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Robinson College, University of Cambridge, CB3 9AN, UK

NET
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23rd International Networking for Healthcare Education Conference

First group of theme sessions Curriculum innovations and enhancement 1

First group of theme sessions

Curriculum innovations and enhancement 1
Core and theme papers

Tuesday 4 and Wednesday 5 September

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

Core paper

Biographical details of core presenters

Curriculum Innovations and Enhancement 1 and 2

Joanne Timpson and Janet Ellis

Joanne Timpson is currently the Academic Lead for the Student Experience and Senior Academic Advisor in the School of Nursing, Midwifery and Social Work at the University of Manchester. These two roles complement perfectly her interests in nursing theory and the organisation of care, the impulse to nurse and the necessity to secure supportive student strategies, privileging and enhancing learning environments.

Her clinical expertise lies in supportive and palliative care and she endeavours to bring her experience of humanistic nursing philosophy, family-centred care and collegiality to all her teaching endeavours.

Janet Ellis has worked for the School of Nursing, Midwifery and Social Work since 2006. She was employed to establish a Student Support Office within a school a varied demographic and complex support needs. Part of her remit is to engage and support students in peer assisted learning. She is a PASS Supervisor.

Please note both Curriculum innovations and enhancement sessions will start together and the core paper and first theme paper will be presented to the joint session. Delegates will then divide into two groups after the coffee break for the rest of the theme papers.

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C1

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Peer Assisted Study Schemes (PASS) as a means of enhancing the student nurse experience: changing culture, cementing core values and facilitating learning

Joanne Timpson, Lecturer; Janet Ellis, Student Support Officer, The University of Manchester, UK

A proliferation of initiatives aimed at enhancing the student experience by encouraging student support via peer learning schemes exist in many UK universities under various soubriquets including PASS: peer assisted study schemes; PAL: peer assisted learning; and PM: peer mentoring. Although models may vary in terms of their emphasis, whether theoretical or pastoral, most have their roots in the model of supplemental instruction (Rust and Wallace, 1994; Wallace, 2003).

Peer assisted study schemes and peer mentoring are an enduring part of the University of Manchester's educational provision. At present there are a total of 28 PASS schemes operating at Manchester, across all four faculties with over 750 leaders, supporting well over 3,500 students. Indeed Manchester is the UK National Centre for PASS, facilitating all training in the UK (University of Manchester, 2012).

The impetus to introduce innovations aimed specifically at enriching the student experience are increasingly advocated in higher education in order to justify rising fees and comply with rising student expectations of what quality higher education constitutes in terms of added value and employability. However, the introduction of innovations that invoke additional hours within professionally validated curricula, including PASS, are inevitably constrained by established requirements to comply with already onerous hours and stringent attendance criteria. As other programmes look to increase the number of contact teaching hours to improve the quality of their students' experience, nursing programmes are faced with the very opposite quandary, as our students constantly crave space to read and reflect.

UK nursing curricula are rightly proscribed by professional statutes pertaining to hours, making undergraduate programmes longer than traditional non-practice disciplines with no less than 4,600 hours to account for spanning both theory and practice (NMC, 2010). Inevitably this means that nursing programmes utilise an extended academic year and students find themselves invariably in class or in practice with little room for excursion into any extra curricula activities. This potentially leads to an insular view of university life and differentiates nursing students from their peers reducing opportunities for engagement in student activities. Nursing students are further differentiated at present in that they do not incur fees, however, that is not to say that their time at university is not without considerable costs both in terms of travel, subsistence and limited ability to secure part-time work, another feature of most students' university lives. However, the counter argument is that they are more likely to secure employment on graduation, although in a shrinking and changing NHS, strengthening employability profiles are also becoming a salient feature of professional programme planning.

PASS evolved from the model of supplemental instruction in North America at the University of Missouri developed by Deana Martin in the 1970s and reflects the student centred, adult learning ethos emergent at the time (Martin and Arendale, 1992). In the United States, supplemental instruction is a discreet, centrally administrated, nationally validated form of peer assisted learning common across campuses, aimed at enhancing the student experience, facilitating transition and reducing attrition (McCarthy, Smuts and Cosser, 1997).

PASS was introduced to the British higher education arena in the 1990s by Jenni Wallace based at Kingston University (Arendale, 1994). Working in consortia with colleagues across the UK, Wallace adapted the supplemental instruction model, developing the 21 principles in operation today, in that supplemental instruction:

1. Is a methodology for learner support
2. Is small group learning, ordinarily no larger than 12
3. Is facilitated by more experienced students acting as mentors, fostering support and relationships across year groups
4. Is confidential with dissemination of information discussed in the session being controlled by the group
5. Is voluntary, in that pass leaders self-nominate and participation is optional
6. Is non-remedial
7. Is participative
8. Is content-based and process-oriented
9. Is encouraging of collaborative, rather than competitive learning
10. Is beneficial to all students regardless of current academic performance
11. Affords privacy to practise the subject, make mistakes and build confidence in a non-threatening environment
12. Affords opportunities to increase academic performance as the leaders revisit prior learning and the participants gain new insight and understanding of programme requirements and content

13. Is pro-active, not reactive
14. Targets high 'risk' courses, not high 'risk' students
15. It decreases drop-out rates and aids retention
16. It encourages learner autonomy
17. It does not foster dependency
18. It integrates effective learning strategies within the course content
19. It enables a clear view of course expectations
20. It works in the language of the discipline
21. It challenges the barrier between year groups.

(Wallace, 2003)

PASS at Manchester retains the core principles to emerge from this collaboration, namely that PASS remains voluntary and that it is available to all students (Coe, McDougal and McKeown, 1999). The notion of 'high-risk' has gradually been eroded as the value and benefits of co-operative, peer learning become increasingly recognised and PASS is no longer targeted solely at programmes in difficulty, rather it has been identified as good practice and is actively encouraged as an opportunity to foster the spirit of community, enrich the learning environment and promote student engagement and feedback (QAA, 2011).

PASS actively harnesses the experience and expertise of higher year, volunteer students, who pair up to act as PASS leaders, to support small, dedicated groups of lower year students to secure solutions for their own learning through supported group facilitation and guided questioning. The sessions thus complement rather than replace intellectual dialogue with academic staff and present further opportunities to review and refine understanding in more informal forums (Luca and Clarkson, 2002). PASS recognises the students' own resources and talents as adult learners to discover and develop their own modes of thinking and learning. In this respect it mirrors many of the reflexive, experiential models of learning so familiar to nursing education whereby the personal resources and experiences of the students are meaningfully embraced and acknowledged to facilitate the attributes of self-direction and lifelong learning (Knowles, 1990; Johns, 2009).

With the inception of a new nursing curriculum in 2011 aspirations for participation in wider university activities became increasingly ambitious with nursing students articulating a need to avail themselves of opportunities to engage with peers across the university. PASS emerged as the ideal vehicle to complement existing PM programmes; the why was clear, the question was how? On other programmes PASS is undertaken in periods around lectures; this presupposes free timetable space and moreover that students from across year groups will be available at the same time. However, nursing programmes are perceived by participants to be notoriously over taught and assessed; a legacy perhaps of the previous paid apprenticeship nursing culture where obedience and hierarchy held precedence; and, moreover students' theory days across cohorts are often staggered so as not to impinge on placement capacity.

We considered how PASS might be best integrated given a cohort of 400 nursing students; whether to instigate it as a dedicated stand alone non-credit option or assign it to specific unit/s; and, how to liberate the PASS leaders, especially if they were in practice. The logistics aside, we also had to convince colleagues of its worth, in academia, administration and clinical practice.

The Manchester model constantly stresses the affiliation to the programme and the partnership with academic staff in order to instill value and secure attendance and most schemes are introduced and operationalised by an enthusiastic and optimistic academic (Coe *et al.*, 1999). To participate in the PASS scheme each school is required to enter into an essentially a tripartite agreement between academic, administrative and specialist 'students as partners' colleagues in the university's central teaching and learning support office to initiate, maintain and develop the scheme.

At the School of Nursing, Midwifery and Social Work we duly identified three co-ordinators: the academic lead for the student experience; the student support officer; and a student intern; the latter being an experienced PASS leader. These individuals then liaise with the teaching and learning support office to facilitate training for staff and students alike. As the National Centre for PASS this reliable, central advice and co-ordinated support is an invaluable resource assuring consistency of approach, especially as regards implementation and evaluation; our link is the students as partners officer.

The initiative was initially introduced as a pilot, explained at programme committees and advertised widely to students and clinical colleagues. The initial pilot comprised 24 groups of 13-16 students with 48 PASS leaders within a cohort of 298 students facilitating four sessions in the extended (summer) semester.

All colleagues across the theory-practice spectrum were supportive in anticipation of the pilot phase and were invited to attend a half-day 'PASS demystified' workshop. Preparation for PASS included tailored training spanning two days for the leaders, covering the origins, principles, skills of facilitation and effective communication. Students practice mock PASS sessions, consider the nature of questioning, listening, group discussions, ice-breakers and how to manage difficult situations.

The voluntary principle was identified as a contentious feature from the outset, as all student hours have to be accounted for. We opted to afford PASS leaders four hours from practice to account for travel, preparation,

facilitation and one hour debriefs. We linked specific practice outcomes to unit outcomes and devised reflective logs whereby the time spent facilitating the sessions could be recorded as transferable professional skills with utility in and for practice, akin to mentoring preparation. In the pilot the leaders were allowed time from practice and theory to fulfill the training requirements. In the implementation phase PASS leaders undertook training in their own time with students from across the university. The advantages of participating as a leader were accepted in terms of enhanced employability, inclusion on the higher education achievement record transcript, completion of an accredited training programme, access to professional preparation sessions including CV preparation and leadership input from Price Waterhouse Coopers who actively promote the scheme and an evening of celebration, reward and recognition.

PASS sessions were timetabled and attendance formally monitored and a decision made not to adhere to the optional principle, an uncomfortable if expedient philosophical and ethical compromise. However, as Burke da Silva and Auburn (2009) argue given that voluntary schemes have been attested to have substantial influence on transition, students who do not attend would be at a distinct disadvantage. This is an important consideration in an era where widening participation agendas are on the ascendency. Engagement with PASS is consistently identified with improved performance, irrespective of discipline and therefore by enforcing attendance it could be argued that subsequent exposure overcomes higher principles of self-direction, albeit that adults learners actively resist and resent imposition (Knowles, 1990).

The final scheme comprised 24 groups with 15 – 18 students and 48 PASS leaders within a cohort of 400 meeting six times in semesters one and two. Students were allocated by field of study and always had at least one PASS leader from that field. Rooms were booked and registers maintained by the PASS leaders who were also afforded guided topics to complement their own imaginative approaches. At all points it was reinforced that PASS was supplemental, a further opportunity to discuss and explore aspects of the programme and the specific unit identified. The location of PASS is fundamental to its success and advice from the centre indicates that it needs to be situated between lectures rather than at the start or end of the day, ideally in the middle of a theory day. This demanded sensitive and protracted negotiations with academic colleagues who were anxious not to have time removed from their units. The need to reinforce and rearticulate the premise and promise and the fact that PASS might be seen as an additional resource can sometimes be difficult to establish although, after two years, PASS is now recognised as part of our provision too and again relies on enthusiastic, committed colleagues and the support of the senior members of the school.

By linking PASS to specific units and affording guided topics for initial consideration we aimed to reinforce the academic value, increase a sense of prizing by academic colleagues, positively influence attendance and reduce leader anxiety (Packam and Miller, 2000). All of these aspirations were fulfilled and reinforced the importance of ongoing planning, prizing and preparation of PASS.

We allocated 11-12noon for the PASS sessions and 12-1pm for the leader debriefing. Debriefing afforded leaders time to reflect on their sessions, to feedback any queries or problems and also to engage with a student intern, who again acts as a role-model and conduit to the centre and the school. All feedback was communicated to cohort and unit leads and action plans developed with actions fed back to the PASS leaders to inform their groups. This has led to invaluable insights into the student experience and tangible outcomes in terms of positive and welcome change; so vital at the outset of any new curriculum.

PASS at the School of Nursing, Midwifery and Social Work
Results to date indicate that PASS promotes confidence and collegiality and establishes trusting, enabling environments in which all participants gain deeper conceptual understanding of roles and fundamental academic principles which can then be enacted and perceived both in theory and practice. This is supported by research undertaken by Stout and McDaniel (2006), who identify heightened understanding of course requirements, increased interpersonal competence, improved academic performance and enhanced relationship building skills. Similarly, peer leaders were readily accepted as preferred sources of specific course information and positive role-models in line with previous research (Topping, 1996). The roles of the academic lead for student experience and student support officer have proven invaluable in terms of promoting PASS, implementation, attendance at debriefs and forward planning. We are exceptionally fortunate to have access to the National Centre and to have developed trusting and productive relations with colleagues and student interns.

All students report benefit from PASS with first year students having access to knowledgeable and highly motivated leaders who themselves have the opportunity to develop leadership, communication and teamwork skills impacting directly positively on future employability. PASS also acts as a further mechanism for the provision of ongoing feedback and has been seen to impact positively on curriculum development and the evaluation process. PASS does not replace but rather complements and enriches interaction between staff and students. The evaluations for PASS were completed online and more than 80% of participants responded positively attesting to their current and future engagement and also reversing recent online evaluation trends.

The pilot phase involved students from 1st and 3rd year all of who were familiar with the existing curriculum. In the second iteration it became apparent that the 3rd year were not familiar with the new curriculum and specific tensions arose concerning unit familiarity even though the premise of facilitation was stressed, all students were frustrated when they could not readily secure answers. To counter this moving forward the next phase is

recruiting second year students as PASS leaders. As students have regularly accessed their PASS leaders rather than their PM's we are to integrate the two roles into PASS moving forward.

PASS in the context of a nursing programme does not dilute professional expectations but rather strengthens and enhances the student experience and affords students an invaluable opportunity to engage with their peers to discuss institutional and professional issues linked to specific units of learning and to develop the necessary independence of thought and analytical attributes necessary for contemporary nursing practice. PASS reflects many of the core professional values needed for the enactment of the nursing role including skills of creative facilitation, commitment, reflective aptitude and active engagement based on high levels of self-awareness and an ability to communicate and relay information clearly and constructively. The introduction of PASS has heralded a positive shift in the culture of the **S**chool of Nursing, Midwifery and Social Work, cementing adult learning principles, promoting professional values and reinforcing reciprocity between colleagues and students.

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Key words
- peer learning
- student centred learning
- partnership
- student experience.

Theme papers

T1

Using machinima to present a virtual health and social care community for interprofessional education: process and evaluation

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Background

The Faculty of Health and Life Sciences at the University of the West of England has two core undergraduate interprofessional modules, one at level two and one at level three, which all health and social care students are required to undertake together. The first of these adopts a blended learning approach with students attending an introductory conference day and then working in small facilitated groups online using discussion boards hosted in the university's virtual learning environment. The online activity is founded on enquiry based learning that is initiated through the provision of weekly triggers.

In this paper we present a novel approach in which the triggers are centred on a virtual community, named Greenbank. Greenbank is situated in the virtual world 'second life' and is presented to the learner as a machinima soap opera that consists of three core narratives that focus on dementia, breast cancer and teenage pregnancy. By adopting a community based approach, health and social care students were encouraged to consider not only their own role in caring for the service user, but also those of other health and social care professionals. Importantly, it also afforded students the opportunity to appreciate the impact and possible consequences of health and social care issues within the context of the service user, their families, neighbourhood, and school/workplace. The learner's experience is enhanced by allowing students to visit characters in-world as well as the provision of additional supporting multi-media such as case related data, vodcasts and the ability to social network with selected characters from the story.

The benefits of using virtual communities to support interprofessional education have already been established in projects such as Cumbria University's 'Stilwell' and Bournemouth University's Wessex Bay (Walsh, 2010; Pulman *et al.*, 2009). However, financial implications arising from the production of supporting assets, such as video using paid actors have been highlighted (Walsh, 2010). Greenbank seeks to build on the success of these projects through its enhanced media experience and reduced cost by using machinima instead of real world video.

There is a growing body of research to support the use of video in learning, especially when combined with group working (e.g. Hill and Nelson, 2011; Middleton and Mather, 2008), and the use of narrative as a heuristic to promote learning (Winne and Nesbit, 2010). Pedagogically, Greenbank addresses learning from two main perspectives. Information processing and problem solving are within the cognitive domain whilst the socio-cultural elements, provide a real-life context to support a virtually situated learning model (Mayes and de Freitas, 2007; Lave and Wenger, 1991). Greenbank provides opportunities for students working both synchronously and asynchronously online to engage in dialogic interaction, reflection and research (Laurillard, 2010), and is based on a dominant paradigm of social constructivism (Dede, Bahy and Whitehouse, 2003; Dickey, 2005, Vygotsky, 1978).

We describe the process we used to create the machinima, including script writing, filming and post-production editing, before presenting a preliminary student evaluation of the machinima resource. Overall, the findings support previous claims regarding the benefits of video in learning. Students agreed that a virtual soap opera, presented as machinima, was an effective tool for observing health and social care issues and helping them understand the roles of various health and social care professionals involved. Technical issues concerning access and the quality of the resource were highlighted. We conclude that situating a virtual community in-world and using 'second life' to create machinima to portray that community is an engaging way of learning and is a good work-around to issues of using virtual worlds in education such as accommodating large student numbers.

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Key words:
- interprofessional education
- blended learning
- machinima
- second life
- virtual community.

How this contributes to knowledge development within this theme:
- concerns interprofessional education
- using blended learning
- innovative use of machinima and web 2.0.

T2

Post-registration interprofessional learning: becoming a paediatric practitioner 'virtually' a pilot study

Sarah Westwater-Wood, Lecturer, Division of Physiotherapy Education; Jane Reid, National Lead for Children and Young People; Pauline Bernie, Educational Projects Manager, NES; Grahame Pope, Head of Division, Physiotherapy Education, The University of Nottingham, UK

Background

Educational solutions for allied health professionals need to stimulate problem-solving skills, which are essential to professional practice (Jenson *et al.,* 2007). Allied health professionals seldom have the opportunity to develop these skills in a paediatric environment prior to registration (NES, 2009). In any area of healthcare there are complexities which require ongoing problem solving and clinical reasoning skills to be developed as the core of any educational program. Jenson (2007) describes a current status where the approaches to education of physical therapy practice within universities is disconnected with clinical environments, advocating that teaching and curriculum development should strive to bridge this gap.

Computer aided learning has become an established educational option (Lowery, 1999; Clark and Mayer, 2008) with a growing body of literature detailing computer aided learning introduction within healthcare education across disciplines (Gwinnett and Massie, 1987; Lowery and Johnson, 1999; Steele *et al*., 2002; Velan, 2002; Vogel and Wood, 2002; Denny, 2003; Sturmberg *et al*., 2003; Shaw, 2004; Healy, 2005; Aly, 2004; Zebrack, 2005). The use of computer aided learning in healthcare education has been positively reported in a variety of medical disciplines and since 2007 the University of Nottingham have been successfully using a contextualised reusable computer aided learning tool (ReTool) with their undergraduate physiotherapy students specifically developed to facilitate problem-based learning and clinical reasoning (Westwater-Wood and Dennick, 2011).

A 2009 NHS Education for Scotland (NES) scoping exercise identified a paucity of paediatric education at a pre-registration level for all allied health professionals, except speech and language therapists (Reid, 2009). It also found that at a post-registration level, allied health professionals had varied access to education. The small numbers and geographical distribution of clinicians makes the delivery of interprofessional learning challenging and the vulnerability of the patient group is problematic in delivering relevant learning opportunities. The use of computer aided learning; an established education solution in recent years (Lowery, 1999; Clark and Mayer, 2008), was seen of particular value in meeting the needs of allied health professionals across Scotland.

An opportunistic meeting between University of Nottingham and NES has resulted in a collaborative pilot of ReTool for allied health professionals new to paediatrics.

ReTool evaluated very highly with physiotherapy students for problem-solving and clinical reasoning skills (Westwater-Wood and Dennick, 2011). The question considered was would it also do the same for allied health professionals new to paediatrics and become a core part of induction for new and aspirant paediatric allied health professionals in Scotland allowing flexibility in access (location and time).

Aims of pilot:
Identify if ReTool could be used as part of a 'virtual' paediatric induction programme forallied health professionals and identify elements which may require adaptation to meet Scottish policy and practice perspectives.

Methodology
Twelve allied health professionals were recruited for the four week ReTool Pilot using two contextualised case studies. The allied health professionals included physiotherapists, occupational therapists, dieticians and speech and language therapists from a variety of clinical settings across Scotland. Evaluation of the pilot was via the existing bespoke qualitative questionnaire which has content validity (Westwater-Wood and Dennick, 2011) and by semi-structured discussions.

Findings
A total of 11 of the 12 allied health professionals recruited to the pilot completed it. The ReTool was evaluated by users for usability and 9 of the 12 participants who provided feedback rating it positively with 88.9% as very easy or easy. Working with children and young people requires the ability to work as part of a multi-agency team and an ability to learn from one another therefore individuals were asked to comment on the interprofessional learning opportunity of the project. Ten individuals completed this section and rated the experience positively with a mean rank of 3.50 for learning in this way could facilitate joint working and decision making.

Free text sections elicited three aspects valued by the participants. These were different formats of learning (audio video and text); interprofessional learning and learning more about particular conditions.

Discussion
The feedback from the participants regarding choice and interprofessional learning are very important. The need to articulate clinical reasoning as part of a team is challenging and was integral in the conception of the development of ReTool. Our findings are in agreement with literature in this area.

T3

An evaluation of undergraduate student radiographers' perceptions of the affordances of assessed weblogging for self-regulated and lifelong learning

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Background
Recent rapid developments in technology and the web have prompted a cultural change in education delivery. Within higher education, drivers now exist to enhance the quality of learning, teaching and assessment, and improve access to learning for students off campus, through the use of technology enhanced learning (HEFCE, 2009; Browne *et al.*, 2010). A nascent body of evidence suggests that the use of such technologies supports students in becoming self-regulated and lifelong learners (Kroop *et al.,* 2010: McLoughlin and Lee, 2010). Self-regulated learning can be identified by the extent to which students proactively participate in their own learning, are self-motivated and employ appropriate strategies to achieve desired learning outcomes (Puustinen and Pulkkinen, 2001). Within this context, self-regulated learning is viewed as an important construct in modern educational theory as it has been proven to significantly enhance learning outcomes and better prepare students for lifelong learning (Steffans, 2006).

External formative feedback is seen as a key process that aids self-regulated learning (Zimmerman, 1998b). Yet changes in higher education, including resource constraints, modularization, widening access and rising student/staff ratios, have led to the decline in formative assessment across the sector (Yorke, 2003; Gibbs and Simpson, 2004-05) and a sustained decrease in student satisfaction regarding feedback (HEFCE, 2009; NUS, 2011).

The affordances of weblogging include personal knowledge management, reflection, dialogue and collaboration and it is unsurprising to find links being made between weblogging and self-regulated learning (Baggetun and Wasson, 2006). Despite this, there remains a comparative paucity of research into the efficacy and the pedagogical implications of weblogging in higher education, particularly with reference to self-regulation, formative assessment and the evaluation of student experience.

The case
The BSc (Hons) Diagnostic Imaging at University of the West of England is a three-year programme with an annual intake of 60 students. Following a predominantly didactic first year of instruction the second year of study requires students to engage more in self-directed study. In order to scaffold this transition from the first year, weblogging was introduced as part of the assessment for the compulsory level two professional practice module, which consisted of a semester of academic instruction followed by a fourteen week clinical placement.

The purpose of the study
The purpose of this study was to explore student perceptions of the affordances of weblogging for self-regulated learning. A second purpose was to explore student attitudes on the use of weblogs as a tool for formative assessment with particular focus on the benefits of feedback and feedforward. Finally, the third purpose was to evaluate student views regarding the usefulness of peer learning in weblogging.

Methodology
A flexible design strategy of a single, disciplined-configurative case study was used. A mixed methodology was used. A 36 item self-administered online questionnaire captured quantitative and qualitative data whilst extracts from students' summative assessment were taken for qualitative framework and open analysis. Finally, a template was developed to capture descriptive data from the students' weblogs to support findings.

Results
The results of this study show that the assessed weblogs can provide affordances for self-regulated learning and that students valued the opportunity for formative feedback. Peer collaboration was evident but not to the level anticipated and issues regarding impact on student workload and lack of student-tutor/student-student conversation were identified. Students also perceive there to be benefits in the long term, both for their final year of study and beyond into professional CPD; longitudinal studies to evaluate the impact of this intervention in the third year of study and beyond qualification are therefore recommended.

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Key words:
- weblogging
- e-learning
- assessment
- self-regulated learning
- lifelong learning

How this contributes to knowledge development within this theme:
- evaluates the use of e-learning through weblogging
- using weblogs for formative assessment is an innovative approach to assessment
  weblogs provide affordances for self-regulation which is a recognized teaching and learning strategy for higher education.

T4

Exploring the students' world: understanding healthcare professionals' experiences of palliative care education

Vanessa Taylor, Discipline Lead (Nursing), The Higher Education Academy, UK

Background

The study starts from the position that focusing solely on the outcomes of accredited palliative care education provides an incomplete picture; that students' motivations to undertake this education vary, that students do not experience the education in the way educators intended and a student's experience of the learning context may be dissimilar from other students. Indeed, 'student learning' research from the wider education field indicates that a complex relationship exists between the outcomes of learning and factors including student characteristics, the teaching context and the students' learning approach (3p's model of student learning) (Biggs, 1999; Prosser and Trigwell, 1999; Sfard, 1998; Entwistle, 1997). These differences may help to explain the variation in outcomes achieved by students. Equally, the outcomes achieved by students may not address those anticipated by key stakeholders for improved patient care, service delivery and the development of a learning culture (Department of Health (DH, 2008a; 2008b). It is, therefore, important to research accredited palliative care education through an exploration of the students' characteristics, their perceptions and experiences of the teaching context, their approaches to learning, their conceptions of knowledge and the outcomes of learning to enable a more complete understanding of this education to emerge. In addition, findings enable 'appropriate' models of curricula, teaching and learning strategies for this type of education to be identified and contribute to the field of 'student learning' research.

The study aims to explore:
- Why do students participate in accredited palliative care education?
- How do students' experience the learning process of palliative care education?
- To what extent does palliative care education influence and develop professionals' practice in the workplace?

Method

A longitudinal study utilising a phenomenographic approach (Marton, 1988; Giorgi, 2000; Sjostrom and Dahlgren, 2002) provided methodological rationale. Data were collected from 21 students representing different professional groups, undertaking diploma and degree level modules in palliative care delivered using a blended learning approach. A phased approach to data collection was undertaken with data accrued from various qualitative sources including documentary analysis of participant's application forms, semi-structured questionnaires and individual interviews.

Results/discussion

The phenomenographic approach facilitated the gathering of data about participants' goals and expectations, their experiences of the teaching context and the extent to which palliative care education influenced and developed their professional practice. Variations in students' motivation, perceptions of the learning experience and experiences of undertaking accredited palliative care education are identified. The findings reveal the development of students' conceptions of knowledge, moving beyond 'ologies' and theoretical knowledge, and their conceptions of learning over the duration of their studies. The challenges experienced by these part-times students to meet academic requirements, undertake learning via a blended approach and implement knowledge into their practice emerge. The study concludes that it cannot be assumed that an intrinsic interest in the specialty, and teaching methods that encourage a deep approach to learning, will achieve this. If lecturers want to promote deep approaches to learning, they need to eliminate/reduce factors that lead to surface or strategic approaches to learning by part-time students. In addition, if the anticipated outcomes of accredited education of employers and funding organizations are to be achieved, these should be made explicit and support provided if learning is to effect widespread changes in practice.

Conclusions

Whilst the focus concerned part-time students' perceptions and experiences of post-qualifying accredited palliative care education, wider implications for educators, the student experience, employers and funding organizations on behalf of the NHS, emerged. The need for research to go beyond measures of grades and understanding of content, or evidence of change in practice, is reinforced to acknowledge that student experiences are important for the appropriate development of this education.

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Key words:
- accredited palliative care education
- phenomenographic research
- students' experiences of teaching and learning
- changing conceptions of knowledge and learning
- students transition through higher education.

How this contributes to knowledge development within this theme:
- reveal the students developmental and changing conceptions of knowledge and learning as they progress through accredited education
- identify students' motivations to undertake accredited palliative care education and the learning approaches they adopt to achieve their journey through higher education
- provided new evidence and an opportunity to develop ideas generated in the field of student learning research by determining their appropriateness for professionals who are studying part-time.

T5

'If it isn't on the PowerPoint, it probably isn't important'

Paul Driscoll, Lecturer; Tim Goodchild, Senior Lecturer; Alison Hasselder, Senior Lecturer; Heather Rugg, Lecturer, University Campus Suffolk, Ipswich, UK

Universities have struggled to support and develop necessary skills and knowledge to ensure students and staff are 'fit for the 21st century' (Ellis, and Goodyear, 2010, p.3), and perhaps surprisingly, considering PowerPoint is ubiquitous in its use across all sectors of education (Levasseur and Sawyer, 2006), there appears to be insubstantial evidence about the use of PowerPoint as a learning tool. The phrase '*death by PowerPoint*' arose from an 'opinion' article (Garber, 2001), and is now so overused as to be considered cliché. Non-research based articles seem more commonplace than peer reviewed articles (e.g. Jones, 2003) when exploring the use of PowerPoint, and there seems to be little recent innovation or challenge to its accepted use. It is also questionable whether as a tool it enhances the learning experience in a lecture. General conclusions from recent theoretical articles and reviews were that use of PowerPoint had no benefit on the student learning experience (Levasseur and Sawyer, 2006), and could be detrimental to student evaluation of teaching.

Also, Module evaluations and student surveys continually highlight the 'varied' use of PowerPoint in lectures. The Higher Education Academy (2009) claims that we are increasingly aware of how technology can enhance the student learning experience and the bourgeoning interest in the relationship between higher education and technology is reflected in the development of the 2005 HEFCE e-learning strategy and the 2009 Enhancing Learning and Teaching through Technology initiatives. However, too often the focus of literature and staff support remains on understanding the tool (in this case PowerPoint), rather than the practice and implications of its use.

This study aims to explore the realities of the use of PowerPoint by lecturers and their perceptions of quality. It is envisaged that the project will ultimately lead to a greater understanding and therefore support to challenge and develop practice:
- to obtain an in-depth understanding of the use of PowerPoint presentations in the school of nursing and midwifery
- to consider the relationship between the use of PowerPoint and student learning experiences
- to develop practical recommendations to staff to improve quality in using PowerPoint and alternatives

- to disseminate findings both throughout University Campus Suffolk and to wider higher education community through publication and presentations.

The team of lecturers behind this project have put lecturer perceptions at the heart of an exploration of learning and teaching with PowerPoint. This research explores the reality of how staff use PowerPoint in their practice, how they perceive aspects of quality in relation to their teaching, and offers an exploration of how to improve practice. Data is currently being obtained from staff focus groups and also from observation of teaching practice (with PowerPoint). This data will be systematically analysed using thematic analysis. The initial research findings and themes will be offered for discussion and debate about the continued, unquestioned use of PowerPoint in lectures in healthcare education.

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Key words:
- PowerPoint
- lectures
- boredom
- lecturer perceptions
- technology.

How this contributes to knowledge development within this theme:
- despite its ubiquitous nature, PowerPoint as a lecture tool remains underexplored
- little recent/relevant research on lecturer perceptions of using PowerPoint in healthcare education
- greater understanding of the use of PowerPoint by healthcare lecturers may challenge its current use (and abuse), and help to evolve teaching practice.

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 Mckie, The Robert Gordon University, UK

Professor Sara Owen, University of Lincoln, UK

Ms Patricia Proudford, Amity Group Pty Ltd, Australia

Professor Elizabeth Rosser, Bournemouth University, UK

Conference Convenors

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

Julia Ball, University of South Carolina Aiken, USA

Abbie Barnes, Keele University, UK

Elisabeth Clark, The Open University, UK

Kay Currie, Glasgow Caledonian University, UK

Karen Egenes, Loyola University, Chicago, USA

Lorraine Ellis, University of Derby, UK

Benny Goodman, University of Plymouth, UK

Carol Haigh, Manchester Metropolitan University, UK

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