’ views of support services identified through the findings of a study of healthcare students attrition in the North West of England. A total of 1,080 students completed an online survey; one section of which investigated student awareness of support services and encouraged them to comment on how they believed services could be improved. Thus this paper reports on one aspect of a larger survey, which was itself part of a larger mixed methods study (see Hamshire, Willgoss and Wibberley, 2012). Given that a number of students left relatively substantial comments when invited to identify the support services and comment upon their perceptions of the support services at their institution, it was decided to report on this aspect of the survey in detail.

In response to the question ‘What kinds of help or support are you aware of for students at your university?’ 882 students out of 1,080 (82%) left comments. These students identified a range of services although 72 students (6% of those responding) believed that there were no services available to them. The majority of the student responses to this question were basically lists of services that they were aware of. However, some students left more substantial comments that detailed either very positive or very negative interactions with student services. Although some students were positive about provision, a number of problems were identified including: difficulties accessing services, lack of services at satellite campuses and placement sites and difficulties contacting personal tutors.

736 students out of 1,080 (68%) also left comments in response to a follow up question ‘How do you think student support could be improved?’ A thematic analysis of this material identified five themes: increased support on placement, improved communication with academic staff, flexible provision on campus, greater financial support and raising awareness of services.

Methods

An online student survey was utilised to collect data, one section of which investigated student awareness of support services and encouraged them to comment on how they believed services could be improved. The sampling frame for the survey consisted of all students studying on NHS North West commissioned programmes, at participating institutions at the time of the study (March-June, 2011). Thus, a range of different students was included in the sample (those on undergraduate qualifying courses in: nursing, midwifery and various allied health professions at nine different higher education institutions across the North West of England). All students were sent an invitation to participate by email with one follow-up reminder four weeks later. One thousand and eighty students participated in the survey (in terms of gender 86% were female, 14% male; in terms of age 35% were 18-21, 26% 22-26, 15% 27-31 and 13% 32-40.

Results

This section provides a broad overview of results in relation to two questions:

- ‘What kinds of help or support are you aware of for students at your university?’
- ‘How do you think student support could be improved?’

Quotes are not provided in this written overview, although they will be referred to in the conference presentation itself; and will be provided by the authors, on request, in the form of a more comprehensive paper.
Results #1 comments provided in relation to the kinds of help and support that students were aware of

**Difficulties accessing services**
Comments relating to difficulties accessing services were the most frequent issue noted by students and were around two distinct sub-themes. The first sub-theme related to the healthcare students' hours being incompatible with accessing support services; whilst the second was about the difficulties of making an appointment with overstretched services.

**Lack of facilities at satellite campuses and placement sites**
The second theme related to student frustrations around the lack of student support facilities on placement sites and satellite campuses. A number of the comments detailed a feeling of disconnect from institutional support services whilst on clinical placements. Additionally, a significant number of the healthcare programmes were based at satellite campuses and the students believed that the services at these sites were not comparable with those at the main campus.

**Difficulties contacting personal tutors**
Personal tutor support was the most frequently mentioned support service with 49% (n = 435) of the students who left comments making reference to their personal tutor. These were not always positive comments as a number of students had difficulties making contact with their personal tutor. Another group of responses related to students who had contacted their personal tutor but had not established a positive relationship.

**Non-entitlement to financial services**
Financial services were commented on by 19% (n = 170) of the students; and it was clear from the comments that the students felt frustrated at being unable to access funds available for the general student population.

**Sharing positive experiences**
The final theme in the response to the question consisted of comments from students who wanted to share positive experiences and encounters with student support services at their institution. Such comments related to the amount, quality and targeting of such support.

Results #2 comments provided in relation to how could student services be improved

A follow-up question in the student services section of the survey asked the students to explain how they believed student support services could be improved. 736 students gave a response, and a thematic analysis of their comments identified five themes, which were somewhat related to those raised by the previous question.

**Raising students' awareness of support services**
Raising students' awareness of the available services, was the most frequently commented upon way in which services could be improved. Many students explained that they believed that there were already plenty of support services in place but that these were poorly promoted.

**Increased support on placement**
Students' comments revealed that they believed that student support should be more easily accessible from placement. This would help to reduce feelings of isolation and help students manage the workload of academic assessments whilst simultaneously working for eight hours and travelling for up to three hours. Student suggestions as to how this support could be improved varied. A number suggested that more frequent visits from university staff and improved communication between placements and the institution would be helpful. Other student comments made reference to improving the placement allocation system. With two common sub-themes; reducing placement travelling distances and that placement allocation should take personal circumstances into greater consideration.

Other issues raised in relation to increased support related to:
- Support for disabled students for whom the challenges of placement meant that they might require additional support
- Allocation of study time within the placement for students to return to the campus, access support services and meet with academic staff
- The need for greater clarity on the role of placement mentors and how they facilitate student learning.

**Improved communication with academic staff**
Students' comments highlighted that improvements to communication were necessary across a range of areas: between academic staff and students, across departments, and when giving assessment feedback. A number of students believed that academic staff could be more welcoming. A good relationship with a personal tutor was considered to be a key component of effective support. Students' comments revealed that they believed that regular timetabled meetings with personal tutors, especially during the early stages of their course, would help to improve student support. Timely assessment feedback was also identified as a priority in improving student support.
Flexible provision of support services on campus

Lack of availability of support services had already been identified in the previous question as a source of student concern. It was therefore unsurprising that they recommended greater provision of services across campuses as a means of improving services. This increase in provision was considered as being achieved in a number of different ways. Some thought that services should be extended to satellite campuses. Another suggestion involved extending the opening hours of current services so students could make appointments without having to miss taught sessions. The final group of suggestions was to improve services by having a greater availability of appointments to reduce waiting times; students suggested that this could be achieved by employing more staff.

Greater financial support

Issues regarding finance were frequently mentioned by students in this survey and not surprisingly, financial support was cited as a key area which was in need of further attention. In particular, students suggested greater provision of emergency financial support and also loans or reimbursement for placement travel costs.

Discussion

It should first be acknowledged that a number of students left positive comments about support services available to them. However, a significant concern of the students in this survey was the availability of support services outside of an extended teaching day, during placement study and across smaller satellite campuses. Student service providers clearly need to consider how they will meet the needs of students who study off campus for extended periods of time but who are not considered to be distance learners. Student services can never be solely responsible for individual successes (Thomas et al., 2002) but parity of provision across campuses is also essential if students are to feel that an institution is inclusive and values them as learners.

These healthcare students also had significant concerns around placements and travel time and expenses that set them apart from the general student population. When isolated from their peer support networks, within a placement environment, students have a greater need for academic and personal support (Banks et al., 2011). However, in accord with the findings of Young et al. (2006) most of the students in this survey reported reduced access to institutional services, supplementary services and the academic teaching team; leading in some instances to feelings of isolation. This was especially true where the students felt unsupported by their placement mentor, a finding in accord with McGowan (2006).

Corresponding to the findings of Brown and Edelmann (2000) some students found it difficult to manage the increased financial burden of placement travel. These students had tried to access financial help services and were disconcerted as that they did not pay fees in most instances they were not eligible for additional financial support or student loans. In relation to this finding there is clearly a need to ensure that financial entitlements are communicated early to healthcare students to avoid raising expectations that cannot be met.

The second question in the survey on student support services asked the students to leave comments on how they believed that student services could be improved at their institution. Raising students’ awareness of the availability of student services is essential, as identified by 22% (n=122) of the students that left comments on how services could be improved. This may be both resource intensive and time consuming for both academic and support staff, so a system that integrates support services closely with the academic curriculum may help raise awareness and avoid duplication of workload. Taking a more pro-active approach to embedding information about services and improved communication about available resources and support services, could ultimately reduce academic staff workload and thus become self-financing (Banks et al., 2011).

More accessible points of contact and ultimately close working relationships with all students need to be further developed by support services. For healthcare students in particular this needs to take account of how contact can be maintained whilst they are off campus at clinical placement sites. Using technology to develop more innovative ways of keeping in contact with students whilst on placement need to be considered (see Banks et al., 2011 and Young et al. (2010). However as discussed by Banks et al. (2011) students’ experiences and challenges need to be thoroughly understood before services are provided both on campus and whilst undertaking placement studies.

The student comments presented in this paper give us some indication of healthcare students’ awareness of support services at the nine institutions in the North West of England and a users’ perspective on how support services could be improved to better meet students’ needs. The personal tutor system was the most obvious means of support for these students, however, some students reported difficulties both communicating with their personal tutor and establishing an effective staff-student relationship. Lack of equitable provision across placement sites and satellite campuses was also a problem for this student group. Providing access to student support for all students at the point of need remains an issue; however a starting point could certainly be raising students’ awareness of existing services as advocated by the students themselves.

References


**Key words**
- student experience
- student support
- retention
- education.
Theme papers
Transition from a higher national certificate healthcare course to an undergraduate nursing programme

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Over the last number of years the widening of access to further and higher education in Scotland has been encouraged by various policy initiatives (Scottish Executive, 1999; Scottish Executive, 2003). A consequence of these policy initiatives has been a 30% increase in entry to higher education institutions including many non-traditional students with varied educational qualifications (Scottish Government, 2008). The Nursing and Midwifery Council (2004) require higher education institutions to acknowledge students’ prior learning and this has also contributed to the widening of access to pre-registration nursing courses.

The Quality Assurance Agency (QAA) in Scotland has identified the importance of the transition to a higher education institution and has recognized the significance of the first year student experience by selecting it as one of their enhancement themes (Mayes, 2009). The aim of this paper is to improve understanding of pre-registration student nurses’ first year experiences following transition from a higher national certificate healthcare course. This is particularly important as the enhancement of the first year student experience is central to current policy (Mayes, 2009) and it has been reported that this group of students find the transition to higher education to be particularly challenging (McCune et al., 2010). This study also intends to inform both further and higher education institutions with regards to the development of strategies to facilitate student transition.

This was a small explorative study using a qualitative approach. The study was carried out at two campuses of a Scottish university. Research participants were student nurses nearing the end of their first year of an undergraduate nursing programme who had completed a higher national certificate healthcare course prior to entering higher education. The data was obtained through semi-structured interviews and a content thematic analysis was carried out. Results from the data indicate that several factors have an impact on the transition experience of this group of first year student nurses. These include: support networks available in the academic and practice setting; preparation for transition to higher education and clinical practice; geographical challenges; academic challenges and practice experience. The results highlighted that although students felt generally prepared for university, they indicated feeling less prepared for the formal assessment process and self-directed learning. Essay writing and the use of references was found to be particularly challenging for this group. The findings also bring to light the advantages of peer support in both the academic and practice settings and indicate the significant relationship Mentors have with their students in the clinical setting.

References


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


Key words:
• transition
• student nurses
• higher education
• academic experience
• clinical experience.

How this contributes to knowledge development within this theme:
• increasing the understanding of student nurses’ experiences of transition from a further to a higher education institution
• gaining insight into the students’ academic experience
• gaining an understanding of the students’ clinical experience.
T32

Nervous about the nervous system? Advancing understanding of applied neurosciences

Laura Ginesi, Lecturer Applied Physiology/Programme Director Health and Wellbeing, Birmingham City University, Birmingham, UK

The explosion of knowledge to guide healthcare practice should be celebrated (Hinshaw, 2000) and nowhere is this more apparent than in applied neurophysiology. Sophisticated imaging techniques, improved understanding of cellular and systems neurobiology and advances in cognitive psychology integrate to provide astonishing new insight with myriad emergent applications for mental health, neurology, behaviour, learning and wellbeing (Richards et al., 2007; Foresight, 2005; Foresight, 2008; Nicholls et al., 2012).

Nevertheless, the problem of translating laboratory- and research-based discoveries in neurosciences to healthcare practice remains a significant challenge (Pellmar and Eisenber, 2000; Arciniegas and Kaufer, 2006; Eberhardie, 2009). The sheer complexity of the human nervous system also forces educators to consider the long-standing dilemma and subject of much debate - how best to achieve balance between ‘content overload’, student understanding and ability to apply knowledge and solve problems? (Gresty and Cotton, 2003; McKee, 2002; Larcombe, 2003; Silverthorn, 2006; Battro et al., 2008; DiCarlo, 2009).

This paper will discuss some approaches that have been used to help students at Birmingham City University to understand how the human brain works. Qualitative methods were used to evaluate students’ perceptions, experiences and responses to learning. In turn, their reflections and feedback were used to inform the design of teaching sessions in collaboration with clinical teachers.

Neurophysiology sessions were delivered to pre-registration and post-registration nursing students, but feedback from course reviews expressed concerns and highlighted some significant barriers to learning. The majority of students started the modules with embryonic understanding of neurons and neuroanatomy but time allocated within modules was always at a premium; this was felt by all to be insufficient to adequately explore key topics.

For post-registration students an introductory learning session and a preparation pack were introduced. Mental health nurses focused on neurophysiological aspects through disorders including epilepsy, addiction, schizophrenia, bipolar disorder, dementias and treatments. Neuroscience nurses’ themes included intracranial pressure and flow, cranial nerves and neural pathways, brain and spinal injury, neurological assessment, stroke, coma, vision and degenerative conditions. A back-to-basics, facilitative approach, group discussion and regular review of key concepts seemed to empower students to build upon existing knowledge and encouraged them to relate theory to real-life experience in practice. Online support was provided for self-directed learning e.g. relevant articles, videos and links to appropriate websites, while tutorials helped to allay students’ anxieties about complexity. Both formative and summative components of assessment were designed to check learning and foster a spirit of enquiry.

The strategy was generally well-received and many students preferred it to didactic approaches to learning. The majority expressed preference for visual resources e.g. diagrams, animations and concept mapping, while hands-on learning was engaging for all. Pleasingly, students reported that new understanding was highly relevant to their practice; many planned to use posters they created for teaching and patient information. Students valued the opportunity to contribute to the development of teaching and learning for future cohorts.

Since this is a relatively new approach, it may be some time before the overall impact can be fully evaluated but study of anatomy and physiology and the ability to apply scientific knowledge is a core foundation for safe and effective healthcare practice (Nursing and Midwifery Council, 2010; National Institute for Clinical Excellence, 2011). The findings of this small-scale evaluation will therefore be considered in the light of wider debates concerning ‘core principles’ of physiology for the 21st century (Michael, 2001; Michael et al., 2008; Tufts and Higgins-Optitz, 2009; DiCarlo, 2009; Michael and McFarland, 2011) and emerging opportunities from educational neuroscience for higher education (Battro et al., 2008; Teaching and Learning Research Programme, 2007; Race, 2011).

References


Key words:
- discovery learning
- neurosciences
- mental health.

How this contributes to knowledge development within this theme:
- contributes to wider debate about core concepts in physiology for 21st century healthcare professionals
- promotes dialogue concerning interrelationships between neuroscience and education within the curriculum of the future
- encourages preparedness for imminent social, cultural and scientific change.
T33

Investigating the learning experiences of physiotherapy students with visual impairments: an exploratory study

Helen Frank, Lecturer in Physiotherapy, University of Birmingham, UK

Background
Physiotherapy is an accessible career choice for people with visual impairments and there is a long history of blind and partially-sighted physiotherapists working in healthcare. Despite this, and a clear agenda through legislation and policy to ensure that education is accessible for all including those with disabilities, there is currently no exploration of the learning experiences of physiotherapy students with visual impairments.

Literature
The literature review has identified a growing evidence base for the investigation of learning experiences of students with disabilities in higher education and some that considers students with visual impairments specifically. However, a lack of research into the learning experiences of physiotherapy students with visual impairments has been identified.

There has been an increase in research into the experiences of students with disabilities in higher education over the last two decades, in response to policy and legal guidance such as the DDA (1995) and most recently the Equality Act (2010). Most of this literature considers the barriers experienced to learning in terms of entry, disclosure, transition, teaching, learning, assessment, staff attitudes and communication (Tinklin and Hal, 1998; Borland and James, 1999; Holloway, 2001; Goode, 2007; Fuller et al., 2004; Vickerman and Blundell, 2010; Madriaga et al., 2010). Although a recent study has specifically investigated the experiences of students with visual impairments in higher education (Bishop and Rhind, 2011) focusing on barriers and enablers, there is still no current research into the learning experiences of students physiotherapist with visual impairments.

Objectives
• to carry out an exploratory study into the learning experiences of physiotherapy students with visual impairments
• to pilot test a semi-structured interview about barriers and enablers in learning physiotherapy
• to justify the refinement of prima facie research questions for further doctoral research.

Research questions
• How do students with a visual impairment experience learning in physiotherapy with respect to knowledge, skills and practices?
• What are the barriers and enablers of students with a visual impairment to learning physiotherapy?
• What are the individual strategies, factors or behaviours that enhance learning physiotherapy for students who have a visual impairment?

Methods
Following ethical approval, semi-structured interviews with three physiotherapy students with visual impairments were carried out retrospectively about their experiences of learning physiotherapy at university. The interviews were recorded, transcribed and analysed using thematic analysis. The interview tool was evaluated with each participant following each interview.

Results
Thematic analysis is currently being undertaken. Initial superficial analysis has identified the following possible themes:
• transition into higher education
• the influence of staff
• access to the curriculum
• learning practical skills/working in groups
• individuality and student-centredness.

Further in-depth analysis is being currently carried out and will be presented in the theme paper presentation. Evaluation of the interview schedule facilitated several changes.

Discussion
The results will be discussed in relation to the current literature about learning experiences in higher education, reflecting the barriers faced and the enablers used to facilitate learning physiotherapy. The limitations of this exploratory study will be discussed.

Although the aim is not generalise from such a small study, it is hoped that the results will facilitate discussion that relates to the education and support of students with visual impairment in physiotherapy that may also be considered in inclusive wider higher education.
Conclusions
Although these preliminary results reflect the issues raised by the wider literature about students with disabilities in higher education, there are unique experiences in physiotherapy education that have not been explored. Further qualitative research using case study methodology will provide greater depth of understanding into the learning experiences of student physiotherapists with visual impairments:
• this research will identify barriers and enablers in learning physiotherapy from the perspective of students with visual impairment
• this study will provide insights into the ways that educators can influence optimal support for learning physiotherapy for students with visual impairments
• this study will add to the wider evidence base of the learning experience of students with disabilities in higher education.

References


Key words:
• physiotherapy students
• visual impairment
• learning experiences
• accessibility
• higher education.

T34
Evaluating midwifery practice, student day, ‘World Café’ model
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On June 10th 2011 the University Campus Suffolk third year student midwives were invited to evaluate their assessments of practice. The idea for this day developed from a previous University Campus Suffolk midwifery staff away day (Chenery-Morris, 2011). Grading of midwifery practice, was introduced for all pre-registration midwifery curricula in the UK by the NMC (NMC, 2009). The curriculum at University Campus Suffolk had been running for just over two years and as a team we wanted to evaluate how our assessment strategy was working. A bid was submitted to the University Campus Suffolk Implementing Teaching and Learning Strategy fund and awarded to cover the cost of refreshments for the day and staff time to evaluate the assessments from the students’ perspective.

All 17 students in the cohort were invited to attend the day. The students were informed that this was voluntary. 11 students attended. Two of the midwifery lecturers facilitated the day. A world café approach was used, this method of dialogue, has been used previously in nursing (Donovan, Ross et al., 2005; Delaney, Daley et al., 2006; Burke and Sheldon, 2010). The aims of the World Café were to engage the students in an authentic dialogue about their experiences of assessing practice.
The venue was the I-lab, in the James Heilbr building of University Campus Suffolk; this is a room with café style tables overlooking the waterfront. The tables were decorated with tablecloths, and toys or pictures to stimulate dialogue, which were used to record thoughts about the topic, by the students.

The plans for the day were presented with options of how to run the day offered to the students. Students were encouraged to rotate individually, to mix as much as possible during the day so they talked to as many people as possible and this maximised their discussions. All students wanted to participate in all discussions, so no one wanted to 'host' a table, they were happy for the staff to rotate between all the tables, but did not feel we needed to facilitate discussions, they were able to do this themselves.

Three questions were prepared before the day to stimulate conversation; Firstly the students’ experiences of having their practice graded, secondly, examining the wording and scoring of the University Campus Suffolk grading tool, and lastly evaluating the overall assessment strategy.

The comments from the day fall into several themes; these have been fed back to the students to ensure they agree.

1. Organisation of the learning and subsequent assessments, how difficult it is for students to be proactive in busy environments and to arrange time to conduct the assessments.
2. Grading, how students found self-assessment difficult and how some mentors did not challenge their grade.
3. Practice assessment documentation, the subjectivity of this form of assessment was dependent upon the environment you were working in, the mentor, time and the relationship between all these aspects.
4. Other assessments, including written and simulated practice were deemed necessary for the overall assessment of assessment to be fair.
5. Variety, variation and differences between individuals, the forms of assessment and the appeal they had for differing learners' styles.

Discussion
All aspects of assessment are interlinked; therefore it was difficult for the students to differentiate between assessment paperwork, standards of proficiency and grading practice and philosophies of assessment. All of these issues have been written by others, notably Yorke (2005), but it was encouraging that the students had thought about these issues, were interested in their own learning and the assessment of it and made such a valuable contribution to the day.

References
Clouder, L., Toms, J. (2005) An evaluation of the validity of Assessment Strategies used to Grade Practice Learning in Undergraduate Physiotherapy Students. Final report to the Health Science and Practice Subject Centre of the Higher education Academy, Higher Education Academy.
Nursing and Midwifery Council (2009) Standards for Pre-registration Midwifery Education. London: NMC.

Key words:
• student experience
• primary research
• improving grading practice.

How this contributes to knowledge development within this theme:
• if we understand how students experience grading practice we can enhance their experiences and improve practice
• by having a voice students’ can inform future assessment practices
• whilst discussing their assessment practices the students understood the process better this could be considered good practice.
'A different drum': the development of an arts-based educational resource to facilitate 'understanding' and communication within learning disability nursing

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Background
Dignity in caring relationships is a growing global concern within healthcare (The World Health Organization, 2011). Within the context of learning disability nursing in the UK, a number of reports have highlighted the need for healthcare practitioners to develop communication skills to ensure that people with a learning disability are treated in an inclusive way and with respect and dignity (Department of Health, 2009). However, within nurse education, while theoretical underpinnings of communication may be delivered in an environment that is classroom based in a traditional sense, commentators have highlighted the limitations of this approach and the alternative use of ‘non-traditional’ disciplines including ‘arts’ (Robinson, 2007).

Aim
The aim of this presentation is to discuss the findings of an arts based co-production educational initiative to facilitate first year student nurses in the exploration of communication and to challenge perceptions of working with people with a learning disability.

Methods
Forty five first year pre-registration student nurses attended a one day workshop facilitated by a theatre company whose members have a learning disability. During the workshop students participated in a range of exercises, exploring with the theatre groups different methods of communication and working, developing a shared dance, producing a piece of poetry and designing and acting in short sketches. The workshop was facilitated an independent creative practitioner.

The workshop was formally evaluated using a validated questionnaire. The questionnaire directly related to student experience of the workshop and these could be answered using a five point likert scale. Space was also provided for participants to add additional comments.

Findings
Students were not simply involved in the creation of a product but rather co-creation of an arts and learning initiative that necessitated a different way of thinking about learning and teaching environments. This ‘close-up’ approach is arguably more challenging, necessitating the potential realignment of professional boundaries and a shift in personal attitudes and beliefs. This was clearly evident in the student evaluations and while students found the experience to be hugely enjoyable, they also spoke of feeling moved and that the workshop was emotionally challenging. Students also described how engagement with the workshops activities had encouraged them to think critically and reflectively about their practice and how individuals may feel when they encounter healthcare. A greater understanding of core concepts such as ‘empathy’, ‘dignity’, ‘stigma’ and ‘social exclusion’ were identified as key outcomes of the workshop experience. Students spoke of how the project had made them consider how people may be perceived by society or feel excluded due to communication barriers. A pivotal aim of the workshop related to communication and student evaluations reflect the success of this approach in developing an understanding of the communication issues for individuals with a learning disability and the profound impact this can exert. It was clear that students were able to reflect on communication in a wider sense and how communication relates to all facets of a person’s life, how it might ‘feel’ to be ignored and having recognised this, how they might develop their practice accordingly.

Conclusion
This project grew from the recognition of the need to develop a pedagogic approach to communication and dignity with a particular client group that had the capacity to transcend more traditional methods within nurse education. This was set against the backdrop of growing concerns regarding dignity and communication in care encounters for vulnerable client groups including learning disability care provision. Findings from the evaluation would suggest that we have met our core aim. The challenge now is to explore the ways in which arts-based initiatives can be developed within curricula in the future.

References


Key words:
• service user and student experience
• social inclusion
• communication
• dignity.
Engaging academics, students and service users with a learning disability in developing and delivering an interprofessional education strategy

Donna Wareham, Pre-registration Nursing Programme Leader; Wayne Drakes, Student Representative, Staffordshire University, UK

Cooper (2006) advocates that exposure to a service user perspective, in the early stages of their education students can begin to learn and apply the principles of team work, to place the service user at the centre of the care process, to make connections between theory and ‘real life’ experiences, and to narrow the gap between theory and practice. With this focus and with the aim of developing collaboration and enhancing the student’s interprofessional learning and working experience in Staffordshire University, a project was developed in the faculty of health to involve academics, students, and service users in the development of the faculty’s strategy for interprofessional education. A key driver was to ensure that all stakeholders were fully involved and that people with a learning disability were actively engaged in the design, delivery and evaluation of the strategy.

In this paper we plan to share our experiences as an educationalist, student and a service user with a learning disability of leading and contributing to the process. We will give detail of the measures that were taken to ensure that people with a learning disability were truly engaged in all elements of the process. These measures included the establishment of a self-advocacy group and the development of appropriate language and communication schemes. We plan to take delegates through each step of the process, including developing learning materials, using a life story approach to run a student conference, contributing to teaching and assessment and evaluating the strategy. To date, over 900 students from a range of health and social care disciplines have engaged with the interprofessional learning and teaching experience, with 300 undertaking the service user lead conference and subsequent evaluation.

Student evaluation of the process indicates that overwhelmingly, students perceived this to be a positive learning experience.

We will both reflect on the experience from our different perspectives, giving some insight into the success and challenges that we encountered through the process. We will use our experiences to explore how obstacles can be overcome and how effective collaborative working practices between educationalists and service users can be achieved.

Time was spent in developing language and communication streams that ensured people with a learning disability were fully involved in the complete and full development of the strategy and subsequently, its delivery. This included the development and evaluation of a self-advocacy group for people with a learning disability who then identified a ‘representative’ to engage with the interprofessional education group within the faculty. Within this group it was decided that a life story conference approach would be taken for a group of second/final year health professions students (Nursing adult/child/mental health paramedics/operating department practitioners/social work) and that this in addition to other interprofessional events would be fully evaluated from the perspectives of service users/facilitators and students.

Hudson (2007) notes that this is a problematic time for interprofessional working, and it can be argued that this is mirrored within interprofessional education. It was then important to the faculty that engagement was meaningful and involved people who were difficult to engage. It was with this consideration that the self-advocacy group was supported. The main outcomes of the project were:

- in order to ensure full engagement there needs to be a commitment to ensuring supportive education for service users with learning disabilities
- collaborative working with key stakeholders is positively evaluated by students, service users and academics
- routes of communication need to be developed to minimise risk of isolation and tokenism for people with a learning disability
- service user involvement in the delivery of interprofessional education is positively evaluated by students, academics and service users.
- systematic evaluation of the design delivery and evaluation of interprofessional education indicates that although there continues to be a challenging time for interprofessional education, the outcomes for the student learning experience indicate that collaborative care could be improved.

How this contributes to knowledge development within this theme:

- enhancing reflection on attitudes and professional boundaries, personal attitudes and beliefs
- development of pedagogic approaches to communication and dignity with particular client groups
- co-production of educational resources as a service user centred approach to teaching and learning.
This project identifies the outcomes of positive engagement with people with a learning disability who have not previously engaged with higher education institutions, from a variety of perspectives, is a valuable interprofessional learning experience for health professional students.

References


Key words:
• interprofessional
• service users
• engagement
• enhancement
• innovation.

How this contributes to knowledge development within this theme:
• developing routes of communication
• developing collaborative care
• developing learning and teaching strategies.
Conference committee

Dr Elisabeth Clark, The Open University, UK
Professor Lorraine Ellis, University of Derby, UK
Professor Philip Keeley, University of Manchester, UK
Professor Gary Rolfe, Swansea University, UK
Professor Fiona Timmins, Trinity College Dublin, Republic of Ireland

Scientific panel

Professor Collette Clifford, University of Birmingham, UK
Mrs Jacky Conduit, University of Birmingham, UK
Dr Kay Currie, Glasgow Caledonian University, UK
Dr Anitta Juntunen, Kajaani University of Applied Sciences, Finland
Dr Amanda Kenny, La Trobe University, Australia
Dr Andrew Mickle, The Robert Gordon University, UK
Professor Sara Owen, University of Lincoln, UK
Ms Patricia Proudford, Amity Group Pty Ltd, Australia
Professor Elizabeth Rosser, Bournemouth University, UK

Conference Convenors

Internationally known convenors have been invited to facilitate the theme groups:

Julia Ball, University of South Carolina Aiken, USA
Abbie Barnes, Keele University, UK
Elisabeth Clark, The Open University, UK
Kay Currie, Glasgow Caledonian University, UK
Karen Egenes, Loyola University, Chicago, USA
Lorraine Ellis, University of Derby, UK
Benny Goodman, University of Plymouth, UK
Carol Haigh, Manchester Metropolitan University, UK
Karen Holland, University of Salford, UK
Alex Hopkins, University of Wolverhampton, UK
Anitta Juntunen, Kajaani University of Applied Sciences, Finland
Philip Keeley, The University of Manchester, UK
Mandy Kenny, La Trobe University, Australia
Una Kyriacos, University of Cape Town, South Africa
Tom Laws, University of South Australia, Australia
Sian Maslin-Prothero, Edith Cowan University, Australia
Elizabeth Mason-Whitehead, University of Chester, UK
Milika Matti, University of Nottingham UK
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Craig Phillips, University of South Australia, Australia
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