Posters

Tuesday 3 – Thursday 5 September

Please note:
References are as supplied by authors
USA and Australian spelling has been retained as appropriate
Papers included are those being presented at the conference at the time of going to press.
Human rights, older people and end of life care: Insights from an intensive programme (HUROPEL)

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Background
The aim of this Erasmus intensive programme was for the course members to explore the implications of a human rights based approach to care of older people and those at the end of life. The objectives of the programme were that participants would learn about best practice across Europe so that a pan-European understanding could be developed and after the programme the students could influence practice in their country of work and study (European Commission, 2012).

One of the innovative features of the programme was its inter-professional approach to teaching and learning; sessions were led by nurses, doctors, physiotherapists, lawyers, occupational therapists, carers, paramedics, artists, sociologists and a psycho-sexual therapist, for example. This profile of academics and teachers mirrored the profile of the student group. Each day of the intensive programme had a specific focus e.g. Ethics, socio-legal approaches, health promotion and innovative service provision enhanced by technology. This was achieved by the integration of field trips in the programme. These included for example a visit to an end of life home, a hospice, an art exhibition of the work of an 86 year old artist and a visit to a residential care setting for older people. A guided visit to an art gallery demonstrated how ageing and death can be portrayed through various media, both traditional paint and sculpture and contemporary methods such as video-presentations.

Evaluation methods
Each of the three programmes lasted two weeks and they took place in Salford, UK, Lappeenranta Finland and Clermont Ferrand France in the Spring of each year. Funded participants averaged 40 on each occasion although the ‘local’ department was able to allow more participants. We used a realistic evaluation framework (Pawson and Tilley, 1997) to examine aspects of context, mechanisms and outcomes of the programmes over three years. Outcomes assessment included focus groups, and a detailed survey of all participants after each iteration of the programme over a three year period (2011-2013).

Results
For the purposes of this abstract we focus on the Salford and Finnish iterations of the programme, though we will have further data after our May 2013 programme in France. Despite the challenges for many participants of working in a second or third language (English) and being away from home for two weeks, survey results demonstrated a high level of satisfaction among participants with 89% agreeing that they achieved personal goals in the programme and 81% considering that they met their academic goals. Among outcomes, we draw eclectically on coursework which saw participants produce short films such as ‘Why can’t I have a last Sauna’, drama productions depicting stigmatisation of older people and acting out personal feelings and experiences of the programme. In addition, the programme developed a network and confidence among participants to develop more ambitious programmes and research proposals.

Discussion
We will discuss the challenges that such work produces, both for students and staff. The need for accountability for even the modest funding is recognised, but important lessons were learned about managing funds especially as ‘students’ are expected to live on 27 Euros a day including accommodation. Funds barely cover direct costs so Universities and participants and their families clearly subsidise this work, but the investment pays.

Conclusions
HUROPEL was a challenging but invigorating enterprise. It built on an eclectic mixture of expertise of staff and participants from a very wide range of arts and science backgrounds.

References


Key words:
- human rights
- partnership working
- European collaboration
- Erasmus
Meeting the health needs of people with learning disabilities: The contribution of practice nurses in South Yorkshire and the implications for training and education

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This paper reports on the findings of a pilot study which explored practice nurses’ readiness for meeting the health needs of people with learning disabilities.

It is well documented that people with learning disabilities experience poorer physical and mental health than the general population. Numerous explanations have been put forward to account for these differences including socio-economic disadvantage, biological factors, communication difficulties, and personal health risks and behaviours. However, what is becoming clear is the impact that barriers to accessing timely, appropriate and effective health care have on the health experiences and life expectancy of people with learning disabilities. In recent years a number of key reports have highlighted the effect of poor health service provision for people with learning disabilities (Disability Rights Commission, 2006; Mencap, 2007; Michael, 2008; Parliamentary and Health Service Ombudsman and Local Government Ombudsman, 2009).

The introduction of annual health checks for people with learning disabilities as a means of tackling health inequalities was recommended by the Disability Rights Commission in 2006 and also by the 2008 Independent Inquiry (Michael, 2008) and was implemented by the Department of Health in 2009 as part of a direct enhanced service scheme. Within this scheme, GP practices are remunerated for providing health checks for people with learning disabilities who are known to local authorities (DH, 2009).

A systematic review by Robertson, Roberts and Emerson (2010, p.9) found that ‘health checks are effective in identifying previously undetected health conditions in people with learning disabilities’. The same review also found that practice nurses have a key role in carrying out these health checks (Robertson et al., 2010) but to date there has been no research which has considered their preparedness to undertake this role.

This pilot study was developed in response to concerns raised by practice nurses within South Yorkshire about the level of preparation they have received in relation to this new role. It was designed to explore practice nurses’ readiness to undertake health checks for people with learning disabilities and to explore their contribution to meeting the health needs of this client group.

The study found that practice nurses are ideally positioned to make a positive impact upon the health experiences of people with learning disabilities. Nurses involved in the study were keen to work with people with learning disabilities but identified a range of training needs. Pre- and post-registration nurse education and training needs to ensure that nurses are fully prepared for meeting the health needs of, and tackling the health inequalities experienced by, this client group.

References


Key words:

- practice nursing
- learning disability
- health check
- preparedness
- training needs.
Development of a physiology drop-in centre

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Health science students at Birmingham City University (BCU) undertake a limited range of physiologically orientated interactive sessions as part of their education. However with the recent installation of new laboratory facilities and new LabTutor® software (AD instruments), there are exciting opportunities to incorporate practical sessions to support physiology teaching within the Faculty.

These new facilities provide a valuable opportunity to assess the impact of using active learning approaches during biological teaching sessions. Students taking part will come from the nursing courses within the Faculty of Health at BCU, with the scope to include students from other courses in the near future (e.g. radiology, speech language and therapy, health and well-being). Students in the advanced stages of their training (BSc nursing in years 2 and 3) from the different fields of nursing will help to create as well as facilitate the physiological resources developed.

This core paper will discuss the development of a physiology drop in centre for students to access who need extra help with physiology. The resources will comprise of various enquiry based activities, including session’s aims and learning objectives, detailed activities for the session, and a plenary for the session leaders or facilitators to go through with the students. These resources will be designed as a flexible guideline for session leaders to use, so they can adapt to make them suitable for other courses within the faculty.

The impact of this resource will ripple across a large range of courses in the Faculty of Health at BCU, as well as encouraging inter-disciplinary learning between students and staff from different fields of health care.

The vision for the physiology drop in centre is to be a student-led learning environment. Initially the centre will be guided by academic staff, mentoring senior students and equipping them with the necessary skills to carry out the role effectively (in year 2 and 3 of the BSc. nursing programme). Students have increasingly expressed a desire for more physiology sessions, to include physiological orientated activities.

General aim
The development of a physiological drop in centre for first year students studying BSc. Nursing, incorporating active learning in Health science subjects, would offer a useful addition to the facilities already available designed to improve student levels of achievement and attainment.

Rationale
The delivery of Health science courses often involves the dissemination of complex theoretical ideas and terminology. Practical demonstration/experimentation studies have repeatedly been shown to improve student progression and continuity of learning within the discipline of science (Braund and Driver, 2005) as well as reinforcing theoretical aspects of the associated topic (Rico and Shulman, 2004). These statements are well documented and support the use of kinaesthetic pedagogical practises across all age groups in science education.

Modifying pedagogical practices to include, ‘hands on activities,’ as well as incorporating Information Communication Technologies could provide the students with an enhanced level of extrinsic motivation, potentially leading to a ripple effect improving student retention of knowledge and ability. There is growing evidence to support kinaesthetic delivery to reinforce the theoretical aspects contained within Health science subjects (Looi and Ang, 2001; Kearney 2000; Lynch and Ndyetabura, 2006).

References


Key words:
• enhancing physiological knowledge
• physiology drop in centre
• student experience
• student peer learning
• interprofessional learning.
**P4**

**Why nursing? Why now? Factors that motivate second degree students to pursue a career in nursing**

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The last two decades have shown an exponential growth in the number of pre-licensure nursing programmes for students who have already earned a baccalaureate degree in another discipline. These are often called accelerated nursing programmes, because students are given credit for prior university courses in the arts and sciences, and thus are able to progress through the curriculum in as little as one calendar year. Nurse educators have identified that these students often have learning styles, interests, and needs that differ from those of traditional nursing students. Alternatively, because of the depth and breadth of their prior life and work experiences they bring unique insights to their class and clinical experiences.

Because so little is known about those factors that motivate second degree students to pursue a degree in nursing, it seemed important to investigate the motivations of this distinct group of nursing students. As the nursing shortage increases, this cohort very likely will form a significant percentage of the nursing work force, so it is important to better understand the contributions they believe they can bring to the profession. This knowledge could assist in inclusion of content and experiences that might more closely align the curriculum to their expectations. Further, this understanding might enable faculty members to make student experiences more meaningful, and ultimately more satisfying. These insights might assist in the continued recruitment of second degree students to the nursing profession.

This qualitative student explored factors that led second degree students to enrol in a pre-licensure programme in nursing. Data were collected over a five year period from students enrolled in their first course in the nursing curriculum. Study participants were asked to write a two-page paper entitled 'Why nursing? Why now?' with no further specifications about content to be included in the paper. The essays were analysed for phrases that indicated the author’s motivations for pursuit of a career in nursing. For each factor identified, quotations were noted that added further clarification and description of the identified factor. The factors were then separated into categories and subcategories, and themes were identified. From an analysis of the participants’ essays, three major themes emerged. These included a desire to participate in work that was meaningful, a desire to imitate a nurse who positively impacted their life, and a desire for a kind of work that offered many opportunities for employment.

Findings from the study add strength to the long held belief that second degree nursing students are a distinct cohort with unique motivations and aspirations. It is important for nurse faculty members to be cognizant of these students’ motivations in order to provide the cohort with more meaningful educational experiences in nursing that will better assist them in the attainment of their goals for their work in nursing. Suggestions are offered for enhancement of the educational environment for second degree students in nursing.

**References**


**Key words:**

- motivation for nursing
- second degree student
- educational environment
- educational enhancement
- accelerated nursing programme.
P5

An exploration of the extent of inclusion of spirituality and spiritual care concepts in core undergraduate nursing textbooks

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Background
It is clear that nurses have an increased interest in and motivation towards supporting patients spiritual needs (McSherry and Jamieson, 2011; Timmins, 2010; McBrien, 2010). It is also important that nurses take up this activity following specific guidance as to what it entails and how it should be done (Pesut and Sawatzky, 2006). However currently nurses lack specific skills in this area (Lundmark, 2006; Timmins, 2010; RCN, 2010) and the extent to which their undergraduate education prepares them for this role is unclear. The literature abounds with definitions of spirituality, suggested interventions and tools for assessments. However while there is agreement that nurses should have guidance to provide spiritual care it is unclear what specific curricula content prepares the nurse for this important role or how core nursing textbooks contribute to this agenda (Pesut, 2008). Given the absence of clear direction about what to teach undergraduate nursing students, the lack of conceptual clarity around definitions and suggestions that nurses perform spiritual assessment, this study aims to explore the extent to which current core nursing textbooks support and advocate spiritual care delivery by nurses and nursing students.

Aim
The study aims to examine whether or not core undergraduate nursing textbooks include spirituality or spiritual care content. It also aims to examine whether or not core nursing textbooks define spirituality or spiritual care or the core elements of spirituality. A final aim is to examine the extent to which core nursing textbooks advocate spiritual assessment by nurses.

Methods
The sampling framework was identified by identifying suitable textbooks for inclusion from Nursing Collection lists, and Academic Publishing Houses in the UK and Ireland. A team of University Staff (n=5) including a librarian Data collected quantitative and qualitative data using a specifically designed instrument which captures information about inclusion of spirituality, definitions, use of assessment and overall approach.

Findings
Findings revealed an overall lack of consistency with regard to the inclusion of spirituality within core undergraduate nursing textbooks. While some advocate assessment of spiritual needs, few refer specifically to assessment tools. There is little consistency among those that do suggest their use. Overall spirituality, while accepted as a component of holistic care is operationalised as an adjunct to care.

Discussion
Given the increasing impetus internationally towards nurses providing spiritual care, and the growing cultural and religious diversity of client groups, it is essential that the nursing profession begin to understand and conceptualise what is meant by spirituality and spiritual care in order to adequately support clients in their care (McSherry and Jamieson, 2011). Additionally many nurses often find themselves unprepared for spiritual care delivery while they often find themselves providing this care; many report not receiving basic tuition in their nurse education programme and using their own experience and/or beliefs (McSherry and Jamieson, 2011; Timmins, 2010). While teaching about spirituality is recommended in national and international syllabi (ABA, 2009; NMC, 2012; ICN, 2000) and there is general agreement that it should be taught to nursing students (Li-Fen Wu et al., 2012; Khorami Marekani et al., 2010), there is confusion about what and how it should be taught, in addition to arising ethical issues. These factors together with a lack of a consistent integrated approach to spirituality within core undergraduate textbooks render this aspect of nurses’ education challenging to teach.

Conclusion
It has been postulated that spirituality needs to learned while in the clinical practice rather than being taught in the classroom (Mooney and Timmins, 2007). However in keeping with standardised approaches within contemporary university settings and quality approaches, it is commonly addressed within curricular teaching content. However the approaches to both teaching and content need to be further strengthened by research evidence. Core textbooks supporting undergraduate student learning need to be more fully aligned with agreed conceptualisations of spirituality and unified approaches to spiritual care.

References


Key words:
- reflection
- assessment.

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**P6**

Reflections on reflection: An audit of students’ use of structured models within specific assessments

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Reflection is cited as a useful and valuable tool for professional development in nursing (Taylor, 2000; Rolfe, 2005) and is also utilised widely as a teaching and learning methodology for nursing students. The importance of reflection as a means of developing student learning is evidenced by the bulk of literature on this topic (McMullan et al., 2003). Although internationally reflection is an accepted feature in nursing education and practice, students often struggle with this particular concept. The level of benefit that students derive from using reflection in terms of academic achievement or professional development is not clear. At the same time students often express negative attitudes and apathy towards the use of models of reflection (Facebook, 2009; Langen and Prendergast, 2007). Additionally there are also teacher concerns about the adequacy of the teaching of reflection to nursing students and the extent to which students are prepared for the reflective process (Braine, 2009). These concerns are not unfounded, as one recent study found only superficial use of the model by students in their portfolios (Timmins and Dunne, 2009).

Gibbs (1988) model of reflection is widely used for educational purposes (Rolfe et al., 2001; O’Donovan 2006). This paper considers the effectiveness of structured teaching (one hour lecture and two hour tutorial) on Gibb’s (1998) model of reflection by examining the extent to which students subsequently incorporate reflection into their writing. First year nursing students (BSc Hons) in one University are required to complete a module combining the learning of both communication and clinical skills. The assessment for this module requires the student to devise an essay outlining their self reflections on their recorded performance (DVD). For this, the nursing student independently performs a simulated clinical skill, recorded and performed in the clinical skills laboratory. They are expected to demonstrate the clinical skill effectively and also use appropriate communication techniques during the interaction. Once they receive the DVD of their performance they are required to self-evaluate their performance using an evidence based approach. They are further required to organise this analysis and subsequent write up of their performance using a structured reflective framework. This 1,000 word essay forms the assessment for this module. Learning outcomes require that students demonstrate skills of reflection and self awareness.

This audit aimed to ascertain the extent to which use of a structured model of reflection improved the quality of this reflective assignment and the effect of this on performance. The audit utilised a quantitative approach to examine nursing students’ essays (n=221) (representing 97% of all students in this cohort). An eight item audit tool was used to collect data. Just over half of the students (n=118) attempted to include a framework for reflection within their essay, and most of these used Gibb’s (1988) Model (n=112). Most students who used the model used it in its entirety (72%) and a further 20% used the majority of the required structure. Although use of a
A structured model of reflection was not an absolute requirement of the assignment, those who used the model structure scored higher on overall marks for the module (p=0.000). The mean score for the assignment was 60%. The minimum score was 40% and the maximum was 85%. Most students (97%) passed this module at first attempt. Of those students who did not achieve a pass mark, or achieved a borderline pass, the majority of these did not use a model as a guide (69% n=11). Most of those students who did not utilise a structured model to support their reflections (89% n=85) scored less than 65%. Sixty eight percent of these students scored less than 60% (n=68).

Marks awarded were also associated with levels of learning demonstrated (p=0.000). Students in the higher bands were more likely to demonstrate knowledge, application, comprehension, synthesis and analysis. Furthermore, those who used a model were more likely to demonstrate higher levels of learning (comprehension, synthesis and analysis) (p=0.000). Higher levels of learning were also associated with deeper levels of reflection.

While students are often expected to prepare sometimes multiple reflective assignments they are often ill prepared for this aspect of their course (Braine, 2009). Reflection is often an expectation, without sufficient educational preparation for students (Braine, 2009). This audit reveals that preparing students in advance to utilise a reflective model appears to have a positive influence on the use of reflection for some students, although sizeable numbers of students still avoided comprehensive usage, with subsequent negative effects on performance. While some individual students performed well with creative approaches to reflection (without model use) overall, using a structured model of reflection appears to have a positive influence on students’ achievement of module learning outcomes, thus reflected in their overall grades. Reflection seems to be associated with higher levels of learning, thus students need to be encouraged to fully utilise and incorporate specific models of reflection into their written work when relevant, and receive comprehensive instruction on their usage.

References


Key words:
• reflection
• assessment.

P7

Doctoral programs in the Scandinavian countries after the Bologna Directives

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Objectives
The aim of this study is to describe the doctoral programs in nursing and caring science or health care science. In addition we compare them within the Scandinavian countries (Denmark, Finland, Norway and Sweden). Further we discuss the degree of alignment with the Bologna intentions on compatibility between programs in the Scandinavian countries as well as if there are identified a scientific paradigm in the nursing doctoral programs.
Background
The four Scandinavian countries; Denmark, Finland, Norway and Sweden are similar in many ways. Culture and
language are very much alike and the inhabitants understand each other's languages without problems.
Therefore student exchange ought to be easy and an option for students at all levels in the educational system.
The Bologna process in the European countries aims at enhancing possibilities to teacher and student exchange.
Our study has explored the PhD-programs in the Scandinavian countries to find out benefits and challenges for
student exchange and other challenges in the education of nursing researchers in Scandinavia.

Design
The design is a review of selected doctoral programs in the Scandinavian countries. The Ministers in Europe
decided in Berlin 2003 to adopt a third cycle in the higher educational system related to the Bologna process, the
doctoral education. It should last 3 to 4 years full time study after completing a second cycle study.

Data sources
A review of educational programs in doctoral studies at different universities in Scandinavian countries is
presented, namely Denmark, Finland, Norway and Sweden. Performing an content analysis of the chosen
programs and comparing them with general national requirements for doctoral education and the Bologna
process requirements. The inclusion criteria for universities were that they actually had a doctoral program in
nursing and caring science or health care science.

Results
Differences in length such as 3-4 years or 180–240 ECTS is found. This is in accordance with Bologna
declaration who recommends between 3 to 4 years for doctoral programs, called the third cycle in higher
education in Europe. Also requirement for the length of doctoral courses varies. At last we discuss difficulty in
deciding which scientific paradigm in nursing science the programs support.

Conclusion
Different length may create problems for candidate exchange. Possible lack of scientific paradigm in the
programs may cause difficulties in building nursing as a discipline.

Reference
of the Conference of Ministers responsible for Higher Education in Berlin on 19 September 2003. Available at:
January 2013).

Key words:
• PhD program
• nursing higher education
• Scandinavia
• review.

P8
Adjustment of the clinical part of nursing education in the Scandinavian countries to
governing European educational reforms

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University of Agder, Grimstad and Oslo and Akershus University College of Applied Sciences,
Norway; Maj-Britt Råholm, Professor, Sogn and Fjordane University College, Førde, Norway

Objectives
The aim of this study was to describe the adjustment of bachelor nursing education in the Scandinavian countries
to educational reforms, the EU directives and the Bologna declaration. The investigation focused on the clinical
parts of the education.

Background
Two current educational reforms, the EU directives and the Bologna declaration, have the intention of both
creating a unified European platform for education, and supporting work migration in Europe. The EU directives,
with status similar to law, require a minimum standard of length for the total nursing education, length of the
clinical part in proportion to total length and to be performed in a variety of clinical specialties (European
Commission, 2005). The Bologna Declaration has introduced a system of academic degrees, recognisable and
comparable. Institutions are allowed to harmonise their curricula without losing their autonomy or diversity
(Bologna Declaration, 1999).
In Denmark, Finland, Norway and Sweden governments and departments support co-operation and exchange within the higher education and employment in a neighbouring country (Nordic Council, 2013). Exchange of students and teachers and employments in health care requires adequate and rich information about the content of educations.

**Method**
A review of the guidelines for nursing education on the national level in each country was done. The data source constitutes of overall guidelines for Bachelor nursing education as described in national Higher Education Ordinance with focus on the clinical part of the education.

**Results**
Some EU directives are clearly expressed in the Higher Education Ordinance in each country. The requirements of the minimum length of nursing education are fulfilled in all countries. The total length is 3,5 or 3 years. The length of clinical nursing education is explicit in the Danish, Finnish and Norwegian Higher Education Ordinance, but varies in their proportion to the total length. In Denmark and Finland 90 ECTS credits out of 210 ECTS credits are earmarked for clinical education. Norway fulfils the requirements of 50 percent as 90 ECTS credits out of 180 ECTS is clinical education. The Swedish Higher Education Ordinance consists entirely of objectives and there is no detailed information such as length of clinical nursing education either concerning clinical practice in a variation of clinical specialities. The intentions in the EU directives to ensure clinical education in a variety of clinical specialities are followed to a large extent in the Danish, Finnish and Norwegian Higher Education Ordinance, while in the Swedish Higher Education Ordinance this information is lacking. The Bologna declaration requirements, the realisation of Bachelor’s degree in Nursing Science, have been somewhat different in time in the Scandinavian countries (1993-2001). Also the integration of the education into the higher education system occurred at different times and into different higher education systems in each country (1997-2003).

**Conclusions**
There are more similarities than differences in most of the Scandinavian countries in the way that nursing education and the clinical part are adjusted to the EU directives and the Bologna declaration.

**References**


**Key words:**
- clinical nursing education
- EU directives
- Bologna declaration
- Scandinavia
- review.

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**P9**

**Developing critical thinking at Master’s level, phase I: An audit of recommended student reading**

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The Quality and Assurance Agency for Higher Education (2011) highlights the intention of a Master's degree is to enable students to become more specialised in a specific area of professional practice and that, at the end of a master’s programme, student outcomes include creativity, decision making in complex situations, self-direction and autonomous professional practice. The philosophy underpinning post graduate programmes at The Royal Marsden School is ‘based on the understanding that education is an experience that permeates all aspects of a person’s life: philosophical, cognitive, practical, emotional, spiritual and social. Therefore, the learning and teaching strategies used are based on the principles of adult and professional education recognising and valuing lifelong learning’ (Student handbook, 2010:4). It was recognised that there is a need not just to develop more specialist knowledge at masters level but for students to develop critical thinking so they are empowered to utilise this specialist knowledge in creative ways.
The challenge of integrating the essential clinical components on a specialist Master’s level programme with broader concepts and theories that sit outside the remit of nursing and allied health professional scope of practice is not unique. Gerrish et al. (2000) identified that this balance is difficult to achieve. However, educators have a responsibility to address this balance; therefore, academic staff at The Royal Marsden School undertook an audit of the core and recommended reading texts to ascertain the breadth and depth of reading across a range of subjects as the first phase of addressing critical thinking at Master’s level. Core and recommended reading texts for each module were coded for ease of analysis. The texts were categorised according to the subject matter within the text. Some of the texts’ content spans two or more subjects, therefore the reading was categorised according to the most dominant subject. The coded texts were then transferred to a database.

The analysis of the core and recommended reading demonstrates that students are given a range of reading on modules. The majority of texts are related to the subject of the module. However, there are some categories under-represented or not represented that one would expect to see as core or recommended reading texts in at Master’s level, for example, ethics, philosophy, anthropology, leadership and AHP specific. The findings suggest that the postgraduate core and recommended reading lists are heavily weighted towards module specific content, and there is a thin spread of reading across the other subject areas such as philosophy and ethics.

In phase II, a further analysis of teaching and learning strategies employed on Masters level modules is planned to provide a clear analysis of how we can develop students’ critical thinking and metacognition. Evaluation of the changes will provide insight into the impact of teaching approaches at this level.

References


The School of Cancer Nursing and Rehabilitation (2010) Post Graduate Student Handbook.

Key words:
• learning and teaching strategies
• audit of recommended reading lists
• critical thinking
• impact of teaching approaches.

P10

Students’ experiences of reasons to drop out from nurse education

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Attrition in nurse education is an internationally recognised issue. Attrition rates for nurse education is 9% in Finland (Tilaokeskus, 2012), 24.5 % in Australia (Gaynor et al., 2008) and 28% in England (Buchan and Seccombe, 2011). Nursing is experiencing an international workforce shortage. The number of students who leave nurse education is one of the key determinants of the future supply for qualified staff (Buchan and Seccombe, 2011). It is important to ensure students’ progress and completion of their studies (Pitt et al., 2012).

The purpose of this study was to describe who is a discontinuer student in nurse education, students’ experiences of reasons to drop out and to find ways to prevent attrition. The sample consisted of nursing students (n =25) who had dropped out from nurse education between semesters 2009–2010 from two different nursing schools in Finland. The data were collected using telephone interviews and analysed using the narrative method utilising content analysis.

Based on the study results students were divided into four different categories: a student who moves to another nursing school, a student who has faced a life-crisis, a student who has done a wrong career choice and a student who lives in a middle of peak-years. The findings suggest that factors affecting attrition are: entering the nursing profession, career intent and selection procedures, a realistic job preview and perceptions of nursing as a profession, clinical experiences, educational experiences and personal reasons. Most of the students had more than one reason to drop out from nurse education. Factors affecting attrition were complex and interrelated. According to findings student’s personal motivation, support and flexible studies are the main factors to prevent attrition in nurse education.

This study provides experiential knowledge about attrition in the nurse education and it is presented from the student’s point of view. The study results can be used of planning the nurse education and to prevent attrition.
References


P11

Blended learning: Teaching the professional interaction skills in nursing education
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The purpose of this study was to assess whether implementing interaction teaching with blended learning has a connection to the professional interaction skills of nursing students and to describe their experiences of teaching professional interaction with blended learning.

This study was quasi-experimental, including the evaluation of the professional interaction skills at the beginning and at the end of the course (pre- and post-test). Nursing students taking part of this study were divided into experimental group and comparison group using discretionary sampling. The teaching methods of the professional interaction course for the experimental groups were e-learning, classroom teaching and simulation. The teaching of the comparison groups was carried out using traditional teaching methods.

The data were collected from the second year nursing students in one university of applied sciences in Finland with structured ‘professional interaction’ tool. The tool consisted of 50 interaction skill parameters, which were divided into four different categories (general interaction skills, interaction process skills, interaction situation skills and multiprofessional interaction skills). Measuring the professional interaction skills a five-point Likert-scale was used. The students of the experiment group were also asked for their experiences about the blended learning method.

The data were collected during 2010. Altogether 78 nursing students took part in the skill assessment test at the beginning of the course and 77 at the end of the course. The quantitative data was analysed statistically using the SPSS statistic program and the qualitative data was analysed by content analysis.

According to the results nursing students’ professional interaction skills were quite good even in the pre-test and there were not great differences between the different sum variables. The professional interaction skills of the experiment group improved statistically significantly during the experiment in all studied areas of interaction. The professional interaction skills of the comparison groups improved statistically significantly during the course only in the category of the interactions process skills. According to the experiences of the students of the experimental group the teaching methods used in the course (e-learning, classroom teaching and simulation) supported their learning and they had a positive attitude towards blended learning.

The results of the study are applicable to nursing teaching and therefore they can be utilised in the development of nursing education. In the future the possibilities of blended learning should be utilised and applied also in the teaching of other courses.

Key words:
- nursing student
- professional interaction skills
- blended learning
- quasi-experimental research.
Online teaching evaluated by health care teachers

Sara Palander, Master of Nursing Science, University of Turku, Helsinki, Finland

The purpose of this study was to describe the importance and implementation of online teaching evaluated by health care teachers. Online teaching was divided into two main categories of communications skills and technical skills of teachers, on the basis of a literature review. Communication skills included subcategories of role of the teacher, creating emotional connections, verbal communication and pedagogical solutions. Technical skills included subcategories of time management, information and communications technology and the use of social media.

The data was collected using a structured questionnaire, which was based on a literature review and developed for this study. The questionnaire included background factors (n=10) and items related to the importance and implementation of online teaching (n=55). The respondents were health care teachers (N=150) from eight polytechnics in Finland. Response rate was 27 %. The data were analysed using descriptive and inferential statistics.

Teachers evaluated all subcategories of the online teaching to be important and half of the subcategories (role of the teacher, creating emotional connections, and information and communications technology) well implemented. The subcategory of information and communications technology was evaluated as the most important and as the best implemented part of online teaching. The use of social media was evaluated as the least important and the least implemented part of online teaching.

It can be concluded that the communication and technical skills of health care teachers are quite good, though there are still challenges. Challenges related to online teaching include limited use of web-based environments, social media, and supporting the students in collaborative learning. Health care teachers were good at planning the online teaching beforehand, adopting the different role of the online teacher, giving positive and personal feedback to the online students and planning technically well working online course. Healthcare teachers also had knowledge how they should use social media as educational tool.

References


P13

Value added learning for mental health nursing students

Danny Walsh, Senior Lecturer; David Howard, Associate Professor, University of Lincoln, UK

Abstract
The poster focuses upon an innovative teaching and learning experience utilising experiential learning as popularised by Kolb (Kolb, 1984). It describes a ‘value-added’ project which encouraged mental health nursing students to organise and experience events and then reflect upon their roles and skills in relation to these (Burnard, 2002). A humanistic teaching approach gave the students full and equal involvement in the project which embraced the needs of a range of learning styles as defined by Honey and Mumford (1992).

Students were involved in the running of a public mental health awareness and film night and a follow up mental health music night at a major city centre arts venue. They created links with local schools and organised events such as mental health assemblies and mental health awareness sessions fitting in with the A level psychology syllabus. In addition they engaged and collaborated with service user groups, preparing and delivering these sessions in partnership. At the events the students met with members of the local community many of whom were looking to them to provide general guidance upon mental health wellbeing and discuss personal issues of concern to them.

Mental health promotion is an ever increasing aspect of the work of mental health nurses in modern society and this ‘in vivo’ learning project supplied an innovative experience for student mental health nurses 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 in particular the targeting of a young audience. It required them to work in a very different professional mode and experience learning in a different mode from more traditional formats. Students were then encouraged to write the experience up and prepare a poster for conference presentation. Such a level of engagement with the subject leads to a deeper level of learning as described by Ramsden (1992).

Other ‘value-added’ projects currently under way are the organisation of a schools ‘Battle of the Bands’ mental health awareness night with local service users, the organising and delivering of a monthly ’mental health hour’ on SIREN fm local radio, a mental health awareness tour of village halls capturing rural communities often overlooked, running mental health awareness events at college/university freshers fayres and collaborating the Students Union to support a counselling service.
Learning nursing through simulation: Towards an expansive model of learning

Liz Berragan, Senior Lecturer, The University of the West of England, Bristol, UK

My study explores the impact of simulation upon learning for undergraduate nursing students. Conducted as a small-scale narrative case study, this study tells the unique stories of a small number of undergraduate nursing students, nurse mentors and nurse educators and explores their experiences of learning through simulation. Data analysis through progressive focusing (Parlett and Hamilton, 1972) revealed that the nurse educators viewed simulation as a means of helping students to learn to be nurses, whilst, the nurse mentors suggested that simulation helped them to determine nursing potential. The students' narratives showed that they approached simulation learning in different ways resulting in a range of outcomes: those who were successfully becoming nurses, those who were struggling or working hard to become nurses and those who were not becoming nurses.

The conceptual frameworks used for this study draw upon the work of Benner and Sutphen (2007) and Engeström (1994). Benner and Sutphen’s work highlights the complex nature of situated knowledge in practice disciplines such as nursing. They suggest that knowledge must be constantly integrated within the curriculum through pedagogies of interpretation, formation, contextualisation and performance. Engeström’s work on activity theory and expansive learning recognises the links between learning and the environment of work and highlights the possibilities for learning to inspire change, innovation and the creation of new ideas. Together these frameworks present an opportunity for nurse education to articulate and theorise the learning inherent in simulation activities.

A theoretical analysis of learning through simulation offers a means of conceptualising and establishing different perspectives for understanding the learning described by the participants and offers new possibilities towards an expansive approach to learning nursing. The study examines what this interpretation of learning might mean for nurse education, nursing research and nursing practice.

References


Faculty in an undergraduate nursing program worked with regional staff of special olympics to coordinate and perform the required physical examinations for the special olympic athletes. Special olympics is a global movement with the goal of creating a better world by fostering the acceptance and inclusion of all people through the power of sports. Nursing students at a baccalaureate nursing program in the United States, under the guidance of faculty, performed the exams on the athletes which included children in a wide range of age, physical, social, and intellectual levels. This activity had tremendous value for both students and the community. Prior to this partnership, special olympic athletes in this community had difficulty obtaining the required physicals for participation in the special olympic games. Approximately 200 athletes have been able to participate in the special olympic games, who otherwise would not have. As a result of this partnership, nursing students were able to gain a broader understanding of the diversity in physical and intellectual abilities of children. They were also able to utilise the assessment skills they had learned in a very ‘hands on’ manner and give back to their community.

Data is currently being collected to determine the impact of this particular service learning opportunity on nursing students’ cognitive and affective development. The implications for future education in healthcare are strong. Service learning has great potential to impact students in healthcare professions and to instil a sense of social responsibility toward citizens who are often marginalised in society.

References
http://www.Specialolympics.org

Learning through simulation and formative assessment
Fiona Everett, Nurse Lecturer; Wendy Wright, Nurse Lecturer, University of the West of Scotland, Hamilton, UK

Aims
To utilise formative assessment in simulation to promote patient safety and accurate documentation within an undergraduate nursing curriculum.

Background
Through simulation and formative assessment students are encouraged to embrace and develop the principles of good record keeping. Following completion in clinical skills laboratories it became apparent that consistent errors were evident in relation to the completion of Modified Early Warning System charts.

Interventions
Following simulated assessment, measurement and recording of vital signs (temperature, pulse and respirations) a review was carried out of completed Modified Early Warning System charts for accuracy of completion followed by individual formative feedback.

Sample
The sample group comprised 208 first year student nurses. The Modified Early Warning System charts were reviewed for accuracy of completion and individual formative feedback was then provided.

Findings
From the review of the completed Modified Early Warning System charts complete and accurate documentation was evident in only 46% of the charts reviewed. The omission of any item of patient identity information was evident in 4% of the charts. The time and date was not completed in 25% of the charts. Other anomalies consisted of inaccurate plotting of results (46%), not stating the value within the respiration range (19%); utilising an incorrect process when making an amendment (2%) and 5% would not permit photocopying or scanning.
Conclusion
This review is an effective means of highlighting the importance of the accurate assessment, measurement and recording of vital signs as an essential nursing skill and Nursing and Midwifery Council requirement. It also provides a valuable opportunity to practice within a simulated environment and emphasizes the usefulness for formative assessment and feedback. Through formative assessment and feedback students are encouraged to embrace and develop principles of good record keeping.

P17
Innovative shadowing opportunity for school pupils interested in the career of an NHS dietitian
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Introduction
Dietetic Departments within NHS Grampian (NHSG) receive a number of enquiries from school pupils requesting the opportunity to shadow a dietitian to help support their Universities and Colleges Admissions Service (UCAS) application to study dietetics. Due to work pressures on dietetic staff it was proving difficult to accommodate all of these individual requests. It was recognised that by not offering an opportunity for pupils to shadow a dietitian, they would not have the opportunity at this stage to give this consideration before embarking at university to study dietetics. Indeed a study by Glossop (2001) highlights that attrition in higher education institutions (HEI) can be linked to several factors one being wrong career choice.

The Lead Dietitian for Aberdeen City CHP in NHSG put forward a proposal to invite pupils to attend a dietetic shadowing opportunity once a year just before the pupils would be completing their UCAS form. This approach would therefore be proactive rather than having to be reactive to each individual request.

Since October 2009, NHSG and the Robert Gordon University (RGU) have employed a member of staff who works equally between the two organisations as a clinical lecturer in nutrition and dietetics. The clinical lecturer was assigned the task of organising an interactive shadowing opportunity for pupils to see a variety of dietetic specialties.

Methods
Flyers were sent out to all secondary schools within Grampian by NHSG and RGU. Pupils in S4 and above were invited.

Pupils were split into two groups and each group completed each of the following 4 interactive workshops which lasted 1 hour:
- gastroenterology – coeliac disease
- nutritional support
- paediatrics – vitamin D and healthy bones
- mental health – eating disorders.

The four workshops were delivered by specialist clinical dietetic staff working in this area. The workshops were held at the Clinical Skills area at Robert Gordon University, Aberdeen.

Results
27 pupils attended from schools within Grampian and Tayside. Workshop evaluations averaged a rate of 4.3 out of 5 with 5 representing very much enjoyed.

Qualitative feedback from pupils was positive with suggestions being given on what else they would have enjoyed. The interactive aspect of the workshops was well received.

Discussion
The clinical skills area of Robert Gordon University is a purpose built, state of the art teaching and training facility. It provides a realistic and safe environment for the pupils to see a range of dietetic specialties. It is also a venue where it is possible to host larger groups of pupils which would be difficult within the NHS clinical setting.

Positive feedback from both pupils and dietetic clinical staff has meant that the proactive format of inviting students to a day to find out from NHS clinical staff what the role of a dietitian is will continue. This will be held in September each year ensuring that pupils have had the experience of shadowing and speaking to different dietitians before completing their UCAS form.
P18

Promoting access to, and use of, specialist palliative care services by black and minority ethnic (BME) communities: A community engagement project – the apprentice experience

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Background
The publication of the End of Life Care Strategy (DH, 2008) raised the profile of end of life care in England and signalled the need to co-ordinate and plan its delivery in order to ensure that all individuals would have a choice about where they are cared for and die. In 2009, the Sue Ryder Apprentice Project, based in the Bradford and Airedale District, was awarded Department of Health (DH) funding for three years. Through the implementation of a community engagement project, the Project aimed to achieve:

- Increased access and referrals to palliative and end of life care for Black and Minority Ethnic (BME) people
- Improved palliative and end of life care services by making them more culturally appropriate for BME people
- Involvement of BME people in the delivery of palliative and end of life care services
- Better relationships between BME communities and palliative and end of life care service providers.

Local and national targets were also identified to monitor progress of the project. The project aimed to achieve these indicators by funding a part-time project co-ordinator and through the phased recruitment of ten apprentices, who met specific language requirements, to undertake community engagement activities. During their period of appointment, the apprentices were trained to NVQ level 2 in Health and Social Care (now Diploma in Health and Social Care). In order to develop their knowledge and skills, the Apprentices undertook placements within Sue Ryder Manorlands, one of two Bradford District Care Trust community nursing teams and the hospice at home team. The apprentices also worked, in collaboration with the project co-ordinator, within the BME communities undertaking community engagement initiatives to raise awareness of specialist palliative care and services.

To identify the impact of the project, the steering group commissioned an independent evaluation of the Sue Ryder Apprentice Project. Evaluation of the project was required driven by strategic and operational needs for improved provision of palliative and end of life care for people from BME groups. The apprentice project, initially locally based, also aimed to develop a national replicable model.

This paper summarises the evaluation of the community engagement project undertaken. Whilst the paper draws on the range of data generated during the project (October 2009–July 2012) to identify its outcomes and guidance to inform future decision-making within the charity, the focus of the paper will include the previously unreported analysis of qualitative data from the apprentices.

As palliative and end of life care are provided in a variety of organisational settings, the findings are relevant to commissioners, other specialist palliative care service providers and the range of health and social care professionals involved in the delivery of the palliative and end of life care pathway as current patterns of care are reformed and services are redesigned to improve the quality of care and ensure best use of financial resources, including the development of apprenticeships within the NHS (NHS Employers, 2012).

Method
The project was evaluated at different levels utilising ‘Return on Investment’ (ROI) methodology (Phillips, 2003). The ROI framework enabled a chain of impact to be demonstrated whereby the reaction and satisfaction with the induction and training programme were identified (level 1), skills and knowledge learned (level 2) were applied on the job (level 3) to produce business impact (level 4). A return on investment calculation of cost (level 5) was not undertaken as this was represented by the grant awarded. Instead, the impact of the Project was demonstrable through the number of new patient referrals from the BME community achieved during the Project (using the baseline of 5 referrals in 2007 as identified in Project grant application).

Results
Level 1: reaction, satisfaction and planned action of the apprentices, mentors and service managers
The project appointed one project coordinator, sixteen apprentices and one administrator. Following appointment, apprentices undertook an induction programme. This included mandatory training, an NVQ preparation

References

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programme and a two-day ‘Introduction to Palliative Care’ Course. Level 1 evaluation measured the reaction and satisfaction of the apprentices to the NVQ preparation and palliative care course alongside identifying their plans to apply what they had learned. Apprentices rated the NVQ preparation and palliative care programmes as 5/5 for importance, relevance and perceived utility for developing health and social care skills, understanding the philosophy and practices of palliative care, and the role of palliative and end of life care services. Interview data confirm that all apprentices were very satisfied with the content of the Induction, NVQ and palliative care programmes.

Level 2: evaluation of learning experiences
Apprentices rotated through four placements during their year-long apprenticeship. Normally, they were recruited to work for 30 hours per week and spent the equivalent of half-day/week working alongside the project co-ordinator on community engagement activities.

Feedback indicates that, when working in their allocated placement, apprentices were negotiating and planning to identify learning opportunities to meet the project needs and key performance indicators, alongside achievement of the NVQ units and awards. The learning experiences identified enabled the apprentices to develop their knowledge and skills and, where appropriate, apply their learning about palliative and end of life care. Data identify that the apprentices were making significant progress to achieve the NVQ award. Feedback also highlights that, occasionally, apprentices experienced personal distress when caring for dying patients. Individual clinical supervision sessions were made available once/month with the Sue Ryder Education Lead to provide additional support. All apprentices accessed this supervision finding it beneficial. Apprentices had allocated time to participate in community engagement activities in collaboration with the project co-ordinator. These activities offered learning experiences to educate and inform the BME community, in their community language, about health risks and health promotion, for example at Health MOT clinics, alongside providing information about palliative/end of life care and Sue Ryder Manorlands.

In addition to the apprentice and local community engagement activities discussed above, mentors from across the placement providers also identified individual learning opportunities from their work with the apprentices and the project. These learning opportunities are reported to have developed their level of cultural awareness and cultural competence when caring for people from BME communities and, when shared, also resulted in enhancing inclusivity within their practice or service. These experiences were identified by one mentor as:

…”significant opportunities for raising my own level and organisational awareness to initiate discussions within services which can lead to inclusivity..and better..more individualised care..”

(Mentor)

Level 3: application and implementation of learning
Working alongside their mentors, the apprentices’ experiences included providing direct care to people with palliative/end of life care needs. They participated in health MOT clinics, undertaking body mass index (BMI) and blood pressure monitoring, and providing health education advice for local BME community groups. In addition, the apprentices utilised these activities to inform the BME community about specialist palliative care and Sue Ryder Manorlands. Furthermore, apprentices supported community groups on visits to the hospice, overcoming language barriers to explain about the services available and responding to questions. These visits were described by the apprentices as significant opportunities to break down barriers between BME communities and Manorlands and to enhance confidence in the specialist palliative care services. The activities of the project co-ordinator included several strands:

• Project co-ordination, monitoring and reporting
• Recruitment for apprentice posts – the project developed a bespoke, locally based recruitment strategy. This approach proved very successful in attracting interest in the posts from the local community with requisite language skills and offers a potential model for maximising recruitment from all communities. This also offers an organisational learning opportunity to inform the charity’s advertising/recruitment strategy and ethnicity monitoring of job applicants and employees. As a result of the project, these areas have been identified as requiring further development by the project co-ordinator and the charity’s human resource department.
• Supporting/engaging apprentices – the project co-ordinator held weekly meetings with all apprentices; undertook individual monthly reviews with apprentice and mentor, updated training plans, involved apprentices in community engagement activities as detailed below.
• Community engagement
  • Within Keighley and District
  • Within Manorlands
  • Within Sue Ryder
  • To national palliative care audience

Level 4: Impact
Level 4 evaluation focused on evidencing achievement of the key target outcomes and performance indicators for the project:

Forging and strengthening new partnerships with the BME community locally
The process of recruiting the apprentices helped to develop sustainable relationships with community centres, job centres, religious and cultural centres, voluntary sector professionals and individuals within the local BME communities. The establishment of working relationships with other local healthcare providers to secure work
opportunities for staff development are also evident in everyday practice: the coordinator to introduce a schools project.

Keighley and District. The project also created an opportunity for one volunteer to work alongside the project coordinator worked alongside host services and departments to develop action plans for forging and strengthening partnerships with the local BME community and the Asian business sector in Keighley and District. The project also created an opportunity for one volunteer to work alongside the project coordinator to introduce a schools project.

Benefits were reported by teams participating in the project including raising cultural awareness and developing the charity’s equality and diversity training. The project coordinator worked alongside host services and departments to develop action plans for forging and strengthening partnerships with the local BME community and the Asian business sector in Keighley and District. The project also created an opportunity for one volunteer to work alongside the project coordinator to introduce a schools project.

Overcoming language barriers
2. Raising cultural awareness and developing cultural competence of staff to enhance inclusivity of services
3. Improving working relationships between the different teams/organisations.
4. Staff development from a mentoring perspective.
5. Engaging with ‘hard to reach’ groups through health MOT clinics provided at community group locations/venues
6. Clarity regarding referral criteria to specialist palliative care services enabling appropriate and timely discussions with patients and their carers regarding referral to be made and reducing health inequalities

Raising the profile of Sue Ryder Care locally with the BME community
Significant effort and progress has been made to identify and develop opportunities to inform and engage with the BME people and communities in Keighley and District. Over 840 people attended ‘community engagement events’ organised or supported by the project. These events, delivered in community languages, aimed to break down cultural and language barriers and to raise awareness of specialist palliative care services. In addition, via the business and community contacts developed, the Project assisted in fundraising initiatives and charitable events. These engagement activities extended the reach of Sue Ryder Manorlands and the charity to people who would not have previously engaged with, or known about, the services.

Addressing under-representation of BME people as service users and staff
An increase in the number of new patient referrals to Sue Ryder Manorlands specialist palliative care services for people from BME communities has been achieved. A total of 33 people have taken up the offer of help with meeting their palliative and end of life care needs during the period May 2010-July 2012. This exceeds the target of 10 set for project and indicates improvements in awareness, access to, and utilisation of specialist palliative care services with opportunities to reduce health inequalities for BME people and their families/careers. During 2011, referrals for the BME community represented 2.24% of new patient referrals to Sue Ryder Manorlands compared with 1.14% in 2007. Difficulties were, however, reported for establishing baseline figures for the ethnic profile of staff, service users and job applicants locally and within the charity. In addition, attempts to collect data relating to the ethnic profile of people referred to individual Sue Ryder Hospices revealed inconsistent practices across the charity.

Increasing opportunities for local BME people to access training and employment within health and social care services
The project has successfully recruited one project co-ordinator, sixteen apprentices and one administrator. These included 4 men, 13 women, local, unemployed at the time of appointment, people from the community in Keighley and District with the requisite language skills. The apprentice posts attracted significant interest with up to 146 people requesting recruitment packs and between 11-59 people submitting applications on each recruitment occasion.

The award/training profile achieved during the project includes MSc Health and Social Care Management, NVQ Level 2 Health and Social Care, Diploma in Health and Social Care (current), NVQ Level 3, Safe Handling of Medicines, QCF Level 2 Dementia Awareness, Diploma in Management Level 3, Diploma in Fundraising Level 3.

Four apprentices and the project co-ordinator remain in post whilst 12 apprentices have successfully used the experiences and opportunities of the apprenticeship to identify their career ambitions, develop their self-confidence and secure employment or further study. Two apprentices were appointed as Healthcare Support Workers at Sue Ryder Manorlands. Seven apprentices have continued in roles within health and social care services following completion of their Apprenticeship. One apprentice will commence a nursing programme in September 2012 and three apprentices are submitting applications for 2013-14 entry in nursing.

These appointments, employment and award successes are viewed as very positive outcomes for the project contributing to the achievement of the key performance indicators. Apprenticeships, therefore, offer a potentially successful model for recruiting ‘hard to reach groups’ into training and employment within specialist palliative care and health and social care services.

Providing opportunities for host services to develop staff
Benefits were reported by teams participating in the project including raising cultural awareness and developing the cultural competence of team members. Other opportunities were introduced to develop staff within host services. These include establishing cultural awareness training and redesigning the charity’s equality and diversity training. The project co-ordinator worked alongside host services and departments to develop action plans for forging and strengthening partnerships with the local BME community and the Asian business sector in Keighley and District. The project also created an opportunity for one volunteer to work alongside the project coordinator to introduce a schools project.

Opportunities for staff development are also evident in everyday practice:
‘The Hospice has cared for more Asian people and it has recruited young Asian staff members as Healthcare Support Workers. This has been helpful and challenging. Innate prejudices and
practices are being discussed. It’s helped us to reflect on specific instances of our everyday practice with new eyes and examine our relationships. It’s early days but the opportunities for this to influence across the Charity. It’s starting to impact on how the Charity thinks…”

(Steering Group Member)

Finally, opportunities for learning from the project to change the charity’s recruitment and ethnic monitoring practices have been identified.

**Conclusions: impact/benefit of project**

Final evaluation of the project indicates the significant impact and benefits which have been made for the hospice, Sue Ryder, participating services and the apprentices for enhancing access to, and use of specialist palliative care service by BME communities. These, and the impact and benefits for the individual apprentices, will be reported in this paper.

**References**


**Key words:**

- palliative and end of life care
- black and minority ethnic community engagement
- apprenticeships
- return on investment methodology.

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**P19**

**Community partnerships, service learning and health fairs: A key to learning in community health nursing**

Peggy Rose, Assistant Professor of Nursing, Purdue University North Central, Indiana, USA

The purpose of this poster presentation is to discuss a strategy that includes the design, planning and implementation of a population-based health fair in a Community Health Nursing course. Such service learning activities, embedded within the course, foster academic success through experiential education, enhance critical thinking abilities, encourage a sense of civic responsibility and promote student reflections on the impact and outcomes of partnerships in community health. Working within and organising the interdisciplinary members of the team advances student awareness of the significant contribution of community partners in health promotion and primary prevention activities.

An essential element of this type of project involves the students’ reflections of the service learning activities. Each student is required to maintain a journal/log to record activities and reflective perceptions of the associated experiences. Activities are linked to student learning outcomes and competencies. Additionally, students meet at each step of the process to reflect on individual perceptions of one’s sense of community and social responsibility, learning from one another as they discuss struggles and successes.

As a teaching strategy, the design and implementation of health fairs effectively addresses student learning outcomes and competencies for a Community Health Nursing course while meeting the community’s needs for education, health promotion, and disease and injury prevention, and promote changes in health knowledge, practices and beliefs.

The community partnerships established for the implementation of a health fair are built on a mutual desire to protect and promote the health and safety of the population being served. The fair generates a sense of partnership within the community and creates a vehicle for communication among the members of the interdisciplinary team. It is through the collaborative efforts of all partners, including students, that the fairs are structured around relevant issues and objectives.

This poster will illustrate the step-by-step process in the design, planning and implementation of a population-based health fair; discuss the related student learning outcomes and competencies in a Community Health
Nursing course; offer a template for reflective journaling; explore avenues for the identification of community partners and present evaluation data from past health fair experiences.

References


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**P20**

A prospective study of the outcomes of a teaching–learning course on professional nursing law on knowledge and nursing practice in the realm of law among nurse students

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Nursing students will soon be working under the professional law, lapses in standard of care may expose nurses to legal liability. Legal course related to nursing practice will protect them against legal problems. A descriptive prospective study was carried out to examine outcomes of a teaching-learning course of the professional nursing law on knowledge and nursing practice within the realm of law among nurse students. The sample was the third year of Ramathibodi nursing students in the academic year 2006, Mahidol University, Thailand. There were 101 participants, who registered on this course and completed questionnaires. The questionnaires of knowledge and nursing practice in the realm of nursing law and related law were collected before the teaching-learning course of professional nursing and midwifery law, then again four and eight months later.

The result revealed that before the course began, the mean score of knowledge and nursing practice in the realm of law was at the moderate and high level, respectively. After the course ended, the score of knowledge was significantly increased. However, there was no significant difference of mean scores of nursing practice in the realm of law because nursing students practice under clinical teachers’ supervision. So, they can recognise how to do no harm to patients.

Conclusion, the teaching-learning course of professional nursing and midwifery law is of benefit to nursing students. Nurse educators should simplify legal contents and raise case studies related to nursing practice in order for this to be an interesting course, increase the quality of nursing care and reduce legal problems.

References


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**P21**

Core competencies of registered nurses in an emergency room at Ramathibodi Hospital

Phiraya Saimai, Professional Nurse, RN, M.S. (Public Health), Nursing Service Department, Faculty of Medicine Ramathibodi Hospital; Savai Norasan, Associate Professor, School of Nursing; Kongdai Unhasuta, Assistant Professor, Faculty of Nursing, Mahidol University, Bangkok, Thailand

Background
Trauma patients attending emergency rooms need effective management in life-threatening situations. Nurses with high competencies can provide effective care.

Purpose
To study the trauma care competency of registered nurses at the emergency room in Ramathibodi Hospital.
Methods
Forty-three registered nurses working at the emergency room were asked for a self-assessment of their trauma core competency levels. The questionnaire was modified by Krongdai Unhasuta and Thai Trauma Nurse Network. Six dimensions of trauma care competency include: cooperation, decision-making, leadership, problem-solving, teamwork, and technical knowledge.

Results
Most participants were young and inexperienced, the average age was 26 years. 27.9% of participants had been working in the emergency room for more than 5 years (proficient to expert nurses). They rated their trauma care competency in term of ability base and practice outcome at high level. The highest means score was cooperation, but problem-solving, decision-making and technical knowledge had the lowest scores. The ability base and practice outcome of care competency in the overall were positive significant correlation at the .01 and .05 levels.

Conclusion
Emergency nurses had good cooperation but problem-solving, decision-making and technical knowledge need to be improved because most of them had little experience. Suggestion, developing protocol and regular training will improve their competencies.

References


A contextually-oriented approach to academic honesty for nursing students

Sue Coffey, Director, Nursing Program and Associate Professor, University of Ontario Institute of Technology; Charles K. Anyinam, Professor, George Brown College of Applied Arts and Technology, Toronto, Canada

Concerns about academic honesty in higher education are widespread. Within health science education, there is a growing trend toward identification of breaches to academic honesty across a wide range of programs (Coffey and Anyinam, 2012; Hughes and McCabe, 2006). This poster highlights the experiences of faculty teaching in a BScN program designed to enable internationally educated nurses earn entry-to-practice credentials in Ontario, Canada. Faculty took part in the trial of a highly successful pilot implemented to as part of a focus on academic honesty. Reflecting on what would be the most comprehensive approach to this issue with a group of nursing students originating from around the world allowed faculty to consider the impact of context. Specifically, the context of the nursing profession and the context of culture were main considerations in the development of this innovation. In the end, faculty and students agreed about what was most important in the success of this approach:

a) clear messaging about academic honesty tied to professional values
b) faculty commitment both to supporting learning and in allowing for growth over time, rather than expecting perfection from the start
c) use of anti-plagiarism software in an educative rather than punitive manner, building in transparency with originality reports and opportunities to improve performance
d) faculty-student collaboration.

One of the strongest messages that faculty shared with students, and which students took to heart, was that we all are on the same side of wanting students to graduate with a degree that stands for something. By ensuring that the standards of academic honesty were valued within this nursing faculty-student community, we all found ourselves on the same winning team.

References

P23
Transition and transformation as key concepts in bridging from registered practical nurse to registered nurse

Sue Coffey, Director; Gail Lindsay, Associate Professor, University of Ontario Institute of Technology; Susan Sproul, Dean, Durham College; Marianne Cochrane, Professor; Katherine Cummings, Professor; Sandra Mairs, Professor, Durham College; Karen Macdonald, Coordinator, RPN to BScN Program, Georgian College; Shelley Bourchard, Project Coordinator, RPN to BScN Program, Georgian College; Shelley Bourchard, Project Coordinator; Nadia Salamat, Research Assistant; Zainab Lulat, Research Assistant, University of Ontario Institute of Technology, Ontario, Canada

Accelerated, compressed, and bridging programs are rapidly increasing in popularity as a means of educating nurses across North America. In Ontario, Canada, there are currently six universities with ten college partners involved in offering registered practical nurse to Bachelor of Science in Nursing (BScN) bridging education. However, there remains virtually no evaluative data regarding these programs. In particular, both the student experience within this type of educational offering and the graduate experience as they enter a new level of nursing practice at completion of the program have not been explored. This poster will present one component of a funded, year-long, three-phase research project that explored the performance and behaviours of registered practical nurse to Bachelor of Science in Nursing students and graduates. Through thematic analysis of focus group data with 110 bridging students at various points in their educational program and online/telephone interviews with 30 program graduates, transition emerged as a major concept and experience. Results indicate that registered practical nurse transitioned into the student role as adult learners returning to school, transformed themselves and their practice through their education, and transitioned into practice as baccalaureate graduates and registered nurses. An evolutionary conceptualisation of the students’ process related to resistance, responsiveness and being proactive will be illuminated. The juxtaposition of transition and transformation will be explored. The multiple layers of personal and professional change experienced in the moment by students and through retrospective consideration by graduates will be explored. Conference participants are invited to consider how their programs recruit, orient, mentor, and support nurses in their academic, personal, and professional transitions inherent in returning to school and in transforming their practice.

References


Key words:
• bridging education
• transition to practice
• qualitative research
• educational innovation.

P24
Five reasons for student nurses to use Facebook: A case study of a nursing peer mentoring online community

Rebecca Coxon, Student Nurse, University of Nottingham, UK

This poster reports the student experience of sharing and developing an online community of peer mentors on Facebook. This builds on Gray’s (2004) work on informal learning in online communities. In 2012-13 School of Nursing at University of Nottingham implemented a peer mentor scheme to support new students through transition. Peer mentors are recruited across multiple year groups and disciplines and trained in small groups. This makes it difficult for a mentor community to develop. Students resisted the Moodle space created for them and instead built a vibrant online community on Facebook. This has been reported in other research (Pollara and Zhu, 2011; Wong et al., 2012). This research reports on why and how students used Facebook and the skills developed in participating in an online community. The author, a student who acted as a peer mentor took a participatory action research approach to this research. Data includes analysis of peer mentor reflective writing, a thematic analysis of Facebook posts and an online questionnaire. The poster summarises findings into five key reasons why student nurses might benefit from using Facebook. The results presented on this poster show the ways in which mentors engaged with a community using Facebook as a tool and in doing so developed transferable skills.
Three take home messages:

- Universities should consider wider use of Facebook than Moodle to support learning since this is where students are.
- Facebook offers a sense of community to students in one school who may have limited other opportunities to interact.
- Mentors can develop useful skills whilst supporting new students through transition in an online community.

References


Key words:
- peer mentoring
- online communities
- Facebook.

P25

Sharing and supporting the hopes and dreams of students in a Canadian BScN program

Hilde Zitzelsberger, Assistant Professor; Sue Coffey, Director, Nursing Program, Associate Professor, University of Ontario Institute of Technology; Marianne Cochrane, Professor; Katherine Cummings, Professor, Durham College, Ontario, Canada

Healthcare educators are in a unique position to support students’ personal and professional development. The UOIT-DC Nursing Program curriculum is founded on caring values that assert a commitment to the primacy of relationships. According to humanistic nursing, caring involves the interrelated concepts of ‘being’ and ‘doing’ in which both require an active presence and willingness to come to know another person (Paterson and Zderad, 1976). A deeply held tenet of nursing practice is the notion that when a nurse knows or understands a person, he or she will be better able to care for that person. We believe that this notion also pertains to student and faculty relationships in nursing education, ultimately leading to more effective and meaningful learning opportunities and experiences.

This poster will report on a qualitative study exploring undergraduate nursing students’ hopes and dreams when they begin their education and the ways these hopes and dreams may shift and evolve as they progress through their program. The intersections of students’ hopes and dreams for their education and faculty members’ hopes and dreams in teaching students will be presented. The impetus for the project arose from conversations among faculty members about the complex relational nature of nursing education and our hope to enhance relational awareness and practices through a deeper understanding of the aspirations and goals that students and faculty members hold. Exploration of how the findings may contribute to deeper understandings of and responsiveness to students and the significance of nursing practice and education to them will be presented.

References


Key words:
- relationally-based nursing education
- qualitative research
- hopes and dreams.
P26

Doing technological time in a pediatric hemodialysis unit

Hilde Zitzelsberger, Assistant Professor, University of Ontario Institute of Technology; Elizabeth Peter, Associate Professor; Patricia McKeever, Professor; Adrienne Chambon, Professor; Kathryn Morgan, Professor, University of Toronto; Karen Spalding, Associate Professor, Ryerson University, Canada

For Canadian children living with end-stage renal disease, hemodialysis is a common intervention and usually received in a specialised ambulatory hospital-based unit. Although children spend up to 12 hours a week receiving hemodialysis, little is known about how they perceive and respond to hospital-based hemodialysis.

This poster will report on an ethnographic study exploring children's perceptions of and responses to the temporal, spatial and technological regimes and relations of a pediatric hospital-based hemodialysis unit. Time, space, and technology are viewed as significant interrelated aspects of the hemodialysis unit and the unit is conceived as nested in the broader contexts of the children's everyday lives. The theoretical framework merges concepts of human embodiment and contemporary human geographical perspectives and philosophy of technology. The dominant theme emerging from the study findings is the notion of the children doing 'technological' time. The children's accounts also suggest ways to improve the provision of hemodialysis and modify the design and routines of the unit to better accommodate them.

The study findings suggest that crucial changes in practices and policies are essential to envision ways to create with children an overall positive place that merges and balances technological care with child focused care. That children have important insights to share about the healthcare services that they receive and their perspectives may differ from adults is highlighted by various theories and researchers (Balen et al., 2006; Moss and Petrie, 2002; Nicholas et al., 2011). The inclusion of children's views is critical because many settings typically occupied by children have been designed and designated by authoritative or professional adults as 'places for children' (Rasmussen, 2004, p.155) without children being involved. Exploration of the findings may contribute to the ways that healthcare providers, funders, administrators and policy-makers can facilitate the inclusion of pediatric service users in the design and care provision of hemodialysis units as well as other high-tech hospital-based units.

References

P27

Research on care during pregnancy provided in collaboration with community midwives

Junko Takeda, Research Associate; Ritsuko Hattori, Professor, Gifu College of Nursing, Hashima City, Japan

In Japan, 98.8% of births take place in hospitals and clinics, and many midwives work in hospitals and clinics. The percentage of midwives working in the community is only 6%. Even though community midwives provide close support to the community and highly specialised services, such as natural childbirth without medical intervention, their activities are not widely known by society.

For this reason, collaborative research between community midwives and nursing faculty members was conducted to focus on the activities of community midwives. This research is practical research where the community midwives work together with the nursing faculty members to improve the issues identified during the work of the midwives and to evaluate the results.

The purpose of this research is to clarify the effect of the 'pregnancy support program to facilitate the independence of the women' conducted in collaboration with the community midwives and nursing faculty members and to study the impact of the program on the work of the community midwives.
The results of an earlier study of community midwives that identified the support required by the community was used as the foundation for proposing the ‘pregnancy support program to facilitate the independence of the women’ that was implemented in collaboration with the community midwives and the nursing faculty members. The support program evaluation was done by interviewing the participants and the community midwives.

The participants experienced a positive change in their feelings about giving birth and their confidence regarding giving birth was increased through the relationships with other expecting mothers and the community midwives, which facilitated their independence. The community midwives said this was the only opportunity for women to consider giving birth locally and that this activity also leads to other child rearing support, so they felt it would be good to continue in the community and that it gave them an opportunity to learn from other community midwives; thus they thought the support program was rewarding and helped them grow personally.

The support program helped the participants change their feeling about giving birth and empowered them. In terms of the effect on the work of the community midwives, it was significant because the activity cannot be done alone, and it provides an opportunity to learn from each other.

The activities of the collaborative research provided an opportunity to consider new activities for the community midwives and provided a further means to empower them.

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**P28**

**Students' living room: Reflection discussion groups during clinical practice – where theory and practice meets**

**Elina Koota, Clinical Teacher in Nursing; Toni Haapa, Clinical Teacher in Nursing, Uusimaa Central Hospital, Finland**

**Background**

A review of earlier research shows that it is often difficult for nursing student to integrate theoretical input taught in the classroom and what is practised or experienced on the wards during clinical practice. During clinical practice supervised reflection is needed to help student to integrate theory and practice. The students' living room model has been developed in order to meet the need for interweaving theory and practice during clinical practice. Background for this development also was the need to integrate the good nursing qualifications and nursing values showed in Clinical Learning Environment Scale (CLES @ Saarnkoski) to nursing student guidance.

**Aim and goal**

The aim was to develop a new pedagogical learning model where traditional lecturing, dialectic discussion and reflection meets. The goal of clinical discussion groups is to create a forum where students are free to reflect on experiences and thus achieve better insight, understanding and competency in nursing.

**Method**

Students' living room was organised every second Monday during year 2012. The student living rooms were led by a clinical teacher in nursing and an expert nurse. One living room session consisted of a theoretical part, followed by a practical one. Theoretical part consisted of a traditional classroom lecture held by expert nurse from different subject in nursing, for example pain treatment with cancer patient. A practical part consisted case studies, where students discussed and reflected in groups using the good nursing qualifications as reflection model to integrate theory and practice. In the end the clinical teacher in nursing, expert nurse and students created a synthesis and deeper understand about the patient case. The expert nurses’ perspective was to bring the theoretical and practical knowledge to students, students’ perspective was in bring the experience from the clinical practice and the clinical teacher in nursing perspective was to help the students to integrate the theory and the practice.

**Results**

During the year 2012 there where 543 student visits in students' living room. Students found the living room model an excellent way to integrate theory and practice during the clinical practice period. The results shows that the students have had a good learning experience which has helped them to deepen their understanding, insight and competency in nursing. They have learned to reflect more systematically and linking theory with practical nursing.

**Evaluation**

The reflection is the 'hub' in the supervision. Students' living room is an open, flexible and sensitive way to the students to reflect their experiences during clinical practice. It was also very beneficial for students to have a guided reflection session with expert nurse and clinical teacher in nursing to experience the importance of close and strong collaboration between theory and practice.
Abstracts for posters

References


SIMentorship: Putting the evidence into nurse educator preparation

Jayne Smitten, Research Project Coordinator; Florence Myrick, Associate Dean Teaching and Learning; Pauline Paul, Associate Dean Graduate Program, University of Alberta, Edmonton, Canada

Education is key to the future of a well-prepared, competent, and confident nursing profession. It has been asserted that education has a significant impact on the knowledge and competencies of professional nurses (*AACN, 1997*) in the healthcare spectrum. Globally, high-fidelity human patient simulation (HPS) continues to be embraced as an adjunct technique in the teaching and learning process of nurses. Review of the research further demonstrates that clinical simulation is an innovative and effective teaching and learning strategy in the preparation of professional nurses for a variety of healthcare environments. According to the World Health Organization’s *World Health Statistics Report* (2011), there are currently 19.3 million nurses practising in a diversity of settings worldwide, representing the largest segment of the world’s healthcare workforce. It is imperative, therefore, that the progressive role of clinical nursing simulation education be primary in advancing the development of critical thinking/reasoning, inter-professional teambuilding and fostering leadership in the future of nursing education.

Recognising the labor intensive nature of high-fidelity human simulation education, strategies must be mobilised to increase the efficiency, effectiveness, and successful outcomes of this modality in our ever changing world of healthcare. It is the authors’ contention that SIMentorship be a priority consideration for nursing educational institutions, hospital faculty development departments and leadership in nursing associations. It is also the authors’ assertion that in the future, more rigorous experimental research designs will conclusively reveal that clinical simulation education effectively and efficiently facilitates safe, competent patient care and, inevitably, improved patient outcomes.

The time is ripe for a comprehensive, streamlined plan of action towards further efforts in the assimilation of simulation within the diversity of clinical healthcare education environments. The integration of a well-thought out, flexible SIMentorship strategy holds one potential solution designed for building capacity and sustainability in clinical nursing simulation education. Recommendations for global preparatory efforts of nurse educators using HPS will also be presented.

References


Key words:
• education
• nursing
• simulation
• innovation
• clinical development
• building capacity.

P30

The student experience of learning: How prepared in wound management are pre-registration student nurses?

Mariama Seray-Wurie, Senior Lecturer/Programme Leader; Beverley Brathwaite, Senior Lecturer, Anglia Ruskin University, Chelmsford, Essex, UK

Aim
The research was conducted to study pre-registration third year student nurses who have had two years of both theory and practice. To establish how and where the students experienced wound management throughout the curriculum and prepared them for going out into clinical practice.

Method
Using a cross-sectional study 152 year 3 adult, child and mental health nursing students on the BSc and diploma advanced programme were given a short answer questionnaire. There was a 73% response rate by the students.

Results
95% agreed that knowledge and understanding of wound management is important in pre-registration educational preparation of which 66% agreed that the curriculum as a whole prepared them for wound management in clinical practice whilst 44% disagreed. 55% identified clinical practice as where the learning had taken place to a large extent; classroom teaching was identified to some extent by 37% followed by the skills lab at 29%. 10.8% responded to other and identified self-directed/own study as where they had learned about wound management.

Conclusion
Results confirmed that all students, adult child or mental health valued the importance of wound management as a nurse. Clinical practice was the area that the student nurses clearly agreed strongly that this is where learning had taken place, particularly in the community. However further analysis of the data showed that classroom based learning had the least impact on their learning as it is seen as a practical skill. Students acknowledged highly the significance of the role of clinical practice and specialist nurses such as the tissue viability nurse and the need for input from tissue viability nurse’s in the curriculum. There is also the recognition of continuous assessment of knowledge and understanding through years 1-3 in various settings, as identified in the essential skills clusters, NMC (2010).

References


P31

The different child using art-based activities to explore personal meanings
Joan Livesley, Senior Lecturer; Sam Ingleson, Senior Lecturer; Alison Cavanagh, Lecturer; Monica Choy Irala, Postgraduate Student, University of Salford, UK

Arts based activities are known to positively impact on the education and training of healthcare practitioners and may lead to intimate and respectful sharing while providing the means to enable expression that is often difficult to achieve through written media. Art-based activities can promote emotional awareness and empathy and bring together tacit and theoretical knowledge.

The art-based activities presented in this poster were developed during collaboration between a post-graduate creative arts education student, undergraduate visual arts students and children and young people's nursing students.

The work began with a brief presentation by Carson and Miller (visual artists) to engage the students in the critical debate regarding the representation of children in popular art forms. This was followed with a puppet making session. Puppet-making was chosen as it can enhance engagement and motivation, provide a stimulus for focused talk, raise the confidence of shy participants, enable participants to reveal their misconceptions and, provide a means to challenge ideas and misconceptions in a creative way.

The first cohort of students embraced the activity and engaged in creative work that far surpassed the expectations of academics. Drawing on their personal and professional experiences they developed ‘life-stories’ for each of the puppets, used drama to introduce their puppets to each other and created an art-installation to exhibit the extent of their work and reflective learning.

Students from the following cohort of undergraduate nurses (six months later) were asked to ‘adopt’ one of the puppets and recreate their character and life-story before being given a letter that revealed an element of ‘bad news’. Following this an innovative game that enabled the exploration of opposites, in this case birth and death, was used to examine public, personal and professional constructions of death and dying, focusing on the death of a child.

The poster will use a range of interactive media including a stop frame animation to present artefacts from the art based activities and share the students’ evaluations of learning

References

Jonathon Carson and Rosie Miller. Available at: http://www.carsonandmiller.blogspot.com/

P32

Enhancing the student experience through values-based personal tutoring
Alison Kilduff, Field Leader Mental Health Nursing; Betty Harris, Assistant Subject Head; Guy Collins, Adult Field Leader, University of Derby, UK

The aim of this poster is to demonstrate how the values-based personal tutoring can impact positively on the student experience.

A values based approach is relational and has positive working relationships and good communication as the heart of its focus. It is also a current and contemporary approach in Mental Health Nursing, which is based around the instillation of hope, establishment of a positive identity, the building of a meaningful life and taking responsibility and control (Shepherd et al 2008). Values-based education promotes the development of values based learning and recognises that all involved in the process ‘are central to the development of a values-based learning community which fosters positive relationships and quality in education’ (ALIVE, 2012).

The personal tutor relationship is often thought to be one of the key areas for which can foster a sense of belonging to a higher education institution which is a key part of the widening participation agenda (HEFCE 2012), whose aim is ‘to promote and provide the opportunity of successful participation in higher education to everyone who can benefit from it’.
The University of Derby’s values and philosophy are based on widening participation; many of our students who begin their journey of learning need support in a range of needs to enable them to succeed in their chosen path. Some are the first in their family to have aspired to higher education, some have undertaken an access course as their first step of their journey and some have range of support needs including lived experience of mental health problems. The poster will identify several curriculum based activities which have been developed to foster and nurture the relationship between the academic and student which complements the more traditional methods of pastoral and academic support.

The widening participation agenda needs consideration to ensure students with a range of needs are enabled to achieve their potential and belong within the higher education community.

Through the fostering of a values based personal tutor relationship, which echoes and mirrors the theory of mental health nursing, individualised support can be provided to ensure students develop knowledge and confidence as successful learners.

Values-based personal tutoring can have a positive impact on retention and the student experience, our programme’s rating for the National Student Survey increased to 100% satisfaction in 2011/12.

Reference

Key words:
• Student experience
• personal tutor
• values
• mental health nursing.

P33
What do student nurses expect and want from their personal tutor? A qualitative study

David Pinnock, Lecturer in Surgical Nursing and Clinical Skills; Christopher Middleton, Associate Professor of Nursing; Lucy Harper, University of Nottingham, UK

This presentation reports the findings of a small qualitative study exploring what support student nurses expect and would wish for from their personal tutors. Specifically what support they expect in dealing with personal difficulties causing obstacles to learning, academic issues and their development as professionals.

In the English university studied tutorship is what Thomas (2006) describes as the pastoral or traditional model, wherein each student is assigned to a member of academic staff for the duration of their course and tutorship is not integral to the curriculum. In this the university is fairly typical, which increases the relevance of the findings to other institutions. There are sound economic arguments for supporting students effectively in higher education (National Audit Office, 2007) and also ethical and professional responsibilities for nurse lecturers. The personal tutor role is recognised as being an important part of this support, particularly amongst more diverse less traditional student groups such as Nurses (Thomas, 2006; Bowden, 2008; Watts, 2011). Personal tutors form helping relationships with their tutees and are a conduit to organisational structures of support (Bowden, 2008; Hixenbaugh, Pearson and Williams, 2006). Understanding how these roles are perceived by students is important.

The authors aimed to both describe and interpret, through the development of a thematic account the lived experience of tutorship by nursing students, using an interpretive phenomenological approach (Bryman, 2001). Two focus groups have been convened by the authors and three further groups are planned. Focus groups have the advantage of accessing a range of perspectives of from the group who have an interest in the topic (Bryman, 2001). The approach to the recruitment of student groups varied according to course but can be summarised as convenience samples of nursing students beyond the first year of study. Within the focus groups we explored the perceptions of the role of the personal tutor in supporting students to:
• achieve the prerequisites for learning (managing issues that compromise their safety and security, sense of belonging such as illness, relationship breakdown, bereavement)
• meet the academic requirements of the university (general advice on studying and negotiating university processes)
• develop as a professional (reinforcing professional norms and values and meeting the requirements of the Nursing and Midwifery Council).

Aside from an overall satisfaction with tutorship, thematic analysis of the initial focus groups suggests that student nurses value the role of personal tutor very highly; their relationship with supportive figures in the faculty is important to them. However they are acutely aware of inconsistencies in tutorship practice. Respondents suggested that tutors might work harder to build the relationship. Further results will corroborate and expand these findings that fit with other similarly themed studies using different approaches (Hixenbaugh, Pearson and Williams, 2006; Bowden, 2008; Braine and Parnell, 2011).

References

Key words:
• personal tutor
• student support
• student perceptions
• student experience.

P34

Lecturers in healthcare may benefit from training in addressing students’ difficulties in academic writing

Claire Emery, Senior Lecturer, Kingston University and St George’s University of London, UK

Introduction
The author is a senior lecturer in academic skills in a healthcare education setting. Entry routes of students are varied and include those returning to education, access courses and international admissions. Furthermore, some home students may be immigrants who have received only part of their education in the UK, a group referred to as Generation 1.5 (G1.5) (Di Gennaro, 2009). Dyslexia is an additional consideration combined with these or independently. Widening participation calls on higher education institutions to move away from supporting specific student groups towards the embedding of equity considerations within all functions (May and Brigden, 2010). In terms of academic writing, students can all access support and sessions on academic skills are embedded in some modules, but both lecturers and students have reported a difference in lecturers’ confidence and willingness to correct language errors and give advice on the process of academic writing. Therefore the author has set up optional workshops to provide training for tutors in these areas when preparing individual students and groups for written assignments and when giving feedback. It is hoped that this will in turn facilitate an inclusive approach to meet the needs of the majority of students and enhance the overall learning experience. The series of two workshops will focus on practical tips and not exceed one hour, but follow up activities will be available online.

Aim
The aim is to explore whether lecturers perceive a change in their practice after the workshops and consider attitudes in general to change to accommodate the evolving student population.

Method
Following the delivery of training in March 2013, participants will be interviewed in April and May 2013 to explore whether they perceive that the training has led to any changes in practice. Since it is anticipated that a maximum
of twenty tutors will be able attend, a questionnaire may be sent to those who expressed interest but were unable to do so and a wider lecturer base. In both cases, Lewin’s force field technique will be used as a structure to consider motivating and limiting factors for change.

**Results**

The results will be available by August 2013, based on which it will be decided whether to organise further training and possible changes to the workshops.

**References**


**Key words:**

• academic writing skills
• widening participation
• lecturer development
• student support
• meeting students’ needs.

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**P35**

**Survey of career destinations of students who have undertaken and completed modules and programmes from the Faculty of Health and Social Care Sciences undergraduate and postgraduate frameworks from schools of nursing and midwifery**

Sue Heatley, Principal Lecturer, Kingston University and St George’s University of London, UK

**Context**

The poster depicts the progression of the above entitled project in 2012. The project was contextualised by a need for careers information, support and resources for students undertaking modules and programmes in pre and post qualifying health and social care, specifically nurses and midwives.

**Contemporary issues**

The students accessing post-qualifying development have been prepared for practice and registration with the faculty and are now looking towards role development. The National Health Service London (NHSL) (2008) states ‘Flexible roles and career structures already exist, but these should be developed further so that nurses and midwives understand the wide ranging directions their roles and careers can take.’ The pre- and post-registration programmes are cross referenced to the Knowledge and Skills Framework (KSF) Agenda for Change (AfC) (DH, 2004) so that when an individual details a personal development plan for the purposes of annual appraisal they should be able to select appropriate study to develop a wide range of skills mapped to the KSF.

The project progressed in 2012 by recruiting recently qualified nurses and midwives through the alumni. The participants were surveyed, photographed and filmed to produce resources and marketing materials. Six nurses (from acute and primary care, learning disability) and one midwife contributed to the production of the above.

The products were developed at the same time as facilitating collaboration between the school of nursing and the careers and employability service. This coincided with a review of the education framework of the university and a comprehensive strategy to enhance student employability. Work continues to foster ongoing enhancement and contributions directly from career personnel to the undergraduate pre registration nursing courses.

The photographs and narratives are presented on the poster. The short videos are still being edited for use in marketing events, timetabled lectures and interactive sessions with second and third year students. The key messages from the videos are transcribed for the poster and generate rich descriptive content to be used with students who need to prepare for post qualifying practice.

**References**


P36

Overcoming the barrier to English as a second language by introducing a collaborative teaching model

Miaofen Yen, Professor; Nai-Ying Ko, Professor; Paul Saunders, Research Specialist, National Cheng Kung University, Taiwan, RoC

An all English advanced degree program in nursing was established in 2011 in Taiwan to respond to the WHO effort to improve higher education in health services in South East Asia. The first group of non-Chinese speaking multinational nursing students was recruited with a teaching background. Using English as a second language in teaching and learning was a challenge to faculty and students. A teaching model of collaboration between nursing faculty and an English resource teacher was created to help students meet program and individual requirements. This paper describes the teaching strategies and outcomes of the collaboration for a course on nursing research.

The nursing faculty focused on the content of the course and the English teacher on delivering presentations and writing a nursing research proposal in English. The nursing research topics and presentation-writing skills were alternately arranged. The format of the weekly 3-hour classes was designed beginning with a student presentation on a research theoretical concept for the first hour to serve as an opportunity for active learning and teaching practice. The discussion of the content was held during the second hour to clarify key elements of nursing research. The third hour focused on incorporating the particular concept addressed within the students’ written research proposal. Additional small academic support groups were organised among students and guided by the instructors with a focus on peer evaluation. The nursing faculty and the English teacher met on a regular basis to collaborate on the course content that needed attention.

At the completion of the course, each student was able to impressively produce both draft versions of a thesis proposal in English and presentation the proposal to the nursing graduate student body. The draft versions of thesis proposals serve as a foundation toward graduating from the advanced nursing program. Final evaluations indicated that students improved their teaching skills in terms of how to effectively make a presentation, how to organise and sustain a support group, and how to write a nursing research proposal. The collaborative approach to non-Chinese, English as a second language student approach is effective.

P37

Enhancing the effectiveness of chest physical therapy by patients’ personal care assistants in a respiratory care ward

Li-Wei Hsieh, Director of Nursing Department, Tainan Hospital and Doctoral Student, National Cheng Kung University; Miaofen Yen, Professor, National Cheng Kung University; Shon-Wen Lee, Head Nurse, Tainan Hospital, Taiwan, RoC

Purpose

In the respiratory care ward, there are many patients with prolonged ventilator dependence. As a consequent, nurses give health care education in chest respiratory care to patients’ personal-care assistants and its correct execution to personal-care assistants, and both influence the quality of respiratory care. This project was designed to evaluate and enhance the accuracy of chest physical therapy by patients’ personal-care assistants in a respiratory care ward.

Methods

Data collection and status analysis

A table for chest physical therapy was designed to evaluate the status before and after chest physical therapy by patients’ personal-care assistants in a respiratory care ward. From February 1 to March 31, 2011, in a sample of 52 transactions, only 11.3% accuracy was achieved. Based on the questionnaire results from 30 patients’ personal-care assistants, 24 (80%) identified instructions from nursing staff, 10 (33.3%) recognised their regular instructions, and another 10 (33.3%) neither realised the importance of chest physical therapy nor that the lack of this therapy might cause complications. The data also showed that 85% of the patient’s personal-care assistants were foreigners who might have had communication problems.

Setting measurements and improvement

We established a team for standardising nursing instructions in order to conduct a documentary survey and to issue health education pamphlets like ‘Chest physical therapy’ and ‘Chest physical therapy standards’ to ensure the consistency of nursing instructions to major personal-care assistants. The CD-ROM ‘Multi-language demonstrations of chest physical therapy’ was produced to provide a learning model for foreign personal-care assistants.
Results
From September 1 to October 30, 2011, an on-site survey of the execution of chest physical therapy conducted by patient's personal-care assistants in the respiratory care ward was carried out. Twenty-seven (86%) patients’ personal-care assistants indicated the importance of chest physical therapy and the possibility of ignorance causing complications. Use of the table for chest physical therapy increased the accuracy from 11.3% to 77.1%. Based on a paired t-test analysis of the two sets of scores, the recognition increase was statistically significant (p <0.001).

Conclusion
This project was designed to provide learning opportunities for patient's personal-care assistants by providing nursing instruction standards and learning aids. Multi-media learning aids are highly recommended for the provision of complete nursing care through clinical demonstrations.

Key words:
• respiratory care ward
• chest physical therapy
• multi-media instructions.

P38
Marking as a way of becoming an academic
Rachel Sales, Senior Lecturer, University of the West of England, Bristol, UK

Background
Academics supporting students in health social care are often described as gatekeepers for their professional disciplines as they are seen as experts able to make reliable judgments when assessing students. Newly appointed academics within these disciplines are often experienced practitioners, who are seen as moving from being experts in their previous roles to novices in an academic setting (Anderson, 2009). For new academics the first experience of marking is an event as memorable as the experience of preparing for and giving the first teaching session. Yet whilst the academic literature abounds with reflections and narratives about the latter, there is a paucity of literature on the former despite the assertion that marking carries an emotional burden for lecturers (Hand and Clewes, 2000): and that marking and assessment can be ‘the most significant quality event in the lives of students and academics’ (Flemming, 1999:83). To address this shortfall in the literature an extended independent study as part of a professional doctorate was undertaken was given ethical approval.

Aim
The aim of the study was to explore the experience of six newly appointed academics from health and social care backgrounds as they began to mark and give feedback on student coursework.

Methods
Three in-depth interviews which each participant.

Findings and conclusions
Each participant experienced different levels of support and guidance in relation to assessing, marking and giving feedback on students’ coursework. Participants reported a growing confidence in their academic judgements and discussed the challenges in relation to the emotional effects and ethical considerations that they had not anticipated. As a result of the study staff development sessions which focus on the needs of newly appointed academics have be introduced into the induction programmes for new staff.

References


P39

Written feedback: A foreign language that is lost in translation. The creation and use of an online staff development resource

Rachel Sales, Senior Lecturer; Virginia Radcliffe, Senior Lecturer, University of the West of England, Bristol, UK

As with many other higher education institutions within the United Kingdom, external examiners continue to praise the feedback that is given to students and yet this is not reflected in national student experience surveys. Indeed according to Price et al. (2011), students have become progressively disengaged with feedback due to perpetual and repeated unsatisfactory feedback experiences as they progress through their university courses. Additionally, other data suggests that students do not identify with assessment criteria and feedback due to a lack of understanding of their meaning and academic expectations (Higgins et al., 2001).

The primary aim of the ‘written feedback’ project is to enhance and transform feedback practices of academics’ through the use of computer simulations that capture and reflect students’ interpretations and reactions to written assessment feedback.

The majority of learning resources for academics are developed by academics whereas this project has active student engagement throughout to ensure that the staff development resource is co-created by academics and students. The primary aim of this innovative project is to enhance the quality of written feedback given by academics, through highlighting how written feedback can be interpreted in many different ways. This will be done through computer simulations using avatars to capture and reflect student interpretations and reactions to written assessment feedback.

The secondary aims of the project are to:

• create an online resource that can be used to explore and explain the terminology often used in written feedback in an attempt to move academics away from using terms that are not easily understood
• use the created resource for student assessment workshops and road shows to help bridge the different perceptions and understanding of written feedback
• highlight the emotional impact that giving and receiving written feedback has on both the student and the academic.

References


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P40

Developing perioperative skills using cadavers simulation training

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The use of simulation is well recognised as a means of improving patient outcomes, skills, teamwork and communication for the multidisciplinary team in the operating theatre: it allows for the recreation of true-to-life scenarios and can be used to develop processes that inform clinical practice (Anderson, 2008). Unfortunately the learning needs and development of the technical skills required by of the scrub practitioner have not been addressed and these continue to be learnt clinical practice. This often leads to ad-hoc learning, stress and nerves related to the need to perform complex and fine motor skills for the first time under pressure.

Student operating department practitioners participated in a trial surgical simulation with a cadaver; the aim was to ascertain if this was a viable learning experience for the multidisciplinary team, and if so, how it contribute to the development of skills for the scrub practitioner.

The cadaver simulation allowed the students to experience real operations with human tissue without the pressures or fears associated with doing a surgical case for the first time. The students used a constructivist approach to learning; while working with unfamiliar equipment and participating in procedures they had never seen before, they had the opportunity to problem solve, explore technical skills which were beyond their current range and to modify learned basic skills for this situation (Fry et al., 2003). They were able to contribute as a full team member knowing that if they needed further clarification their lack of knowledge was in no way going to harm the patient or delay the procedure.
Joint learning occurred as junior member of the multidisciplinary team were supported by a senior colleague or consultant, who explained the operation and how it should be carried out. A debrief after the procedure allowed the students to ask questions and offer their thoughts and feelings, as they would in a real situation and as recommended by the National Patient Safety Agency (NPSA, 2010).

The advantages of using a cadaver for the simulation were apparent: as it was human it felt and reacted as normal, while allowing the students an excellent view of the anatomy; a femoral cut down allowed artificial blood to be circulated creating a realistic surgical environment with pressurised blood flow to simulate surgical emergencies. It encouraged the students to develop new skills, to build on their existing ones and to reflect on how this contributed to them undertaking their role with confidence and competence (Fry et al., 2003).

References

P41

The impact of learning a selective course of ‘evidence-based health care’ on senior student nurses in Taiwan

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Teaching the steps of evidence-based practice has become part of the standard curriculum for health professionals at both student and professional levels. We established a new elective course of ‘evidence-based healthcare’ in the school of nursing in Taiwan. The purpose of this quasi-experimental design with repeated measure study is to evaluate the outcomes of learning on the evidence-based healthcare course. Subjects were recruited from the senior nursing students, those who selected the evidence-based healthcare were treated as the experimental group (n=13), the others were treated as the control group (n=78). Three points of data collection were conducted, which were: first semester in senior year (T1), the course starts (second semester, T2), and end of the class (T3). Based on the contents suggested by the Taiwan Evidence-Based Medicine Association and personal experiences of evidence-based medicine teaching, the contents of evidence-based healthcare are constructed. In order to evaluate the impact of learning this course, several outcome indicators were selected, these included: evidence-based related knowledge (measured by Taipei Evidence Based Practice Questionnaire), anxiety of literature search (measured by anxiety of literature search scale), and professional commitment in nursing (measured by professional commitment in nursing scale). All these instruments were reliable and valid and were designed or modified for Chinese specifically.

Comparison between the experimental and control groups at each point of assessment showed that the experimental group reported a higher identity of professional value in the subscale of professional commitment in nursing scale at T1, and a lower total score in professional commitment in nursing scale at T3 than the control group. Self-comparison among the 3 assessments in experimental group showed a stronger ‘willing to work for profession’ in subscale of professional commitment in nursing scale at T2 than at T1; a higher level of ‘literature search anxiety’ at T3 than at T2, and higher at T2 than at T1; a higher score in the total scale of Taipei Evidence Based Practice Questionnaire, and its subscales of ‘acquire’, ‘appraisal’, and ‘apply’ at T3 then at T1 and T2. In control group, professional commitment in nursing scale was the only tool showed a significant change during the 3 assessments. These were: the total score of professional commitment in nursing scale was higher at T3 than at T1 and T2; the score in subscales of ‘willing to work for profession’, ‘involvement of professional career’, and ‘positive evaluation’ were higher at T3 than at T1. These results showed that learning the course of evidence-based health care did improve the levels of evidence-based knowledge, but it also increased the level of anxiety of literature search in general.

Key words:
• evidence-based healthcare
• curriculum evaluation.
P42

The anticipatory anxiety of nursing students before clinical practice

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Objective
Clinical practice is an important part of nursing education. Previous studies found that nursing students experience an anticipatory anxiety before clinical practice, which influences psychological adaptation and learning efficiency during clinical practice. However, there were insufficient studies exploring the anticipatory anxiety and coping strategies for nursing students. The purpose of this study was to explore the anticipatory anxiety and coping strategies before clinical practice for nursing students.

Methods
Qualitative research design and purposive sampling were applied in this study. Twenty-one participants were recruited from the third-grade students of 385 five-year junior nursing students who were required to complete basic nursing courses and would impend to clinical practice of nursing college in the south of Taiwan. They were given four phases of focus group based on the order of registration. The interview outline was determined according to the anxiety experience of those nursing students. The interview outline was designed to meet the ecological validity and completeness of the information. Content analysis of the data was applied in the verbatim transcription.

Results
The students' anticipatory anxiety before clinical practice could be found from four aspects:
1. the undefined role for the first clinical practice: an assistant or a learner
2. the differences between classroom and hospital, i.e., simulated patients or real patients; homework or clinical reports
3. the attitudes of clinical supervisors such as hand nurse, nurse and clinical teacher showing serious, stern, or unconsidered
4. the different coping strategies by using both: problem-focused coping or emotional-focused coping.

Conclusions
The results of this study informed nursing educators more understanding of students' anxiety when designing the preparation programs, facilitating nursing students to decrease their anticipatory anxiety, and increasing their coping strategies before clinical practice. In addition, this study could offer counsellors who helped nursing students deal with anticipatory anxiety.

Key words:
- nursing students
- anticipatory anxiety
- focus group.

P43

The use of tablet technology to prepare them and inform us

Sophie Willis, Lecturer; Paul Bland, Senior Lecturer; Sue Humphries, Lecturer; Kevin McHugh, Lecturer; Debbie Poynter, Lecturer; Darren Walls, Lecturer; Jayne Morgan, Senior Lecturer, City University, London, UK

Relevance
The use of tablet technology (e.g. iPads) to support learning is topical with some research suggesting it to be superior to e-learning as it focuses on what students learn rather than the technology used. Opportunities for students to engage immersively with tablet technologies (e.g. iPads) prior to clinical placements proffers the potential to enhance their learning experience, improve clinical skills education and better equip them for their future role and practice environment. But what does this mean for the student experience? Can embedding such technologies within curricula delivery promote engagement to enhance the student learning experience? And does it enable more reflective approaches to teaching?

Purpose
To evaluate the effectiveness of the use of iPads as part of a blended learning and teaching strategy and permit future innovations through the immersive use of iPads within the curriculum.
Method
Following the integration of a blended use of iPads within the learning and teaching strategy, questionnaires were administered via Survey Monkey to year 1 students to evaluate the impact of their use. A response rate of 83% was achieved.

Results
Respondents felt that sessions had positively enhanced their learning experience (97%) and made a worthwhile contribution to their professional development (93.7%). All respondents (100%) identified that the use of tablet technology as part of the learning and teaching strategy would be beneficial in the future; and that the main advantages to on-campus learning were the opportunity to review and revisit concepts (45.5%) and instant feedback (39.4%).

Discussion
Student evaluation and anecdotal evidence has supported that mirroring the healthcare environment through the blended use of immersive teaching technologies (iPads) has enabled active clinical skills development away from the pressured clinical environment, enhanced student confidence and enjoyment to promote better engagement with the curriculum. Feedback mechanisms embedded within the technology has afforded staff the opportunity to continuously reflect and to tailor learning for individual cohorts through on-going formative feedback, therefore making the curriculum more reflective of the contemporary student needs.

Conclusion
The use of immersive learning technologies is transferable across healthcare provisions both nationally and internationally. Not only can it enhance skill development and deliver versatile and sustainable education provision; furthermore, that via embedded feedback mechanisms staff have been better informed about learner progress and subsequently been able to innovate and facilitate more responsive and individualised learning for cohorts, which it is anticipated will better equip learners for their future professional role.

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**P44**

**Becoming a professional and developing as a teacher: A reflective account of contemporary experience**

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**Purpose**
To explore the experience of today’s allied health professional making the transition from pre-registration student to professional; required to teach in the clinical practice context.

**Content**
A reflective account of contemporary experience will be presented which will explore the feelings of anxiety regarding the role of teaching in the clinical environment and the implicate responsibility for professional ‘gatekeeping’. It will discuss how a lack of information, training and support for this teaching role; coupled with can exert conflicting demands with that of clinical practice responsibilities. The result of such demands ultimately acting as barriers towards individuals’ motivation to teach.

**Relevance**
Against a backdrop of increasing emphasis on clinical governance (Ramage, 2004) coupled with escalating levels of accountability expected from all publicly funded services, such as the NHS (Department of Health, 2008); and an ever-increasing emphasis and importance being placed upon learning within the clinical practice setting (Department of Health, 2008). The question of ‘who are today’s educators and what motivates them to teach?’ can be argued to be dominated by the increasingly complex clinical environments within which education provision must be made; the competing demands of service and educational delivery, the tensions of greater accountability and the all too frequent resentment at the expectation to teach often without financial reward, can serve to undermine the development of teachers.

Within the field of nursing, there is evidence of the formal education that must be undertaken before nurses are able - or required - to teach students in the clinical practice setting (Nursing and Midwifery Council, 2006). However, within radiography whilst the College of Radiographers (CoR) recognise that newly qualified practitioners require support to develop into confident practitioners (CoR, 2003); limited acknowledgement is given to the support that is necessary to develop such confident practitioners, capable of teaching and transmitting knowledge to students, or indeed where the responsibility for such role development should rest.

**References**
P45

A critical appraisal of student nurses’ decision making when using non sterile gloves during routine nursing interventions and translation of the evidence

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Infection prevention and control are an integral part of pre-registration nurse education and practice (NMC, 2007). A vital part of this education involves enabling students to gain a better understanding of appropriate glove use in clinical practice thus involving the key skill of problem solving and decision making (QAA, 2012). This study will explore the use of gloves by student nurses when carrying out routine, non invasive nursing interventions for patients. Examples of these interventions include bed making, personal cleansing and dressing, recording of patients’ vital signs. There are several reasons why this study is important: First the wearing of gloves as a routine measure may have implications for the nurse patient relationship, where therapeutic touch is a significant issue within practice (Gleeson and Timmins, 2005; Chang, 2001). Second it is necessary to consider the significant economic implications of inappropriate glove use and the implications for cost effectiveness. Finally, emergent evidence indicates an increased risk of dermatitis during long term glove use, with associated loss of employment; a significant implication given the investment required in educating the nursing workforce (RCN, 2012).

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P46

Mental health student nurses’ first practice placement: exploring their experiences

Andrea Lacey, Programme Co-ordinator for Mental Health and Psychology Lecturer, Bournemouth University, UK

Student nurses’ first clinical placement is often reported as a positive experience, with students saying they feel welcome and supported (Happell, 2008; Mullen and Murray, 2002), although this is not the experience of all students. Koskinen et al. (2011) found student nurses felt unprepared for their first mental health placement and Mullen and Murray (2002) noted that students who feel inadequately prepared for their practice placement are more likely to miss out on valuable learning compared to those who are better prepared and feel more confident.

The aim of this study is to explore the accounts of mental health student nurses’ first mental health practice placement to identify whether students could be more fully prepared prior to placement.

The research will take the form of a narrative enquiry and will make use of focus groups (totalling approximately 16 different students), diaries (the same 16 students) and face to face interviews (approximately 5 of the same students). Prior to placement, all participants will be invited to take part in 2 focus groups of 6-8 students, with the objective of exploring their expectations of this first practice placement. During the placement, participants will be asked to compile diaries to keep an account of what they consider to be their significant placement experiences. These diaries will then provide the focus for the interview with 5 students after the end of their placements.
The study will provide an account of mental health student nurses first practice placement and highlight the experiences the students consider to be significant in their learning. The narrative accounts will also highlight any potential for additional support or preparation to enhance student placement experience. This is an understudied area and is important because of the potential impact on the overall first practice placement experience of the student mental health nurse in terms of retention and preparation for practice placement.

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**P47**

**The nutrition game: Promoting good nutritional care**

Lyn McIntyre, Deputy Director – Patient Experience, NHS England, Cambridge; Andrea Cartwright, Consultant Nurse, Nutrition Support, Basildon and Thurrock University NHS Foundation Trust; Andy Yeoman, Director, Focus Active Learning, UK

Pressure ulcers are a recognisable proxy measure for quality and safety of care patients receive and therefore maintaining high standards of care is crucial through every patient contact whatever setting. Poor nutritional status is associated with a higher risk of pressure ulcers and consequently, a key priority area for any strategy to eliminate them. The benefits of improving nutritional and hydration care are enormous in both clinical terms for the patient and financial terms for the health economy. BAPEN (2012) suggest that by providing better quality care, even a 1% saving of the annual health care cost for malnutrition could save £130 million. Malnutrition is under-recognised and under-treated, affecting three million people at any one time and is associated with increased vulnerability to illness and increased complications.

The Care Quality Commission recently completed the second phase of their Dignity and Nutrition Inspections, with the first wave highlighting the need to improve nutritional care. The programme highlighted some fundamental failings in relation to nutritional care. Nutrition and hydration are also cost cutting themes that deliver against all five domains of the NHS Outcomes Framework and are key drivers for improving the quality of care and for the NHS Midlands and East Ambition to ‘eliminate avoidable grade 2, 3 and 4 pressure ulcers’ (NHS Midlands and East, 2011).

NHS Midlands and East initiated an awareness building and training programme to engage frontline staff in acute and community settings. Face-to-face group learning sessions were considered to be extremely valuable and effective. However, the lack of protected learning time and pressures of daily work meant that such events had to be portable, flexible, engaging and effective. It was therefore decided to create a series of board games to act as a vehicle to deliver key messages. *The Nutritional Game – delivering good nutritional care* is one facet of an integrated education and training programme for healthcare professionals whatever the care setting. Playing ‘serious’ games is a powerful and successful way to reinforce learning in adults; encouraging active discussions about complex and sensitive issues as well as being equally effective for communicating facts as well as more complex information.

In a work environment adults enjoy ‘serious’ games because they can relax while engaging with complex and emotive issues. The game format reduces inhibitions and increases enthusiasm and these are the perfect ingredients for a constructive, creative and memorable learning event.

References

P48

Information on health education: Evaluation of educational website

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Introduction
This study had as its central issue at designing a virtual environment for replacement of information and organised educational materials as a resource in health care education that could provide support for action in the community and by professionals. We are presently experiencing a scenario of increasing technological incorporation in all aspects of life, with social outcomes in society, education and research and services. This requires new spaces of communication with opportunities for trade and exchange between universities, community and health services. The availability of scientific content about health has proven useful in learning of health professionals and general population, so we decided to make a site about education health, aiming at learning and easy access by society and we proposed, for its improvement, an evaluation by health professionals. Technology for contemporary nursing has been a challenge to health care professionals, since they have faced advancement in telecommunication and in online information about health care topics, but despite that challenge, these professionals have presently achieved their autonomy for investigation and professional practice, thus gaining space in innovation and in technology. Objective: To disseminate the site and evaluate his aspects graphics, functional and content by health professionals inserted into the Family Health Strategy of Botucatu City.

Methodology
Through an evaluation questionnaire completed by professionals.

Results
The study included 38 professionals from six different family health units of Botucatu, of which majority (78.95%) reported include some form of work in health education.

Conclusion
The results found in the evaluation of the site were positive; all items received a good evaluation and this maintenance considered of big importance for professionals working in the area. The evaluation had questions about the difficulties of the site and suggestions, and their answers will be used to improve it according to the needs identified and suggested topics, and will be serve as a basis for the next update of the content covered, and themes already available. Westbrook points out that information technology has emerged as a fundamental strategy to face the challenges from the increasing demand from health care systems, cost increase, limited resources and workforce scarcity. We conclude that it is important to maintain the site, which represents a reliable source of information and education and the evaluation shows the importance of maintaining the website for health education.

References


Key words:
• nursing
• health education
• website
• informatics
• community.

P49

The nurse as an educator in health services: The perception of the undergraduate student

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This study aimed to identify and analyse the perceptions of nursing students on educational/communicative competencies and skills in the nursing practice. It is a descriptive, transversal study with a qualitative approach. The study was conducted in a private college located in a city at the countryside of the state of São Paulo, in which the researcher works as a professor of the nursing course. The study population consisted of 24 students.
from the senior year of the nursing course, who attended all subjects offered by the graduation course and part of the internships in hospitals and public health services, which were not under supervision of the researcher at the time of data collection. We chose senior year students considering that they already had experienced a large part of the academic reality and also for believing that they had opportunities to build a critical view of the performance of the professional nurse, during internship periods offered by the undergraduate course. The profile of the students, who attend the nursing course in the institution, is characterised as young adults, whose majority already works in the health care area or in other occupations. Individual interviews were recorded by a digital device and later were fully transcribed, respecting the veracity of the information. The data analysis was performed by the content analysis. The results from the study presented that the student-employee has enough knowledge to objectively and clearly assess the situations experienced in the internship field and health care services. These results are presented under the following categories: the model of the nurse-educator; nurse’s educational skills; the practice as an educator and a prospect for the future. The subjects pointed the model of the nurse-educator as a professional reference in the health care service and in the community. With the knowledge and responsibility to lead the team, respecting and supporting other team members and the community, and promoting autonomy to those involved. As for the educational skills, the subjects reported the need to communicate effectively, to listen to and recognise the needs of others and have organisational skills to plan and develop actions. Regarding to the internship field experience, the student perceives unfavorable situations to the health care education, but on the other hand, highlights nurses who are committed to the job and to the population. Projecting themselves as future nurses, some students disapprove the professional performance experienced and idealise their own.

This study presented that concerning health care and education the attention to others is of great importance, since the health care professional and individual are part of a dynamic social context, however, lacking human, intellectual and social resources. Society expects professionals who respect others, teach, and have pro-active behavior, and grow with sensitivity in regards to life. So it is necessary that such professionals acquire and develop communicative skills and competencies in the pursuit of excellence in comprehensive care to individuals.

References

Key words:  
* nursing education  
* nursing students  
* communication  
* healthcare education.
Whole curriculum approach to the practice placement of pre-registration nursing students: An innovative whole curriculum practice placement allocation model

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Partnership and collaboration between Academic Education Institutions and healthcare organisations is a driver for ensuring that nurse education is responsive to service providers (Kenny, 2004) and is a driver for achieving healthcare results that are the best in the world (DH, 2010a; 2010b). Partnership and collaboration is an integral component of the government’s response to the House of Commons Health Select Committee First Report of Session 2012-13: Education, Training and Workforce Planning document (Commons Health Select Committee, 2012). The Committee is examining whether, and how government proposals will ensure that the existing healthcare workforce can be developed and re-skilled for the future.

Concurrently, the Nursing and Midwifery Council (NMC) expect academic education institutions and practice organisations to work in partnership to develop and deliver pre-registration nursing education. Indeed, partnership working provides the foundation for patient safety, ensuring that education programmes produce students who are fit for practice and purpose in the local and national context (NMC, 2011).

Innovative and proactive approaches to the allocation of practice placements for pre registration nursing students are required to effectively operationalise the NMC standards for pre registration nursing education (NMC 2010):

- Be creative in identifying new and different practice learning opportunities for students that are safe and support achievement of the programme outcomes.
- Effective partnerships between academic education institutions and different providers of practice learning to ensure that new practice learning opportunities and different approaches to learning in practice are identified.
- Students are safely supervised and supported in practice environments, and continuity of support maintained.

An evidence-based approach between the North West Practice Development Network (NMPDN) and the University of Salford, School of Nursing, Midwifery and Social Work that capitalises on the core concepts of partnership working, culminated in the development of an innovative Whole Curriculum Practice Placement Allocation Model. The partnership approach is timely and offers a collaborative framework to operationalise the NMC standards and enhance the student experience through addressing practice placement capacity and quality concerns manifesting, in part, from the far reaching healthcare policy changes and subsequent reconfiguration of healthcare organisations (Murray and Williamson, 2009; DH, 2010a; 2010b).

This presentation critically explores the components of the model and how the application of service improvement and QIPP (quality, innovation, prevention and productivity) methodologies are used to establish and effectively manage any practice placement underlying problems (root cause analysis). Key performance indicators are identified and used to demonstrate the effectiveness of the model from the multiple stakeholder perspectives.

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Key words:
- pre-registration curriculum and allocation of placements
- partnership and collaborative working
- student experience
- placement capacity and quality.
P51

Effect of communication skills training using multimedia on Iranian women

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Background and aim
Elevating communication skills as a part of life skills is believed to improve mental health, and these abilities help individuals to effectively confront different situations, so we conducted this study to evaluate the effect of communication skills training of women by multimedia software.

Materials and methods
This clinical trial was conducted on 100 women in Tehran. For data collection, we used the Queendom Communication Skill Test to assess women’s’ communication skills. Then the women were randomly assigned to two groups: case and control. The case group received multimedia CD for communication skills training. Both groups were given post test after two months to assess women’s’ communication skills and compare them with those before intervention.

Findings
The mean (SD) score of the communication skills of mothers was 114 (9.8) before intervention, which significantly increased in the case group ($P < 0.05$) and the Wilcoxon test showed that results in the multimedia group were significantly different after intervention ($P = 0.01$).

Conclusion
Communication skills training for women using multimedia software programs is an effective way to induce Communication skills.

Key words:
• communication skills
• women
• multimedia software.

P52

Hybrid learning experience in traditional face-to-face program

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Background
Current students expect information to be timely and interactive, and technology provides such opportunities to enhance learning environments (Price et al., 2010). Many nursing institutions have embraced the use of technology in the classroom and numbers of online programs continue to expand (Hart and Morgan, 2010). An increase number of courses in higher education are adopting hybrid format of course delivery and learning, hybrid learning and teaching strategy offer effective and flexible course delivery without the complete loss of face-to-face contact (Salamonson and Lantz, 2005). Studies have shown that technology explosion of e-learning may have a major benefit on nursing education with the current increased shortage in faculty (Neuman, 2006). Hence, online teaching and learning are being increasingly adopted as teaching and learning tool in both medical and nursing educational programs (Cook et al., 2008; Reime et al. 2008). However, it is critical that courses be well designed and the system friendly in order to influence a learner’s decision to persist after enrolment (Ormrod, 2011). This study analysed the students’ experience on newly developed and implemented hybrid learning: Integrating e-learning and face-to-face instruction in the classroom.

Method
A nursing course was delivered using hybrid learning (e-learning and face to face instruction) as a technological teaching strategy. The following synchronous and asynchronous teaching tools were used: course management system, virtual classroom, group wiki discussion, online testing, classroom teaching, discussion and power points presentation, and final video production project. Forty two junior Baccalaureate nursing students were queried about the competency of hybrid learning via course management system. Data were collected through a survey available to students on paper with a six–point Likert scaled tool for measures. The statistical analysis used in this project include descriptive, bivariate and regression using the SPSS version 20.
Results
Results indicated that more than three quarters (77%) of the students population had very high to moderate perspective about overall satisfaction of the hybrid instruction with accessibility of online response to questions having the highest rate (90.5%), followed by asynchronous wiki discussion (83.3%) and knowledge gained from instruction (80%). Others include overall satisfaction on course management system testing (79%), intellectual growth stimulation (78%), overall satisfaction with instruction (77%) and career preparation/job enhancement (75%). Out of 17% male and 83% female students that participated in this study, 44% had prior degrees while 56% had none. The descriptive analysis further showed that 71% of the male students that had prior degrees were African immigrants with age ranging from 27 to 44 years while the remaining were from other ethnic groups including Black Americans, Hispanics and Asian ethnic groups with age ranging from less than 20 to 26 years. The overall satisfaction of the hybrid learning strategy was based on the receptivity of the faculty ($p = .021$) and students likelihood of selecting the hybrid teaching in future was highly significant ($p = .020$). A major significant model $R^2 = .72$, $F (5, 42) = 15.126$, $p = .000$ was developed for the overall assessment of the hybrid teaching method and this indicate that 72% of the variables were explained.

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. These results suggest that hybrid learning integrating e-learning and face-to-face instruction in the classroom is useful for enhancing informatics knowledge. A hybrid program can reduce the lecturing time and cost of paper, pencil and scantron testing, suggesting that it can be an effective component in traditional nurse education programs.

Recommendation
A recommendation that hybrid teaching and learning be extended to other nursing programs and courses using the already existing course management system. Since population of older and second degree students are increasing in nursing program enrolment, I believe that both hybrid and online programs should be adopted in nursing schools to attract this set of students who can still work and study utilizing this teaching and learning strategy.

Implication
This project is relevant as it portrays the students experience on hybrid teaching and learning as it relates to other web based activities; including preparation for NCLEX-RN online practice test and work environment. As technology is the wave of the future and nursing students are being tested and graduated to work in a high technological environment, it is then imperative that nursing schools have to prepare healthcare professionals who would meet the challenges of the rising paperless academic and healthcare institutions.

References


Key words:
- hybrid
- learning
- nursing
- teaching
- technology.
P53

Patients’ perception of their patient rights as compared to compliance with such patient rights as exhibited by nurses when they incorporate the patient into the bedside teaching of nursing students

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The purpose of this descriptive study was to:
1. study patients' perception of their patient rights while concurrently observing how the actual nursing care provided related to such patients’ rights when the patient was involved in a bedside teaching experience to nursing students
2. compare patients’ perception of patients’ rights and the perception of these same patients’ rights by the nurses providing the aforementioned bedside teaching. Subjects were selected by the technique of simple random sampling and were comprised of 140 patients admitted in Yala Hospital and who were subsequently assigned to nursing students.

The research’s instruments were the perception of patients’ rights questionnaire and the perception of patient when he/she was involved in actual bedside teaching questionnaire. The reliability of the instruments was tested by Cronbach’s alpha coefficient with a value of .95. Data was analysed by using frequency distributions including percentages, means, standard deviation and dependent t-test.

The study’s results showed that:
• Patients perceived their overall patients’ rights at a moderate level (X=2.24, SD =.35). One out of four components, the right to the provision health care dimension, was at a high level (X=2.36, SD =.41).
• Patients perceived overall actual nursing care as it related to their patient rights at a moderate level (X=2.27, SD =.35). One dimension of the right to receive the provision health care was at a high level (X=2.38, SD =.40).

The total mean scores of the perception of patients’ rights while nurses provided actual bedside teaching was at a moderate level. The mean scores of the perception of patients’ rights while nurses provided actual bedside teaching were significantly higher than the mean scores of the perception of patients’ rights at a level of .001.

This study indicates that nurses should, at all times, provide nursing care based upon a patients’ rights, while concurrently showing concern for and protection of such patient rights.

Key words:
• perception of patients’ rights
• bedside teaching.

P54

Effects of community leaders-led health promoting model on health promoting behaviors of the elderly

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This quasi-experimental study aimed to examine the effects of health promoting behaviors by among elderly population. 30 elderly aged 60 years old and above were simple randomly recruited from the elderly live in Tambol Sateng, Muang District, Yala Province. Ten volunteers of the community leaders were trained were selected by the elderly to be trained on the appropriate health promoting behaviors. Each two volunteers were assigned to be consultant about health promoting behavior for a group of elderly. The data were collected by using health promoting behaviors questionnaire for the pre test and post test on the 1st week and the 4th week. Data were analysed by using frequency distribution, percentage and paired t-test.

The study result showed that the mean score of the total section of health promoting behaviours of the elderly at the post test phase was statistically significant higher than the mean score at the pre test. This study proved that this testing is an effective intervention that could help improve the health promoting behaviors of Thai elderly. The use of this community leader Model for the elderly on health promoting behaviors should be extended to other communities. However, further studies might be needed to study in other group example, peer group, and caregiver group to find the best group for care the elderly.

Key words:
• health promoting behavior
• community leader
• elderly.
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