Second group of theme sessions

Partnership working and interprofessional learning

Core paper and theme paper abstracts

Wednesday 4 – Thursday 5 September
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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

Partnership working and interprofessional learning

Terri Rapson and Mary Stringer

Terri has extensive experience in nurse education, focusing on practice development and enhancing practice learning for students. Her background is in adult nursing but her current role has responsibility for practice and placement development across health professions, social care and sports science.

Terri led the setting up of seven clinical skills laboratories and the simulation strategy for nursing and midwifery in the Faculty. She established a team of 11 clinical education staff to embed all clinical skills in the nursing and allied health professions curricula.

Her Masters is in Management of Quality in Healthcare and hence she is heavily involved in many quality monitoring events from professional and regulatory bodies. She has been responsible for devising, implementing and sustaining a series of practice placement improvement processes and protocols.

She has a wide and varied experience of supporting students and mentors in practice. She continues to be involved, nationally and internationally, in sharing the University’s learning from failing healthcare organisations.

Mary is an experienced Senior Lecturer with an extensive background in children’s nursing. She has been heavily involved in many practice placement improvements and developments within nursing across partner organisations. She has a highly developed expertise in educational audit, supporting students on placement and facilitating change in practice.
Shared governance: A tripartite partnership to enhance the practice learning experience for students

Terri Rapson, Academic Practice Placement Development Manager; Mary Stringer, Senior Lecturer, Staffordshire University, UK

Introduction
In the continuing climate of media coverage revealing poor standards of care it is imperative that all healthcare providers, commissioners of care and educational institutions work in true partnership to identify and address the root causes of poor standards. Sustainable, long term improvements to practice, policy and professions then need to be developed. This paper will explore and describe how academics, clinicians and commissioners of healthcare are working together to improve the student learning experience in practice settings. It will include two of the partnership innovations set up as a direct result of learning from failing healthcare organisations and working with professional regulators. These innovations are considered to have an impact on patient care and outcomes whilst including nurse education in robust collaborative working relationships.

Learning environment improvements from tripartite educational audit
The Faculty of Health Sciences at Staffordshire University has, for a number of years, had a very stable, rigorous and robust educational audit system carried out collaboratively with all partner placement providers. Organisation wide audits are conducted over the period of three to five days. This covers all allocation areas within that organisation and constitutes a full audit of all areas annually. A trained team of auditors comprising clinical and educational staff is used per organisation. In order to strengthen externality and reduce the possibility of bias auditors do not visit their own link area or work area. Following each organisation’s audit a report is produced which includes recommendations and actions for individual areas. The trust or organisation then creates their own action plan of student learning improvements which is monitored for completion by the trust and university.

In direct response to a Nursing and Midwifery Council Extraordinary Review in 2010 the system had been further enhanced by:
• including more quality of care and compassion performance indicators in the educational audit tool
• utilising more senior academics and senior clinical staff to act as auditors
• increasing external scrutiny of audits
• strengthening the sign off and completion of audit action plans which are then ratified at executive/trust board level.

Following evaluation of the 2012 audit cycle further improvements were made by refining the audit tool. In addition after consultation with clinical commissioning groups agreement was reached to pilot the inclusion of clinical commissioners in the process for 2013. This meant that commissioners contribute further evidence to the audit process regarding quality of care in practice placements. Initially a trust was selected with a commissioner acting as an auditor for a community trust. The aim was to continue to assure parity and rigour of the process but more importantly to provide all partners with a full picture of patient safety, quality of care and the real patient and student experience in each placement environment. All partners could also then use the audit results in their localities and so aid other external scrutiny monitoring. This increases candour and transparency between all partners who can then work in true partnership to ensure that any audit action requirements are facilitated and can be evidenced in annual internal and external monitoring mechanisms. On completion the process will again be evaluated with a view to applying the same system to all partner audits in 2014.

Forget the clinical link visits! – implementing a new practice engagement model for academics
Using learning from Mid-Staffordshire Inquiry 2010 and Nursing and Midwifery Council Extraordinary Review 2010 it was recognised that clinical link visits were duplicating much of the work conducted by local clinical placement facilitators (or equivalent role) e.g. checking regulatory body requirements were being met, such as ensuring appropriately qualified mentors were supervising student learning in practice. In order to have more meaningful input from academics into practice the role needed to change and move beyond mere compliance and focus on core professional values.

A literature review was conducted by a member of faculty staff on the role of the clinical link lecturer. This indicated a three element model, as proposed by Grant (2007), incorporating activities that were staff, self-development and student related would be more beneficial.

With that in mind discussions with partner placement providers took place to ascertain the willingness and support for a new approach. A shared governance model of practice engagement for academics began to evolve from the discussions with both healthcare providers and local commissioners of care. Shared governance models are values based and can act to facilitate change (Bamford-Wade, 2012). It was therefore deemed an appropriate model to mirror the new approach to building and sustaining meaningful transparent partnerships. We had already begun to work in a different way with partners using more candid dialogue and sharing hard and soft intelligence related to care quality indicators and student experience in practice. The central tenet of the model that we devised was that academics engaged in practice should aim to enhance compassionate caring and achieve one or more of the elements of Grant’s (2007) model.
A project plan for implementation of the model was set using both Kotter’s (2006) model of transformational change and the Klein (1999) model of communicating intent. Timescales proved difficult to manage as partners and the university were restructuring but project milestones were maintained with adjustments to deadline dates. A researcher is monitoring the application and efficacy of using these with each Practice Support Team. It was deemed crucial that a planned and phased introduction with staff was necessary to gain ownership and sign up to the proposed change.

New model framework
Each placement provider will be allocated a small practice support team of academics with a range of expertise and specialisms that could work on agreed clinical governance goals aimed at improving quality of care for patients and hence quality of the learning experience for students. The team would comprise one practice support lead and practice support lecturers. Progress on agreed actions would be reviewed four times a year.

Each team will need to have a working knowledge of the key challenges, drivers and issues currently being faced by their named trust. They will be able to share soft intelligence from educational audits, placement evaluations and student comments. This should be triangulated with evidence from the trust, commissioners or specific areas that may affect the student learning experience e.g. pressure damage incidence, fall rates, infection rates, complaints, staff shortages, lack of a clinical leader.

The practice support lead will be responsible for liaison with both the senior trust managers and the practice support lecturers through already established informal and formal mechanisms. Full evaluation of the implementation will be in the autumn 2013 with the practice support leads and practice support lecturers.

References


Theme papers
A partnership explored: Evaluation of development and implementation of an aged care new registered nurse program

Cath Hall, Lecturer, University of South Australia; Megan Corliss, Helping Hand, Director, Research and Development, Adelaide, Australia

A continuing partnership between a leading aged care provider and a university in South Australia designed and implemented an innovative transition program for new registered nurses in residential aged care. The program was based on understandings from previous attempts (Xiao et al., 2009) and was developed in response to a shortage of program places for first year registered nurses and a desire to encourage future nursing leaders toward aged care. It is recognised that the role of the aged care registered nurse is now about leading and managing clinical care and effecting change rather than delivery of said care. Themes about curricular development for aged care leadership include: leadership being seen as a management skill, clinical knowledge being necessary and lastly clinical leadership improving the quality of care (Aberdeen and Angus, 2005). The current National Aged Care Leadership Project that is planned and being implemented also attests the increased attention to leadership in aged care (Community Services and Health Industry Skills Council, 2013).

This paper explores the experience of the partnership between the aged care providers and the university based education provider using the evaluation material collected. A one year program was designed and implemented via two steering groups (one with an education focus). The two groups comprised the aged care providers, the university and a project officer. Funding for the two year project was from the Australian Department of Health and Aging. The program included paid employment for the graduate at a minimum 0.8 employment at one facility, face to face study days, an online learning environment, one allocated mentor from within the organisation and support for preceptor registered nurses. Mentors and role models were seen as particularly important as also recognised by Cook (2001) Raymond et al. (2004) and Xiao et al. (2009).

The first program has now concluded. Evaluation data including focus groups, surveys, exit interviews and employment data, uncovered the following: resolved issues, continuing challenges, impact on the aged care providers, program outcomes, graduates’ attitudes to aged care, mentor and preceptor difficulties. Most notable are concerns about the program not being recognised by the acute sector, and the quality of mentors required within aged care. The evaluation data and analysis of the partnership now add further debate and knowledge to the fields of aged care transition programs and partnerships. As the aged care sector enters a period of change and transformation where workers at all levels now face complex challenges around how care is delivered, the partnership now continues to plan for that future.

References


Key words:
• aged care
• university
• partnership
• transition
• new registered nurse program.

How this work contributes to knowledge development within this theme:
• it will add to the limited body of literature on the education of beginning Registered Nurses in aged care
• it will offer insights into partnership working between aged care service providers and the university sector
• it will offer evaluation data to validate and explain the challenges and issues of the partnership and its goal.
Partnership working to facilitate nursing students’ careers

Louise Johnston, Lecturer in Adult Health, University of the West of Scotland, Ayr, UK

As an institution the University of the West of Scotland, School of Health Nursing and Midwifery has endeavoured to enhance articulation of nursing students from further to higher education with involvement and support of health board partners. This area of work acknowledges that the Nursing and Midwifery Council (2004) require higher education establishments to acknowledge students’ prior learning to facilitate career pathways.

A course which commenced in 2002 gave healthcare assistants the opportunity to complete their registration whilst retaining their salary. However this pathway has diminished in progression prospects over the last couple of years due to changes in the economy.

Partnership working between further education colleges and universities was consolidated further in the setting up of the South West Articulation Hub. The South West Articulation Hub Overall Plan: Outputs (2009) acknowledged the need for a ‘sustainable infrastructure’ to support such articulation routes. As part of the South West Articulation Hub plan the University held a series of meetings with interested colleges and health board partners to identify potential routes. A module was designed for students who have received a conditional offer of direct entry into level 8/year 2 of adult or mental health nursing degree programmes.

The University of the West of Scotland has long standing positive relationships with local colleges hence students were recruited during their higher national certificate year. The higher national certificate year at college does have a placement element which meant students had some hours of practice as well as the opportunity to work with the same clinical assessment tool and skills book used by undergraduate first year nursing students. The newly designed module provides study skills, practice hours and other clinical skills required. The module commenced in June 2012 with 20 students from nine different colleges. The pathway for each student was individually profiled into clinical placements.

Following this first module students completed evaluation questionnaires on their experience of this module. Mentors completed an evaluation of their experiences mentoring this student group and college partners also evaluated their experience of partnership working with the University.

The presentation aims to highlight the evaluations of the first cohort of students as they map their pathway of articulation. The presentation also reviews the mentor and college partner feedback. It is hoped these findings will further strengthen relations between further education colleges, health boards and the University. In addition it is intended that the evaluations will inform both further and higher education institutions with regards to the development of strategies to facilitate student transition and enhance partnership working.

References


Key words:
• partnership
• articulation
• student transition
• student experience.

How this work contributes to knowledge development within this theme:
• the value of student evaluation
• enhancing partnership working
• enhancing the student experience.

NET2013 Conference, 3–5 September 2013 7 Group 2: Partnership working and interprofessional learning
T129

The strengths and potential of partnership working: Implementation and evaluation of a community Hub & Spoke placement model for undergraduate nurses

Carol Kynaston, Lecturer in Nursing/Programme Manager – Adult Branch, University of Dundee; Ann Mathewson, Practice Education Facilitator, Perth Royal Infirmary; Annette Moody, Practice Education Facilitator Previous Care Home Education Facilitator, Ninewells Hospital and Medical School, Dundee, UK

This paper describes the implementation and evaluation of an innovative hub and spoke placement model for undergraduate nursing students in North East Scotland, which illustrates the strengths and potential of partnership working between schools of nursing and Midwifery, the NHS and the independent care home sector. This initiative came about for four principal reasons:

• Difficulties in securing suitable and varied placements, which facilitate learning in a range of contexts and provide the students with the opportunity to experience different aspects of the patient journey.
• Policy Drivers in Scotland such as: Delivering for Health (2005), Visible, Accessible and Integrated Care (2006), and Better Health, Better Care (2007), which emphasise the need to shift the balance of care from secondary acute settings to care in the community and require registered nurses to be equipped to provide a high standard of care to patients with a range of health concerns and conditions in different community settings.
• Increasing use of independent care homes as student placements, reflecting current patterns of care delivery, demographic changes and patient choice, but not always providing students with varied learning opportunities (Hamshire et al., 2012)
• Concern over the competence of newly qualified nurses who are ill prepared to meet the needs of vulnerable people and lack experience in specific areas of care e.g. Care and Compassion (HSO, 2010).

The concept of this particular Hub and Spoke model was developed by an academic member of staff in partnership with a practice education facilitator and a care home education facilitator. These roles, initiated in Scotland in 2004 and 2010 respectively, have been instrumental in developing meaningful partnerships between educationalists and service providers, and between different care sectors.

Developing the operational definitions for Hub and Spoke placements, identifying placement opportunities, designing appropriate assessment documentation, preparing mentors and planning student journeys took approximately six months.

During 2012 seven different areas worked together to form the Hub and Spoke pilot in a rural area of Perthshire. Hub placements included two health centres, a GP ‘in patient’ unit and an independent care home. Spoke placements included a minor injuries unit, a dementia services unit and an assessment clinic for the elderly. In line with current NMC standards (2010), Hub and Spoke placements could only be used if trained and registered mentors were available to support student learning. Student nurses were also encouraged to arrange focused educational visits to social care services and out-patient clinics.

In placements of six weeks duration, students spent 50% of time in the Hub area and 50% in three different spoke areas. At the end of their placement, all of the students were sent questionnaires by email and asked to complete and return electronically. All Hub and Spoke mentors were also sent or given questionnaires to provide feedback.

Five out of six students and 100% of mentors returned their questionnaires. The evaluation suggests that the Hub and Spoke placements provide an effective, enjoyable and different learning experience for the students. Students were encountering patients that they had met in the Independent care home at the dementia services unit when undertaking a Spoke placement. This really helped the student see and understand what is meant by the care continuum. The mentors who were unsure how this might work out logistically were pleasantly surprised at the ease the students moved from area to area and that it was indeed feasible.

This partnership pilot study has increased placement capacity by opening up Spoke areas that were previously underused. It has also created interest so that other placement areas are now looking to see how they too can enhance student learning by using underused but affiliated areas in a Hub and Spoke setting.

References


Nursing and Midwifery Council (2010) Standards for Pre-registration Nursing Education. London: NMC.


Key words:  
• community  
• service providers  
• education  
• mentors  
• NHS facilitators.

How this work contributes to knowledge and development within this theme:  
• it enhances the students’ knowledge and provides a deeper understanding into the collaborative delivery of services to patients across the health and social care continuum  
• it promotes greater inter-professional learning and understanding of the roles of other healthcare professionals  
• the students indicated that this type of practice opportunity provided them with an effective and different form of learning which helped them achieve their learning outcomes.

T130
Live mentor/practice teacher registers: Partnership working to support mentors and practice teachers as they support practice learning and assessment

Claire McGuinness, Lecturer and Mentorship Coordinator, Glasgow Caledonian University, UK

Pre-registration nursing and midwifery students are supervised and assessed in practice by nursing/midwifery mentors (Nursing and Midwifery Council, 2010). Likewise students undertaking Nursing and Midwifery Council (NMC) approved specialist community public health nursing programmes, leading to registration on the specialist community public health nurses’ part of the register, must be supported and assessed by practice teachers (NMC, 2008). NMC (2008) stipulate that those who support these students must be prepared to undertake the role and must be recorded on live mentor/practice teacher registers. These registers help to support, in conjunction with educational audit data (NHS Education for Scotland, 2011), the identification of pre-registration nursing and midwifery students placements and the allocation of appropriately prepared mentors; crucial factors when preparing students for professional registered practice (NES, 2007). It is important therefore that these registers are maintained by designated holders to ensure both currency and accuracy of data.

Glasgow Caledonian University, University of Glasgow, and their service partners acknowledged that a variety of policies and standards impact on staff record management, including the management of live mentor registers. It was agreed however that specific live register guidance could potentially better support management and retention of mentors in practice as it would help to ensure consistency of approach across all service areas. This consistency of approach, if achieved, would facilitate the timely identification of mentors approaching annual update and triennial review deadlines, in turn optimising the availability and currency of pre-registration student mentor support.

A Mentor Register Strategy Group was established in March 2012 involving partnership working between representatives of Glasgow Caledonian University, University of Glasgow, NHS Greater Glasgow and Clyde, NHS Ayrshire and Arran, NHS Lanarkshire and NHS Golden Jubilee National Hospital. A review of existing register management confirmed some variation across different service areas as suspected. A guidance document was developed by the group with a framework for live register management including; register fields, potential challenges/management strategies and annual/triennial review timelines to optimise consistency and applicability of mentor registers across all areas of practice involved. The document has since been ratified for use by the local higher education institution/service placement advisory steering committee and professional network. A review of the guidance document and its impact on mentor management is scheduled for September 2013 when it is hoped to widen the scope of partnership working to incorporate all Scottish pre-registration higher education institution/service providers.

References


Nursing and Midwifery Council (2008) Standards to Support Learning and Assessment in Practice. London: NMC.

Nursing and Midwifery Council (2010) Standards for Pre-registration Nursing Education. London: NMC.

How this contributes to knowledge development in this theme:  
• discussion and dissemination of a system designed to improve consistency of mentor register data  
• implementation of a system designed to provide early warning of annual update and triennial review  
• sharing of partnership practice and identification of leadership strategies to better manage mentors across differing service areas.
A game of two halves: Changing the rules for practice support
Shona Green, Senior Lecturer; Nikki Brooks, Programme Leader; Abigail Moriarty, Director of Nursing Developments and Chair of Teaching and Learning, De Montfort University, Leicester, UK

The introduction of student fees into higher education institutions has put the spotlight on students as ‘consumers’ of education, and, despite nursing students being exempt from this, it has created the all-empowered nursing student. Equally in healthcare practice, this has been replicated by the empowerment of service users. Despite these developments having a positive impact on the student and service user experience, these have altered the focus of partnership working between higher education institutes and practice.

The introduction of the all graduate nursing curriculum within a Leicestershire higher education institution provided the opportunity to critically examine and synthesise relationships between academics and practice. Often lip-service has been paid to the provision of practice support by academics to the detriment of partnership working with the student experience being the only exchange of dialogue (Clifford, 1996; Elliot, 2002).

Our pre-registration student nurses rated practice mentors understanding of their programme at 78% (Key Information Sets 2013) a percentage similarly reflected in other higher education institutions across the locality. Although an acceptable figure, drivers from professional bodies, local stakeholders and quality indicators has led to a new innovation of the practice support tutor within the school of nursing and midwifery to further develop practice learning.

Through effectual partnership working the practice support tutor role has led to an increased visibility of the academic within practice and, in turn has demonstrated the development and facilitation of learning and teaching opportunities. Vescio, Ross and Adams (2008) support this paradigm shift from supporting the student to supporting practice colleagues.

The role of the practice support tutor enables this higher education institution and healthcare providers to work collaboratively and realise the shared aims of developing nursing practice (Clarke and Copeland, 2003). As illustrated by Williamson, Callaghan, Whittlesea and Heath (2001) effective partnership working can bring about tangible benefits for staff, students and patients. By developing a structured approach to practice support, and guidance for working in a collaborative fashion, academics have opened the doors for practice facilitators to engage with higher education.

Learning outcomes:
• A comparative review of how practice placement areas and pre-registration student nurses are supported by higher education institutions
• Development and implementation of a collegiate partnership in developing a framework to augment practice support.
• An exploration of the impact of changes to practice support through partnership working.

References

Key words:
• partnership working
• practice support
• links
• innovation.
Partnerships that work. Service-learning: Nutrition education to low income preschool children attending Head Start

Diane Spoljoric, Associate Professor of Nursing, Purdue North Central University, Westville, USA

Nursing programs are struggling to provide student practicum opportunities that challenge the student to think and create ideas outside the traditional hospital setting. Incorporating a service learning opportunity for students has the potential to meet the needs of community practice partners as well as provide a valuable educational experience and self reflection opportunity for the student (Knapp and Fischer, 2010). Beginning in fall 2012 Purdue University North Central (PNC) senior nursing students spent part of the practicum experience participating in a service learning project. This project required the nursing student to research, develop, and present food preparation demonstrations about healthy nutrition to three to five year old children enrolled in Head Start and their parents. The nutritional focus was on 'easy to prepare' healthy snacks and complemented the Healthy People 2020 goal regarding childhood obesity: To reduce the proportion of children and adolescents who are overweight or obese to five percent (2010).

The nursing students were responsible for researching current nutritional guidelines, developing a teaching plan to present the material, and were the lead presenters during the classes. They created age appropriate food preparation demonstrations for the children and their parents. These educational hands-on demonstrations incorporated concepts of healthy nutrition while creating a 'kid friendly and fun' snack item. Students worked with five Head Start classes with approximately 25 children and their caregiver in each class impacting over 125 participants. The nursing students were successful in meeting the following objectives:

- Develop expertise on nutrition and healthy food choices by researching the latest evidence.
- Demonstrate team building and collaboration to develop an effective age appropriate nutritional class.
- Incorporate effective communication techniques to produce an effective teaching plan that reflects consideration of developmental stage, culture and health literacy.
- Engage in reflective activities examining the nursing role in health teaching to our community partners

Following the food demonstration and nutrition education the Head Start children were able to answer questions appropriately regarding why healthy nutrition was important and discussed fun ways in which healthy eating can be incorporated into their food plan. Caregivers were surveyed and 75% believed they had a significant increase in knowledge about calorie requirements of their young children and food portions sizes. There was an 80% increase in their knowledge regarding selection of food groups based on myplate.gov and caregivers were able to provide the rationale for avoiding excess fats and sugars in daily food choices. They also enjoyed the food preparation demonstrations and getting to eat the food following the demonstration.

This project had wide reaching effects for the community partner, the nursing students, and the faculty mentor. Nursing students worked with children and families of diverse cultures and were exposed to the variety of healthcare values represented by this population. It provided a platform for the students to increase their knowledge of nutrition and refine their teaching skills as they incorporated age appropriate teaching methods to a multi-cultural audience. It was an opportunity for students to participate in preventative education and to develop population focused interventions as recommended by the Baccalaureate essentials of education according to the American Association of Colleges of Nursing (2008). This teaching project also supported engagement in the community by advocating for social justice by serving populations that are underserved in Lake and Porter Counties. This project had positive results and the upcoming graduating class will be duplicating and expanding the project in Spring 2013. The focus will be healthy nutrition and the importance of daily physical activity.

References


T133

Working together: Experiences of partnership working between an ambulance service and the Division of Service Development and Improvement, School of Health, University of Bradford

Julie Prowse, Senior Lecturer; Andrea Cassidy, Senior Lecturer; Lynda Gatecliffe, Assistant Dean in Employer Engagement, University of Bradford, UK

Introduction
The need for partnership working between educational providers and the health and social care sector has been acknowledged as important for delivering good quality care to service users (DH, 2012). This paper presents the experiences and results of partnership working between an ambulance trust and the division of service development and improvement, at the University of Bradford in delivering a clinical leadership module to paramedics. This paper outlines how the partnership developed, the outcomes and impact of partnership working for the paramedics, the ambulance trust and the division of service development and improvement.

Background
In 2012 the executive team at an ambulance trust created the new role of clinical supervisor for paramedics and wanted all paramedics who had successfully been appointed to the post to undertake clinical leadership development and for it to be based on the National Health Service Leadership Framework (DH, 2011). The division of service development and improvement successfully won the bid from the ambulance trust and this paper outlines how the division of service development and improvement team worked with the ambulance trust executive team to identify and implement the educational leadership developments needed for clinical supervisors.

Impact and outcomes of partnership working
As a result of partnership working it was identified that the ambulance trust requires the clinical supervisors to be capable of leading planned change and to support front line paramedics in changing clinical practice (Hayes, 2010). Both the executive at the ambulance trust and the division of service development and improvement team wanted the outcomes of the clinical leadership module to be that clinical supervisors received a bespoke training, but also as a result of this they identify a service improvement that could be implemented across the ambulance trust. Consequently, a 20 credit, level 5 module entitled clinical leadership was jointly developed and the assessment and outcome for the module requires each clinical supervisors to present a poster that identifies a service improvement that could be implemented in the Ambulance Service.

Due to the effective partnership between the ambulance trust and the division of service development and improvement team the result is that 150 clinical supervisors have successfully undertaken the clinical leadership module and presented a range of service improvement posters. The service improvement ideas range from specific suggestions such as changing equipment to more general proposals such as the development of ‘cost improvements for the ambulance service’. The evaluations undertaken by clinical supervisors (N=150) for all the workshops they attended show a number of key learning themes which included:

- the importance of leadership for service development
- the need for paramedics to understand broader policy developments
- the constraints on clinical supervisors’ roles and the service.

The ideas generated by the clinical supervisors have been presented to the executive board of the ambulance trust and paramedics are now working across the ambulance trust to take forward the ideas. From the perspectives of division of service development and improvement a number of lessons have been learnt about partnership working and these include: the need for good communication between different organisations and robust support services.

References

Keys words:
- service learning
- community partnerships.

How this work contributes to knowledge development within this theme:
- demonstrating that successful relationships can exist between healthcare education and service providers
- allowing nursing students to assess local community partner needs and responding successfully to those needs outside of the usual practicum hospital rotation
- providing information and ideas to other nursing faculty that can be instituted in other settings and different populations.
Working in partnership to improve standards of care provision for the older population

Diane Jackson, Director, Urgent Care Social Enterprise, Surbiton, UK

Recently, there have been a number of criticisms of healthcare provision within the national health and social care services nationally, which has resulted in prosecution. Even Jeremy Hunt, as Health Minister acknowledged there are pockets of substandard care that potentially reflect the Mid Staffs scandal of 2005-2008 (The Guardian, 3 December 2012). Meanwhile, The Care Quality Commission in their report (CQC, 2012) identified the main problems being related to poor staffing levels, inadequate management of medicines and poor documentation.

Urgent care social enterprise has been working with twenty residential and nursing homes in local London boroughs during 2012. The direct impact on patient care has been faster management of minor health issues before they escalate. Audit of this service has illustrated that 95% of patients are assessed and a treatment plan implemented within a two hour window period, which has lead to a safe and supportive service for staff and patients alike. There is also a 45% reduction in 999 calls and patients being taken to hospital. Meanwhile, the influence on residential and nursing home staff has been successful in improving standards of care. The home staff are now more proactive in the identification of the unwell patient, and manage simple wounds, fluids and medication more effectively, and documentation has improved.

Urgent care social enterprise was formed in 2007 by a number of National Health Service practitioners (nurse practitioners and paramedic practitioners), an educationist and business manager committed to providing quality care for Londoners. It was set up based on a business model and has successfully run from that time. This is a community based service which offers a mobile workforce. Different services have been commissioned over the years ranging from a rapid response team, working with the intermediate care team, or in urgent care centres, and a dedicated residential and nursing home service. All practitioners working for urgent care have undertaken a university programme to enhance their knowledge and skills in physical assessment and clinical decision making, but also leading to an academic qualification. An evaluation of this practitioner role on completion of the programme demonstrated that they had acquired knowledge and skills at least equivalent to the general practitioner, and patient satisfaction was high (Halter and Ellison, 2007). Education is ongoing, and staff members participate in decisions on services. This in turn provides a clinically competent, knowledgeable and motivated workforce. It is a relatively small company which relies on a flattened structure, but clinical governance is a central tenant to ensuring quality care provision and company success. Trainees are taken on and are mentored until deemed competent in physical assessment and clinical decision making.

Key words:
• partnership
• care standards
• nursing/residential homes.

How this contributes to knowledge development in this theme:
• provision of a mobile community service
• education programme for advancing practitioner skills
• impact on hospital avoidance.
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

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Mrs Jacky Conduit, University of Birmingham, UK
Dr Kay Currie, Glasgow Caledonian University, UK
Dr Anitta Juntunen, Kajaani University of Aplied Sciences, Finland
Dr Amanda Kenny, La Trobe University, Australia
Dr Patricia Mayers, University of Cape Town, South Africa
Dr Andrew McKie, The Robert Gordon University, UK
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