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23rd International Networking for Healthcare Education Conference

Abstracts of posters
Posters

Please note:
References are as supplied by authors
Papers included are those being presented at the conference at the time of going to press.
Learning methods of Zimbabwean undergraduate nursing students

Ross Cooper, Senior Lecturer, Birmingham City University, UK

Session learning outcomes
Appreciate the deficit of academic study on foreign students learning in the UK including Zimbabweans without
comparison to home students. Models of learning or combinations thereof from a choice of essay, poster and
exam were preferred by Zimbabwean nursing students were determined. Peer assessment is an important part of
the process.

Session outline
Selected teaching/learning tools (essay, poster and exam), the experiences of learning physiology, and peer
assessment of group work were considered. Questionnaires and peer observation were performed. Out of a total
of 22 Zimbabwean nursing students (2008-2009) 13 were female (59.1%). This differed from the general
expected whole class DipHE male:female ratio of ca. 10:90%. The reinforcing of understanding, memory and
application of physiological principles was well performed and appreciated for the design of posters. Group work
would, via task apportionment, tap on member's strengths and allow discussions of the areas that were poorly
understood. The logical framework in a poster, referenced with pertinent papers, would enable one to determine
and reflect on the individual patient’s journey. As physiology was examinable, students desired to practice MCQ
questions in order to attain a gist of the exam layout. Although the usefulness and assessment of essays was
excellent, students perceived them as individualistic tasks and failed to appreciate that a good essay could also
be constructed via apportionment of section writing tasks to student members within a group. The use of small
groups in this study allowed students to appreciate the importance of physiological knowledge to effectively
interpret clinical interrelationships.

Session activities
One A1 colour poster. Key themes in boxes supported by images. Key demographics and results presented in
tabulated form.

References
Cooper, R.G. (2008) Learnings from young adults addicted to alcohol and/or tobacco in Zimbabwe. Addiction


Department of Health (2001) Overseas Applicants to Diploma Level Nursing and Midwifery Courses: Changes to

Maidenhead: Open University Press.

Dunn, L. (2002) Theories of Learning: Learning and teaching briefing papers series. Oxford Centre for Staff and

Key words:
• learning
• pedagogy
• teaching methods
• physiology
• non-domicile student.

A survey of nursing students’ diet and lifestyle to inform healthcare education

Ross Cooper, Senior Lecturer; Helen Clarke, Senior Lecturer, Birmingham City University, UK

Introduction
The aim of the study was to determine which health targets regarding diet, exercise and lifestyle choices were
being met by students embarking on a nursing programme. Nurses are frequently expected to ask service users
questions to gain valuable information regarding these areas when taking a patient history, to make clinical
judgements about health status. In order to give students an insight into their own health and to appreciate what it
is like for service users to be on the opposite end of these lines of enquiry, students were invited to take part in an
online questionnaire.

Method
The online survey utilised SurveyMonkey software. It was designed to contain a series of short answer and
closed questions. For ease of completion, it used tick-box responses. A main indicator of health without invasive
measurements is the body mass index. The body mass index was calculated from the data supplied by the participants. The questions in the survey were designed around health targets from three main areas; the Department of Health (2008) ‘Healthy weight, healthy lives; a cross government strategy for England’ reinforced by later documentation by change4Life (2009); and the foods standard agency (2009) eat well, be well campaign. The survey enquired about students’ diet, exercise and additional lifestyle factors such as smoking and alcohol consumption. Students with concerns after completing the survey were offered the opportunity to visit the university nurse practitioner.

**Results**
From the student nurses invited, 32% completed the survey (n=77), with 51% who responded having an overweight or obese body mass index. These individuals, interestingly, showed several unhealthy behaviours within their responses compared to healthy individuals. The responses also highlighted that, overall, 74% of the students were not reaching the minimum of five fruit and vegetables a day, and 67% consumed above the required daily recommended intake of salt. Smoking behaviour was greatest during the day with alcohol consumption highest after studies.

**Discussion**
We recommend that it is important to engage students in assessment of their health at an early stage in their course so that they can make appropriate changes thereto and lead by example. Additionally, this will allow them to empathise and support service users requiring support for lifestyle interventions to improve their health. It will enable them to appreciate the type of questioning necessary regarding diet and lifestyle in order to gain a fuller picture of the service users’ health.

**References**


**Key words:**
• diet
• lifestyle
• nursing
• students
• survey.

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**P3**
**Reflection as a route to lifelong learning: a qualitative action research study**
Kate Rowe-Jones, Programme Manager, Bournemouth University and AECC, UK

**Background**
Reflection has become a highly fashionable element in higher education, considered as a key component of professionalism (Nicholls, 2001; Sumison, 2000; Moon, 1999; Fletcher, 1997). Without the ability to reflect, we are unable to act in a professional way. Some see professional development as a continuous process that lasts throughout one’s career with reflection catalysing long-term changes. (Nicholls, 2001; Paget, 2001).

A plethora of literature makes claim to the belief that reflective practice helps to bridge this epistemological theory-practice gap in professional healthcare education and practice (Albanese, 2006; Harris, 2001; Callister, 1993; Landeen et al., 1992). In today’s ever-changing global health environment in which evidence-based professional practice is crucial, reflection generates enquiry and knowledge acquisition and subsequent life-long learners (Plack and Greenberg, 2005).

Final year exercise science students are required to write a reflective journal for their clinical placements and they often find this an uncomfortable and extremely difficult task. This study aims to investigate the impact of changes in pedagogy designed to enhance student reflection and lifelong learning.
Method

Phase 1
A semi-structured focus group interview was conducted in order to gain an insight into students’ understanding of reflection. With the results of this interview and the knowledge gleaned from the literature, an action research cycle was initiated, instigating strategies to support student reflection.

Phase 2
A further focus group interview was subsequently carried out to ascertain if the strategies put in place had been effective and if students had a better understanding of reflection.

Interim results of Phase 1 and 2
Initially it was found that students felt most comfortable and supported in a confidential seminar situation and did not find the use of process models and guidelines helpful. The students’ new reflective journals showed an improvement on reflective writing skills but there was no evidence of a desire for life-long learning.

Therefore it was decided that the seminars should remain in place but the journal should again be re-designed.

Phase 3
The reflective journal has now been replaced by a personal planning and development portfolio which is hoped will help students to realise the significance of how reflective activity and skills acquisition within their working experience will encourage them to become lifelong learners.

Phase 3 results
The outcomes generated by this action research will be presented in full at the conference.

References


P4

Understanding the ‘cultural me’ to comprehend the ‘cultural you’: introducing diversity through cultural self-awareness

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

As part of an initial PhD topic review, the subject content within curricula of all institutions in the United Kingdom that teach nursing students were looked at to establish some foundational knowledge regarding the teaching of culture as a subject. This exercise to establish how learning to care for diverse individuals in British multicultural societies was taught was explicit in a number of issues:

1) there was absolute consistency in this subject being present as a subject country wide.

2) it was almost always taught in the first year.

3) the context was almost always centred about learning to care for the ‘cultural other’ (Hunt and de Voogd, 2005).

At a macro level, this emphasis on the ‘other’ is also evident within politics and media reporting of multiculturalism (Manning, 2011), where it emphasizes discussions of culture within the confines of race and ethnicity. It
This poster intends to relay the learning approach taken with first year nursing students, for them to see themselves as cultural beings and also, to be receptive towards learning and understanding complexity of the concept of culture (cultural humility. Tervalon and Murray-Garcia, 1998). It also intends to show that unless some sort of cultural ‘empathy’ or ‘cultural self-awareness’ is developed within the student nurse (or all health and social care professionals) teaching about caring for ‘a multicultural society’ becomes an ineffective exercise. Most importantly, taking into account the views of ‘failing multicultural society’ and negative views on immigration at the time of economic depression put forward strongly and loudly by politicians and the media, it is felt that without developing this empathy, students can actually develop deeper ethnocentric views within their delivery of care.

References

Manning, A. (2011) The evidence shows that multiculturalism in the UK has succeeded in fostering a sense of belonging among minorities, but it has paid too little attention to how to sustain support among parts of the white population. Available from: http://eprints.lse.ac.uk/35786/1/blogs.lse.ac.uk, LSE Research Magazine, (accessed on 15 April 2011)


P5
The efficacy of e-learning for professional development of nurses
Michelle Barnard, Education and Development Clinician, Hamilton Health Sciences, Hamilton, Canada

Hamilton Health Sciences is the largest academic healthcare centre in South Western Ontario comprising seven sites that provide acute, paediatric, cancer, ambulatory, and complex continuing care. The 10,000 employees, of whom 3,500 are nurses, serve a population of 2.3 million. Medical research and technology is perpetual, impacting the nurse’s need to keep acquiring new information for best patient care delivery. Traditional face to face learning, such as inservices, no longer fit as the primary teaching modality in healthcare today. Numerous barriers exist, such as increasing patient acuity, staff shortages, lack of time, and budget cuts, resulting in an apparent gap to meet the nurse’s need for professional development. Therefore, educators require knowledge about their learners, creativity, and diverse teaching strategies, such as e-learning, to educate, support, and nurture the nurses toward greater knowledge and evidence-based practice. E-learning (electronic learning) is becoming recognized as an efficacious alternate and adjunct education teaching option for professional development that enables interactive, timely learning. Access for e-learning can be made at one’s own pace, regardless of location and time, thereby enabling greater autonomy and flexibility for nurses to learn. The efficacy of e-learning is debated in favour of professional development education of nurses within a tertiary hospital setting using adult learning theory (Gardner, 1983; Knowles, Holton and Swanson, 2005; Kolb, 1984), and constructivism with Engeström’s (1987) 4 questions of learning as a framework:
• who are the subjects of learning
• why do they learn
• what do they learn
• how do they learn (p.53)

A literature review on e-learning efficacy was compiled of common themes and categorized as a driver or retranslator. Engeström’s four questions are transferable as they provide the educator with a comprehensive view of learners. Here, the focus is the local nursing population, thereby providing the educator with greater understanding and insight into learner motivation and engagement; otherwise the delivery may not be inclusive. Awareness of multigenerational, culture, and ethnic influences, standards of practice, topic choice, and adult learning styles, ensures e-learning efficacy for professional development through appropriate education content building and delivery. Multiple Intelligences and learning styles compared with e-learning delivery satisfy the diverse learner. E-learning provides consistency in knowledge and practice expectations, promotes engagement, critical reflection, higher learning, and the potential for satisfaction in personal professional achievement. This is the preliminary work for further study and measuring using more context specific studies on sustainability and knowledge-seeking behaviour.
P6
Fostering praxis using problem-based learning methodology in large groups

Iris Mujica, Assistant Professor; Joanna Pierazzo, Assistant Professor, McMaster University, Hamilton, Canada

Problem-based learning has been implemented in nursing education at McMaster University since the early 1970’s. This methodology is considered to fall under a constructivist paradigm as it motivates students to develop and acquire knowledge through the use of real-world care scenarios where students acquire factual knowledge (Barrows, 1996; Rogal and Snider, 2008). Problem-based learning moves away from a didactic approach as the teacher no longer provides the information, but facilitates the learning process through a student-centred approach. In this way, students are encouraged to become active in their learning and have a greater voice in the acquisition of knowledge. In nursing education, problem based learning allows students to combine pre-conceived notions/interpretations along with information obtained within the group experience and derive their own learning through inquiry. During this active learning process, students are able to create new knowledge and make meaning of this experience (Savery and Duffy, 1995). This provides students the opportunity to transfer concepts that are learned within this problem-based learning exposure to other areas of learning, including professional practice (praxis), thus allowing for higher retention of knowledge, stronger clinical reasoning skills and increased relevance to professional practice (Royle, Sword, Black, Brown and Carr, 2001).

Methodology

The value of a constructivist paradigm contributed to the development of an educational initiative within our school, examining how fundamental principles of problem-based learning methodology require careful discussion and modification in order to transition from a small group to a larger group size. In the third year of our four-year nursing program, group size for the problem-based learning class was doubled from ten to twenty students. This transition was necessary to ensure continued success within the program and to capture the readiness and skill of senior level students to engage in a larger team of learners, particularly at a time when they are more immersed in the professional practice environment.

Outcome

In this initiative, it was evident there was clear difference between the small group and large group in factors such as group facilitation, classroom management, flow of information, syntheses of ideas and student engagement in learning. Based on our observations, we claim that having a clear understanding of the role of the learner and the tutor in the larger group is imperative in order to have successful progression in the classroom as researched information about the case is discussed. Furthermore, a clear organization and structure within the group is needed in order for the problem-based learning process to occur. This process will be successful provided that key elements such as self-directed learning, ‘four-way’ feedback; problem solving, critical thinking and group dynamics are carefully considered and adapted in the large group.

Discussion

An overview will be presented of the learning initiative and the problem-based learning principles and strategies used to foster praxis in the classroom considering the shift from small to large group.

References


References


Key words:
- nursing
- professional development
- efficacy
- e-learning
- workplace learning.
Coupling simulation and problem-based learning: an innovative approach to bridging practice and theory

Iris Mujica, Assistant Professor; Joanna Pierazzo, Assistant Professor, McMaster University, Hamilton, Canada

In health professions such as nursing, students learn how to care for patients and families within healthcare contexts. During this formal education, students participate in both theoretical and practice courses. Learning activities will vary depending on philosophical values and beliefs within nursing curricula (Iwasiw, Goldenberg and Andrusyszyn, 2009). At McMaster University, the methodologies of problem-based learning and simulation-based learning are utilized within both theoretical and practical courses in nursing education. In this paper, we will examine the integration of problem-based learning and simulation-based learning within learning activities in both theoretical and clinical practice courses. Student and tutor perceptions of the learning experience will be discussed.

Over the last decade, the use of simulation-based learning has proliferated (Jeffries, 2007) and nursing educators have been able to use this technology to create more realistic clinical scenarios. According to Gaba (2004), simulation learning is an educational approach where elements of the real world are appropriately integrated to achieve specific goals related to learning or evaluation. As educators, we recognize the value in utilizing simulation-based learning in both theoretical courses and clinical practice courses. Standardized patients, human patient simulators or mixed typologies of these two have been used to enhance student learning and provide multiple exposures to important concepts and pathophysiological processes. These enhancements are carefully selected depending on the learning goals and on the clinical acuity of the patient. In our program, problem-based learning has been implemented for a number of years. This methodology provides students an opportunity to actively discuss real-world patient scenarios and create new knowledge and understanding (Barrows, 1996). The coupling of simulation-based learning and problem-based learning in both theoretical and clinical practice courses provides a good strategy for bridging practice and theory.

In our curriculum, two learning activities were piloted that exemplify the coupling of simulation-based learning and problem-based learning. In the first activity, students in third year of our four-year program participated in a clinical practice lab where they provided care for a hospitalized patient with pneumonia and his worried spouse. The tutor used problem-based learning as a methodology while dialoguing with the students, both prior to entering the patient room and after the simulation was complete. A mixed typology using a standardized patient and a human patient simulator was used in this activity. The feedback from the learners was favorable with particular value in linking their experience with the real practice setting and in providing them an opportunity to practice caring for a family. In the second activity, students in the second year of our program participated in caring for patients during problem-based learning class using human patient simulators. As students work through the patient care scenarios using the steps of the problem-based learning process, they eventually reach a point in their learning where they required more information about the patient. At this point, learning is often related to the patient interview, assessment, health teaching or other interventions. In this activity, high fidelity simulation using human patient simulators was used to re-create three acute care scenarios: dehydrated child, adult with bowel obstruction, elderly woman with delirium. The feedback from both students and tutors was also favorable. Students welcomed the opportunity to create direct linkages between their theoretical and clinical courses. Tutors commented on how much students enjoyed the experience of feeling active at the bedside and becoming immersed in patient care, particularly within their theoretical problem-based learning course. In summary, these learning activities assisted us in recognizing the value of coupling simulation-based learning and problem-based learning within both theoretical and clinical practice courses.

References


Key words:
- bridging theory and practice
- clinical practice
- simulation-based learning
- problem-based learning.

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**P8**

**Partners in nursing education: academia and practice a partnership working**

Kristine Rogers, Chair of Academic Resources, Assistant Professor; Colleen A. McKey, Assistant Dean, Academic Resources, School of Nursing and Director, Leadership and Management Program; Ruth Chen, Level IV Chair, BScN Program and Assistant Professor; Linda O'Mara, Associate Professor; School of Nursing, McMaster University, Hamilton, Canada

The need for faculty supervision (tutoring) of a minimum of 300 clinical and 450 research placements a year can only be achieved through collaboration with our clinical partners. Our University School of Nursing (SON) engages in this partnership working arrangement to support the education of our next generation of nurses through the unpaid clinical faculty appointment process. This is, a process that confers a full academic appointment on successful candidates.

This example of partnership working has benefits for all parties. Benefits to students include being given guidance and support by professional nurses with clinical practice and/or research experience. Benefits to the clinical appointment partners include the status of the academic appointment; student support for their research projects; gaining access to the university library system and all faculty development sessions; participation in University School of Nursing committees, research activities, and in curriculum development and a university email account. Finally, there is the intrinsic reward of contributing to the development of future nursing professionals. The placement organization benefits through future recruitment opportunities. This partnership working benefits the university by ensuring the standards of the university are met.

The main responsibilities of the clinical tutor include ensuring the students meet the goals of the course, facilitating the translation of theory into practice, assisting with the development of an appropriate learning plan and emphasizing the responsibility and accountability of a professional nurse. The research tutor supports the student in understanding the research process, including abstract writing, data collection and dissemination of results at the student poster presentation.

The unpaid part-time clinical faculty appointment is a full academic appointment giving tutors the authority and responsibility to fully engage the faculty role including assigning the student course grade. Each faculty appointment candidate is provided with two opportunities to co-tutor with experienced clinical tutors. Following the co-tutoring experiences, the candidate goes forward with supporting documentation in order to be granted the appointment by the university. Clinical faculty have a required commitment of 100 hours annually of credited supervision/teaching. Appointments are renewable in increments of up to three years. Additionally, part-time faculty members are eligible for promotion through the academic ranks.

Through this mutually beneficial partnership working, clinical faculty have the opportunity to remain connected to the University and this relationship serves to enhance student learning.

**References**

Mckey, C., Rogers, K., (2011) ‘Part Time Clinical Faculty Appointments,’ ongoing recruitment presentation. Hamilton, Ontario, Canada: McMaster University, School of Nursing.


Key words:
- collaboration
- mutual benefits
- partnership
- engagement.
P9

Team-based community health course
Wilma Jelley, Project Manager; Gail Bowes, Practicum Coordinator; Chantal vonSchoenberg, Practicum Coordinator; Kristine Houde, Assistant, University of Ottawa, Canada

In 2008, a team of educators from the University of Ottawa, designed a two semester course to teach students the skills required to work effectively in the community on health and wellness projects. The course has now been offered for three years. To register students must have completed two years of undergraduate studies.

The course requires students to work in teams for six months with local agencies serving marginalized populations. The mission for each team is to develop, promote and deliver health and wellness programs in the community. The course instructors wanted to investigate if the students’ perception of effective team work changed during the course.

At three different periods throughout the course, students were asked about their perceptions on team work. Data was collected using a team work perception scale and a guided reflective summary. Perceptions from over 60 students have been collected and analyzed since 2008. The collected data suggested significant changes in the students’ views regarding the equality of team members’ contributions and the value of communication as the course and community work progressed.

Students indicated that in previous experiences with group work, certain classmates neglected to ‘keep up their end’. Following their experiences with the community-based course, students indicated that when the objective was an activity or project in the ‘real’ world the team was more likely to collaborate and share the work equally.

Effective communication and listening skills were highlighted as key elements for success. Combining community-based health and wellness initiatives with team work in a course seemed to encourage undergraduate students to appreciate the value of team collaboration. From the participants’ perspective working in a team on ‘real life’ projects improved their competencies in the areas of collaboration and communication.

P10

Physiotherapy: physiotherapist assistant paired clinical experiences
Wilma Jelley, Academic Coordinator Clinical Education, University of Ottawa; Nathalie Larocque, Professor, La Cite Collegiale, Ottawa, Canada

Background
This project investigated a five-week clinical placement with physiotherapy and physiotherapist assistant students paired with one physiotherapy supervisor, working on a hospital service. The research question was: ‘could this clinical education model improve the students’ skills in communicating, delegating tasks and consulting’.

Methods
Six physiotherapy and physiotherapist assistant students participated in concurrent paired placements. Each placement incorporated the concepts of reciprocal peer coaching and the 2:1 model of supervision. Quantitative data was collected from the Readiness for Interprofessional Learning Scale. Qualitative data was gathered from pre- and post-placement interviews and participants’ journals.

Results
Post-placement interviews revealed increased self-directed collaborative learning reported by the students as was anticipated from incorporating the 2:1 model of supervision. There was also indication of informal teaching between the students as expected from including reciprocal peer coaching. Participants mentioned improved student competencies in communication, delegation of tasks and consultation within the physiotherapy team. Students reported increased confidence in their respective roles and improved ability to work effectively within the physiotherapy team. The need to provide students with a balance of independent and collaborative duties was a clear finding.

Conclusion
It is possible to combine physiotherapy and physiotherapist assistant placements to improve the students’ collaborative skills.

Innovation focus
It is innovative to pair students of different levels of training for a clinical placement. The results indicate that this new approach is workable and could benefit the rehabilitation team.
P11

Essential competencies for intraprofessional practice

Wilma Jelley, Academic Coordinator of Clinical Education, University of Ottawa; Nathalie Larocque, Occupational Therapist Assistant and Physical Therapist Assistant Program, La Cité Collégiale, Ottawa; Mike Borghese, Research Assistant, University of Ottawa; Ron Jelley, Research Assistant, RW Jelley Consulting, Ottawa, Canada

The responsibility of healthcare providers to effectively integrate support personnel into their plan of client care is essential. Intraprofessional collaboration refers to the practice between members of the same profession (e.g., nursing) who may have different education and different scopes of practice. The researchers' objective was to determine the essential competencies involved in intraprofessional collaborative practice. These competencies are not well established and very little research exists on intraprofessional practice. In the current healthcare environment, the focus is on incorporation of support personnel in client care for the purposes of cost containment, efficiency, and productivity.

The researchers developed an electronic survey using a five point scale to gather participants' perceptions on the essential competencies in the relationship between clinicians and assistants within the same profession (e.g., dentists and dental assistants, etc). Healthcare professionals in Canada and the United States who had experience working on a team with support personnel were invited to complete the survey which also included demographic questions.

Over 1200 healthcare providers from 13 different professions responded with the majority, over 90%, from physical therapy. Each item on the scale was scored and the results compared based on demographic information. Analysis of the data identified five competencies perceived by the majority of respondents as essential to ideal intraprofessional practice. The essential competencies were active listening, expressing ideas concisely and respectfully, recognizing and communicating all significant changes in a client's status, completing actions based on one's own role constraints, building trust and respecting knowledge and skills of others.

The results were the same regardless of how the data was sorted i.e. by role, clinician versus support personnel, age, gender, area of practice. When considering team functioning in healthcare it is necessary to consider the intraprofessional team as well as the interprofessional team.

P12

Implementing and sustaining a rural interprofessional clinical education project

Betty Cragg, Professor Emeritus, School of Nursing; Wilma Jelley, Academic Coordinator of Clinical Education, School of Rehabilitation Sciences, University of Ottawa, Canada

After a successful pilot project in 2007 to introduce interprofessional (IP) clinical education in a 60 bed rural hospital in Eastern Ontario, funding was received in 2009 to expand to other rural hospitals in the region. The project involved identifying health science students assigned for clinical placements in rural hospitals, training local professionals in interprofessional facilitation, and having students meet with facilitators for 60-90 minutes each week to discuss case studies.

The university-based interprofessional team hired a project coordinator to solicit participation in additional hospitals as well as to support the continuation of the project in the pilot site and one other site that had started the project without funding. Despite the enthusiasm of participants in institutions that had been involved in the project, it proved difficult to persuade administrators and staff of rural hospitals to take on the project or to maintain it once started. Funding was only available for 15 months and came too late for arrangements to be made for the fall term. Therefore, during the funding period, support was available only in the winter term. Four organizations participated: 2/10 hospitals approached and two community colleges that volunteered when local hospitals declined. Only two institutions, one a hospital and one a college, have been able to sustain the project for more than two years.

To learn about facilitators and barriers to the project, two members of the project team conducted a qualitative, interpretive description study (Thorne, 2009) on factors that led to success or failure. Semi structured interviews were conducted with representatives of the organizations that had sustained the project, those that had dropped it, and those that had not participated. In the qualitative analysis, the staff, organization, and process factors identified in the NHS sustainability model (2007) were found to support or impede implementation and maintenance of the interprofessional clinical education project in these rural institutions.

For a project initiated outside an organization, staff support was essential for success. Three roles were required: sponsor (a senior administrator who provided encouragement and resources); champion (a professional with credibility who made practical arrangements and recruited others); and gate-keeper (who could direct or obstruct inquiries and provide student information). Training and support for local facilitators was also important.
In each organization, the project had to meet the NHS organizational criteria of being perceived by staff as supporting the goals and values of the organization. Infrastructure that could facilitate identification of students doing clinical placements and staff willing to participate was also necessary.

In terms of process, the project had to be explained as providing benefits to the organization, meeting its established priorities, being adaptable, and assisting with meeting accreditation standards. If other priorities, such as pandemic planning, relocation of facilities, or budget cuts were considered more important, organizations did not become involved. Funding for more than 15 months would have helped in recruitment of sites and sustaining a project. However, the continuation of the project in two sites demonstrates that when interprofessional education is valued and sustainability factors are present, staff will maintain it.

References

Key words:
• interprofessional clinical education
• rural clinical education
• sustainability of interprofessional initiatives
• clinical innovation
• partnering for interprofessional care.

P13
Internationally educated nurses: the forgotten healthcare teaching resource
Boris Bard, Staff Nurse, Mount Sinai Hospital, Toronto, Canada

A successful nursing and healthcare education requires a good communication between an educator and a student. Such communication based on the fluency of a common language for both of them is an ability, not simply to understand each other, but to comprehend humour, sarcasm and other nuances of the language. Does this mean that lack of such fluency in the language both the student and teacher share keeps skilled individuals from teaching?

In 2006, there were 325,299 nurses in the Canadian nursing workforce of which 21,395 were internationally educated nurses. Most arrived from the Philippines, Britain, India, the United States, Iran, USSR, Poland, Yugoslavia, China and Romania. More than half of the foreign-trained nurses in Canada are practicing in hospitals in Ontario, primarily in central Toronto and surrounding cities. For many of these nurses English is not their first language. Should all these nurses with English as a second language (ESL) stay away from teaching in healthcare and nursing skills? In which case, the Ontario Healthcare System will lose their teaching skills. What about nurses with English as their third language?

The following poster presents a case study of an internationally educated nurse whose English is his fifth speaking language. Despite obvious language and cultural differences, this nurse works in a downtown Toronto teaching hospital as a staff nurse, a nursing student educator, as a new nurse’s mentor, as a crisis prevention trainer for the hospital staff and as a psychotherapy group mentor for physician-residents in the mental health program. This poster will underline various environmental conditions which made it possible for a nurse with English as his fifth language to participate actively as a mentor and trainer in the healthcare and nursing teaching process. These conditions include team composition, hospital environment and history, as well as management approach, some personal characteristics and experiences.

This presentation has two major goals:
1. to encourage internationally trained nurses with English as their second language to participate in teaching process within healthcare and nursing, and share their knowledge and experiences
2. to encourage healthcare organizations to create a welcoming and supportive environment in which such teaching opportunities become possible.

Overall, this writer hopes to improve the healthcare system’s care of its customers by enhancing an exchange of knowledge and experience in our multicultural (and multilingual) society.

References
P14
Enhancing student assessments of older adults through the video analysis tool (VAT) system

Marlene Rosenkoetter, Professor; Deborah Smith, Associate Professor; Max Stachura, Professor; Rebecca Corvey, Assistant Professor; Donna Levitt, Assistant Professor; Darrell Thompson, Assistant Professor; Georgia Health Science Center (GHSU), Augusta, Georgia; Julia Ball, Endowed Chair, Neuroscience/Surgical Nursing; JoEllen McDonough, Assistant Professor, University of South Carolina Aiken, USA

The purpose of the grant project is to evaluate the video analysis tool system, a tool for capturing and analyzing video evidence of student clinical practice. Through the video analysis tool system, student dyads will take a video camera, computer, and tripod to the homes/apartments/rooms of older adults. In that setting, they will videotape their interactions and actual assessments of older adult clients.

Following the client home visit, students will directly upload the videotapes from their computers to a secured server (main computer). Simultaneously, students will be able to compare their clinical activities with the clinical objectives then make video clips of their assessments that demonstrate the required outcomes derived from US national standards for gerontological nursing.

The students will then submit the video clips for evaluation. The video clips will be viewed by the course faculty. The course faculty will evaluate and comment on the accuracy of the assessments and return them directly to the students via computer thus providing immediate feedback and any necessary correction.

The focus of the video analysis tool system is on the students not on the older adults. The students are evaluated on their performance using video documentation rather than reported evidence as is usual when a faculty member is not present to witness student-client interactions. For this project, a faculty member cannot be with more than two students in the clinical setting at the same time. However, using the video analysis tool system, they can see and hear all students as they review submissions through the VAT system.

During Fall semester 2011, IRB approval was sought and obtained, the knowledge base was developed following US national standards, and the pre- and post-test was developed. The program will be implemented at GHSU, USC Aiken, and Macon State College during Spring Semester 2012. Data will be collected starting in May 2012 to determine the perceptions of students, faculty, and community-residing residents regarding this new and innovative approach to clinical nursing education. Preliminary results will be shared in August 2012.

Key words:
• student
• performance
• evaluation
• feedback.
• video assessment tool.

P15
Blended learning integration in nursing undergraduate curriculum: online testing experience

Priscilla O. Okunji, PhD, RN-BC; Mary H. Hill, DSN, RN, Howard University School of Nursing and Allied Health Sciences, Washington DC, USA

Background
Although the online program is relatively a new method of instruction, the number continues to expand (Hart and Morgan, 2010). Methods of delivering blended learning are diverse and the acquired experience could be replicated in other countries. Development of effective learning communities offer a social context for learning that greatly enhances the knowledge acquisition of all involved parties (Tilley et al., 2006). Online testing is one method that has not yet been widely adopted in nursing programs. A major benefit of online testing is the time management unlike in traditional pencil, paper shading and scantron grading (Newman, 2000). The purpose of this project is to describe experience of students with online exams and assignment.

Methods
Thirty seven senior baccalaureate nursing students were queried about the competency of online testing via Blackboard system. Data were collected through a survey available to students on the system. The survey explored:
• students’ baseline characteristics
• students’ perspective and satisfaction
• students comments for more likeability.
Six–point Likert scaled tool was used for the measures.

**Findings**

Overall results indicated that more than three quarters (86.4%) of the students population had very high to moderate perspective about adopting online testing in other nursing courses; and students would prefer online testing to start early in their junior year. Fifty nine percent (59%) of the students had previous online testing while 40.5% had none. The results indicated that students embraced the online testing with recommendations that: a set of questions be visible on the computer screen and allowing a break without losing time. The students’ likeability of the online testing was based on variables such as the:

- computer settings/controls and prompt results
- relevance of online testing as it relates to other web-based testing including NCLEX-RN practice test
- preparation for work environment.

**Limitation/conclusion**

Small sample size was a limitation in this study. Future plan is to replicate this study with a large sample size and to engage on a comparative program evaluation between the current students and another cohort. A recommendation that online testing be extended to other nursing courses with a more students’ friendly software that gives qualities for better outcomes.

**Relevance**

- innovation learning and a pilot guide for both National and International Nursing Schools
- more time management for students and faculty than traditional paper, pencil and scantrons testing, hence more time and money channeled towards faculty scholarly activities and other areas
- prepares students for other web based testing and NCLEX-RN online practice test and for students to meet the challenges of the paperless healthcare institutions.

**References**


**Key words:**
- online
- blended
- learning
- testing
- curriculum.
Given the demand for competence and effective learning of these students, within the context of a rapidly changing service, it was considered vital that students have an identified means of support that helps them meet the challenges they will face within the health and social care arena. This is done through a process of critical reflection and problem solving within a group that is relevant to their field of practice. This has been articulated as a regular professional forum within the pre-registration nursing programme, for identification of issues and problem solving through discussion and critical reflection involving peer and tutor support.

The role of the personal and professional development tutor is to support the student with their overall personal and professional development to include employability skills and skills for lifelong learning. The personal and professional development tutor does this through encouraging and supporting students to contextualise their academic and clinical experiences and relate them to the above. This is vital if the student is to successfully attain the attitudes, knowledge and skills and overall competencies as required by the standards for pre-registration nursing education (NMC, 2010) and beyond.

Individual follow up is part of the process as considered relevant. The personal and professional development groups meet three times a year (timetabled), for a period of 90 minutes. The session has a structured approach, based on progressive themes (year on year) considered essential to the personal and professional development of the student.

The group session is 90 minutes in duration and is split into 45 minutes of themed content and 45 minutes of critical reflection on their practice experiences. The meetings provide an opportunity to explore and enhance their understanding of professional standards and expectations during their role transition and thus enabling greater self-awareness and capability for competence. The themes reflect the nursing principles (RCN, 2011) and provide a framework for the integration of theory and practice.

References

Key words:
• personal
• professional
• learning
• effective.

P17
Development of a pre-qualification practice learning portfolio
Mary Crawford, Lecturer; Di Tofts, Lecturer, King’s College London, UK

With the validation of a new pre-registration curriculum for both BSc and PG Diploma programmes, it was decided to completely relook at the approach to clinical assessment endeavouring to combine innovation and what was already successful. Since the development of our previous clinical assessment documents, the NMC (2010) have produced the new standards for education and there are some significant changes. For example the amount of accreditation allowed has increased but in order to utilise this, it must also meet with the requirements of the Higher Education Institution.

Two of us were charged with developing a tool which met with practitioners’ expectations as well as those of the higher education institution. Students’ views were also obtained. There was early consensus on some points such as a need for a simple document, with a desire to use the same practice assessment document across all programmes in the future.

Another early decision was assess key clinical skills in practice rather than via an objective structured clinical examination. Issues such as the use of service user feedback provoked strong discussion as to how valid it was but with amendments it is in the final document. Some students see an action plan as a negative and in order to avoid this all students will be encouraged to develop action plans between each placement. Any deficits in skills or attitude at a formative stage will also require an action plan.

One of our wishes was that students see their assessment document as a learning tool rather than something just to used for assessment and to this end there are student activities focussing on areas such as communication, drug calculations, care planning, through to management and leadership in their final year. Changing an assessment document into a portfolio which students could develop and continue to use would start them on a
journey of professional development. It was also hoped that the document would appear to offer various routes of support, possibly having some impact on attrition.

The NMC have identified essential skills clusters for each progression point. Exploration of when various competencies could realistically be assessed and achieved at different levels resulted in some detailed manoeuvring of a placement plan. Although the plan looked comprehensive, when we discussed if students could achieve a wide range of competencies and skills before submission of the document the placement plans required amendment.

Our assessment tool was adapted from the work of Benner (1984), Bondy (1983) and Fitzpatrick et al. (1997) and required further adaptation when submission times were changed. Competence cannot be expected after only a few months. Working with clinical colleagues demonstrated the wish for a simple rating scale but something more complex than numbers. We all understood what ‘getting there’ meant in terms of skills acquisition but felt that validators might wish different wording.

Our final challenge was to decide what to call it. We came up with different titles with suitable acronyms until we checked the acronyms in the Urban Dictionary. Our final title was simple: Practice Learning Portfolio.

References

Key words:
• learning
• clinical assessment
• portfolio
• competence
• pre-registration.

An action research approach to evaluate learning support of students with visual impairments in physiotherapy

Christina Anderson, Lead Clinical Tutor in Physiotherapy; Helen Frank, Lecturer in Physiotherapy, University of Birmingham, UK

Physiotherapy has a long history of being an accessible and appropriate choice of profession for people with visual impairments. Since the closure of the RNIB School of Physiotherapy in 1992, student physiotherapists have studied to become physiotherapists alongside their sighted peers in the institution of their choice. Birmingham has now gained considerable experience in the support and successful education of these students. However there is little evaluative evidence for the education or support for this small group of students, with little consensus as to what is best practice.

Current literature focuses on the experiences of students with disabilities in higher education, with little investigating the experiences of students with visual impairments, and none in physiotherapy specifically. The objectives of this study were therefore:
• to evaluate the success of the methods of practice placement and academic support used in Birmingham
• to establish an ongoing evaluative process for students with visual impairments
• to consider how best to support future students with visual impairments.

In order to address the objectives, a small exploratory Action Research project was carried out. Action Research was used due to the lack of theoretical and research evidence for the support of physiotherapy students with visual impairments. The poster will demonstrate the stages of the action research process and will identify the findings of the interviews carried out with recent graduate physiotherapists with visual impairments.

Reflection of the process will identify aspects of good practice that will focus further research into effective support for students in university and in the practice placement. Future work will consider how best to support the practice placement educators educating students with disabilities:
• students with disabilities make up an important part of the future NHS and wider healthcare and reflect the national population.
• there is little evidence for the support of physiotherapy students with disabilities in university and in practice placement
• this small project will provide a starting point for future research into the evaluation of learning support for physiotherapy students with visual impairments, and their educators.

Key words:
• physiotherapy students
• practice placement and university learning
• visual Impairment
• evaluation
• action research.

P19
The introduction of certainty based marking (CBM) to a post-registration critical care module
Chris Hill, Lecturer Practitioner, King’s College London; A R Gardner-Medwin, Professor Emeritus, University College London, UK

This 15 credit module (levels 5 and 6) was previously assessed by an assignment, and a competency document. A problem was identified in that students appeared to concentrate predominantly on the topic that they were writing their assignment on. The form of assessment is known to affect learning orientation (Bengtsson and Ohlsson, 2010; Kember et al., 2008).

Conventional multiple choice exams can assess most learning outcomes, but can unduly reward guessing and tentative knowledge. Certainty based marking (Gardner-Medwin, 1995; Cornwell and Gardner-Medwin, 2008) may prevent this and can offer a better measure of ‘knowledge’ than conventional marking (Gardner-Medwin and Gahan, 2003). It can be particularly useful from a clinical perspective, helping students learn to judge how confident they should be about their knowledge and conclusions in particular areas (Khan et al., 2001).

<table>
<thead>
<tr>
<th>Certainty level</th>
<th>C=1</th>
<th>C=2</th>
<th>C=3</th>
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<td>2</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Penalty if wrong</td>
<td>0</td>
<td>-2</td>
<td>-6</td>
<td>0</td>
</tr>
</tbody>
</table>

Twenty single best answer questions and 60 true / false questions were used with a 90 minute exam. Questions were developed principally by reviewing lecture material and were intended to test knowledge, interpretation (e.g. of ECG rhythm strips), and analysis (e.g. of arterial blood gases). Questions were reviewed by other academic staff. Some were used as online practice questions (with LAPT: http://www.ucl.ac.uk/lapt/) and some for a paper based practice exam with certainty based marking. Students’ answers to these further informed the development process. It is important to provide the opportunity for students to learn how to ‘calibrate’ their degree of certainty (Gardner-Medwin and Gahan, 2003).

Students were introduced to certainty based marking on the first day of the course. It seemed to cause few conceptual difficulties, though the thought of scoring -6 caused some trepidation. When this was put into a clinical context (‘I’m certain I can give 40 mmol of potassium in 15 minutes’), students quickly appreciated the idea and made extensive use of the practice questions. No practical problems were encountered with practice questions or the final exam.

References


**Key words:**
- assessment
- exam
- ‘certainty based marking’.

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**P20**

**Nurses’ learning experiences of apprenticeship type of continuing education in higher education**

Marja Salmela, Researcher/Lecturer; Tarita Tuomola, Coordinator; Taru Ruotsalainen, Development Manager, Metropolia University of Applied Sciences, Helsinki, Finland

Metropolia University of Applied Sciences provided an education on perioperative nursing skills worth 30 credits. This education was executed as continuing education, 80% of the learning took place at work. Since the starting point of this study was to clarify how different events at work can be effectively utilized in learning, we collected learning experiences of those nurses and their mentors participating in the education.

The purpose of the study was to describe students and mentors’ significant learning experiences during their perioperative nursing competence training. The research questions were: what was the significant learning experience like, what kind of learning did the significant experience promote and which factors promoting or preventing the learning were involved in the apprenticeship type of education?

The respondents (N =23 nurses) were asked to describe their significant learning experiences during the education in writing. The mentors’ (N =3) significant mentoring experiences were collected by means of a semi-structured group interview. The data were analyzed by inductive content analysis.

The significance of learning and mentoring experiences consisted of new or unique learning experiences, in which the nurse felt respected as well as had the opportunity to reflect on, develop and share own expertise. In addition, familiarizing with the operating environment of another ward was considered important.

The significant learning experience promoted learning increasing the nurses’ professional knowledge and practical skills in nursing. The nurses showed improvement in the reflection and development of their own activities and those of the work community. The same applied to the ability to justify their decision-making process. Collegiality and being aware of the nurses’ responsibilities and the actions required by them were reinforced. In some cases, learning broadened nurses’ job description.

Factors preventing learning comprised organization of work which did not enable learning and mentoring as well as nurses’ insecurity and limited commitment to education or mentoring. Learning was promoted by functional and adequate communication, feeling of respect and peer support. Furthermore, nurses and employers’ commitment to development work promoted learning.

Apprenticeship type of continuing education requires the commitment of all parties concerned, close cooperation and adequate resources. Education promotes the expertise of nurses and the entire work community as well as constant development of activities.

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**P21**

**Operations model of workplace learning in postgraduate healthcare education**

Taru Ruotsalainen, Development Manager; Marja Salmela, Lecturer; T. Tuomola, Coordinator; Elina Eriksson, Director, Metropolia University of Applied Sciences, Finland

The abstract describes an operations model developed in Finland focusing on learning in the workplace. The model was developed in connection with a new form of continuing education, ‘apprenticeship type of education in higher education’, in 2009. The education (30 credits) included 80% of learning in the workplace and 20% of contact learning. Over the past years, the importance of learning in the workplace has been emphasized, in particular in the higher education sector. The leading question related to higher education is how to reach the learning objectives and competence requirements of the work environment effectively after graduation. Previous studies have mainly focused on informal learning instead of learning in formal and long-term continuing education.
The purpose of this development work was to create an operations model of postgraduate learning in the workplace. The objective was to determine:
1. the requisites for learning in the workplace
2. the principles for progress regarding the learning and mentoring processes
3. the results of postgraduate learning in the workplace.

The operations model was formed by collecting data from persons participating in the education process:
- the significant learning experiences of those participating in the education (n=23)
- the mentors’ (n = 3) experiences of significant mentoring experiences
- the ward managers’ (n=9) experiences of the education
- the ideas of the organizers (n =4) of the education on its requisites, processes, benefits and the roles of those involved.

The data comprised group and individual interviews as well as workgroup notes. As for the method of analysis, inductive content analysis was used. The reliability of the operations models was confirmed in an expert panel.

The operations model of workplace learning in postgraduate healthcare education concentrates on defining requisites for learning and learning objectives, principles of implementation as well as results and evaluation. The objective is wide-ranging professional expertise and constant development of activities. The requisites are related to cooperation with the employer and offering possibilities for learning. The implementation of learning highlights learning together, identification of learning events at work and their utilization, use of process-like learning assignments and mentors’ education. The results emphasize the deepening of competence and its utilization in the work community.

In conclusion, the operations model can be used in the organization of learning in the workplace. In future, the model should be tested and its suitability for other operating environments evaluated.

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**Eija Saranpää, Student, University of Oulu; Anna-Mari Kynsijärvi, Project Manager, Consortium of Kajaani University of Applied Sciences and University of Oulu; Tapani Liukkonen, Researcher, University of Oulu; Anitta Juntunen, Principal Lecturer, Kajaani University of Applied Sciences; Finland**

**Background and aims**

As a result of demographic change in Europe, the elderly population is growing rapidly. In Finland, the situation is particularly challenging in the Kainuu region where every fifth resident has reached the age of 65 years, and within twenty years this proportion will be over 30%. This requires changes in how public, private and third sector services are provided, especially in sparsely populated areas like the Kainuu region. One alternative involves online services, which could also improve the opportunity for elderly people to continue living at home and reducing the need for institutional care. (Mueller, 2009)

The aim of this pilot study was to assess the usability and applicability of Skype TV as a training and communication tool for elderly people living at home. The Skype TV platform combines familiar television technology with Internet communication. The main areas of research were the usability of the platform itself, and the applicability of the platform for training and communication with friends and relatives. The participants of this case study consisted of five households where seven elderly persons lived. Five members of the group were less than 65 years old and two, more than 70 years.

**Project interventions**

For the duration of the pilot, 46-inch television screens with integrated Skype capabilities were installed to the homes of the participants. The televisions also had other Internet access features, which were not monitored during this study. The contact details of the instructors and support personnel were pre-configured in the Skype program. The participants were provided with a list of courses arranged by the participating organisations from which they could select up to nine courses. These courses ranged from language courses to health chats and exercise instruction.

**Methods**

During the study three rounds of qualitative interviews were conducted. The first interview was to obtain background information, the second interview focused on overall usability issues and also contained the modified System Usability Scale form (Brooke, 1996), and in the final interview the overall experience and future wishes of the participants were gathered. The course instructors were also interviewed to discover their experiences with this service model and they also completed the System Usability Scale form. The instructors also participated in a group meeting where the commercialisation of this service model was discussed with hardware and service providers.
Results and conclusion

Participants:
The System Usability Scale form provides a score between 0 and 100, with the higher number indicating better usability. The average score given by the participants for Skype TV was 73.6 (n = 7).

Some participants had only used Skype TV for the courses and others had used it on a daily basis to communicate with their families. At an early phase of the pilot, a feature called group calls had various sound and picture quality problems. In the first interview 83% of respondents indicated that audio-visual quality was poor. Towards the end of the pilot the situation had altered to good or fairly good quality indicated in 72%-86% of the responses due to the work of the support staff.

Course instructors:
The instructors provided an average System Usability Scale score of 69.6. Deviation was very large; the health and sport instructors in particular, awarded it a score of 54, while the score for more hands-on courses was 83.

According to the interviews of the instructors there were some very good course experiences with Skype TV, with the instructors reporting that they had ‘forgotten that they were using Skype TV to deliver the course’. More negative experiences arose from connection and audiovisual problems.

Both groups expressed that virtual service delivery via the Skype TV platform had advantages and disadvantages, but their overall experience was that they would be willing to use it in the future. The participants preferred health and exercise related courses as well as the enhanced communication possibilities with peers and relatives. Communication with other elderly people and relatives is part of social wellbeing, which is seen as important in the health care of the elderly (Mueller et al., 2009). A final thought from the course instructors was that the platform can be used to deliver their services and they would be prepared to use it again but only after some improvements to it. Additionally, they noted that if they deliver new courses using this platform, they would have to tailor their courses taking the platform and its limitations into consideration.

References


The quality and sources of medicine information used by nurses

Riikka Teuri, Senior Lecturer, Turku University of Applied Sciences; Arja Pekonen, Planner of Nursing Care, The Hospital District of Southwest Finland; Taina Soini, Administrative Chief Nurse; Katja Ojanperä, Turku Municipal Social Services and Health Care Department; Hanne Juuti, Drug information pharmacist; Petter Tuderman, Development Pharmacist, Pharmaceutical Information Centre; Virpi Sulosaari, Senior Lecturer, Turku University of Applied Sciences, Finland

Nurses have an important role in the multidisciplinary team responsible of patients medication care. In order to fulfil their role safely and effectively, reliable and evidence based medicine information sources are needed. Yet, little is known on medicine information sources used by nurses when administering medications and educating patients (Ndosi and Newell ,2010). It is necessary to identify not only the information sources, but also the best and feasible methods for nurses in everyday use. For nursing education, it is important to provide nurse students’ possibilities to develop efficient skills for evidence based nursing and the critical use of different information sources.

Turku University of Applied Sciences and Pharmaceutical Information Centre launched a collaboration project in spring, 2011. Through the interdisciplinary collaboration, we aim to produce new knowledge and innovative, practical tools for nurses and nurse students and enhance the quality of medicine information, patient education and safety of the care. As part of the project, information sources and feasibility of medicine information sources was explored through web–based survey. Data was collected in the autumn, 2011 and analysis is on-going (results will be ready by May, 2012). Respondents were registered nurses from different nursing units in primary and specialised health care (n=94). Preliminary results indicate that the most used information sources are colleagues, physicians, pharmacopeia, medicine information in the packages and medical databases. Nurses tend to rely on the publisher when evaluating the reliability of the medicine information. Internet-based sources are seen important and more contemporary, and integration of medicine information to patient electronic records necessary in the future.
Simulation training as a teaching method for enhancing undergraduate nurse students’ critical thinking

Eveliina Kivinen, Doctoral Student; Terhi Saaranen, Postdoctoral Researcher; Kerttu Tossavainen, Professor; Hannele Turunen, Professor, University of Eastern Finland, Finland

Nursing education is required to develop nursing students’ knowledge, skills and competence so that they will be prepared for nursing practices. High-fidelity patient simulation has been used in nursing education and recognized as a beneficial and valuable tool for gaining knowledge in academic settings and has proven to be an effective teaching and learning method. Students are able to practice and develop critical thinking and decision making in a safe environment without compromising patient safety. (Cant and Cooper, 2010; Lapkin et al., 2010.) Regardless of there being increased knowledge of simulation in health education, research over the past five years demonstrates that there are still few studies with critical thinking as their focus (Cant and Cooper, 2010; Brown and Chronister, 2009).

Critical thinking is an essential component of competent nursing, and it is therefore important for educators to offer strategies that develop one’s critical thinking abilities. However, many newly graduated nurses have deficiencies in their critical thinking skills (Fero et al., 2010; Fero et al., 2009). While research demonstrates that simulation can provide clinical experience to enhance learning outcomes, there remains a solid need for further research (Lapkin et al., 2010). Only a fraction of the research that has examined critical thinking in the context of simulation has been able to demonstrate an increased gain in knowledge and critical thinking (Cant and Cooper, 2010). Limited research evidence is available on students’ critical thinking development (Forneris and Peden-McAlpine, 2007) and on the learning outcomes regarding one’s improved critical thinking skills. Critical thinking has been recognized as being difficult to define, measure and evaluate (Brown and Chronister, 2009). Contextual learning interventions can be used to develop one’s critical thinking, and it may be that simulation should be used more as a method of assessing critical thinking skills (Fero et al., 2009; Fero et al., 2010). Research is required to determine how critical thinking relates to simulation and to gather evidence-based knowledge to validate the best practices for nursing education (Brown and Chronister, 2009). Research is also needed to understand how simulation education correlates with nurse students’ critical thinking skills and how it transfers to clinical settings (Levett-Jones et al., 2011; Fero et al., 2010). In this presentation, the outcomes of a systematic literature review are introduced and discussed.

The intervention study aims to demonstrate the effectiveness of simulation education to nurse students’ critical thinking skills and to increase understanding on how knowledge is transferred to clinical settings. The study is part of the University of Eastern Finland, department of nursing science’s research project ‘Competences of the nurses, educators and students in different health care contexts’ led by Professor Kerttu Tossavainen and Professor Hannele Turunen. Participants of the study consist of nursing students. The project will follow them throughout their final semester of nursing studies and will continue to survey them for up to six months into their practice as newly graduated nurses. The intervention group is exposed to simulation training during their final clinical placement and simulation education replaces some clinical hours. The control group will review the nurses’ clinical experiences in final clinical placements as usual. A mixed-methods approach will be employed, quantitative data will be collected through a questionnaire and qualitative data will be gathered through observation, video recording with reflective video analysis and by using critical incident technique. The study design and the challenges of using a mixed method design will be discussed in this presentation.

References

Reference


Key words:
- simulation
- critical thinking
- nursing education
- learning.

P25
The benefits of continuing education and the barriers preventing participation – nursing staff perspective
Maija Hupli, Senior Lecturer, Jaana Terävä, MNSc, University of Turku; Taru Ruotsalainen, Development Manager, Helsinki Metropolia, University of Applied Sciences, Finland

The importance of continuing education for nurses has been emphasized in nursing literature since the beginning of the profession (Gallagher, 2007).

The purpose of this study was to determine the benefits of continuing professional education to nursing staff and the barriers preventing the staff from participating in it.

The data was gathered from the permanent staff of the departments of internal medicine and surgery at one university hospital, nurses, practical nurses, head nurses and ward sisters. The target group consisted of 266 permanent nursing staff members in the departments. In total, 154 responses were obtained and thus the response rate was 58%.

The data was collected by using a structured questionnaire specifically developed for this study. The questionnaire included two open questions. In order to determine the benefits of continuing professional education 15 statements and one open question were posed while 16 statements and one open question were employed to determine the key barriers preventing nursing staff from participating in continuing professional education. The quantitative data were analyzed statistically and the answers to the open questions were classified according to their content.

Based on the results the key benefits provided by continuing professional education were acquiring information, career development and continuous development of skills. The benefits perceived as least relevant were related to salary increases, promotions and enhanced communication skills. According to the findings of this study, the key factors preventing nursing staff from participating in continuing professional education were lack of human resources, several colleagues wishing to participate in continuing professional development during the same day, and being too busy. The least important factors were found to be part-time employment, approaching retirement and family matters.

The research results provide important information on the benefits of continuing professional education from the perspective of nursing staff. On the other hand, codifying the barriers preventing nursing staff from participating in continuing professional education indicates the key reasons why it is not being utilized.

Reference

Key words:
- continuing professional development
- lifelong learning
- nurse staff.
P26

Explore the learning needs of geriatric care of the junior nursing students in Taiwan during the service-learning in long-term care institutions

Pei-Fang Hsieh, Teacher of Nursing; Shiue Chen, Teacher of Nursing, National Tainan Institute of Nursing, Taiwan

Background
The elderly population was increased, at present, the elderly above 65 years old reaches 10.69%, already exceed 2,470,000 people in Taiwan. Geriatric care education is an urgent demand, therefore, this study expected to understand about foundational nursing students who the junior nursing students are.

Purpose
This study aims to explore to learning needs of geriatric care of the junior nursing students in Taiwan during the service-learning in long-term care institutions.

Subjects
A total of 650 grade four nursing students of five-year junior colleges participated in service-learning in long-term care institutions from one nursing school in Southern Taiwan, during September 2006 to December 2009.

Method
In-depth interview and purposive sampling was used. The data was collected in school, and transcribed. The transcribed data was analyzed by content analysis.

Results
The findings showed seven themes:
1. bridged between generations of the language barrier
2. learning how to really dose about caring and empathy
3. multiple interventions during communication
4. experience learning of clinical practice for geriatric care
5. to understand the older’ views
6. problem-based learning and interaction training
7. reinforcement about knowledge of geriatric care.

Conclusion
The findings reflected the gaps in education of geriatric care by learner's views. Expected to the results could provide references for education design of geriatric care in the future.

P27

The experiences about writing the patient story among nursing students during clinical practice in Taiwan

Pei-Fang Hsieh, Clinical Nursing Teacher, National Tainan Institute of Nursing, Taiwan

Background
Nursing education has been focused on guiding students how to implement patient-centred care, so that students can caring, empathy, listening in nursing. Narrative medicine could improve medical students' view of holistic care. However, Taiwan has fewer related studies explored this way in clinical nursing education.

Purpose
This study aims to explore to the experiences about writing the patient story among nursing students during clinical practice.

Subjects
A total of 13 grade five nursing students of five-year junior colleges participated surgical nursing clinical practice in the medical centre of Southern Taiwan, during June, 2011 to December, 2012.

Method
First, the clinical nursing teacher invited to nursing student writing patient stories, then arranged the depth interview with students one-on-one in writing finish. The interview data was transcribed to text, and analyzed by content analysis.

Results
The findings showed three themes:
1. awareness of flesh and blood – the patient is a real man
2. discovered the importance of health promotion – the patient is a vivid book
3. self-reflection from patient-centre perception – the patient is an evidence-based teacher.
Conclusion
In conclusion, writing patient stories could promote to nursing students focused on the patient's understanding, changed into their nursing mind by patient-centre. The clinical nursing teacher could ponder how to apply this way to enhance nursing students' professional growth possible in the future. Expected to the results could provide some references in nursing education.

P28
Improving nursing students' critical thinking and skill acquisition with technology-based cooperative learning: a study in Taiwan
Zu-Chun Lin, Associate Professor, Tzu Chi College of Technology, Hualien, Taiwan

Background
Due to the high demand for qualified nurses, mass education has become the norm (Platt, 2002). Students, therefore, have insufficient opportunity and limited capability to develop critical thinking and master nursing skills. Cooperative learning has students working together in small groups to achieve shared goals (Johnson and Johnson, 2001). It has been suggested as one of the most powerful learning methods. Today's generation of students have been exposed to high amounts of technology during their lives, they expect educators to appreciate their enthrallment with technology and therefore provide innovative technological tools that parallel and echo their technological skills and characteristics (Magg, 2006).

Purpose
The purpose of this study was to compare the effect of technology-based cooperative learning with technology-based individual learning in nursing students' critical thinking in catheterisation knowledge gaining, error discovering, skill acquisitions, and overall scores.

Methods
The sample was comprised of 100 nursing students who were in the second year of a five-year junior college program, and were taking a fundamental nursing course in eastern Taiwan. A pretest-posttest design was used. Participants were randomly assigned to either technology-based cooperative learning or technology-based individual learning. The technology-based cooperative learning groups were composed of five participants each and a total of 10 groups were created. Long-term indwelling catheterization knowledge assessment, long-term indwelling catheterization video error discovering were used to assess the participants' critical thinking. In addition, long-term indwelling catheterization skill checklist was used to evaluate long-term indwelling catheterization, Foley care, and changing urine bag skills.

Both groups wrote the pre-test long-term indwelling catheterization knowledge assessment and long-term indwelling catheterization video error discovering. The technology-based cooperative learning were allowed and encouraged to discuss the questions and to agree to a single answer. The technology-based individual learning participants completed the assessments on an individual basis and submitted their papers. Classroom instruction was then provided to both technology-based cooperative learning and technology-based individual learning participants. Previously three procedural videos had been recorded which demonstrated correct in-dwelling catheterization skills. The three videos were uploaded to the online learning platform and made available for student viewing and downloading with computers or MP5 Players. Group based discussion boards were created for each of the technology-based cooperative learning groups whereas open discussion section was provided for the technology-based individual learning group. Three weeks after completion of the program, technology-based cooperative learning and technology-based individual learning wrote the post-test, long-term indwelling catheterization knowledge assessment, long-term indwelling catheterization video error discovering and the long-term indwelling catheterization skill checklist to evaluate their understanding of catheterization, as well as actual catheterization skills.

Analysis
Analysis of Covariance was employed to examine whether or not the technology-based cooperative learning group scored higher in long-term indwelling catheterization knowledge assessment and long-term indwelling catheterization video error discovering than technology-based individual learning group post-intervention. A t test was used to determine whether or not the technology-based cooperative learning group scored higher in catheterization skills than the technology-based individual learning group, as well as overall critical thinking score.

Results
The technology-based cooperative learning group scored significant higher than the technology-based individual learning group in long-term indwelling catheterization knowledge assessment ($F_{(1,94)} = 19.737$, $SD=1.765$, 95% CI=4.336-11.343, $p < .05$) and long-term indwelling catheterization video error discovering ($F_{(1,94)} = 82.132$, $SD=.758$, 95% CI=4.088-6.382, $p < .05$), and overall scores ($t=3.766$, $p<.00$), but not actual skill performance ($t=-1.06$, $t=.180, p>.05$).
Discussion and conclusions
Technological-based cooperative learning enhanced critical thinking and knowledge, which could be explained by active participation and dialogue among students to arise deeper discussion. Skill performance was not different, and this could be explained by technique mastery requires not only in-group work and technology assistant, but also actual practice. Future study is encouraged to use longitudinal research, which could report better outcomes by comparing vary timing between two groups. In addition, it would be more valuable to have learning modules besides videos, discussion platform, and mobile device. Moreover, it would be beneficial to compare the results with different mobile devices, which are popular in the market.

References

Key words:  
- cooperative learning  
- technology  
- mobile device  
- critical thinking  
- nursing skill.

P29
Relationships among general self-efficacy, nursing professional commitment, and caring behavior of nursing students

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Aim
This study focused on the caring behavior of nursing students and investigated its relationships between nursing professional commitment and self-efficacy. In addition, the predictors of caring behavior were examined.

Background
Caring is the essence of nursing and the core of nursing education. Both personality and professional attitudes influence caring behavior (Morrison, 1991), and self-efficacy affects the motivation and behavior of people.

Methods
This cross-sectional and correlational study included a convenience sample of 204 nursing graduates recruited from three to four year undergraduate students in general, third-year part-time students and graduate programs at a university in northern Taiwan. Data were collected using self-management questionnaires, which included the Caring Behaviors Scale, Professional Commitment of Nursing Scale, and General Self-Efficacy Scale. Multiple regression techniques were used to analyze outcome predictors.

Results
The major results indicate that:
1. the nursing students in this study demonstrated moderate caring behavior, nursing professional commitment, and general self-efficacy
2. age, marital status, education, duration of the nursing job, family support, interest in the nursing program, and clinical practices all exhibited significant differences regarding caring behavior (p<.001).
3. nursing professional commitment (r=.416; p<.001) and general self-efficacy (r=.509; p< .001) were positively correlated with caring behaviors
4. the predictors of caring behaviors were general self-efficacy, education, nursing professional commitment, and interest in the nursing program.

These four variables accounted for 44.5% of the total variance. General self-efficacy was the most critical predictor and explained 25.9% of the total variance.

Conclusions
According to the results of the study and discussion, we present adequate evidence to support the notion that nursing professional commitment and self-efficacy are associated with caring behavior of nursing students, with a
strong degree of correlation among them. In addition, both nursing professional commitment and self-efficacy can serve as predictors for caring behavior. The findings of this study can provide a reference for curricula designed to improve the caring behavior of nursing students, nursing professional commitment, and general self-efficacy.

Reference

Key words:
• nursing student
• caring behavior
• nursing professional commitment
• general self-efficacy.

Top tips for studying with dependants
Carla Nicholson, Student Nurse; Lisa Robson, Student Nurse; Sue Jackson, Senior Lecturer in Adult Nursing, Northumbria University, UK

According to a number of authors, mature nursing students who look after children, older or un-well relatives while they are trying to study can find it stressful which, in some cases can lead to them leaving the course (Glossop, 2002; Pryjmachuck, 2007; Gibbon, 2008; Tinto, 1993; Jones, 2008). Jackson and Proud (2011) surveyed 186 student nurses with dependants at Northumbria University to find out what impact caring for others outside university had on their clinical and university learning experience. Ninety four percent of respondents reported that study time was affected and 67% reported that their clinical practice time was also difficult. Students in this survey also commented that the situations that made university learning and clinical learning most difficult were the situations that could not be planned for such as a relative or child being unwell, hospital appointments for family members and when the scheduled carer is not available.

As student nurses who volunteered to participate in Jackson and Proud’s (2011) survey and then took part in their later focus group interviews on the same subject, we wished to produce a ‘top tips’ leaflet for current and future nursing students to share our experiences as to the most effective way of managing our study time, clinical learning and home-life. With tutor support it was decided that a Delphi Technique would be the most appropriate methodological approach to gain a consensus of our shared ideas, making our investigation more valid than by pooling individual ideas alone (Keeney, 2010).

The Delphi Study was conducted via email which made the study more accessible to us. In addition it exposed us to a new research method so increased our research appreciation.

This poster will demonstrate the Delphi Method and the stages of the process and present the outcome which is an A4 leaflet with ‘10 tips for managing your study’ and ‘10 tips for managing home life and dependants’. This leaflet has been presented to faculty and was well received. The leaflets have been made available at open day and new student induction events and it can now be downloaded from the university website.

References


Going around, and around, and around … the never-ending search for quality and safety in healthcare

Pip Hardy, Director, Pilgrim Projects/Patient Voices, Cambridge UK; Cathy Jaynes, Colorado Campus Chair, University of Phoenix and Director of Research at The Center for Medical Transport, USA

The need for improvement in the quality and safety of healthcare has been the focus of considerable attention from healthcare providers and educators since the dawn of the new millennium. The publication of Crossing the Quality Chasm (2001). To err is human (Kohn, Corrigan et al., 2000) in the USA and Learning from Bristol (2001) in the UK highlighted an unprecedented number of medical errors and safety incidents.

A proliferation of initiatives in the USA, the UK and elsewhere has attempted to address the problems. Reporting systems attempt to learn from errors and near misses. Audits uncover the causes for sub-standard care. Targets motivate staff to improve. Surveys and questionnaires attempt to quantify patient and staff satisfaction. Quality improvement initiatives and quality assurance programmes attempt to define and measure quality and safety.

The UK clinical governance agenda was intended to transform healthcare; policy documents aplenty have espoused the need to place patients at the centre of healthcare while promoting the provision of safer, more effective care. The drive towards safety has largely been characterised by the accumulation of data and the presentation of statistics which feed into reports that inform policies that determine targets and outcomes that will then be evaluated to assess whether improvements in safety and quality have been made.

It seems that not much has actually changed. Reports of abuse and neglect, careless care and stressful working situations abound. Furthermore, the second decade of the millennium has seen increased interest in the possibility of healthcare delivery that is not only safer, but is also more humane and compassionate, not only for those who receive care, but also for those who deliver it.

A culture of safety, of quality, of humanity, will only be built on a deep understanding of the individuals who form that culture (Hardy and Jaynes, 2011). We may think it is possible to transform culture by means of directives and initiatives, organisational changes, management and management programmes, etc., but a culture of safety is underpinned by a complex web of human factors. And, while statistics may tell us how organisations view the experience of the individual, it is stories that tell us how individuals experience the system (Hardy and Sumner, 2010).

Digital stories now give us an opportunity to share and learn from the stories of everyone involved in delivering and receiving healthcare. Digital stories enable important lessons to be seen and heard in any lecture theatre, boardroom or conference hall anywhere in the world (Hardy, 2007).

‘Go around’, a digital story made by a flight nurse (Jaynes, 2007), highlights the role that human factors play in safety incidents and near misses and is a powerful way to convey the message that team work and good communication really matter. Paradoxically, although each story is unique and individual, each story is also of universal significance, reminding us of our own frailty, vulnerability, mortality and shared humanity.

The ability to share this, and other stories like it, is critical if organisations are to learn from mistakes and develop a culture in which every voice can be heard without fear of retribution but rather with the hope of contributing to a culture where safety and humanity are prized and the values of intellectual, emotional and spiritual intelligence inform ‘the way we do things here’ (Hardy and Jaynes, 2011).

References


P32
Student perspectives of blended learning in clinical specialist modules
Gerard White, PhD Research Fellow; Yvonne Conway, Lecturer, National University of Ireland, Galway, Ireland

Background
There has been a pedagogical shift in postgraduate nurse education in response to increased technology use in the delivery of programmes and the proliferation of e-learning and blended learning methods (Howatson-Jones, 2004). This has also resulted in an increased emphasis on student experience and a change in the role of faculty from that of teacher to facilitator of learning (Magnussen, 2006).

These moves are in line with international trends and can be considered an innovative response to greater competition between education providers, the increased number of students seeking higher education and improving education delivery and access (Glen, 2005). Within nurse education online learning provides a reliable, efficient and cost-effective solution to meeting the essential postgraduate learning of nurses. A blended learning approach has been adopted by the school of nursing and midwifery at NUI Galway within their postgraduate nursing programmes since 2008. Each programme is typically comprised of a combination of online core and specialist modules with face-to-face skills based workshops.

Aim and objectives
The evaluation of participant student perspectives of the blended learning format in the teaching of clinical specialist modules.

Methods
A semi-structured focus group interview of all students who were undertaking the blended learning modules.

Analysis and results
Analysis of the findings demonstrated some emergent themes:

- blended learning specialist modules enhanced clinical practice and aided student learning
- the content of the online modules was described as ‘excellent’
- students perceived that their clinical decision making had been enhanced, and that they had received lots of support
- face to face practice oriented classes were preferable to online learning which used moulage, simulations, and patient case scenarios
- students described a greater appreciation and interest in their workshop days related to reduced contact time
- the use of lecturer directed blogging with an attached assessment weighting was perceived as increasing workload and stress and a barrier to genuine discussion
- students liked the flexibility of time of study, working at their own pace and the ready availability of study materials.

Implications for practice
- Practice oriented content and educational outcomes should act as the primary driver for curriculum development versus the application of technology.
- Interactive module content such as hyperlinks, videos and student presentations encourage student engagement.
- Formal structure and assessment weighting for blogs acted as a barrier to genuine discussion.
- Support from module leaders and clinical facilitators helps allay student fears and anxieties.
- Practice focused workshop days reinforce module content for the acquisition of specialist clinical nursing skills.

References
Making learning more accessible to clinical staff in the workplace using ORACLE

Sue Griffith, Lecturer/Practice Educator; Kate Powis, Lecturer, St Helena Hospice, Colchester, UK

ORACLE – an online research and care learning environment has been launched at this Hospice to make learning available to all staff at all times of the day and night. The need for this was assessed using an action research approach investigating why so many clinical staff were unable to attend weekly face-to-face learning events provided by the education and research group.

The workplace strategic plan details the need for a learning environment, and the generation and sharing of evidence to promote excellent practice. One of the ways to achieve this is the provision of a weekly learning event, branded as ‘hot topics’, which focuses on one topic per month. Attendance at these events has been disappointing over the last year, despite staff choosing the topics themselves, and expressing the desire to attend. The action research project investigating reasons for non-attendance revealed that time constraints and work commitments were the main reasons for this. It was also discovered that learning was generated by discussions between staff attending and those who could not.

The education and research group discussed these findings and decided that provision of a learning forum on the intranet, available to staff at all times could address this need. This site has links to existing resources such as ‘e-learning for healthcare’, as well as handouts, power point presentations from face-to-face events, and links to useful websites and journal articles. A discussion forum is also available for staff to share thoughts about the resource and to increase awareness of topics raised by clinical situations. The launch of the site was managed by a ‘hot topic’ month of attended sessions to demonstrate how to maximise the potential of this new resource.

It is hoped that this will generate interest in learning, and facilitate this in a timely fashion when clinical issues are raised. It will also assist people to become more confident with IT equipment.

In keeping with the action research ideology, the success of this new resource will be evaluated after the first six months, and changes made accordingly.

An evaluation of an end-of-life care link nurse initiative for residential care settings for older people in the Republic of Ireland

Kevin Connaire, Director of Education, St Francis Hospice; Mary Clodagh Cooley, Project Manager, Cooley Education Services; Deborah Hayden, Nurse Tutor in Palliative Care, Our Lady’s Hospice Care Services; Philip Larkin, Associate Professor of Clinical Nursing (Palliative Care), University College Dublin and Our Lady’s Hospice Care Services; Gerardine Lynch, Director of Education, St Patrick’s University Hospital and Marymount University Hospice; Siobhan McDonnell, Nurse Tutor, Milford Care Centre; Kathleen McLoughlin, Director of Education, Milford Care Centre; Annamarie Moore, Nurse Tutor, Milford Care Centre; Hazel Smullen, Clinical Nurse Manager III, North West Hospice; Barbara Sweeney, Lecturer, St Francis Hospice; Pauline Ui Dhuibhir, Nurse Tutor, Our Lady’s Hospice Care Services, Ireland

Introduction

In 2010, five hospice education centres in the Republic of Ireland collaborated together to design, develop, implement and evaluate an end-of-life care link nurse initiative for residential care settings in their catchment areas. The Irish Hospice Foundation funded the initiative. It had two main aims. Firstly to generate an active learning culture with regard to palliative and end-of-life care by developing and implementing end-of-life care link and associate nurses in participating residential care settings for older people. Secondly, to improve and develop relationships between local specialist palliative care providers and participating residential care settings for older people.

To achieve these aims, two linked education programmes were developed. In total, 107 registered nurses from 41 residential care settings took on the role of either end-of-life care link or associate nurse. They attended a five day education programme, which aimed to build on their existing knowledge, skills and attitudes of palliative and end-of-life care and also their facilitation skills so that they facilitate learning in their workplace on palliative and end-of-life care. On completion of the programme, end-of-life care link and associate nurses were asked to deliver a
standardised end-of-life care education programme over a seven month period. This programme used work-based learning methods and blended learning approaches, combining computer-mediated and facilitator-led learning activities. To assist end-of-life care link and associate nurses deliver the programme, establish and sustain their roles and to develop links, a number of resources were identified and developed. These include an online facilitator and a link and associate nurse education and support forum provided by each participating hospice. The evaluation of the initiative will be presented.

Methods
The evaluation is informed by the following information sources: end-of-life care link and associate nurses completed a pre-course worksheet (n=94, 88%), a post-course worksheet (n=98, 92%) and a course evaluation form (n=90, 84%). Hospice educators (n=7) and specialist palliative care professionals (n=8) completed an evaluation form regarding their experiences of facilitating the five day programme. At the end of the seven month period, telephone interviews were conducted with stakeholders including directors of nursing/their representative, the home care/community palliative care teams and the project team. In early 2012, each of the participating hospices will conduct a focus group interview with the end-of-life care link and associate nurses in their catchment areas. Quantitative data has been analysed using SPSS 19 and qualitative data analysed using content analysis. Data analysis will be completed by March 2012.

Preliminary findings
Finding to date suggest that the initiative has been a positive experience for end-of-life care link and associate nurses in developing their palliative and end-of-life care knowledge and skills and also their facilitation skills. Stakeholders’ views are mixed regarding the impact of the initiative in improving links and generating an active learning environment.

Conclusion
The evaluation will be informed by a wide range of views and data sources. Development work on a framework for developing and implementing a palliative or end-of-life care link nurse initiative for residential care settings has commenced. The framework is being generated from the literature and from the findings of the evaluation.

It is envisaged that the framework will be a resource for planning and developing future palliative and end-of-care link nurse education initiatives. The evaluation builds on the small but growing body of literature on palliative care link nurse schemes. The evaluation describes the views of specialist palliative care professionals and educators of an end-of-life care link nurse initiative.

Key words:
• palliative and end-of-life care education
• Ireland
• link nurse
• evaluation
• residential care settings for older people.

P35
The Higher Education Academy health sciences cluster: working in partnership to enhance the quality and impact of learning and teaching
Vanessa Taylor, Discipline Lead (Nursing), The Higher Education Academy, York, UK

Background
The Higher Education Academy is a national and independent organisation, funded by the four UK higher education funding bodies and by subscriptions and grants. The academy’s mission, as stated in its strategic plan 2012-2016, is to use its expertise and resources to support the higher education community in order to enhance the quality and impact of learning and teaching. The academy achieves this by recognising and rewarding excellent teaching, bringing together people and resources to research and share best practice, and by helping to influence, shape and implement policy.

The aims of this poster are:
• to outline the work, purpose and structure of the restructured higher education academy
• to provide an overview of the new health sciences cluster within the higher education academy
• to identify how the health sciences cluster within the higher education academy can support individual academic staff, disciplinary and interdisciplinary teams and higher education communities and institutions to enhance the quality and impact of learning and teaching in health related disciplines.

The poster will outline the work of:
• the discipline areas within the health sciences cluster: nursing, allied professions and medicine and veterinary
• the seven theme areas of the higher education academy as focused on by the discipline leads within the health sciences cluster:
  • student retention and success
  • assessment and feedback
  • employability
  • education for sustainable development
  • internationalisation
  • flexible learning
  • reward and recognition.

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**P36**

**Students’ perceptions of the objective structured clinical examination: a UK study involving pre-registration nurses and focus groups**

Conleth Kelly, Senior Lecturer, University of Chester, UK

**Introduction and background**

Objective structured clinical examinations are now established internationally as an effective method of assessing competency within medicine and the allied health. This study was undertaken as part of an assessment review of the common foundation programme of pre-registration.

**Aims and objectives**

The aim of this study was to explore undergraduate nursing students’ perceptions of the objective structured clinical examinations which the students undertook within their common foundation programme.

**Research questions**

1. Do students perceive objective structured clinical examinations as being relevant to their field of pre-registration nursing?
2. Do students identify objective structured clinical examinations as not being relevant to their field of pre-registration nursing?
3. Are there any differences in the perceptions between the fields of pre-registration nursing students?
4. What are the perceptions of pre-registration nursing students so the learning experience from objective structured clinical examinations can be enhanced?

**Methods**

Following a systematic review of relevant literature, relevant research questions were identified and a research methodology embracing the interpretivist paradigm identified as the most appropriate line of investigation for this study. The research design involved four focus groups of six third year pre-registration nurses from each of the fields; adult; child; mental and learning disability. The participants were registered students from a north-west university in England. A thematic analysis of the transcripts was undertaken and the findings were divided into dominant and subordinate themes.

**Findings**

The study participants reported the following:

• the clinical skills which were taught and examined within the students’ common foundation programme were relevant towards their chosen field of nursing
• the objective structured clinical examinations demonstrated that is was essential for students to know and be tested on their basic nursing skills such as aseptic technique, urinalysis and medicines management
• the objective structured clinical examinations gave students ownership over them and this was viewed positively
• the participants reported observing incorrect procedures of skills within practice
• the participants wanted more time to practice their clinical skills and this gave rise to anxiety towards the objective structured clinical examinations.

**Conclusions and recommendations**

Despite the anxiety expressed with regards to the objective structured clinical examinations, participants observed that all four fields of nursing wanted their clinical skills examined. The participants wanted the objective structured clinical examinations to continue as part of their assessment. Interestingly, the participants commented that objective structured clinical examinations demonstrated to themselves as well as their assessors that they were clinically competent and this served to re-enforce their confidence and self-belief.

Recommendations include further studies to involve a nationwide project and incorporating the views of academic and clinic staff.
Early warning scoring (EWS) charts for wards in South Africa

Una Kyriacos, Senior Lecturer; Jennifer Jelsma, Professor, University of Cape Town, South Africa; S Jordan, Reader, Swansea University, UK

Background
Patients often exhibit premonitory abnormalities in vital signs before an adverse clinical outcome (Harrison et al., 2005; Franklin and Mathew, 1994; Schein et al., 1990; Smith, 2005). Patient survival may depend on the decisions of nurses to call for assistance (Cioffi, 2000a). There is a paucity of published early warning scores literature for general ward use from South Africa.

Methods
The three-part single centre study was undertaken in six adult surgical wards in a 867-bed academic public hospital in Cape Town between 1 May and 31 July 2009 and between the same months in 2010. The study employed:
1. consensus methods (survey by questionnaire N=52; nominal group and Delphi techniques N=14 participants) to design and validate a modified early warning scores observation chart for improving vital signs recordings
2. retrospective record review (2009: estimated 600 records)
3. a pragmatic parallel group cluster randomised controlled trial (2010: estimated review of 114 records; knowledge tests of estimated 122 nurses) for the recognition and management of the deteriorating patient.

Results
Study one: The consensus derived and validated Cape Town Modified early warning score observation chart comprised clinical indicators and seven physiological parameters.

Study two: Eleven (1.9%) of 585 patients who met inclusion criteria had died. Consecutive sampling of four records for each death (SAE) gave a control sample of 44 records (total N=55). Patients had few postoperative vital sign recordings (SAE: median=2; control: median=1). Nurses did not call for assistance for most (recoded) Modified early warning scores that should have triggered the callout algorithm (SAE: 81.2%; control: 92.4%). Factors significantly associated with death in the first eight postoperative hours: age 61 years or older (OR 14.2, CI 3.0 – 68.0); having two or more pre-existing comorbid conditions (OR 75.3, CI 3.7 – 1527.4); high or low systolic BP on admission (OR 7.2, CI 1.5 – 34.2); fast heart rate (OR 6.6, CI 1.4 – 30.0) and low systolic blood pressure (OR 8.0, CI 1.9 – 33.1). The sensitivity and specificity of the Modified early warning scores for predicting death: heart rate, a cut point of two was 45.5% (95% CI 16.8–76.6) sensitive and 81.4% (66.6–91.6) specific; for systolic blood pressure, the cut point of one showed 72.7% (95% CI 39.0–94.0) specificity and 77.3% (62.2–88.5) specificity.

Study three: There was a significant difference (Mann-Whitney U 178.00, Z=2.62, p=0.01) between post-intervention knowledge test scores of nurses in the intervention wards (n=25) who had training (median 60.8%, mean rank 30.88, IQR 50.0 (13 to 100)) and those in the control arm (n=25) (median 34.8%, mean rank 20.1, IQR 28.3 (13 to 65)) who had no training.

Significantly more patients in the intervention arm had recordings of respiratory rate (OR 62.5, CI 12.9–303.2, p<0.001), oxygen saturation (OR 5.5, CI 1.05–28.96, p=0.05), conscious level (OR 5.9 CI 1.62–21.84, p=0.004) and of all parameters (OR 20.1, CI 1.08–375.09, p=0.003) than those in the control arm. Despite training, there was a 93.5% non-response in the intervention arm and in the control arm this was 97.9%.

Conclusion and recommendations
Advancing age, an upper modified early warning score of one for heart rate and/or a low modified early warning scores of two for blood pressure and the presence of co-morbid conditions significantly increased the risk of serious adverse events. Such patients need careful monitoring.

Training and the modified early warning scores chart resulted in improved knowledge and patient monitoring but not in summoning assistance. Further research is needed to establish how this can best be achieved.

The sample of serious adverse events was too small to detect any influence of the programme on reduction of serious adverse events and a large multi-centre trial is recommended for this purpose.

- few early warning scoring charts have been validated
- work-based educational programmes can improve knowledge
- work-based educational programmes do not necessarily translate into appropriate clinical responses.

References

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**Key words:**
- adverse events
- deterioration
- early warning scoring systems
- track and trigger systems
- early warning sign training programmes.

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### P38

**Engaging with service users stories**

*Guy Collins, Senior Lecturer; Jo Brown, Senior Lecturer, University of Derby, UK*

The University of Derby has a history of engaging with and involving service users across its health and social care provision. There is evidence of the shared benefits of embracing service user involvement in education for learners, educators, institutions and service users, across a wide range of domains inclusive of knowledge, skills, attitudes and behaviours (The Health Foundation, 2011).

The publication of the standards for pre-registration nursing education (Nursing and Midwifery Council, 2010), stipulated that education providers of the new graduate exit programmes were to ensure that practice learning opportunities were available in different settings (inclusive of simulated practice) in contact with a range of service users. In relation to adult field students’ practice learning opportunities needed to ensure fulfilment of the general care requirements contained within EU Directive 2005/36/EC.

In response the members of the curriculum development team of the new BSc (Hons) nursing at the University of Derby, wished to explore innovative ways in which they could build upon existing service user engagement whilst further integrating simulated practice into the curriculum.

By ensuring that EU directives are three dimensional it assists in acknowledging patient choice and their journey through a care system, which may be run by the national health service, private companies or service users own initiatives. Thus identifying the breadth of interprofessional working, with self-care principles and reinforcement of the public health agenda (Department of Health, 2008;2009).

The presented poster will detail the journey of a resource development and application, in relation to: the challenges faced; detail of resource output in the form of a series of service user video diaries; a preliminary evaluation following the piloting of the resource; the lessons learnt for continued resource development and for further service user involvement in health and social care education.

**References**


**Key words:**
- service users
- health and social care education
- curriculum resource development
- practice learning opportunities
- simulated practice.
P39
The mental health film night; an experience of experiential learning
Charlotte Mills, Student Mental Health Nurse; Antony Teague, Student Mental Health Nurse; Stuart Johnston, Student Mental Health Nurse; Marion Burnby-Crouch, Student Mental Health Nurse, University of Nottingham, UK

The poster focuses upon experiential learning as popularised by Kolb (1984). The project allowed mental health nursing students to organise and experience an event then reflect upon their roles and skills in relation to it (Burnard, 2002). A humanistic teaching approach gave the students full and equal involvement in the project which embraced the needs of a range of student learning styles as defined by Honey and Mumford (1988). The event was a mental health awareness and film night in a major city centre arts venue. The whole was an innovative teaching and learning experience. Mainstream cinema can unwittingly add to the stigma of mental illness (Morris, 2006) but it can also humanise education by acting as a forum to showcase key issues, engage with others in debate and portray positive messages. With free entry to the public students ran health promotion stalls engaging and collaborating with local mental health and service user groups to facilitate their full inclusion on the night via having their own stands. Students also worked within schools and colleges to promote the event and foster their involvement.

Students were faced with a live audience of members of the local community who were looking to them to provide general guidance upon mental health wellbeing and discuss issues either raised in the films or of concern to the individual members of the public who attended. Public education was facilitated by providing a safe, non-judgemental, inclusive, jargon free environment breaking down barriers and thus humanising health education.

Mental health promotion is an ever increasing aspect of the work of mental health nurses in modern society and this ‘in vivo’ project supplied an innovative learning experience for the students to be part of a real mental health promotion exercise and draw valuable lessons from it. It enabled the students to think creatively about unorthodox methods of health promotion and the feasibility of staging such an event, and the targeting of a young audience. It required them to work in a very different professional manner and experience learning in a different mode than more traditional formats.

Key words:
• experiential learning
• collaboration
• humanising education
• service user involvement
• innovative experience.

P40
Partnership package provides promise
Emma Hyde, Senior Lecturer, University of Derby; Melissa Nicklin, Practice Placement Coordinator, Derby Hospitals Foundation Trust, Derby, UK

Introduction
This poster will outline the process of designing and implementing an e-learning package to deliver clinical supervisors training for diagnostic radiographers in the East Midlands.

Rationale
Clinical supervisors training is an ongoing need for diagnostic radiographers who support student radiographers in clinical placement. Historically this training was delivered via study days. However, recently radiographers have struggled to get released from clinical duties to attend, and running the training at weekends or in evenings did not always attract the attendance it needed. It was felt that there was need to develop a new method of delivering clinical supervisors training to ensure that greater numbers of radiographers undertook the training, or in the case of existing supervisors, did refresher updates.

Result
An e-learning package was developed by University of Derby in collaboration with the Derbyshire Placements Learning Group (with funding from the Derbyshire Workforce Development Team) in response to this training need. It was felt that an e-learning package would be more flexible, in line with the 2011 Department of Health paper on technology enhanced learning ‘equality analysis’. The package is broken down into six units: models of supervision, process of supervision, assessment methods and giving feedback, assessment tools, students in difficulty, and assessment preparation. These areas were chosen after consultation with the Derbyshire placements learning group and clinical staff in radiology departments. The package is hosted on the University of Derby’s virtual learning environment (Blackboard), and includes audio and video content and discussion based activities. Sources of further information and support for clinical supervisors are clearly signposted.
Discussion
Feedback from clinical staff (that have so far completed the package) has been very positive. There were some initial technical difficulties with some of the video content running on hospital trust PC’s. These have now been resolved, and the video content is often cited as some of the most useful parts of the training package. The package has been designed to be transferable, as the first three units are interprofessional. It is hoped that with further partnership working the package could be useful for other health professionals who supervise students which are represented by the Derbyshire placements learning group.

P41
Designing for the future: the introduction of a transdisciplinary first year
Joan Maclean, Senior Healthcare Lecturer; Anne-Marie Henshaw, Midwifery Lecturer; University of Leeds, UK

Research over the last fifty years has indicated that effective interprofessional education is essential for collaborative practice at local and global levels (WHO, 2010). This poster will show how we are supporting the interprofessional learning agenda by way of a staged Transdisciplinary First Year project in the school of healthcare at Leeds. The project is set in a large multidisciplinary, research active faculty, and its principal drivers included both the national impetus for interprofessional learning to improve collaboration and quality of care, and the School’s ability to deliver research-led teaching to multiprofessional student groups. The work has been supported by successful bids for monies from both academic development and teaching enhancement funds.

The transdisciplinary year comprises ‘common learning’, ‘learning in common’ (O’Halloran et al., 2006) and profession specific content. Two interprofessional learning modules were piloted in the 2010/11 session with a small group of 53 students from two pre-registration programmes. Two more programmes joined this session, increasing the number of students involved to 300, and the project aims to include two further programmes next year, rising to around 400 students who will be sharing the transdisciplinary content.

A major objective of this project is to instil in our undergraduates a collaborative attitude towards interprofessional working, and to furnish them with skills which set them apart from others in the employment market. This poster will describe the structural work undertaken in setting up the curriculum, and early data from an evaluation of the impact of the interprofessional learning introduced in our move towards a transdisciplinary first year. The poster will precede a core paper to be submitted for the NET2013 conference, where we hope we can convey our results in full.

References

P42
Clinical skills: can I have some more?
Fiona Everett, Nurse Lecturer; Wendy Wright, Nurse Lecturer, University of the West of Scotland, Hamilton, UK

Aims
This poster illustrates the enhancement of the student experience through the availability and provision of additional clinical skills sessions on undergraduate nursing and midwifery programmes.

Background
Following reflection and completion of clinical skills module evaluations it became apparent from the qualitative data that students would welcome additional time in order to practise the clinical skills taught. University of the West of Scotland has always provided access to appropriate equipment and additional support for practise. An evaluation of the uptake of this additional resource was therefore undertaken from September 2011 to January 2012.

Intervention
All nursing students in the undergraduate programme have access to appropriate equipment and nurse technician and/or lecturer support. All students requesting additional time and/or support to practise were asked to complete a short questionnaire.
Sample
The sample group comprised all pre-registration nursing, midwifery and MSc students (during the time frame September 2011-January 2012; n= 450) who accessed additional support (n=89).

Method
A questionnaire was utilised in order to identify student uptake and responses.

Findings
Student uptake was only 19% but was evenly spread throughout each year of the programme: year one students (n=32) utilised the additional support for exam and pre-placement preparation; year two students (n= 6) adult nurses; midwifery students (n=16) utilised additional support for similar reasons with respect to the midwives. The year two adult nurses did not provide any justification for additional support. Year three students (n= 28) utilised additional support for the same reasons as the other students. MSc students (n=7) utilised the additional support to build confidence and pre-placement preparation.

Conclusion
This evaluation has highlighted the need for further investigation in order to ascertain the reasons for low uptake of additional support despite consistent requests identified from qualitative data in skills module evaluations.

Key words:
• clinical skills
• resources
• evaluation
• support.

P43
Early ambulation and vascular complications after cardiac catheterization: literature review
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Background
Cardiac catheterization gets increase in the last years in our hospitals and all over the world. But this procedure has local complications as bleeding, hematoma, and infection complications. So, patients are recommended to bed rest in supine position with the affected leg immobilized for 6–24 hours after the procedure. Immobilization cause problems such as back pain, and may delay patient discharge. Gap is still found between practice and research evidence regarding ambulation time and protocol.

Objective
To identify and analyse methodology and results of studies of early ambulation and vascular complications after cardiac catheterization. To determine the best method of intervention used in those patients.

Method
Literature search was made in the databases CINAHL, MEDLINE, and PubMed.

Results
Most studies demonstrate that early ambulation and change position my decrease vascular complications and improve patients comfort. It’s important to highlight strategies used in literature as cold packs after manual pressure for 10 to 15 minutes, after that one hour of bed rest, then three changing position in beds methods for two hours, then patient sits on the chair beside the bed for 10–15 minutes and then ambulation if the patient was free from complications. Also alternatives used as femoral artery closure devices have lot of advantages as no pain and ambulation after two hours.

Conclusion
When solving this problem we should take the benefits instead of risks to have vascular complications for patients who underwent cardiac catheterization. On the other hand, the nurse needs to promote comfort, increasing satisfaction levels, decreasing fatigue without increasing bleeding and hematoma to patients restricted to bed.

Recommendations
Period of immobilization raise costs, health system resource use, and patient discomfort. So, we recommend to implement updated methods in early ambulation to reach our target which includes patients well being and desired hospital standards.
References


Wai, B., Dyson, J., Rahman, M., Black, A. (2007) Early ambulation (EA) at one hour (hr) and discharge (+two hrs) is safe after 4&amp;x0026;Fr outpatient coronary angiography (CA) without the use of closure devices. Heart, Lung and Circulation, 16: (Supplement 2) S158-S159. (doi: 10.1016/j.hlc.2007.06.396).


Key words:
• early ambulation
• cardiac catheterization
• vascular complications
• changing position.

P44
Preceptorship: essential or desirable?
Ros Sanders, Senior Academic Staff Member, Waikato Institute of Technology (WINTEC), Hamilton, New Zealand

The aim of this poster is to show how a short course was created in partnership with the local health care providers and the learning opportunities that presented themselves.

Waikato District Health Board is the district health board that provides health services for a large section of the North Island of New Zealand. Employing 6000 people from a widespread geographical area, the district hospital provides 700 inpatient beds. Waikato Institute of Technology provides the bachelor of nursing programme delivering a three year programme to approximately 200 under graduates each year. The student nurses access the Waikato District Health Board for their clinical placements. Members of the nursing workforce work closely with the faculty of health to meet the needs of the local populous with respect to the stakeholder’s requirements.

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This relationship fosters an innovative environment where the local and national requirements of health education are met through a rigorous detailed approach working in partnership with each other.

Preceptors help to bridge the theory/reality gap of academia and the reality of dealing with the ever changing public face of nursing at the clinical coal face (Billay and Myrick, 2007). The ability to stimulate critical thinking one moment and demonstrate compassion for a sick patient the next, takes the notion of multi-tasking skills to new levels. By wielding this kind of knowledge and influence, it isn’t surprising that nurses who act in the role of preceptor have a great deal of power over the professional growth of the student (Leners and Sitzman, 2006).

A six week course was developed, in collaboration with the Waikato District Health Board, which would facilitate an understanding of the role of the preceptor. Academically, the course was written at level seven attracting five academic credits. It included a hardcopy workbook with additional online access to information via Waikato Institute of Technology. Formative activities included reflection, and ‘failing’ the student (Duffy, 2003). Two summative assessments ensured the academic level was reached.

**Challenges/learning**
The challenges of creating a ‘one size fits all’ workbook when delivering to a diverse cohort of learners; from nurses who had gained registration from a variety of educational facilities internationally to the junior graduate staff nurses. Some of the registered nurses required refresher workshops around online elements of the course whilst others were looking to be challenged educationally.

**Relevance to practice**
The workforce becoming more aware of the need for preceptors who are able to teach the students and junior/new staff with a greater knowledge base, and a deeper understanding of adult learners.

**References**


**Key words:**
- workplace need
- preceptorship
- educators role
- student diversity.

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**P45**
Experiential learning of public health nurses through participation in collaborative research

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The need for research to improve and evaluate health care practice in Japan is well documented. The benefits of conducting clinical nursing research include experiential learning, which has the potential to change practice and improve patient outcomes that are evidenced based (Higgins, 2010). However, there are barriers in conducting and utilizing research in practice settings (Hunt, 1996; Hutchinson, 2004). Collaborative research between nursing faculty in academia and nurses in clinical settings has helped to overcome these barriers (Ravert, 2008).

This paper reports on the findings of collaborative research between public health clinical settings and nursing faculty members and the experiential learning of public health nurses.

Subjects were 25 public health nurses who had participated in five collaborative research projects. Data were collected using group interviews and evaluation sheets. The themes included the following: 1) methods of public health nursing activities for households who needed support through cooperation with stakeholders, 2) efforts to strengthen the activities of community general support centers in order to correspond to community health needs, 3) health activities for effective regional planning for ‘Healthy Japan 21’, 4) methods for qualitative evaluation of specific health guidance for working persons, and 5) developmental processes for competency and in-service training for public health nurses.
The benefit of conducting collaborative research was an increased mutual understanding among professional groups and other departments through meetings and information exchange. There was also an increased feeling of motivation and satisfaction in completing clinical research.

In doing research, public health nurses had an opportunity to reflect on their own practice through doing research. Reflection on the meaning of the practice resulted in learning and professional development. Learning was also associated with concrete and substantial improvements in practice. Some public health nurses did not improve their practice, but they gained a deeper understanding and moved towards improvement. They also created new tools to help improve practice. Other public health nurses evaluated practice and clarified the problems that needed to be solved. In addition, conducting research facilitated cooperation with stakeholders.

Conducting collaborative research generated knowledge and skills based on practice. This resulted in improved practice and also the potential to continue professional development.

References

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**P46**

**Medical safety education for nurses in general hospitals in Japan**

**Junko Fuse, Professor, School of Nursing, Yamagata University Faculty of Medicine, Yamagata, Japan**

**Purpose**
In the Ministry of Health, Labor and Welfare guidelines for medical safety (2002) in Japan, medical safety training is mandatory for hospital staff. Implementation and evaluation of medical safety education are issues in medical safety for nurses. This study investigated the actual condition the medical safety education for nurses in the general hospitals.

**Methods**
The investigation was conducted in December, 2010. The subjects for analysis were 407 general hospitals with ≥200 beds. The investigation was a questionnaire investigation conducted by mail. It included items on hospital attributes, such as founding organization, number of beds, number of nurses, and whether or not the hospital had established an objective for medical safety education. Fifty-eight items for training content were identified with reference to medical safety texts (four textbooks). Responses to questions on whether or not there was training for the 58 items and the characteristics of the training format were obtained.

**Result**
The founding organization of the hospital was a public health care provider for 144 of the hospitals (35.4%) and a medical corporation for 136 of the hospitals (33.4%). The number of beds (mean ± SD) was 372.8 ± 175.8. Overall, 250 hospitals (61.5%) had established objectives for medical safety education. Nineteen training items had an implementation rate of ≥70%. The following are shown in the order of highest implementation rate: incident reports, medical accident report system, human error, infection control, organizational efforts, environment in which errors occur, medical accident occurrence mechanisms, and first response when accidents occur. Conversely, 15 items had implementation rates of ≤30%. The following are shown in the order of lowest implementation rate: focus occurrence reporting system (FORS), 4M-4E (Man Machine Media Management, Education Engineering, Enforcement, Examples), latex allergy, TQM (total quality management), ADR (Alternative Dispute Resolution) and mediation, legal responsibility and restitution in nursing student practical training, and QC (quality circle) activities. The most common form of training was a lecture format.

**Conclusion**
Eight years have passed since medical safety training became compulsory (2002). However, the present findings suggest that training in general hospitals includes little content tied to analysis of incidents and the medical accident prevention measure of mediation.

**References**
P47

Trial workshop on work-life balance to prevent nurses from leaving the profession

Sachiko Tanaka, Professor, Yamagata University; Yumiko Endoh, Associate Professor, University of the Ryukus; Kazuhiro Sakai, Director, The Institute for Science of Labour; Tetsushi Fujimoto, Professor, Doshisha University; Naoki Yoshihara, Professor, Otsuma Women’s University, Japan

Purpose
The excessive workload of hospital nurses in Japan is problematic, and guidance on work-life balance is needed. We therefore held a nurses’ workshop to identify issues and needs of shift-working nurses to remain in their profession, by focusing on work-life balance and improvement of the work environment. This paper investigates the content and usefulness of this workshop.

Method
We gathered 21 nursing professionals working at hospitals in Yamagata Prefecture to participate in this workshop. They were divided into five life-stage groups. First, they had to write:

- obstacles to career continuation
- kinds of support needed to remain in the job, on cards.

Each group arranged these cards on a poster sheet, adding a title for each set. Presenters from each group shared the results with all participants. Researchers and graduate students were assigned to groups to help with presentations.

Results
This three-hour workshop was held at our university on 9 August, 2010. Identified issues included:

- frequent unscheduled substitutions for absentees and frequent overtime among unmarried entry-level nurses
- excessive burden on family members and much housework affecting their ability to concentrate at work among married nurses
- inability to get a day off when their children are sick, and excessive burden on family members among nurses with school-age children
- balance between work and at-home care of elderly family members and decline in physical strength among nurses whose children are already independent
- a feeling that the job is too demanding and great burden of caring for aged parents among nurses close to retirement age.

Concerning needed support, all groups mentioned better child-raising support, reduced workload and improved implementation of care leave. Facilitators assigned to each group reported a strong interest in this kind of group work among participants, and the usefulness of the discussions to share issues, understand each other’s situations and recognize the need for improvement.

Discussion
This trial workshop revealed the different issues and concerns nurses have depending on their experience level and life situation, and helped participants identify their issues and understand others’ issues. Such workshops seem useful to reveal nurses’ issues, and to understand good work-life balance for improvement.

Acknowledgment
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Reference

Key words:
- workshop
- work-life balance
- work environment
- nurses
- shift-working.

P48

Online undergraduate nursing programmes: a viable but bumpy road

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Undergraduate nurse education programmes characteristically comprise a large proportion of clinical instruction (Ohlen et al., 2011). In fact, European Union directives pertaining to nurse education oblige 2,300 hours of clinical instruction. This paper presents the challenges faced by the authors, both nurse educators in Malta, in delivering...
an online undergraduate degree programme in nursing studies, to traditionally trained and diploma-level nurses seeking to upgrade their qualification to degree level. The programme welcomed diplomats from other health care professions seeking to top-up their respective diploma qualification to a degree level. It is an interprofessional programme. These programmes were delivered exclusively online and have run for three consecutive years. Two main challenges are identified:

- establishing credibility in an undergraduate nursing programme which does not comprise a clinical component
- establishing valid and efficient understanding and use of online forums in teaching and learning.

First, the authors seek to provide explanations to the initial limited credibility which the online undergraduate programmes held in the eyes of potential and registered students, and also in the eyes of staff, across both the clinical and the academic settings. They explain that such limited credibility may stem from the fact that, historically, nursing curricula have been pinned, almost exclusively, to clinical practice and patient care delivery. Indeed, nurse curricula have traditionally been grounded in the development of clinical practical skills associated with the (manual) delivery of bedside care delivery. It was only in the last few decades that the instruction and development of other (academic) skills, as are critical thinking, decision making and literature appraisal, have gained momentum, and only as a supplement to the original understanding of the set of clinical skills (Kako and Rudge, 2008) Therefore, the online undergraduate programmes necessitated a significant paradigm shift regarding the nature of nurse education across all grounds. The approaches and strategies which were adopted by the authors to address this are presented in this paper.

Second, discussion across students and educators through online forums form the larger part of the world of online teaching and learning (Thorpe and Goodwin, 2006; Duffin, 2007). The authors present how and why the application of discussion forums to teaching and learning posed a tall challenge, in the specific context of their programmes. The challenge stemmed from various factors, such as varying previous experience of students with online social media and networking, and varying previous experience of students in adopting a participative role in education programmes. Having to contribute to one’s own teaching and learning, through active participation in online discussions, was a new experience for many traditionally trained and diploma-level nurses. Measures adopted by the authors to address the need for a common understanding of the scope of online forums in teaching and learning across all students are explained. The authors describe how they sought to determine, ascertain and maintain a defined role and remit for online discussion, as a teaching and learning tool and medium, in their programmes. The need for a universal operational definition of ‘online discussion’ for the specific context of teaching and learning in nurse education is identified as an essential step towards the enhancement of the use, and application of online teaching and learning to undergraduate nursing programmes on a global front.

References


Key words:
- online discussion
- Malta
- undergraduate nurse programmes
- nursing curriculum
- e-learning.

P49
Compare the effectiveness of e-learning versus traditional teaching methods on students’ performance regarding critical care nursing

Kamelia Fouad Abdalla, Ain Shams University; Omar Hassan Karam, Ain Shams University; Neamat Allah Gomaa Ahmed, Ain Shams University; Eglal Hassanein Abd El-Hakeim, British University in Cairo, Egypt

The twenty first century is the era of high technology, and is the information age. E-learning is becoming one of the most important educational means.

This study aims to compare the effectiveness of e-learning and traditional teaching methods in critical care nursing and to assess the effect of an e-learning teaching unit on students’ performance. The research hypothesis...
focuses on whether, for the students exposed to the e-learning teaching unit, it will have a positive effect on their performance regarding critical care nursing.

A quasi-experimental design was applied. The study was conducted at Mubarak Kohl Technical Institute of Nursing Faculty of Medicine, Cairo University. A total of sixty second year nursing students divided into two groups, the control group thirty and the study group thirty. Data were collected using a self-administered questionnaire, student’s performance observational checklist, and a developed e-learning module.

The study results revealed that the two groups had similar characteristics. There were no statistically significant differences among the control group as compared with the study one regarding knowledge, highly statistically significant differences between control and study group regarding performance.

The study recommended that it is preferable to use ‘blended learning’, that the integration between e-learning and traditional teaching methods to provide most efficient and effective teaching, and further studies will be planned to assess factors which affect applying of e-learning program in Egypt.

Key words:
• e-learning
• blended learning
• traditional teaching.

P50
Voice of eustress and distress in clinical practicum of Korean nursing students using methodological triangulation
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Background and purpose
The complicated and rapid changes in health care environments demand that nursing school graduates have higher levels of knowledge and clinical judgment (Goff, 2010). Simultaneously, increasingly challenging curricular to promote nursing students’ ability contributes to more competitive and stressful learning environments (Gibbons, Dempster, Moutray, 2009). Most studies on nursing students’ stress were quantitative focusing on experiences of distress with little attempt to understand experiences of eustress (Gibbons, Dempster, Moutray, 2007). The aim of this study was to identify the perspectives of nursing students’ clinical experience to enhance their clinical performance and problem solving.

Design
This study used a methodological triangulation method: quantitative methodology to analyze data from questionnaires and qualitative methodology to analyze interview data from focus group on clinical practicum.

Samples and sampling method
At the end of the clinical practicum, a convenience sample of 56 nursing students was invited by the researchers to participate. Ten of 56 students were recruited by snowball sampling for focus group interview.

Instruments
Sixteen items (three-point Likert scale) from the practical domain of a nurse stress scale developed by Rhead (1999) was used. Academic domain omitted. To stimulate discussion regarding students’ clinical practicum experience in the focus group interview, students were asked; ‘would you like to talk about eustress and distress in clinical experiences?’

Data analysis
Quantitative data were analyzed using mean and rank with SPSS/WIN 18.0 and qualitative data using themes emerging from key statements.

Results
Most of the nursing students were female (87.5%), mean age was 22.3.
Mean scores of three top ranked clinical stress items were; ‘not enough time to complete nursing tasks (mean=2.23)’, ‘conflict with supervisor in clinical setting (mean=1.52)’ and ‘fear of making a mistake in patient care (mean=1.50)’.

Significant themes emerging from interview data were; eustress in clinical practicum emerged as ‘increasing patient understanding by direct care and studying’, ‘positive feedback from instructors’, ‘ideal role modeling’, and ‘successful rapport with patients’. Distress emerged as ‘powerlessness’, ‘hard to have empathy with patients’, ‘difficulty in developing rapport’, ‘negative feedback from instructors and peers’, and ‘time pressure for homework’.
Conclusion
Korean nursing students experience stress as a result of lack of professional knowledge and nursing skills. Also, they experience stress in positive perspective as a result of academic achievement and interaction with patients or instructors.

Implications
Provide effective education in clinical practicum with educators understanding and utilizing nursing students’ successful experiences in practicum.

References

P51
Comparison of coping strategies according to academic and clinical stress among Korean nursing students
GiYon Kim, Associate Professor; SoMi Park, Professor, Yonsei University, Korea

Background
Nursing students are prone to face stressful situations during a clinical practicum as well as in academic courses (Seyedfatemi, Tafreshi, Hagani, 2007). These stresses affect their academic ability and clinical competence. Therefore, it is important to identify coping strategies according to levels of stress and to develop tailored stress coping programs for nursing students.

Purpose
The purpose of this study was to compare coping strategies according to levels of academic and clinical stress among Korean nursing students.

Methods
For this cross-sectional descriptive study, 108 undergraduate nursing students who had undertaken a clinical practicum in more than one year at Yonsei University Wonju College of Medicine were selected. The Adolescent Coping Orientation for Problem Experiences Inventory (COPE) developed by Patterson and McCubbin (1987) was used to assess coping strategies. This scale has 54 items in 12 areas, each with three-point Likert-scales. Levels of academic and clinical stress were measured using visual analogue scales (VAS) (range: 0-10). To compare coping strategies according to total stress, academic stress, and clinical stress, the students were divided into two groups based on mean scores (high level; ≥5.1 and low level; <5) on visual analogue scales. Comparison of coping strategies according to students’ stress was assessed by independent two samples t-test.

Findings
Fifty-six students were in third year (51.9%) and 52 in fourth (48/1%). Most were women (92.6%) and were between 20 and 32 years old. Total mean stress score was 4.54 ± 0.23, mean academic stress score, 4.77± 0.41, and clinical stress, 4.31± 0.37. Results for coping strategies in 12 areas according to the two levels of academic stress showed significant differences in ‘ventilating feelings’ (t=-2.91, p=.004), and in ‘relaxing’ (t=2.44, p=.016). Comparison of two levels of clinical stress showed there were significant differences in ‘seeking diversions’ (t=-2.42, p=.017), and in ‘relaxing’ (t=2.32, p=.023). Comparison of coping strategies by two levels of total stress showed there were significant differences in ‘ventilating feelings’ (t=-2.19, p=.031), and in ‘relaxing’ (t=-2.69, p=.008).

Discussion/conclusion
The results show that nursing students with high levels of academic stress more often used ventilating feelings and relaxing as coping strategies, and for clinical stress, more often used seeking diversions and relaxing, but the students did not use various other coping strategies. This finding indicates the need for development of stress coping programs reflecting characteristics of Korean nursing students.

References
P52
The priority of theoretical and practical education in nursing
Fariba Bolourchifard, Lecturer; Zhila Abedsaeedi, Assistant Professor, Shahid Beheshti Medical University; Zohreh Parsayekta, Associate Professor, Tehran University of Medical Sciences, Tehran, Iran

Introduction and objectives
The mission of the nursing program is to facilitate the acquisition of knowledge and skills required by entry-level professional nurses to give direct care to clients across the lifespan in a variety of health care settings. Nursing education is provided to nursing students by experienced nurses and other medical professionals who have qualified or experienced for educational tasks. Most countries offer nursing education courses (the theoretical and practical) that can be relevant to general nursing or to specialized areas including medical-surgical nursing, pediatric nursing and post-operator nursing. This study has been conducted to compare the effect of the priority of theoretical and practical education on nursing students' learning, Tehran-Iran.

Methods
This research is an intervention (quasi-experimental) study. Sixty nursing students constituted a convenience sample in the second year (medical surgical nursing-orthopedic courses) of a four-year baccalaureate nursing program that was divided in two groups. The priority of education in case group was practical-theoretical training and in control group was theoretical-practical training. Then each one evaluated by methods of clinical examination. Data were collected by a checklist that evaluates the cognitive, affective, and psycho motor achievements.

Key words:
• nurse education
• theoretical training
• practical training
• the priority of education.

P53
The effects of training problem solving methods on emotional reactions (depression, anxiety and stress) in nurses
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Introduction
Today, stress, anxiety and depression are known as main emotional reactions in nursing which may cause tensions for both nurses and patients. Based on this fact, the present study attempts to verify the effects of training problem solving methods on emotional-focused and problem-focused styles in nurses.

Method
The present research is quasi experimental study. Subjects were recruited from the selected hospital in Tehran. In order to recognize nurses with moderate or high tension at work, the total sample (N=413) were asked to fill in the depression, anxiety, and stress scale (DASS21) and a problem solving coping style questionnaire. Then, nurses with either moderate or high scores in the depression, anxiety, and stress scale were randomly divided into two experimental groups (n = 34) and control group (n = 69). All subjects of the experimental group participated in one day work shop and exposed to problem-solving style. Six weeks after the instruction work shop, both groups filled in the questionnaires (the depression, anxiety, and stress scale and problem solving coping styles) and the mean scores were compared. Data were analyzed with SPSS software program.

Results
Results showed that nurses had moderate or high emotional reactions (26% depression, 22% anxiety and 48% stress). In addition, problem-focused solving style significantly reduced anxiety and stress mean scores. Data were failed to show significant associations between demographic variables (sex, marital status) with emotional reactions (P<0.05) (stress, anxiety and depression). Significant results were found between pre and post tests between the experimental group and the control group in emotional reaction and coping style (P< 0.05). That is, problem solving coping styles reduced emotional reactions in nurses. Finally, results showed that problem solving styles may reinforce the re-appraisal and look for social support in subjects.

Conclusion
According to the findings of this study, problem solving styles may reinforce problem-focus reaction and decrease emotional reaction (stress, anxiety).
Key words:
• depression
• anxiety
• stress
• problem solving
• coping styles
• nurse.

P54
Life attitude and its correlation to the quality of marital relationship among fathers of children with Downs syndrome

Diaren Marinela Bondoc; Ryan Paolo Bondoc; Michael Edward Buenaflo; Clarisse Bumanlag; Robert Clarence Bunagan; Nicole Marie Burayag, 4th year Nursing Students, University of Santo Tomas, Manila, Philippines

The family has an essential role in the treatment and integration of children with Down's syndrome. Their support is very important to individuals with Down's syndrome since their condition has no cure. Despite recent research about the coping mechanisms of parents towards their children with Down's syndrome, much information is still not known about the father's needs and concerns in parenting a chronically ill child. Here, the researchers examined the life attitude and the quality of marital relationship based on its four subscales (consensus, satisfaction, affection and cohesion) among fathers having children with Down's syndrome and to find out if the two variables have a relationship.

This descriptive correlational study used a convenience sampling method with 38 respondents. The 38 fathers of children with Down's syndrome completed two questionnaires, the revised life-attitude profile which will determine the life attitude and revised dyadic adjustment scale which will be used to measure the quality of their marital relationship. The data gathered were analyzed using the SPSS Statistic 17 program, to examine their life attitude and the quality of their marital relationship. The program was also used to find out the relationship between the two variables.

Among 38 fathers that were surveyed, the total score of the life attitude fathers of children with Down's syndrome is 206.95 with a verbal interpretation of 'positive life attitude'. Also, among the 38 fathers the quality of their marital relationship is as follows; consensus (mean=4.46), satisfaction (mean=4.27), cohesion (mean=5). Only the affection expression rated the least with a verbal interpretation of 'less affectionate' (mean=3.13). The subscales of the quality of marital relationship show relationship to each other except affection expression which shows no relationships among the other subscale. Furthermore, life attitude has moderately positive correlation with marital consensus, cohesion and affection expression. Satisfaction was the only one noted to have no correlation with life attitude.

The researchers concluded that the life attitude of fathers of children with Down's syndrome has a positive correlation to the subscales of the quality of marital relationship except for affection.
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:

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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
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