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**Note**

References are as supplied by authors

Papers included are those being presented at the conference at the time of going to press.
Curriculum Innovations and Enhancement 1

Tuesday 6 September
First Group of Theme Sessions
Biographical Details

Curriculum Innovations and Enhancement 1

Julia Hubbard, Jenny Moore, Carys Horne

Julia Hubbard, Jenny Moore and Carys Horne work in the field of adult nursing at the School of Nursing and Midwifery at The University of East Anglia (UEA) in Norwich.

Carys and Jenny are both lecturers: Carys has a specific interest in qualitative research methods and in action research and Jenny has an interest in pedagogical research and in research capacity building in organisations. Both Carys and Jenny facilitate the module in Further Qualitative Research Methods at Masters level within the Faculty of Medicine and Health Sciences and occupy external and consultative roles.

Julia is employed as a senior lecturer and is Director Pre-registration Nursing at UEA. This is a highly complex role and requires Julia to work across the four disciplines of adult, mental health, learning disability and child nursing. Julia is responsible for curriculum design, content and innovation and hence has an interest in the information literacy skills of students. Julia has various external roles and is an education advisor for the Institute of Health and Social Care Studies, Guernsey and City College Norwich, which are two of UEA’s partner organisations.

These three lecturers have worked together for a number of years and are committed to developing approaches and resources to further enhance the student experience at UEA.
Action research for curriculum enhancement: developing information literacy skills in undergraduate nurse education

Julia Hubbard, Senior Lecturer, Director of Pre-registration Studies; Jenny Moore, Lecturer in Adult Nursing; Carys Horne, Lecturer in Adult Nursing, University of East Anglia, Norwich, UK

The available body of literature in the field of Information Literacy (IL) not only evidences the challenges experienced by students in applying these skills but also suggests that teaching and learning must be highly structured, addressed at an early stage in the curriculum and consolidated by students (Wallace et al., 2000; Bailey et al., 2007; Tarrant et al., 2008).

Conceived as the TULIP project (Teaching Undergraduate (Information) Literacy Improvement Project), this paper reports on the first four cycles of the exploratory phase of an action research study in the context of University based pre-registration nurse education in the United Kingdom (UK). The overall aim of the study is to develop new insights and teaching resources to help students to improve their information literacy skills. Within this, the objectives are to systematically explore and evaluate existing approaches to the teaching and learning of IL skills within the School of Nursing and Midwifery (NAM), University of East Anglia, Norwich, UK and to develop new insights and resources to inform an evidence-based concept map of IL skills across a new pre-registration nursing programme.

The paper details findings from an initial literature review and from data collated through documentary analysis. It also describes findings from individual interviews and focus groups with students and from interviews with lecturers and others responsible for student preparation of IL skills within the University. The presentation will detail how the findings from each of the aforementioned have been used to inform the developmental phase and subsequent action steps through the design of new resources and materials.

Finally, this paper highlights the challenges of conducting insider action research as conceived by Elliott (2005). It also alludes to the imperative for researcher’ reflexivity within Waterman’s criteria for validity (1998) in action research and details the strategies employed by the researchers to adopt an ‘ethics-as-process’ approach (Ramcharan and Cutcliffe, 2001).

References


Key words:
- information literacy
- nurse education
- action research.

How this contributes to knowledge development in the Curriculum Innovations and Enhancement theme:
- Through the development of new insights and evidence within the field of information literacy.
- By providing further evidence in respect of the complexities in undertaking insider research.
- By detailing the practicalities and imperatives of setting up and sustaining an action research study in the context of university based education in the UK.
Curriculum Innovations and Enhancement 2

Tuesday 6 September
First Group of Theme Sessions
Biographical Details

Curriculum Innovations and Enhancement 2

Souzan Hawala-Drury, Mary H Hill

**Souzan Hawala-Drury** is an instructor at Howard University in Washington, DC, USA. She has an extensive and diverse national and international health experience as registered nurse, nurse educator, project director, consultant, negotiator, and liaison between multi-ethnic workforce and competing organizations in leading national and international health care institutions (Egypt, Saudi Arabia, and United States of America).

Souzan has strong background in designing, implementing, and directing summits, forums, focus groups, and educational programs related to diverse students’ recruitment and retention and patient satisfaction. Souzan is a presenter, panellist, keynote speaker, and guest lecturer at national and international conferences, seminars and workshops for topics related to culture diversity and competency, curriculum development and enhancement, and conflict resolution.

In 2010 she co-authored a book chapter, ‘Culture competency and sensitivity in human simulation’, in *Human Simulation for Health Professions*, in press. Currently, she is teaching cultural diversity and social issues to graduate students. She developed and taught an interdisciplinary course, ‘Culturally congruent care for health professions’ that was awarded an Excellence in Teaching grant, and is recommended to be offered as an interdisciplinary core course for health sciences.

**Mary Hill** has received a Bachelor Science Degree in Nursing from Tuskegee University, AL, USA; Master of Science in Nursing from the University of Maryland, Baltimore, MD; and a Doctor of Science in Nursing from the University of Alabama at Birmingham.

She has served as Associate Dean and Professor of the Division of Nursing at Howard University since 2007 and was formerly Dean and Professor of the School of Nursing at Alcorn State University, Natchez, MS and Executive Director of the Southwest Mississippi Area Health Education Centre (SMAHEC). Other faculty appointments have included Tuskegee University, Columbia University, Adelphi University, Downstate University and the University of Mississippi. She has received a variety of awards including Teacher of the Year and in response to Hurricane Katrina was awarded a HUD grant, building healthy communities through partnerships. Dr. Hill has demonstrated a strong commitment to diversity by developing, implementing and evaluating programs to enhance economically and environmentally disadvantaged students’ success. Her publications have focused on diversity in organizations and major health problems experienced by African Americans. In 2009 she authored a book chapter, ‘Closing the gap on racial/ethnic diversity in nursing education’, in *African American Voices*.

Dr. Hill has served on a variety of boards that have included the Southern Regional Education Board Council on Collegiate Education for Nursing; National Network for Nurse Managed Centers; Southwest MS Area Health Education Center; Graduate Nurse Practitioner Program, University of AR; and, the Pediatric Nurse Practitioner Program, University of AL at Birmingham. Dr. Hill also served as a member of the American Association of Colleges of Nursing Patient Safety Task Force that developed *Hallmark of Quality and Patient Safety: Recommended Baccalaureate Competencies and Curricular Guidelines to Assure High Quality and Safe Patient Care*. In addition, she has served as a Malcolm Baldrige National Quality Award Examiner, National League for Nursing Accrediting Commission (NLNAC) Program Evaluator and a member of NLNAC Evaluation Review Panel for Baccalaureate and Master’s Programs.
Cultural competence of health professionals is a necessity in today's health care arena and plays a critical role in reducing health disparities and improving health outcomes. The key to cultural competence and culturally congruent care lies in the ability of health care providers to craft respectful, reciprocal and responsive effective interactions across diverse cultural parameters. Teaching future health care professionals about specific cultures has been insufficient because it does not allow for the development of an understanding of cultural competence for application in practice. Therefore, educators should adopt eclectic culturally congruent teaching-learning strategies supported by concepts and theories rather than the traditional rigid approach that memorizes facts to understand specific cultures. Furthermore, it is imperative that educator link and bridge cultural self-awareness, knowledge, theory, and communication skills in teaching culturally congruent care for millennial health professionals.

**Purpose**

The purpose of the study was to design and implement creative, evidence-based interdisciplinary educational activities that promote positive and cultural competence learning outcomes for culturally diverse millennial students. The interdisciplinary course would prepare health professional students with the requisite knowledge and skills, to provide culturally congruent/competent care to diverse populations as a mean of reducing health disparities and providing quality care.

**Methodology**

This was a qualitative and quantitative study, which measured students' level of cultural awareness, competence and proficiency pre and post intervention. Instruments used for data collection included the Inventory for Assessing The Process of Cultural Competence-Student Version (IAPCC-SV) by Campinha-Bacote, course evaluations, students' feedback and portfolio reflections. Eclectic, fun likable, and culturally congruent teaching-learning strategies were used to match the culturally diverse student population/generation/specialty with emphasis on process of "becoming" culturally competent through integration of cognitive, practical and affective learning.

Topics and areas of discussion included: culture of health profession with anticipated behavior, civility, accountability, and generational differences; students' biases, stereotypes and related life experiences; homeless and mentally ill vulnerable population; gay/lesbian's culture; deaf culture and person with disability; immigrants with female mutilation and breast ironing; end of life decisions, terminal illnesses and spirituality; and social justice awareness and systems of domination and oppression that foster vulnerability. Caring was also a focus of the educational intervention.

Eclectic culturally congruent teaching-learning strategies (Jeffreys, 2006), for active/passive and process/product learners, include: lectures of applied models and theories; use of Wiki for low-stake and high-stake written assignments; self-heritage assessment and journal reflections; evidence-based research and case studies that relate to students' specialty; structured on-line discussion and debate; web-search and article retrieval; Audiences Responses System to examine sensitive issues; DVD, role-playing, and human simulation scenarios; guest speakers; and a one-day community immersion experience.

Constructs of 'encounter' and 'desire' in Campinha-Bacote Model (2007) were utilized throughout the semester. Leininger's (2006) culturally congruent care diversity and universality theory was used, by instructor, to gain students' trust to openly discuss biases and stereotypes; negotiate behavior and attitude modification; and then restructure teaching-learning methodologies to match class dynamic. The intervention was mapped on part of national league for nurses' core competencies of nurse educators and American Association of Colleges of Nursing Toolkit of Cultural Competent Education.

**Conclusion**

Preliminary results of IAPCC-SV showed that students were becoming more culturally aware and were progressing toward competence as a result of course participation. According to students' feedback, engaging in an interdisciplinary eclectic course and enthusiastic competent teacher provided both breath and depth of learning. Students acknowledged overestimating their cultural awareness and competency level and that culture competence is on-going process. Finally, periodic course revision is recommended based on assessment of course outcomes, learner needs, and healthcare trends in society.
Recommendations
1. Use eclectic culturally congruent teaching-learning strategies that match diverse millennial and learner needs (passive/active learner, process/product learner).
2. Assign course faculty with expertise in e-learning/blended learning programs, cultural competency, application of health communication skills and role-modeling cultural competency/sensitivity.
3. Evaluate and revise course periodically based on an assessment of course outcomes, learner needs, and healthcare trends in society.

References

Key words:
• e-Learning
• research
• assessment
• interdisciplinary
• millennial.

This work contributes to knowledge development such as:
• Understand and analyze complexity and challenges facing educators to prepare culturally competent health professional from a diverse students’ population.
• Analyze the applicability of innovative teaching styles and strategies that address gaps in knowledge, skills, and attitudes of diverse student population.
• Emphasize the process of learning with understanding of process/product learner, and active/passive learner.
Education in Clinical Practice and Practice Development 1 and 2

Tuesday 6 September
First Group of Theme Sessions
Biographical Details

Education in Clinical Practice Development

Jan Dewing, Carolyn Jackson, Alice Webster

Jan Dewing is Professor of Person-centred Research and Practice Development, East Sussex Healthcare NHS Trust and Canterbury Christ Church University.

Jan has a passion for working with practitioners to enable them to demonstrate person-centred care and to contribute to more effective services, especially for older people. This is the foundation for her scholarly activities. Jan’s areas of interest are in person-centred practice, effective workplaces, teams and leaders, skilled facilitation, evaluation and workplace learning.

Jan holds a visiting professorship in Australia with the University of Wollongong and Uniting Aged Care (SE Region) and is a visiting professor with the University of Ulster. She was recently awarded an International Achievement Award by the RCN of Australia for her work in practice development and aged care. She is academic editor for the International Practice Development Journal.

Jan joined the Trust and Faculty in early 2010. She is a registered nurse and has worked in nursing for many years building a portfolio as a clinical academic. Her previous experiences range from working with clinical nursing and practice development units, lecturer-practitioner roles, senior management, education and then research. Most of Jan’s posts have been joint posts between health service providers and academic organisations. She has also worked with the Royal College of Nursing and held a national post in dementia care.

Carolyn Jackson is Head of Department Nursing and Applied Clinical Studies, Canterbury Christ Church University, MSc, PGDEd, RNT, BA, RGN, Dip (Coaching and Mentoring).

Carrie joined the faculty in October 2006. Carrie provides strategic support and direction for teaching, research and professional activities. Carrie’s main areas of interest have been in practice development and advancing clinical practice. She has extensive experience of quality enhancement, academic planning and development of innovative programmes at all levels with a specialist interest in inter-professional teaching and learning. Her consultancy work has centred on staff development initiatives for early career academics and early career researchers, funded research in interprofessional teaching and learning, and a wide range of research capacity building in health and education settings. She is currently engaged in a specialist review of nursing and midwifery at East Kent University Hospitals Foundation Trust and has recently published a book on work-based learning.

Alice Webster is Associate Director of Nursing Development and Head of Unscheduled Care, East Sussex Healthcare NHS Trust.

Alice is also a PhD candidate exploring nursing leadership.
Evaluation of the first year of a professorial appointment in practice development: lessons learnt for sustainability

Jan Dewing, Professor of Person-centred Research and Practice Development, East Sussex Healthcare NHS Trust and Canterbury Christ Church University; Carrie Jackson, Head of Department, Canterbury Christ Church University; Alice Webster, Director of Unscheduled Care and Associate Director of Nursing Development, East Sussex Healthcare NHS Trust, UK

Abstract
Despite its demonstrated success argues Darbyshire (2010), the joint chair position may be under threat from competing and unrealistic demands from partner organizations and from changing understandings of the essential role and nature of a professor (Duke et al., 2009). Professors in Practice Development are a seldom seen entity in health care and a joint appointment between a National Health Service Provider and a University even rarer. In 2010 a professorial appointment set up between a National Health Service Provider and a university in the south coast region of England. It took a year to get the position funded and the job role and description accepted in both organisations.

Now one year on, it is timely to ask three pragmatic questions:
1. What could be realistically expected in terms of outcomes in the first year?
2. In what way has the post made a contribution to each organisations strategic aims?
3. In what way has the post made a contribution to the advancement of scholarly activity in practice development?

This presentation will outline the role and key areas of work and then present findings from an evaluation using an approach where by multiple stakeholders were consulted about their views on the value of the post. To summarise it will suggest the key areas of the role for a joint appointment in practice development.

Background
As far back as 1994 the joint post, or in this case the collaborative research academic appointment (Lantz et al., 1994) was found to have many disadvantages as advantages. The disadvantages included the division of time, responsibilities, loyalties, and energy required by two work settings rather than one. Equally, the authors point out that when the challenges are met, however, the rewards are many for the institution, its staff, its patients, and the post holder. The joint appointment brings to the institution, clinicians, students of the post holder a broadening of the professional practice and experience. Opportunities develop that would have been impossible in other situations. The quality of the teaching may improve and the quality of patient care is enhanced and the profession is advanced. Lantz et al conclude that the additional time and effort necessary to maintain a collaborative research appointment are more than compensated.

Since then investment in joint clinical-academic positions and clinical professorial positions has been made with the intention of bridging the gap between academia and the clinical field. Anecdotal evidence suggests that neither strategy has achieved the desired degree of success. For example, as Happell (2005) points out the available literature suggests that nurses do not tend to become involved in the conduct of formal research, nor do they readily utilise research findings in their practice especially when they have been formally disseminated. Therefore the clinical academic actually has little contact or credibility with practitioners. Happell, amongst others, have proposed that there are strong cultural differences between the clinical and academic worlds in nursing.

However, in this presentation it will be proposed there are more similarities than differences. Much of the clinical academics role is spent in trying to ‘change practice’ or the practice culture to make it more academic and yet as Miller et al. (2004) suggest an alternative model may be needed for defining academic practice and how it operates in relation to clinical practice.

Moving forward in any coherent and strategic way is extremely challenging in times of recurring political and organisational overhauls. Top-level support and understanding of the potential of such positions are crucial for the nurses involved, and the positions themselves become vulnerable to being regarded as a luxury in times of change and fiscal restraint. (Ogilvie et al., 2004). Darbyshire (2010) stresses if joint chair positions are still to be valued and seen as key roles in developing clinical research and university-service partnerships, then serious consideration needs to be given to the current state of position. This presentation will suggest that the joint academic position in Practice Development is not primarily about clinical research in the traditional sense.

References


**Key words:**
- emancipatory practice development
- organisational culture
- context
- knowledge translation
- knowledge diffusion.

**How this contributes to knowledge development in the Education in Clinical Practice and Practice Development theme:**
- Critical review of joint role.
- Considers what the role of a Professor in Practice Development might be.
- Examines partnerships between Higher education and Provider organisations.
E-Learning, including Blended Learning

Tuesday 6 September
First Group of Theme Sessions
Biographical Details

E-Learning, including Blended Learning

Pam Nelmes, Tracey Proctor-Childs, Graham Williamson

Pam Nelmes is a lecturer in critical care nursing, with specific interest in clinical decision making (including patient/user involvement), technology enhanced learning, healthcare innovation and feed-forward.

Tracey Proctor-Childs is the deputy head of the School of Nursing and Midwifery. Tracey is passionate about nursing and nurse education; her particular interests are in innovative curriculum development and delivery and practice assessment.

Graham Williamson is a lecturer in adult nursing at the University of Plymouth.
To ‘tweet’ or not to ‘tweet’: The value of integrating Twitter within a virtual learning environment for healthcare students

Pam Nelmes, Lecturer; Tracey Proctor-Childs, Deputy Head of School Learning and Teaching; Graham Williamson, Lecturer, University of Plymouth, UK

This theme paper describes the introduction of micro-blogging using Twitter, within undergraduate pre- and post-registration healthcare programmes, in the South West Peninsula of England.

Background

Social networking is embedded in contemporary culture (Trubitt and Overholtzer, 2009) with rapid growth and a reported doubling of social network users since 2007 (Ostrow, 2009). Twitter is a social networking platform where users send and receive messages, known as ‘Tweets’. Also described as ‘micro blogging’, Twitter can be used to exchange information, share pictures, break news and link to content on the internet (including video and audio streams). This ‘real-time’ release of information is credited as a revolution in the delivery of information, and subsequent generation of conversation (Comm, 2010, p.xi).

Twitter was created and launched in 2006, however despite its meteoric rise in popularity and reportedly overtaking Facebook in 2010 (Brewster, 2010), evidence concerning its impact on student engagement and student learning is limited. Looking to fill this empirical void, Junco, Heiberger and Loken (2010), undertook a semester long experimental study, to determine if Twitter had any impact on student engagement and achievement. Students in the experimental group used Twitter for academic and co-curricular discussion. Students in the control group received the same information and did the same assignments, however they did not use Twitter. Results showed a statistically significant increase in student engagement, and higher semester grade point averages in the group using Twitter. Qualitative data also captured an increase in student discussion, questioning and collaboration with their peers. Whilst a number of limitations are acknowledged in relation to this study, such as the small sample size (n=125), it does provide experimental evidence of the value of Twitter in an educational context, supporting connection and communication. This ability to enhance communication is also described by Schroeder, Minocha and Schneider (2010), where Twitter is reported as the conduit enabling communication between students and lecturers, on an undergraduate engineering course.

Increasingly we recognise the impact of lifestyles on behaviour; students are studying beyond the ‘walls’ of the academic institution, competing work during unsociable hours and combining their study with employment (Blackboard, 2010). Most educational institutions offer Virtual Learning Environments (VLE) enabling ‘Twenty four seven’ access to learning materials, lecture notes and on-line discussions. Mobility is also an important feature of contemporary education as mobile phones (including smart phones) and touch screen, tablet PCs, increase in popularity. Indeed a recent survey by Blackboard (2010), identifies the mobile student and the ‘anytime’, ‘anyplace’, ‘anywhere’ attitude to information accessibility. The University of Plymouth supports Technology Enhanced Learning http://technologyenhancedlearning.net, aiming to improve the students’ experience, promoting engagement through innovative teaching and learning. Twitter would appear to align effectively to this vision enabling remote, mobile and timely access to information and learning resources.

Methods

As a relatively new tool on the social media landscape, we wanted to evaluate Twitter blended with existing Virtual Learning Environments. At the start of this academic year (2010 to 2011), and working in collaboration with the Faculty Learning Technologist, we embedded ‘Twitter’ within selected module VLEs (see Figure 1) for four BSc (Hons) programmes in Nursing, Health Studies, Emergency Care and Paramedicine.

To ensure students could view module related ‘Tweets’ each module was identified using the module code, preceded with a ‘Hashtag’ (i.e. #HEAC364). Students could also opt to follow the module leader, however this would require students to sign up for their own (free) Twitter account. Students are introduced to Twitter as part of the module induction process, with evaluation taking place at module conclusion.
Figure 1: Twitter embedded into the module VLE

Using Twitter the module leader regularly disseminates information, resources, links and discussion relevant to healthcare practice and the module themes; for example links to research, contemporary policy, debates and ‘free’ resources such as healthcare related audio podcasts.

Findings
To date 81% (n=49) of students, studying on 2 post qualifying healthcare programmes (Health Studies and Emergency Care), responded to module evaluation. Of the 40 students who responded, 17 (42.5%) reported they were accessing Twitter through the module VLEs. Students expressed value to learning through:

- increased interest in their subject
- easy access to interesting articles, resources, links and discussions
- relevance to the module and their studies
- increased scope of reading.

One student noted their initial scepticism being replaced with feelings this is a ‘good idea’.

Twenty three students (57.5%) choose not to access Twitter through the module VLE. Reasons commonly cited included:

- lack of time
- unfamiliarity
- competition from other electronic resources
- techno-phobia
- belief that social networking invades privacy.

This evaluative process will continue until the end of this academic year (July, 2011), and we will present data representing the students experience of Twitter blended within VLEs, for four distinctive BSc (Hons) healthcare programmes.

References


**Key words:**
- technology enhanced learning
- social media
- collaborative learning
- student experience
- blended learning.

**How this contributes to knowledge development in the E-Learning, including Blended Learning theme:**
- insight into the students experience of Twitter, blended with existing virtual learning environments
- the students’ perception of Twitter as a curriculum innovation
- empirical evidence concerning social media within undergraduate healthcare education.
Enhancing the Student Experience 1 and 2

Tuesday 7 September
First Group of Theme Sessions
Enhancing the Student Experience
Janet Barker, Philip Clissett, Stacy Johnson

Philip Clissett is a Lecturer in nursing at the University of Nottingham School of Nursing, Midwifery and Physiotherapy. He is the course director for the Diploma/BSc in Nursing (the main pre-registration nursing course provided by the School), having spent three years as deputy director of the Masters in Nursing Science, the only pre-registration undergraduate Masters nursing course in the country.

He achieved his PhD in a subject related to gerontological nursing in 2007 and, over recent years, has been working on a study exploring the experience of family members and people with dementia when the person with dementia has been admitted to an acute hospital setting. In addition, over recent years he has worked on a number of smaller studies concerning nurse education, the subject of this presentation being one of them.

With the move to graduate exit only pre-registration education in nursing, the University of Nottingham is keen that nursing students should experience as much of traditional student life as is feasible within the externally-determined demands of the course. As this has been one of the goals of the Masters in Nursing Science for some years, Philip was keen to explore how students from both courses experience the early stages of the course so that this information might be used to inform the development of the graduate-exit curriculum.
Student nurses or nurse students: identity development in pre-registration courses

Janet Barker, Associate Professor; Philip Clissett, Lecturer; Stacy Johnson, Lecturer, University of Nottingham, UK

The aim of pre-registration programmes is to produce nurses able to provide professional care for patients (Stockhausen, 2005). Therefore nurse education programmes can be seen as providing the processes necessary to ensure effective socialisation of students for their future professional role (Fitzpatrick and White, 1996). Yong (1996) and Holland (1999) identified that student nurses go through various transitions in becoming a professional nurse with successful transition from student to professional being premised on receiving appropriate clinical learning experiences. In the UK, students spend fifty percent of their course time in clinical practice working with qualified nurses. This is identified as having a major influence on the students’ perceptions to their identity (McCallum, 2007) and being likely to result in individuals seeing themselves more as nurse than students.

However it is suggested that placing nurse education within Higher Education Institutions (HEIs) has moved them from a clinical focused system to one that driven by academic agenda (McKenna and Wellard, 2004) resulting in an emphasis on the student as a ‘learner’ as opposed a member of the service delivering care. Greater emphasis on the individual’s identity as a learner and a university student is seen to potentially conflict with student’s identity in the practice setting and the development of their professional identity. Individuals entering pre-registration nurse programmes are now face with not only establishing their identity as a professional but also as a learner in higher education – i.e. as a student as well as a student of nursing. This may result in increased student anxiety and reduced role clarity. Students may be left feeling confused and unsure how to act, which in turn is likely to impact on the student experience of learning and their development as both a learner and a professional.

This paper describes a study undertaken to explore pre-registration nursing students experiences relate to the development of professional and student identities. Five focus groups were conducted aimed at highlighting the experience of students on two pre-registration programmes within one HEI in England. The focus groups were lead by an education consultant; the data transcribed, analysed and resulted in the identification of four themes:

- ‘Lots to get used to’.
- ‘We’re different from other HEI students’.
- ‘Practice – challenges and opportunities’.
- ‘Support mechanisms’.

These themes and their implications for the delivery of pre-registration education will be explored. Examples of how students’ experienced will be used to develop pre-registration curricula will also be discussed.

References


Key words:

- pre-registration education
- student identity
- professionalism
- learning
- experiences.

How this contributes to knowledge development in the Enhancing the Student Experience theme:

- Understanding the student experience in relation to their developing professional and student identity.
- Developing of appropriate teaching and learning approaches to enhance the student experience.
- Providing an understanding of strategies and techniques that might make it easier for students to oscillate between their roles as students and practitioners during the course of their studies.
Humanising Healthcare Education

Tuesday 7 September
First Group of Theme Sessions
Humanising Healthcare Education

Kathy Curtis, Pam Smith, Khim Horton

Kathy Curtis has worked for many years in critical care nursing, within intensive care units in London and the South East of England and within the university environment. She has supported student learning and assessment on pre-registration as well as post-registration programmes within both university and practice settings. This paper is based upon her current research towards a PhD.
The student experience of socialisation in compassionate care

Kathy Curtis, Post-Graduate Research Student and Senior Tutor, University of Surrey; Khim Horton, Senior Lecturer, University of Surrey; Pam Smith, Professor of Nurse Education, Centre for Research in Nursing and Midwifery Education, University of Surrey; and Acting Head of Nursing, School of Health in Social Science, University of Edinburgh, UK

Background

The provision of compassionate nursing is an explicit expectation within the Nursing Profession in the United Kingdom according to standards set within both National Health Service (NHS) and Nursing and Midwifery Council (NMC) professional guidance (DH, 2008a, 2008b; DH, 2010a, 2010b; NMC, 2010). Receiving compassionate care is an expectation of those accessing healthcare and for those providing healthcare, feeling compassion is an emotional response to people who are suffering. It is therefore important to prepare student nurses for this expectation and experience. Within this paper, the expectation for compassion is considered in relation to education and student nurses’ socialisation into the nursing profession. The paper provides an outline of research that explored the concept of compassionate nursing for student nurses and the student experience of socialisation into compassionate care. Compassionate nursing could be another way of describing quality in caring within nursing practice, but it could be more specific than quality. The emphasis on compassion within current guidance for nursing implies it is a nursing value, a moral choice, a virtue, and an expectation of emotional engagement. Student nurses are expected to develop an understanding of care that is provided in partnership with patients, respecting the dignity and autonomy of the individual, taking time to listen, to talk and to understand because they genuinely care, and through moral choice doing the small things that matter to the individual in their care so they feel cared for and cared about (Schantz, 2007; Johnson, 2008; Van der Cingel, 2009). The quality of nursing care provision is influenced not only by the individuals engaged in caring but also by the environment in which caring takes place, such as that created through leadership in practice (O’Driscoll et al., 2010).

Methodology

Using Grounded Theory (Glaser and Strauss, 1967; Charmaz, 2006), the experiences of student nurses were explored to develop a new understanding of their socialisation in compassionate nursing. In depth interviews with 19 student nurses and 5 nurse teachers took place over a 12 month period and were analysed alongside data from NHS Staff Surveys and NHS Patient Surveys from the same geographical region as the students’ university and practice placements. Using Situational Analysis (Clarke, 2005) the social world arenas of student nurses’ professional preparation were identified and positional mapping undertaken to explore their intention to engage in compassionate nursing alongside their perceptions of opportunities for compassionate engagement.

Findings

The themes arising from the data indicated that the students’ professional socialisation experiences influenced the development of intentions to engage in compassionate nursing and the perceived opportunities for that engagement. Socialisation experiences were found to leave some students feeling emotionally vulnerable and at risk of moral distress. The intention to engage compassionately and the perception of opportunity to do so were influenced by the support structures available to the student, including emotional support and leadership within practice placements.

Conclusions

In order to support student nurse socialisation in compassionate nursing to meet public and professional expectations, nurse educators and placements need to enhance student experiences that enable student nurses to understand the meaning of compassionate practice, develop their intention to provide compassionate care, enable the emotional support required for compassionate practice, and enhance the perception of opportunities for compassionate engagement. In this way future generations of student nurses will have experiences that support lifelong compassionate practice as they progress through their nursing career.

References


**Key words:**
- compassion
- emotion
- student
- socialisation
- values.

**How this contributes to knowledge development in the Humanising Healthcare Education theme:**
- Student nurses’ socialisation into compassionate nursing has not been explored within the context of the most recent UK standards and professional guidance on compassion and this research provides new insight into that process.
- The research found that students believe the building of compassionate relationships has therapeutic value for patients and enhances their own sense of professional worth but that their ability and opportunity for building such therapeutic relationships requires emotional support, time and strategies that can overcome organisational challenges, and these organisational challenges increase once they become qualified nurses.
- The research found that there is an ongoing need to develop socialisation experiences that promote the students’ understanding of compassionate practice, that promote the intention and support for compassion, and that enhance student perception of opportunities for compassionate nursing, in order for nurse education to meet service users’ and professional expectations for developing compassionate practitioners.
Learning and Teaching Strategies

Tuesday 7 September
First Group of Theme Sessions
Biographical Details

Learning and Teaching Strategies

Jane Wray, Jo Aspland, Jane Taghzouit, Kerry Pace

Jane Wray has managed a number of projects promoting inclusion in higher education, employment and the voluntary and community sectors. This has included a European Social Fund project examining the employment experiences of older nurses and midwives in the NHS (www.hull.ac.uk/ON) and a Disability Rights Commission project examining decisions relating to “fitness” in training, qualifying and working within teaching, nursing and social work (www.maintainingstandards.org). She has recently completed an NMC project reviewing professional conduct and behaviour and a Health Science and Practice Subject Centre project examining the impact of screening for specific learning difficulties on the progression and retention of pre-registration nursing students (http://www.health.heacademy.ac.uk/publications/miniproject/summaries/jwrayexecsum). She has published and presented her work nationally and internationally and is a founding member of the international advisory board for the peer reviewed Journal of Intellectual Disabilities and is on the review panel for Learning Disability Practice. Jane was a member of the NMC Group on ‘Health, Disability and Character’ and the Council of Deans and UK University Faculties for Nursing and Health Professions Working Group on Healthcare (Education for Disabled Students). Jane has worked closely with the Higher Education Academy (HEA) and was a member of the HEA Special Interest Group (SIG) on inclusion.

Jo Aspland is an experienced researcher in both quantitative and qualitative research, Jo has worked in nursing research for the past six years. She has post-graduate qualifications in research methods, and an MSc by research. Jo has collaborated with Jane Wray on many projects, including the DRC project looking at ‘fitness’ which involved collecting data from numerous HEIs in England, Scotland and Wales and analysis thereof. She has worked on a number of projects around specific learning difficulties (SpLD) in pre-registration nursing students, and also in examining, and improving, the retention of student nurses.

Jayne Taghzouit is a registered nurse teacher working predominantly with pre-registration nursing students but with a keen interest in curriculum design. Her role as the faculty disability tutor has enabled significant inclusive measures to be designed into a range of healthcare curricula. She has a degree in nurse education and has partially completed an MSc in Health Psychology. She has worked on a range of research projects within the faculty, co-teaching the study skills sessions with Kerry Pace and is looking to develop measures that will have an impact on addressing student attrition by targeting areas of student experience that currently threaten their studies.

Kerry Pace has spent her whole career supporting students with disabilities at various levels of education, moving into specific learning difficulties (SpLD) support seven years ago. She has a degree, a post-graduate certificate in supporting dyslexic learners, specialist teaching status incorporating assessing for SpLD, and is currently studying for a Masters degree. Kerry works with students with SpLD, but also those with complex disabilities and mental health difficulties. She has worked on a number of research projects with the nursing team, co-teaching study skills support sessions, and working to secure the support and enthusiasm of the module team. Kerry is working to disseminate and extend the research conducted within Nursing into other faculties across the institution to improve the support received by disabled students.

Jane, Jo and Jayne all work in the Faculty of Health and Social Care. Kerry works in Disability Services – all are at The University of Hull.
Making the nursing curriculum more inclusive for students with specific learning difficulties (SpLD)

Jane Wray, Research Fellow; Jo Aspland, Research Assistant; Jane Taghzouit, Lecturer; Kerry Pace, Specific Learning Difficulties Tutor, University of Hull, UK

Abstract
This paper will demonstrate how the outcomes from a research project into Specific Learning Difficulties (SpLD) and student progression were embedded into a programme module.

SPLD are a range of learning difficulties including dyslexia, dyspraxia and dyscalculia (Skills for Access, 2010). Prevalence rates of SpLD in the UK vary but between 4% and 10% of the workforce is thought to be dyslexic, including nurses (National Institute of Adult Continuing Education (NIACE), 2005; Sanderson-Mann and McCandless, 2006). Adults with SpLD have patterns of strengths and weaknesses that may predispose them to adopt significant patterns of occupation choice (Hartley, 2006) including nursing (Taylor and Walter, 2003). People with SpLD tend to have excellent interpersonal skills and intuition, the ability to problem solve, and think holistically and creatively; they are typically focused, determined and hard-working (Dale and Aiken, 2007; Dyslexia Solutions, 2010; Sanderson-Mann and McCandless, 2006) and may also have high levels of compassion and empathy. This may explain why they gravitate to the caring professions (Jamieson and Morgan, 2008).

Nursing is thought to be one of the subject areas with the highest proportion of dyslexic students in the UK (Dale and Aiken, 2007; James, 2006; White, 2007) and the US (Watson, 1995). The number of students with learning difficulties accepted into Higher Education in the UK has increased, from 9,238 in 2004 to 13,320 in 2009 (UCAS, 2010). The Higher Education Statistics Agency (HESA) reports that of all full-time students with a disability, 54% of these have dyslexia (National Audit Office, 2007).

One of the key drivers for this research was that some students were identified as having SpLD on failing or exiting the programme and did not progress into year 2 (Nursing Standard, 2006; Smith, 2008). An early screening programme seemed an expedient way of identifying students at risk of having a SpLD at entry to the programme. It was anticipated that providing specialist teaching to ‘at risk’ students and before formal identification would improve retention and achievement for this group of students.

Phase I of the study took place in 2007. 242 students completed and returned a screening tool for SpLD (98% response rate) and 69 of these students (28.5% of the cohort) scored 7+ indicating that they were ‘at risk’ of having a SpLD. These students were then offered ‘add-on’ specialist study skills sessions provided by a specific learning difficulties tutor in collaboration with the Faculty Student Support Lecturer. These sessions focused on study skills, learning techniques, essay writing, numeracy, assistive technology, note taking, time management, revision strategies, and preparation for placements. Those students identified as ‘at risk’ of SpLD benefited from attending study skills sessions: those who attended 11+ sessions ALL progressed successfully with no conditions (100%; n=6). Students who did not attend ANY session had a progression rate of 58% (n=19). The average progression rate for the cohort was 69.8%.

Phase II of the project took place in 2009. The research team worked with the module team for the Semester 1 Module ‘Introduction to Nursing and Midwifery’ to embed the specialist study skills into the mainstream curriculum. The purpose of embedding the additional study sessions was to enable all students (whether they were at risk of SpLD or not) to benefit from these specialist study skills. In addition, it was envisaged that this would be more cost effective and sustainable in the long term. Feedback from module staff and students will be presented. Progression statistics show that in the intervening year 2008, in which no ‘add-on’ or embedded study skills sessions were delivered, students with SpLD had significantly lower progression rates than their peers. That is, 63.2% compared to 74.3%. Students with SpLD in the embedded programme had progression rates comparable to their peers.

This piece of research demonstrates collaborative working between an academic environment and student support services. The evidence on progression demonstrates that providing study skills either as an ‘add-on’ or embedded ensures that the progression of students with SpLD is comparable with that of their peers.

References


**Key words:**
- SpLD
- retention
- embedding
- inclusive design.

**How this contributes to knowledge development in the Learning and Teaching Strategies theme:**
- Demonstrates the impact of study skills in improving progression.
- Illustrates good practice in innovative and inclusive curriculum design, teaching and learning.
- Provides a model of collaborative working to facilitate effective student support.
Maximising the Role of the Service User

Tuesday 6 September
First Group of Theme Sessions
Jane Griffiths has lectured in community nursing at the University of Manchester since 1998. Her interest in service user and carer involvement began in 2003 when she was a research fellow at the Macmillan Research Unit at the University of Manchester. With colleague Dr Carole Willard she developed and conducted a project looking at the needs of people with rarer cancers and involved service users at every stage of the project. Whilst service user and care involvement in research is now commonplace, this project was considered pioneering in 2003.

Jane is currently involved in developing a strategy for user and carer involvement in the education of nurses, midwives and social workers at the University of Manchester with colleagues Dr Shaun Speed, Dr Maria Horne and Dr Philip Keeley.
‘A caring professional attitude, that’s the main thing’: the qualities sought in graduate nurses by service users and carers and the challenges for nurse educators

Jane Griffiths, Lecturer; Shaun Speed, Lecturer; Maria Horne, Lecturer; Philip Keeley, Director of Undergraduate Education, University of Manchester, UK

Background
With the publication in England of the Nursing and Midwifery Council standards for pre-registration nursing education, undergraduate curricula are being written in Universities across the country (NMC, 2010). While there are many drivers for the curricula (Standing Medical Advisory Committee, 2000; DH, 2004; 2004b; DH, 2005), one which is becoming increasingly important in shaping and delivering health care education and practice is the Service User and Carer’s voice (Coulter, 2002; Baggot et al., 2005; NMC, 2010).

Aim
The aim of this presentation is to discuss the findings of a qualitative study that asked 52 Service Users and Carers about the qualities they sought in nurses and their views on nurse education, as part of a larger project aiming to involve service users and carers in the development and delivery of our graduate and postgraduate nursing, midwifery and social work curricula at the University of Manchester.

Method
We conducted seven focus groups with 52 Service Users and Carers to explore the qualities they sought in nurses and their views on nurse education (Rudman, 1996; Flick, 2002; Kreuger, 2008). The focus groups comprised between 3 and 12 participants and were conducted with a broad range of service users and carers from primary and secondary care, and voluntary organisations. The focus groups were facilitated by two of the research team, were of 60-90 minute duration and were audio-recorded. Audio recordings were fully transcribed.

Data analysis
Data were analysed using the framework approach facilitated by Atlas.ti (Ritchie and Spencer, 1994; Muhr, 2004). Systematic line by line analysis was undertaken by the research team. The team met to discuss codes, and similarities and differences in the codes were examined. Negative cases and rival explanations were explored and discussed. Minor changes were made to the codes to reflect our discussions and we began to cluster the codes to create categories. These were compared and contrasted in order to develop more inclusive categories, which were then developed into themes (Ritchie and Spencer, 1994).

Findings
Our sample of Service Users and Carers was diverse, yet there were similarities in the qualities they valued in nurses. They sought technical competence, knowledge and willingness to seek information, but overwhelmingly prioritised ‘a caring professional attitude’. This they articulated as empathy, communication skills and non-judgmental patient centred care. Participants also expressed concern about an inverse relationship between graduate preparation and caring qualities.

The Nursing and Midwifery Council standards for pre-registration education give pre-eminence to caring, compassion and client centred care (NMC 2010), so how do nurse educators develop these qualities in nursing graduates? We will draw on nursing theory and research to present the argument that caring has a long and extensive presence in the nursing literature, that it can be defined and can therefore be taught. In England, interest in nursing theory has waned in recent years with other subjects edging it out of the curriculum. We argue that the changing demographic and disease patterns within the population, and the emphasis on empowerment, health promotion and self care, mean that a ‘caring professional attitude’, as defined by our service users and carers, is more important than ever. We will discuss how nurse educators can address service users’ and carers’ concerns and will explain how we are involving them in developing, shaping and delivering our curricula to ensure that caring and compassion do not become lost. Our findings are timely for English nursing but equally applicable internationally (Leininger, 1984; Fingfeld-Connott, 2008; Corbin, 2007; Chan et al., 2009).

Conclusion
With the move to an all graduate nursing profession in England, the time is right to return to our theoretical roots and take another look at caring and the nursing theories underpinning it. We need to continuously engage service user and carer representatives in developing and delivering our new curricula to ensure that the qualities that they seek in nurses are enhanced by appropriately designed graduate programmes, and not, as they fear, harmed.

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**Key words:**
- service users and carers
- caring
- curriculum
- graduate nurses
- communication.

**How this contributes to knowledge development in the Maximising the Role of the Service User theme:**
- Our sample of Service Users and Carers valued empathy, communication skills and non-judgmental patient centred care above all other nursing qualities
- Undergraduate nursing programmes need to re-visit caring research and theory
- There are many ways that Service Users and Carers can be involved in curriculum development and delivery to ensure that caring remains central to the new curricula.
Social Economic and Policy Drivers

Tuesday 6 September
First Group of Theme Sessions
Biographical Details

Sam Chenery-Morris

Social Economic and Policy Drivers

Sam Chenery-Morris is a midwifery lecturer at University Campus Suffolk, Ipswich. She is particularly interested in student assessments.
Grading midwifery practice: a discourse analysis

Sam Chenery Morris, Midwifery Lecturer, University Campus Suffolk, Ipswich, Suffolk, UK

Grading of midwifery practice has been introduced as mandatory to all midwifery curricula. The pedagogy of this practice was explored using a discourse analysis of the NMC (2009) policy document which introduced grading of practice. The tensions of grading professional practice have been summarised by Gray and Donaldson (2009) and include grade inflation, validity of the assessment tool, assessor time, knowledge and feedback all influencing the quality of the practice assessment. The level of evidence to support grading of practice is low; however, it has been implemented since September 2009 (NMC, 2009).

The analysis of the data, the NMC (2009) text, was examined using a blend of two theoretical positions; Fairclough’s (1992) Critical Discourse Analysis and Bernstein’s (1996) pedagogical devise. The findings from this discourse analysis were that the pedagogical perspective of grading midwifery practice was limited in several ways. Firstly the textual analysis/ instructional discourse concluded that how to grade practice was problematic and how much of this grade counted towards the degree classification was unstated. Secondly the Discourse Practice/Regulative Discourse or the ways texts are produced, distributed and consumed and layered one upon the other is not cohesive and therefore the exact regulation as to who grades midwifery practice is not explicit enough within the documentation. Lastly the Social Practice / Pedagogical Devise examined the relationship between both the regulatory and instructional discourses thus how, by whom and what contribution this grade makes to the degree classification is open to interpretation, thus different for each Higher Educational Institute, teacher, sign-off mentor and student.

Three recommendations emerge from this work. Firstly, the instructional discourse concluded that although grading practice is statutory, how much of this grade contributes towards the degree classification and how to grade practice is not explicit. Promises were made by the midwifery committee (NMC, 2006) that more work on grading of clinical practice would be done and updates posted in the website, but this is not apparent, so the recommendation is that grading needs to be evaluated urgently and best practice disseminated. As the NMC insist students and mentors use evidence based practice to underpin their work, I suggest the NMC underpins their rationale for grading midwifery practice with evidence.

The regulatory discourse concluded that the lack of intertextual cohesion between the documents pertaining to pre-registration midwifery education was problematic. A second recommendation is that the NMC should revise their standards to support learning and assessment in practice (NMC, 2008) to be profession specific with separate documents for each part or sub-part of the register. Thus the document pertaining to the midwifery profession will explicitly reflect grading practice and be designed for sign-off mentors and teachers alone.

Thirdly, the pedagogic devise needs to be further explored; the relationship between the instructional and regulatory discourses, how these affect the local, institutional and societal education of pre-registration midwifery education need to be part of an ongoing evaluation. A third recommendation, that of a collaborative dialogue with policy makers, namely the NMC, educators, practitioners and students should ensue. As Locke (2009) says, this may be ambitious, but to improve the use of research in policy making and practice, engagement in communication between all parties is one way to take Higher Education forward.

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Key words:
• education
• grading
• discourse
• policy and practice.

**How this contributes to knowledge development in the Social, Economic and Policy Drivers theme:**

- Although grading midwifery practice is statutory, how much of this grade contributes towards the degree classification and how to grade practice is not explicit.
- The lack of intertextual cohesion between the documents pertaining to pre-registration midwifery education and mentorship in relation to grading practice is problematic.
- How the instructions from the NMC and the practice of grading contribute to the pedagogic device needs exploring further.
Students, Teachers and Service Users

Tuesday 6 September
First Group of Theme Sessions
Biographical Details

Students, Teachers and Service Users

Fiona Timmins, Damien Brennan

Fiona Timmins currently works as a senior lecturer in the School of Nursing and Midwifery, Trinity College Dublin. She has more than 65 publications in peer reviewed journals and has written/co authored six nursing text books. She is a reviewer for several peer reviewed journals and sits on the editorial board of three of these. Fiona’s research interests include professional nursing issues, nurse education, spirituality and reflection.

Damien Brennan is a lecturer at the School of Nursing and Midwifery, Trinity College, where his teaching focuses on sociology, nursing studies and research methods. His research interests include mental health promotion, the social trajectory of institutional care; justice; the influence of built environments on care provision, and sociological theory. His PhD was carried out at the Department of Sociology TCD which was entitled ‘A Sociology of Institutionalisation of the ‘Mentally Ill’ in Ireland’. He has also carried out research on the mental health promotion policies and programmes in the Eastern Health Board Region (Dublin). Damien has worked as a psychiatric nurse in Ireland, as a development worker in both Asia and Africa and over the past ten years has worked as an academic at Trinity College Dublin.
C10

Nursing in the academy and changing institutional identities

Fiona Timmins, Senior Lecturer; Damien Brennan, Lecturer, Trinity College Dublin, Ireland

Identity is an important part of who we are as people. While modernisation and increased professionalization of nursing has impacted on staff and patients mostly in a positive way, changes in the management of nursing education in the past 20 years has heralded a remarkable change in the student identity.

This paper considers contemporary student nurse identity within the context of university based professional nurse education. Historically, student nurse identity was strongly informed by their association with a particular hospital or health service provider, shaped by institutional rituals and routine and often physically embodied in objects such as uniforms and hospital medals.

Once part of the structure and fabric of hospital life, nursing students functioned as part of the health care service. As such, their identity was synonymous with that of practicing nurses, except that student nurses functioned at lower level within health care hierarchies. In essence student nurses functioned as workers, whose learning needs were subservient to that of the organisational needs. Within this setting a collective identity emerged, historically informed by claims to honesty, virtue and personal integrity.

This social milieu provided the platform for the formation of institutional pride, belonging and identity. However, such forms of identity can result in institutional compliance; with the associated risk of ritualistic practice, poor levels of transparent accountability and barriers to whistle blowing should substandard practice arise.

The modern approaches to nurse education, within the academy, offers solace from a student perspective and a real focus on educational needs. The dominant discourse of the university renders students critical thinkers, rational, independent and ‘knowing care givers’ which are important components of professional identity (du Toit, 1995, p.164). Hence a level of professional detachment is encouraged, with evidence, rather than institutional tradition, informing practice.

Feeling part of the team is a key feature of a rich clinical experience for nursing students (Martin, 2008); which may have lessened now that students have a dichotomous experience between university and clinical area. Indeed Jones (2007, 365) suggests that a lack of attachment to the clinical site is magnified in modern nurse education institutions, and can lead to ‘feelings of insecurity, anger, resentment and despondency’.

While increased student freedom and an emphasis on teaching and learning benefits students, patients and the profession, the potential impact on student identity is less certain. There is evidence to suggest that students are ill-equipped for their professional identity once qualified and thus require more support for this within universities (Grealish and Trevitt, 2005).

This paper explores the tensions between traditional hospital identity and contemporary university identity with reference to student nurse education. The ideal of the compliant versus the ideal of the critical thinker will be debated.

References


Key words:

- identity
- critical thinking
- compliance
- independence
- professional nurse education.
How this contributes to knowledge development in the Students, Teachers and Service Users theme:

• This paper aims to open up debate about contemporary student nurse identity and consider both positive and negative effects of nursing student’s identity historically.
• This paper aims to challenge participant’s understandings of the role of professionalism in the maintenance of high standards in nursing.
• Nursing student’s identity, going forward, serves to set the scene for practitioners of the future. The academy, we argue, establishes students as critical thinkers, not afraid to challenge the status quo, and this is ultimately extremely positive for the discipline of nursing in the current era.
• Through this presentation, nursing student’s experiences will be explored from an identity perspective. This will stimulate debate much debate and discussion within the audience and serve as an excellent platform for the theme papers that will follow.
Curriculum Innovations and Enhancement

Wednesday 7 and Thursday 8 September
Second Group of Theme Sessions
Biographical Details

Curriculum Innovations and Enhancement

Jackie Haigh, Janet Porter

Jackie Haigh started out as a social science graduate then trained as a nurse. Her experience of nursing was a brief part-time stint between babies and she quickly moved on to midwifery. She spent 10 years in clinical midwifery and thoroughly enjoyed it but was always drawn to academic life.

She gained a second degree in midwifery studies in 1992. She left clinical practice in 2000 after a brief spell trying to combine a clinical and academic post. Since then she has worked at the University of Bradford and also for most of that time been a student, first for an MSc in health professional education and more recently for a PhD in higher education research.

Jackie has a strong background in the use of technology to support learning and have become particularly interested in the value of ePortfolio tools to support reflective and collaborative learning.
C11
Enhancing clinical placement learning through innovative web-based technologies
Jackie Haigh, Senior Lecturer; Janet Porter, Lecturer, University of Bradford, UK

This core paper addresses the theme of curriculum innovation and enhancement by critically analysing the introduction of a web-based personal learning system, PebblePad, to enhance the experience of students in clinical placements. The issues considered are the sustainability of the system, the contribution to student learning and assessment, and the potential for further development, particularly increasing the involvement of mentors in electronic feedback to students. Similar learning technologies capable of supporting the development of ePortfolios are an increasing aspect of international educational practice. Effective use of these tools so that they effectively support student-centred learning is a key issue for debate in UK educational and clinical settings (Garrett and Jackson, 2006; JISC, 2008; Haigh and Porter, 2009; Hughes, Haigh et al., 2010).

The requirements of midwifery education are that 50% of the curriculum involves direct contact with clients in clinical placements (NMC, 2009). The inclusion of a strong practice element in Health Professional Courses is supported by educational theories which view learning as a social process (Lave and Wenger, 1991). Learning in the work place is facilitated by opportunities for engagement in appropriately challenging, authentic activities supported by information and guidance from readily accessible sources (Billett, 2004). However professional education demands more than an opportunistic approach since students are working towards the achievement of standards set by the regulatory body (NMC, 2009). They must demonstrate this achievement in order to register.

In my own department of Midwifery we have a well-developed system of clinical assessment, which has included grading of clinical practice by qualified mentors (NMC, 2006) since the three year degree programme commenced in 2000. Lecturer support up to 2008 involved the link lecturer for a particular placement area attending preliminary, intermediate and final interviews with the mentor and student for each allocated placement. This involved a significant amount of travel and was made increasingly unsustainable by increasing student numbers and extra pressures on staff. The introduction of online action plans which students were able to share with the link lecturer, to update them of their progress in the placement, helped the department move smoothly to a system whereby the link lecturer only attended the final interview. The intermediate interview was substituted by a telephone call, informed by the students online action plan (Haigh and Currant, 2010). These action plans are web-based templates that guide student thinking and recording in relation to the placement experience through appropriate prompts; some built into the original template and others added by the academic staff to customise the template to course requirements.

The system described above worked well in providing the student with an electronic record of placement learning, which many students prefer to paper records (Haigh, Dearnley et al., 2007; Haigh and Higgison, 2010). It encouraged students to reflect on experiences in practice and to apply relevant reading to their reflection. Link lecturers could see work in progress and give advice and feedback as required. However there were several issues and areas for development identified from an informal evaluation of this innovation. These were first the need for a manageable system for accessing and archiving these web based records since they had in effect replaced the paper evidence of student achievement and link lecturer involvement.

The second more challenging issue is how to encourage mentors to access student records online so that the clinical portfolio becomes a working document of the student’s progress in practice with input from all relevant parties. It is anticipated that this would help facilitate a more collaborative approach to student support and guidance. Currently mentors have the choice between recording their feedback electronically or on a paper version. Overwhelmingly the choice has been paper. Use of new web-based tools is in itself a learning process. It follows that novices to the system will learn best through engaging in authentic activities guided by those with more experience. We hope to use this model of learning with first year students and their mentors in cohort 2011 to embed a tripartite approach to effective use of an online clinical portfolio.

This paper reports on an ongoing process of curriculum innovation and enhancement through the use of a particular learning technology – an online personal learning system ‘PebblePad’. The student learning experience enhanced by a structured approach to placement learning articulated in the online tools. Support for students is enhanced by asynchronous access to their link lecturer, through a comments facility linked to the placement action plan (Haigh and Meddings, 2008; Haigh and Currant, 2010). Challenges relate to embedding this innovation and making it sustainable by developing appropriate administrative frameworks and by encouraging full engagement of mentors in the process. Curriculum innovation and enhancement should be seen as a developmental process that builds on the strengths of current provision and seeks to improve it.

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Key words:
• e-learning
• e-portfolios
• student-centred learning
• placement learning.

How this contributes to knowledge development in the Curriculum Innovations and Enhancement theme:
• Providing a detailed case study of the introduction of a clinical ePortfolio.
• An analysis of the advantages of web-based student learning and assessment tools.
• An analysis of current barriers to innovative ePortfolio practices in clinical settings.
Developing Teachers

Wednesday 7 and Thursday 8 September
Second Group of Theme Sessions
Biographical Details

Paul Street

Paul Street is a teaching fellow within the School of Health and Social Care, University of Greenwich. Paul originally trained as an enrolled nurse in 1982 and since then has developed a broad background in clinical practice, practice development and education. He believes that patient care should be truly individualised and based on the best possible evidence. This belief also fuels his passion for teaching and creating environments that allow students to learn in both experiential and theoretical ways to deepen their knowledge of themselves and the patients for which they care. He has a keen interest in the performing arts and how they could influence teaching and learning within non-drama subjects in higher education. He teaches across a range of programmes from pre-registration nursing and paramedic levels to doctoral students. He teaches subjects including: clinical skills, communication, professional nursing and paramedic issues, research methodologies and teacher preparation. He provides a range of staff development for new and existing lecturers within the school and also oversees the activity and development of a suite four purpose built clinical skills laboratories.
Persona adoption: a model to help new lecturers develop confidence when teaching

Paul Street, Teaching Fellow, University of Greenwich, London, UK

Delivering lectures to large groups of students can provoke high levels of anxiety, particularly for new lecturers (Exley and Dennick, 2009). Further, to provide an informative and engaging lecture requires a teacher who is confident, has a sound knowledge and well developed teaching skills (Bentley-Davies, 2010). Thus, new lecturers often need experience and supervision to develop the tacit knowledge and insight into their own style and persona when teaching in order to feel confident when delivering a lecture (Quinn and Hughes, 2007). Considering this model, therefore, may potentially contribute to lecturers’ development and performance in the classroom.

This paper will present the results of the second phase of a two-phase mixed method study that investigated the similarities between lecturing and acting. Twelve in-depth interviews where undertaken with lecturers within one School of Nursing in The United Kingdom. Findings, established a model of ‘persona adoption’ that represents a series of stages that lecturers may go through to both develop and take on a persona when lecturing. This persona is often different from the way they lecturers present themselves in other parts of their working life.

The first stage of this model of persona adoption is when the lecturer is subjected to a range of ‘influencing factors’ that provide not only the basic information about a lecture, but also the perceptual stimuli about giving a lecture on a specific subject, to a particular number of students, at a certain academic level. These influencing factors then inter-play with the ‘facets of the individual’, which represent the lecturer’s self-concept, subject knowledge base and philosophy of teaching. This may result in a cognitive dissonance between these ‘facets’ and the ‘influencing factors’, so affecting the lecturers’ perceptions, thoughts and feelings about having to give that particular lecture. This results in the lecturer undertaking specific ‘back stage preparation’ during which they decide on the content and modes of delivery to prepare in light of that discourse. It may result in delivering the information via single or multiple methods, which during the lecture will require various levels of interaction and participation from the students.

Just prior to the lecture, the lecturer builds or ‘puts on their persona’ and gets into role, making their initial impact with the group. They use the ‘elements of acting’ as proposed by Tauber and Mester’s (1994) e.g. animated voice and body, space, props humour and suspense and surprise to portray and maintain their persona. This leads the to lecturer demonstrating either positive or negative ‘persona characteristics’ in terms of appearing confident, knowledgeable, fluent in the technical skills of delivering the lecture, being interesting and engendering interaction with the students, or not. These characteristics, may or may not, potentially heighten student interest, attention and attitudes to learning as suggested by Tauber and Mester (1994). This depends on whether the lecturer has successfully used the persona and if the lecturer has been able to engage students in the lecture, in competition with other factors that may be taking the students’ attention.

Although the model suggests a linear process, to a great extent, the elements might be more interdependent and interrelated. This might suggest that depending on the lecturer’s perception of their effectiveness during the lecture, that they may decide to continue or adapt their persona and methods to appear more confident. Furthermore, depending on how successful the lecturer perceived the session to be, both their reflections ‘in’ and ‘on’ practice could influence how they teach in the future (Zwozdiak, 2011). Therefore, these reflections become part of the facets of the individual, via the ‘reflective feedback loop’, in the model, which then in turn influences progression through the model in subsequent lectures.

This study concluded that these lecturers went through a process whereby they compare the demands of the lecture with their own knowledge base and skill, this resulted in them undertaking specific preparation in terms of content and delivery style, then they adopted their persona immediately prior to entering the lecture, maintain it throughout the lecture via the use of the elements of acting to achieve an informative interactive lecture. The results of which then feedback into their self-concept as a lecturer and consequently may affect the persona they project in future lectures. If lecturers, therefore, can take a step back to consider how they deliver lectures and the way they can deliberately, ye

References

**Key words**
- new lecturers
- persona
- confidence
- teaching.

**How this contributes to knowledge development in the Developing Teachers theme:**
- Developing the confidence to teach large groups of students talks time.
- Understanding the steps new lecturers go through to adopt a teaching persona will contribute to the development of their unique style of teaching.
- Considering this model of person adoption will help new teachers develop the confidence and insight to teach large groups in a confident knowledgeable way.
Educational Context

Wednesday 7 and Thursday 8 September
Second Group of Theme Sessions
Biographical Details

Jan de Vries, Fiona Timmins

Fiona currently works as a senior lecturer in the School of Nursing and Midwifery, Trinity College Dublin. She has more than 65 publications in peer reviewed journals and has written/co authored six nursing text books. She is a reviewer for several peer reviewed journals and sits on the editorial board of three of these. Research interests include professional nursing issues, nurse education, spirituality and reflection.

Jan is a registered psychologist, psychology lecturer and subject leader in the School of Nursing and Midwifery, Trinity College Dublin, Ireland. He has a BSc and MSc in Psychology from Utrecht University in the Netherlands. He completed a PhD in psychology/theatre studies at Trinity College Dublin on ‘stage fright in performers’ (completed in 1999). At present, Jan’s research interests are varied including nursing education, stress management, peace psychology, and cognitive neuroscience.
The 'psycho-babbling' nurse: the role of psychology in health care education

Jan M.A. de Vries, Lecturer and Psychology Subject Leader; Fiona Timmins, Senior Lecturer, School of Nursing and Midwifery, Trinity College Dublin, Ireland

In 2002, the greatest change in the history of nursing in Ireland heralded a move away from the traditional apprenticeship model (Fealy, 2005) to a university-based all-graduate nursing preparation. In addition to structural changes, student status and clinical practice requirements, the content of the programmes also underwent significant change. In keeping with global changes in technology, evidence based practice, and the need to produce graduates who are critical thinkers, Irish nursing programmes now have a varied content that reflects these needs. This includes increased teaching of the social sciences and is probably best understood as part of a reorientation of world health services towards disease prevention and health promotion over the past 20 years (WHO, 2008). This warrants a greater understanding by nurses of the social and psychological determinants of health and health care.

To this end, An Bord Altranais (the regulatory body for nursing in Ireland) outlines (2004) the distribution of the teaching of social sciences to nursing students. The requirement is specific and yet broad enough for local interpretation and specific emphasis that may be required. Social sciences are also a requirement of UK undergraduate nursing curricula (NMC, 2010), although neither syllabus content nor specific percentage distribution of content are prescribed in as much detail as in Ireland. To ensure that the social sciences are specifically emphasised and managed as discrete, yet integrated units, specialist 'subject leaders' are commonly employed across nursing programmes in Ireland.

In this paper a psychology subject leader and nursing colleague consider the psychology element of this social science requirement. It is hoped that this paper will open up a debate on this important aspect of nurse education and preparation. To inform this discussion, a brief outline of the specific case at one university will be considered. In this case, a ‘shared’ approach to teaching has been adopted by the School (where all four disciplines of nursing are taught core content together in both lectures and tutorials). One of the main challenges posed by the shared approach to psychology teaching is to find ways of covering not only generic applications of psychology to health care, but also address relevant discipline specific issues.

The An Bord Altranais guidance (2004), while useful for the discipline, incorporates a few anomalies. For example, the topic of ‘stress management’ is only included in the general and general and children’s integrated nursing programme and not in either intellectual disability or mental health nursing. Similarly ‘industrial and organisational psychology’ is only included in children’s and general integrated nursing, the requirement for which is also somewhat questionable. In addition to this, it seems that contemporary areas of relevant psychological research were not explicitly addressed in the document.

As far as the psychological content is concerned it is evident that while it is presented separately in one module, it may be integrated within nursing content elsewhere. To ensure that this does not lead to undesirable overlap in content, consultation between the psychology subject leaders and nursing colleagues is necessary. Furthermore, a mutual coaching role between psychology subject leaders and nursing lecturers is desirable to ensure that cross-over of content is represented accurately and based on up to date evidence. A word of caution is necessary here, because while integration of content is desirable, there is some evidence to suggest that this has the potential to result in ‘dilution of the sciences’ (Mowforth et al., 2005, p.46).

Overarching issues to be discussed in this proposed paper are:

• the tension between efforts to regulate psychology education for nurses and the rapid development and change of the evidence base in psychology as a field, which defies overly stringent or outdated guidelines;
• the question whether psychology graduates or nurses with additional training in psychology are best placed to provide psychology tuition to nurses;
• the effort to attain a balance between the provision of fundamental psychological knowledge and psychological skills and applications;
• the question which didactical approaches to the teaching of psychology might be best suited to nurses in training; and
• the development of empirical research to establish the role of psychological training in care provision in the different nursing disciplines.

References


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Key words:
• nursing education
• psychology
• Teaching
• social sciences
• curriculum.

How this contributes to knowledge development in the Educational Context theme:
• This paper reports on a local approach to health care education as part of an effort to develop a platform for discussion of issues around the teaching of psychology to nurses in training.
• The paper also seeks to establish a discussion on how empirical research in psychology may contribute to an evidence base for health care training.
• The paper presents an opportunity to focus on the role of psychology in health care training and share educational perspectives.
Effective Partnership
Working 1

Wednesday 7 and Thursday 8 September
Second Group of Theme Sessions
Biographical Details

Effective Partnership Working

Graham Williamson, Lynne Callaghan, Emma Whittlesea, Lauren Mutton, Val Heath

Dr Graham Williamson is a lecturer in adult nursing at the University of Plymouth. He was a founder member of the university’s Centre of Excellence in Professional Placement Learning and was responsible for carrying out this evaluation of placement development teams.

Val Heath is associate dean/professor for placement quality in the University of Plymouth Faculty of Health. Val was a founder team member of the university’s Centre of Excellence in Professional Placement Learning, and is responsible for the design, operation and management of the placement development teams.
Student support in clinical practice: a longitudinal evaluation of the impact of placement development teams

Graham Williamson, Lecturer in Adult Nursing; Lynne Callaghan, PhD, formerly Postdoctoral Research Fellow; Emma Whittlesea, formerly Research Assistant; Lauren Mutton, formerly Research Assistant; Val Health, Associate Dean, Practice Quality Development, University of Plymouth, UK

Aims
The aim of this study was to investigate the impact of a new structure (placement development teams) for supporting students and mentors in practice placements.

Background
The interaction of interpersonal and structural factors is vital for optimal student support; relationships between mentor and student are pivotal for student support and development (Lambert and Glacken, 2004). In addition, partnership working for effective student support has been shown to improve students’ recruitment and retention, (Pulsford et al., 2002; Last and Fulbrook, 2003; Saarikoski, 2003; Nelson, 2004; Pearcey and Elliott, 2004). How this support should be organised and facilitated has been the subject of some revision recently in England, as the English Model National Partnership Agreement (DH, 2006) for healthcare education required strategic health authorities, higher education institutions and National Health Service trusts to redesign and improve strategies for student support in partnerships between higher education institutions and NHS Trusts jointly responsible for programme delivery. At the same time, professional requirements for mentoring from the Nursing and Midwifery Council (NMC, 2008) have introduced new issues such as sign-off mentoring.

In 2007 our university Faculty responded to the need for more effective partnership working by introducing placement development teams, which comprise academic staff in partnership with practice-based staff in all placement areas (NHS Trusts and the independent sector), who work together to deliver a range of supportive activities for students and mentors in practice. Our university Faculty of Health is the major provider of regional non-medical healthcare education, educating undergraduate students from disciplines including nursing, midwifery, ambulance paramedicine, dietetics and physiotherapy. Sixteen NHS Trusts have contractual relationships with this university and one other to deliver the practice elements of their education in our region.

Phase one of our study (Williamson et al., 2010a) investigated students’ and staff perceptions of support activities prior to the implementation of placement development teams. Williamson et al. (2010b in press) discussed phase two data from placement development team staff and multiprofessional healthcare student groups specific to interprofessional education. This current study is part of phase two and compares data on supporting students in clinical practice prior to placement development teams’ implementation with that gathered after their implementation.

Design
This study was part of phase two of a longitudinal qualitative evaluation of placement development teams. Data were collected after establishment of placement development teams in 2009 and contrasted with those collected prior to their implementation in 2007.

Methods
The data collection strategy was the same for phases one and two of the study. Telephone interviews with key educational stakeholders in trusts and strategic health authorities were undertaken. For students, focus groups with third year student nurses were undertaken in 2007 and again with third year non-medical healthcare students (including nurses) and first year paramedics working in 16 NHS Trusts in the south west peninsula of England in 2009. These data were thematically analysed (Smith, 2000) and the key themes developed were agreed independently between three of the research team.

Results
Students’ data indicated that major enduring themes pre- and post- the implementation of placement development teams’ were:
• communication
• impact of supportive and unsupportive behaviour of clinical staff
• impact of peers in placements.

Major staff themes were, pre-placement development teams:
• vision for improving student support
Post-placement development teams staff themes were:
• how they provided a central point of contact for student and mentor support; and
• how they supported students and mentors.

Conclusion
Partnership working for effective student support has been shown to improve students’ recruitment and retention, (Pulsford et al., 2002; Last and Fulbrook, 2003; Saarikoski, 2003; Nelson, 2004; Pearcey and Elliott, 2004) and we argue that placement development teams can facilitate this. Support of students and mentors is particularly important following the introduction of The English Model National Partnership Agreement (DH, 2006) for healthcare education and professional requirements for sign-off mentoring from the Nursing and Midwifery Council (NMC, 2008), and this too has been enabled and enhanced by placement development teams.

References


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Note:
The full paper reporting this work has been published in The Open Nursing Journal:

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Effective Partnership
Working 2

Wednesday 7 and Thursday 8 September
Second Group of Theme Sessions
Biographical Details

Effective Partnership Working

Katharine Whittingham, David Pinnock, Louise Jane Hodgson

Katharine Whittingham is a lecturer in community nursing at the University of Nottingham School of Nursing, Midwifery and Physiotherapy. She teaches predominantly in undergraduate courses but also supports postgraduate specialist education with a particular focus in cardiac care and long-term conditions. Prior to her appointment as a lecturer she worked as British Heart Foundation Community Heart Failure nurse specialist in Nottingham. She continues to maintain close links clinically with the Community Heart Failure Nurse Service. Katharine's specialist area of academic interest is in heart failure and in particular the impact of being a carer of a heart failure patient and the palliative care needs of heart failure patients. She has British Heart Foundation adoption status in her lecturing role.

David Pinnock is a lecturer in the School of Nursing Midwifery and Physiotherapy at the University of Nottingham. His area of expertise is acute care generally and spinal disorders particularly back pain specifically. He teaches across all three years of the DipHe/ BSc adult nursing course but focuses on care delivery and management in semesters five and six, co-leading the related module. In a long clinical career David worked in the neurosciences and spinal disorders as a staff nurse and junior charge nurse. Moving away from the wards he became a nurse specialist for chronic back pain and then moved into practice development before beginning his full time teaching career. He has a research interest in patient safety cultures.

Louise Hodgson has been a clinical nurse specialist in the management of chronic heart failure for eight years. Louise is currently the senior heart failure nurse responsible for the clinical leadership and strategic development of Principia’s community-based Heart Failure Nursing Service. Louise’s area of specialist interest within her field of clinical practice is the supportive and palliative care needs of patients with advanced heart failure. She recently co-authored her first publication on the complexities of negotiating implantable cardiac defibrillator (ICD) deactivation within the community setting with the support of the University of Nottingham and is currently working again with Katharine Whittingham on a second paper investigating the role heart failure nurses play in facilitating the end of life care choices of their patients.
Sharing and supporting scholarship with specialist nurses

Katharine Whittingham, Lecturer Community Nursing and Clinical Skills; David Pinnock, Lecturer Surgical Nursing and Clinical Skills, University of Nottingham, Nottingham, UK; Louise Jane Hodgson, Community Heart Failure Specialist Nurse (British Heart Foundation adopted), Principia, Nottingham, UK

This themed paper will outline two areas of scholarly activity that reflect successful Partnership Working using a broad inclusive model of scholarship. The paper will discuss the process involved in establishing a collaborative approach, the challenges encountered and the benefits for the professionals and patients involved.

As nurse education moves forward to embrace a graduate exit curriculum there is an increasing awareness of scholarship. The term scholarship appears to hold a certain mystique that perpetuates a sense that it is an elitist endeavour centred in educational institutions. Exploring the evidence relating to scholarship in nursing, it is evident that specialist nurses as experts in their field are working in a scholarly manner. Evidence suggests limited recognition of this aspect of the clinical role both by the nurses themselves and by the employing organisation (Andrew and Wilkie, 2007).

The process of scholarly activity is associated with a development in intellectual learning that offers contribution to knowledge and practice (El-Masri and Fox-Wasylyshyn, 2006). A narrow perspective of scholarly activity might focus on discrete research projects and the subsequent income generated, particularly in the current economic climate. However, this narrow perspective negates the active contribution that nurses in the clinical area offer to the development of knowledge and practice. Exploring the literature examining broader definitions of scholarly activity, a widely cited author is Boyer (1990 cited by Andrew and Wilkie, 2007; El-Masri and Fox-Wasylyshyn, 2006; Burgener, 2001) who developed an inclusive model that more effectively recognises the contribution made by Specialist Nurses. By definition, Specialist Nurses are required to deliver evidence based practice which is reflected in the development of their services (Riley et al., 2002). Boyer’s (1990) model calls for recognition of such activities. He presents four forms of scholarship that are interlocked. The first two are the more traditional types of scholarship: discovery and integration. The second two forms, namely the application of knowledge in practice and the sharing of knowledge through teaching, however, fit well to the role of the Specialist Nurse. They extend beyond the academic setting into what Boyer describes as ‘the real world’. He calls for the application of knowledge to real life situations and problems, and the need to share this knowledge with others.

Boyer’s model of scholarship requires a shift from a more traditional view that considers scholarship to be an activity focused in academia. It encourages an approach in which nurse lecturers can work alongside their clinical colleagues in areas of mutual expertise. The nurse lecturer may be a catalyst to encourage practitioners to recognise their potential for scholarship. In supporting their clinical colleagues, the nurse lecturer adopts the role of facilitator and collaborates with the clinical area and academic colleagues to ensure best practice is undertaken (Burgener, 2001). In order for this process to occur it is important for the Specialist Nurse to be clear regarding the benefits that the scholarly activity will have for them professionally and their clients in terms of improved patient care and service delivery.

The two examples to be presented in the themed paper are:

- A paper examining the complexities of deactivation an Implantable cardiac defibrillator in end stage heart failure. The paper was published in the British Journal of Cardiac Nursing and was co-authored by a British Heart Foundation Heart Failure Specialist Nurse and Lecturer in Community Nursing (British Heart Foundation adopted).

- A research project based in a major teaching hospital exploring final year student nurses understanding of patient safety culture. The project team incorporates the Clinical Quality, Risk and Safety Manager for the hospital trust, Patient Safety Programme Lead and Lecturer in Surgical Nursing.

References


**Key words:**
- collaboration
- scholarship
- expert clinician
- service improvement.

**How this contributes to knowledge development in the Effective Partnership Working theme:**
- Exploring broader definitions of scholarly activity.
- Innovative strategies for facilitating scholarship in clinical practice.
- Beneficial partnerships to promote practice orientated scholarship resulting in meaningful change to the patient experience.
E-Learning, Including Blended Learning

Wednesday 7 and Thursday 8 September
Second Group of Theme Sessions
Biographical Details

E-Learning, Including Blended Learning

Kay Currie, Pamela Kirkpatrick, John Biggam, Terry Corcoran, Maggie Grundy

Kay Currie is currently a reader in nursing within the School of Health at Glasgow Caledonian University. Much of her time in higher education has been spent in post-registration nurse education, where she was head of department for seven years. Kay’s current research and teaching interests are focused in the areas of role development and quality improvement, particularly in acute care settings.
Evaluating the evolution of action learning sets to support advanced nursing practice

Kay Currie, Reader in Nursing; John Biggam, Lecturer in Business; Terry Corcoran, Senior Lecturer (e-learning), Glasgow Caledonian University; Pamela Kirkpatrick, Lecturer in Nursing, The Robert Gordon University; Maggie Grundy, Programme Director, NHS Education for Scotland, UK

Introduction
Professional role development in nursing is occurring at a rapid pace in the UK as elsewhere. Internationally, finding relevant, flexible, sustainable educational solutions to support the preparation of nurses for new roles presents significant challenges for Higher Education Institutions, health service managers and the clinical practitioners who are would-be students. To address this concern, NHS Education for Scotland (NES) established a national pilot project, the ‘Advanced Practice Succession Planning Development Pathway’ (NES, 2008). This initiative sought to introduce a generic, coherent and flexible framework to support practitioners working towards developing a range of attributes associated with the advanced level of practice. A variety of educational approaches to support practitioner development were embedded within the programme, including a series of online Action Learning Sets (ALS).

Brook (2010) suggests that the use of action learning in healthcare has grown in recent years; her findings indicate that ALS are being applied to a wide range of organisational issues, with emphasis shifting from collectively determined problems to individually determined ones. However, Gentle (2010) observes that the effectiveness of an ALS can depend on cultural and organisational factors and its use is not without challenge. Whilst much of the literature relating to the application of ALS relates to face-to-face discussions, the decision to utilise an on-line mechanism during this national pilot project sought to meet the needs of participants who were geographically dispersed throughout Scotland and who had many competing demands on their time; it was hoped that the flexibility offered by this medium would overcome some of these practical challenges. This approach echoes that adopted by Plack et al. (2008), who evaluated the use of ‘virtual’ ALS, with two groups of physical therapy students. Plack et al conclude that virtual action learning enabled collaborative working to solve problems using reflective processes, with students valuing and learning from the asynchronous dialogue.

An evaluation of the original pilot pathway was reported in 2010 (Currie et al.), with results related to the use of on-line ALS demonstrating resonance with findings portrayed in existing literature. The benefits of flexible access and sharing experiences with others was emphasised by participants. Conversely, multiple commitments and lack of group cohesiveness significantly interfered with the effectiveness of the on-line learning process for these practitioners. Respondents generally expressed a preference for a blended approach, with face-to-face sessions to provide ‘getting-to-know-you’ opportunities, enhancing commitment to the group process.

As a consequence of these findings, the use of ALS evolved within the Advanced Practice Succession Planning Development Pathway. Subsequent cohorts of pathway participants were offered, firstly, a blended approach, with the initial and final ALS being offered face-to-face; another cohort participated in an entirely face-to-face facilitated ALS experience. This paper will present the findings from a comparative evaluation, currently underway, of this evolution in the use of action learning sets to support development in advanced nursing practice, set in the context of student experience and expressed preferences.

Evaluation methods
The principles of Bennett’s evaluation hierarchy (Bennett, 1975) underpinned the development of a survey tool to evaluate the impact of the ALS, as these capture the need to focus on evaluating the progress of the ALS from inputs to end results. Thus, the survey questions encompassed activities with and reactions to the ALS, changes in knowledge, attitudes, skills, and aspirations, and changes in practice. Participants were asked to evaluate the ALS process in relation to the intended purpose of developing advanced practice attributes such as clinical judgement and decision making; leadership; evidence based research; values based care; facilitating learning; and autonomous practice, rather than inherent aspects of the ALS per se, such as questioning or problem solving. Additional survey questions explored the perceived relative effectiveness of the ALS compared to other aspects of the pathway, as well as seeking views on the most and least beneficial aspects of this initiative. Descriptive statistics were used to compare and contrast the views of participants who experienced the different approaches to supporting ALS.

Future implications for action learning in advanced practice
Alternative approaches to ALS support were introduced in recognition of participants’ expressed preference for a blended approach. This evaluation will indicate the extent to which modifications to the original on-line approach were successful in meeting participants’ expectations.
References


Key words:
- action-learning-sets
- on-line
- face-to-face
- evaluation
- student preferences.

How this contributes to knowledge development in the E-learning, including Blended Learning theme:
- Demonstrate participants engagement with and reactions to the use of ALS to support development of advanced practice attributes.
- Comparison of experienced practitioners perceptions of on-line, blended and face-to-face ALS.
- Generate recommendations for future delivery of ALS to support advanced nursing practice.
Enhancing the Student Experience 1 and 2

Wednesday 7 and Thursday 8 September
Second Group of Theme Sessions
Biographical Details

Enhancing the Student Experience

Jill Leckey, Ruth Elliott

Jill Leckey commenced general nursing in 1975 then undertook mental health nursing in 1980. She has a background in acute care working with clients with severe and enduring mental illness, although throughout her career she has worked in a variety of specialties. Prior to moving to Huddersfield she worked in Lincolnshire as a clinical nurse specialist in a joint appointment that involved both acute care and education.

To maintain a practice base Jill currently works as a community nurse therapist one day a week engaging in family work and CBT with psychosis. Her BSc (Hons) is in mental health practice and the majority of the modules studies were around complementary approaches to enhance the role of the registered mental nurse. Her MEd is in human relationships and all the modules were around communication and counselling which also complemented the role of the registered mental health nurse.

Jill undertook a postgraduate diploma in psychosocial interventions and continues to practice utilising these approaches.

Currently Jill is undertaking her professional doctorate, her area of interest being the impact of creative therapies on the care process. This has also had a knock on effect adopting some of the creative approaches to her teaching. Not all students learn from talk and chalk and due to the increase in students with learning difficulties (dyslexia) the development of alternative approaches to teaching involving a variety of mediums captured her attention. Experience indicates that some students work more effectively with images than words.
I'm a student nurse get me out of here: serious fun in the jungle
Jill Leckey, Course Leader; Ruth Elliott, HEA Fellow, University of Huddersfield, UK

The importance of developing self awareness has been described by a number of authors including Freshwater (2007) and Stickley and Stacey (2009). Self awareness is promoted through the ability to reflect on self and emotion. Self-awareness and reflective ability is crucial in providing an empathic and caring relationship (Reynolds, 2000).

It is not surprising then that there is an interest in exploring methods which develop self awareness and reflective ability. Thus, educationalists have described a range of approaches which may facilitate self awareness and reflective ability, and these include drama (Wasylko and Stickley, 2007), creative arts (McKie et al., 2007) and role play (Freshwater, 2007).

This presentation explores the use of creative Experiential Based Learning methods as a way of engaging students and promoting opportunities to reflect on their current feelings and thoughts and its links with caring for people in practice. Although the focus is student mental health nurses, similar exercises have been or could be used with other branches of nursing and other professionals in training.

Some of the challenges involved in the use of Experiential Based Learning are described and we suggest some strategies that can be used to allow the student to both enter the experience and ‘soft land’ out of the experience.

The qualities and experience of the facilitators are outlined; for students to engage in public reflection they need to feel free from judgement (Hargreaves, 2003). We also discuss the physical and resource preparations. of room and materials are outlined.

The presentation will be undertaken in a respectful way and free from identifying material, and a few examples are fictionalised to hide identity without misrepresenting too much what actually happened.

References


Key words:
- self-awareness
- reflection
- creative activities
- engagement
- safe environment.

How this contributes to knowledge development in the Enhancing Student Experience theme:
- Exploration of the use of creative Experiential Based Learning methods as a way of engaging students.
- Promoting opportunities to reflect on their current feelings and thoughts and its links with caring for people in practice.
- For students to engage in public reflection they need to feel free from judgement.
Humanising Healthcare Education

Wednesday 7 and Thursday 8 September
Second Group of Theme Sessions
Biographical Details

Humanising Healthcare Education

Morag Campbell, Beth Seymour

**Morag Campbell** has been a nurse educator for over quarter of a century. She has academic interests in developing thinking for nursing judgement, physical health, spirituality and research teaching. Morag has been involved in international educational activity including consultancy for the WHO in Serbia and capacity building with nurse teachers in South Africa. As a registered nurse Morag practised in gynaecology before developing her academic career. Morag is an active trade unionist.

**Beth Seymour** practised as a registered nurse in elderly and palliative care prior to working in nurse education. At present she lectures at Glasgow Caledonian University specialising in spiritual care, the art of nursing and ethics. Beth’s research interests focus on spiritual education in healthcare and she gained her doctorate from the University of Strathclyde in 2006. Her doctorate is entitled *Teaching and learning about spirituality and spiritual care: A case study investigating nursing students’ experiences of spiritual education.*
Literature and symbols: realising students' potential for emotional and spiritual care

Morag Campbell, Lecturer; Beth Seymour, Lecturer, Glasgow Caledonian University, UK

Spiritual and emotional care have been and remain key areas of nursing practice and are identified as intrinsic to pre-registration nursing programmes (NMC, 2010). During our experience of providing modules in arts and humanities for students of health and nursing we have been intrigued by how students use story-telling and symbols when discussing spiritual and emotional matters. In this paper we will suggest innovative teaching and learning methods which use story-telling and symbols to expand students’ personal and professional understandings of spiritual and emotional care.

Literature and story-telling are well known approaches to learning and researching about spiritual and emotional health (Sandelowski, 1991; Sandelowski and Carson Jones, 1996; Seymour, 2009; NES, 2009). The mediums of literature, artefacts and music in health care can contribute to patients' personal and aesthetic appreciation (Kellehear et al., 2009). In this paper we will discuss how through the experience of an arts and humanities module, students are encouraged to hear the stories of patients/clients, reflect on their own personal and professional stories and find meaning in the objects that have significance for patients in their practice.

This approach to learning will be discussed in 3 sections:

Firstly there will be an overview of the module and an explanation of the mediums used by students. For example drama, novels, poetry, music, film, art work and artefacts can all be used to provide valuable learning experiences.

Secondly an exegesis of students' illustrations of spiritual and emotional narratives will be presented and how these are used as a means of assessment. Some students are reluctant to reveal spiritual and emotional experiences in the classroom because of feelings of shyness or embarrassment or vulnerability and there is a danger that story-telling in the classroom can become the province of the confident student. Often however students raise these personal conversations in their reflective writing and so this lends itself to assessment data which can also facilitate a dialogue between lecturer and the individual student – particularly necessary when one to one conversations are lacking in mass-produced higher education.

Finally, we will discuss how artefacts can be used in teaching. As this is a more recent addition to our teaching repertoire this will be described and evaluated in some detail in terms of its usefulness for students learning about spiritual and emotional health.

In presenting this paper we hope to engage the audience through stimulating teaching and learning approaches and encourage a greater appreciation of the value in learning about spiritual and emotional care.

References


Key words:
• storytelling
• spiritual and emotional health
• learning and assessment.

How this contributes to knowledge development in the Humanising Healthcare Education theme:
• How students re-frame their stories to enhance personal and professional learning.
• What students learn through symbols.
• Assessing emotional and spiritual growth.
Interprofessional Learning and Working

Wednesday 7 and Thursday 8 September
Second Group of Theme Sessions
Biographical Details

Interprofessional Learning and Working

Melissa Owens

Melissa Owens is a lecturer at the University of Bradford and had the lead role in embedding interprofessional education (IPE) across the pre-registration, healthcare curricula. Interprofessional education has also been the primary focus for her research which has included two projects working with a local primary care trust to explore the effectiveness of IPE in GP Practices. Based on this experience, Melissa undertook a Doctorate of Education (EdD) which explored how nursing and medical students attained interprofessional working skills in the primary care setting. The thesis is currently in the process of being written up and it is this thesis which is being presented in this paper.
A qualitative study exploring interprofessional working practices in the primary care setting and the impact these practices have on the attaining of these skills by nursing students

Melissa Owens, Lecturer in Nursing, University of Bradford, UK

The study
This presentation highlights the findings from a study which explored the processes by which nursing students attained interprofessional working (IPW) practices in the primary care setting. Undertaken in a city in the north of England, the study focused on the social interactions of staff within 3 GP practices where nursing students undertook clinical placements. The study was qualitative and used an ethnographic approach. Following ethical approval, uni-professional focus group interviews were completed with professional groups (including administrators) in each of the 3 practices as well as nursing students who had completed a placement at one of these practices. Further data were collected through non-participatory observations and the completion of a reflexive diary, with data interpretation undertaken using the following processes:

• The software package NVivo8 to organise the data;
• The framework ‘template analysis’ to provide structure and enable data to be collated in a systematic manner (King, 2004) and;
• Bourdieu’s theory of social life (Jenkins, 1992) as a lens to enable a deeper level of understanding to occur

Findings
Three themes were identified as follow:

➢ Physical Presence
The impact of physical presence on IPW relationships was perceived differently by the separate professional groups, depending on the relationship between those involved. For example, where relationships were identified as positive; physical presence and the proximity of different groups within the Practice were considered to be significant contributory factors to its attainment. However, where poor relationships were identified, these factors were not considered important. Therefore, the physical presence of different professional groups did not necessarily contribute to positive IPW relationships itself, but was used as a means of validating them where they were present and, of justifying their absence where they were not.

➢ Playing the Game
Equally, teams considered the effort they made to engage with others as being an important element of attaining positive IPW relationships. As with physical presence, however, this effort was only considered to be significant to the attainment of positive relationships. Where relationships were considered poor, lack of effort was not considered to be a contributory factor. Conversely, the presence of poorer IPW relationships was used as a means of justifying their having ceased making an effort to engage or: ‘play the game’ (Charlesworth, 2000).

➢ The use of Physical Space
It was evident, therefore, that those factors significant in facilitating positive IPW relationships were multifaceted and went beyond that of physical presence and effort to engage alone. Indeed, it was clear that there was a complex interplay of behaviours taking place between the different professional groups which impacted on how and if each team engaged. In examining these behaviours, it was recognised that these could be likened, metaphorically, to the pieces on a chess board. The most significant piece on the chess board, for example, is that of the King; the loss of which results in the game coming to an end. Whilst restricted in their movements, the King is therefore central to the game and as such is the most powerful player on the board. Conversely, the other players exist only because of, and in relation to, the King, working both to protect and for him. Within this study it was evident that the GPs played the role of the ‘King’. Access to them and their personal space (the consulting room) was restricted by both the Practice Manager (the Queen) who organised their daily schedules for them and the administrators who (the pawns), were greatest in number, held little status and, tended to be on the front-line, while being continually available to respond to the needs of the GPs.

Where positive IPW relationships were identified, it was evident that this related to the willingness of others to ‘play the game’ (Charlesworth, 2000) and accept the GPs in their role as the ‘King’. Where they did not, teams tended to work in parallel either as a means of avoiding conflict or of having accepted poor interprofessional working relationships that they felt unable to change.

Impact on Students and Conclusions
Much of the interplay between teams, however, occurred sub consciously and as such nursing students exposed to these practices believed them to be normative and thus mirrored them unquestioningly. They considered, for example, parallel working to be synonymous with autonomous practice and consequently that it was an example of positive, interprofessional working practices.
In order to enhance students attaining positive IPW skills, therefore, it is important that practitioners themselves are able to recognise how space is used with regards to social relationships and the impact their own epistemologically based behaviours have on IPW practices (Owens and Dearnley, 2009). Students exposed to these practices can then be enabled to challenge these, reflexively, rather than adopting them without question.

For student nurses to learn positive interprofessional working skills it is important that:

- Current practitioners develop an increased awareness of their own epistemologically based behaviours
- There is a recognition of how social space is used in relation to interprofessional working practices
- Nursing students are supported to recognise those factors that impact on the attainment of positive interprofessional working skills and challenge them reflexively.

References


Key Words:
- interprofessional
- working/learning in practice.

How this contributes to knowledge development in the Interprofessional Learning and Working theme:
- Current practitioners develop an increased awareness of their own epistemologically based behaviours.
- There is a recognition of how social space is used in relation to interprofessional working practices.
- Nursing students are supported to recognise those factors that impact on the attainment of positive interprofessional working skills and challenge them reflexively.
Learning and Teaching Strategies

Wednesday 7 and Thursday 8 September
Second Group of Theme Sessions
Biographical Details

Learning and Teaching Strategies

Lois Neuman

Lois H. Neuman, is considered a leader in nursing education and professional associations. She writes grants and articles, presents at professional conferences on skills for the educator and on the future of nursing education to include innovative education delivery and technology as a human replacement strategy. She also speaks on staff-family communication from her perspective of nurse as caregiver. She is adjunct faculty at Montgomery College, Maryland, was on the faculty at the University of Maryland School of Nursing, faculty and chair at Prince George’s College Department of Nursing in Maryland where she mentored faculty and motivated students. She was researcher on quality of aging, principle investigator on a National League for Nursing, four-site, education innovation project and chapter President and Vice President of Pi Chapter (University of Maryland), Sigma Theta Tau, Inc. honorary nursing society.

Lois is committed to nursing education, lifelong learning, and enjoys educating and sharing her expertise. She connects with audiences and inspires excellence in nurse educators. Lois continually seeks opportunities to advance nursing education and looks forward to sharing strategies for success with participants at NET2011.

In her community, she serves as Chief Election Judge and Trainer and is member and former Chair of the Montgomery County Library Board. She authored monthly health articles for Maryland Business and Professional Women.
Imagine the faculty role, 2020
Lois Neuman, Montgomery College, Potomac, USA

Purpose
This session will address the role of faculty as a learning strategy. Consideration will be given to alternative
teaching/learning practices, efficient use of existing personnel in multiple roles, and the future role of
teacher/faculty in the ubiquitous world of learning. Through candid analysis of personal experiences, the
presenter will raise provocative questions and propose ideas for breaking some of the bonds of tradition in
nursing education.

Summary of content
Over the past 10-15 years, nursing moved with the mainstream and embraced creative technologies in both
practice and education. In some instances, technology replaced dwindling numbers of faculty who retired or left
education. Clearly the roles of learner and teacher are dramatically different in 2011 compared to as recently as
2005. As technologies developed, teachers adapted and adopted various methods. Colleges and institutions
began to financially commit to platforms and employee training. Words such as Blackboard, Jing, YouTube,
SecondLife, and chatrooms became part of teaching/learner lexicon. In the learner centered environment, a shift
from the previously practiced teacher-centered milieu, learners sometimes led the way as early adapters to i-
phone, i-pods, i-pads, e-readers, and now move to e-education, that is, education designed for one. This is in stark
contrast to a long historical reign of curriculum, courses, syllabi, and program structure. Teachers/faculty taught
classes of individuals face to face in a communal space and the unit of measure, the credit hour, was based on
seat time or real time.

Our emerging world blurs the lines between home and work as well as the lines among home, work, and
education. Mobile technology is growing globally allowing access to the Internet via wireless technology. In
education, distance learning and wireless transmission are prevalent, easier to manage, and readily acceptable.
The new wave is to engage individuals to demonstrate learning where physical location and real time are
irrelevant. All of this changed in 10 short years, a blink in the time line of organized education. Recent release of
the extensive Institute of Medicine/Robert Wood Johnson Foundation (2010) report on the future of nursing has
nurses examining current practice.

Questions will be raised about the future of faculty or teacher role and the education milieu. Will bricks and mortar
campuses reinvent themselves? Will students select faculty/teachers to facilitate their learning based on faculty
research and experience? Will evaluation be carried out electronically using rubrics and will laboratory
performance be assessed by simulation and smart robots? Will eye or finger prints be used globally to determine
learner identity and will electronic student records, owned by the student, be commonplace? How will security
corcerns be resolved?

The following trends will be offered for consideration:
• There are devices that track eye movements while reading on screen that can be combined with software
  that infers a reader's progress and provides help when eyes pause on words or names. (Future of reading
  following your eyes, June 17, 2010).
• Concerns about security such as networks of compromised computers, have increased their presence on
campuses, threatening student data systems, particularly those that rely on social security numbers (Botnets
  continue to threaten campus networks, May 3, 2010).
• The next platform likely to see an increase in cyber-attacks will be smart phones, a staple of students on
every campus (News, Physorg.com, Feb 17, 2010).
• There is a movement away from textbooks as a way to bundle learning for the millennials and a shift to
  instructor written “flexbooks” that incorporate text, simulations, video, and more (School considers flexbooks,
  June 7, 2010).

Given all of these faculty roles being replaced by technology and the ubiquitous nature of learning, what is the
role of the teacher/educator/faculty? Will the focus be i-education and designer education for one? What students
contract directly with faculty or will student retain contact with an institution that employs faculty? Will the
traditional textbook become obsolete? Examples will be included from the literature on nursing reform in the USA
(Institute of Medicine 2010), partnerships (Niederhauser, Macintyre et al., 2010), educational curriculum
(Glasgow, Dunphy et al., 2010), and an open approach to learning (McAndrew, Scanlon et al., 2010).

References
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eschoolnews (2010) Future of reading following your eyes. Available from:


**Key Words:**
- teaching
- learning
- strategies
- teacher
- future.

**How this contributes to knowledge development in the Learning and Teaching Strategies theme:**
- redefine the role of the teacher
- consider the future of real place in real time learning
- determine the relationship between teacher and learner.
Lifelong Learning

Wednesday 7 and Thursday 8 September
Second Group of Theme Sessions
Biographical Details

Marty Wright

Marty Wright has worked in nurse education for 20 years and used work-based and experienced-based learning as a pedagogy for the development of nursing practice.

Marty mainly facilitates registered nurses to gain academic credits at degree, honours and masters level as they develop their practice, advance their skills and create innovation within their own workplace but also acts in an advisory role for APL / RPL in both pre-registration and post-registration nursing programmes.

As nursing now positions itself as a graduate profession Marty is intrigued about the merits of non-formal and informal learning (NFIL) as an equitable alternative to formal learning, and is concerned that there are large numbers of senior and experienced clinical nurses who do not have degree level qualifications. The accreditation of NFIL could legitimise their nurse’s role, their status and provide personal, professional and organisational benefits and assurances.

As someone who never uses 1 word when 10 would do, narrative methodology and data collection is a natural choice and fit to try and capture and accredit the achievements and learning of these experienced clinical nurses.
I deserve credit for the good job I am doing: can writing to prompts be used as a strategy to identify and reward achievements of ‘good’ nursing?

Marty Wright, Senior Lecturer, Glasgow Caledonian University, UK

The move to an all graduate profession highlights that many of today’s most senior and most experienced clinical nurses either were not prepared in University or do not hold degree level qualifications. It would be totally wrong to assume all experienced nurses are in some way inferior to their University prepared colleagues, indeed, many will have made outstanding contributions to patient care through their work. Their innovations and practices as individual nurses, team members or leaders, when scoped highlight traits, characteristics, qualities, skills, knowledge and behaviours. All are professional development plan (PDP) activities and are potentially worthy of reward in the form of academic accreditation. By contrast and on a more controversial note the same system may also highlight those whose performance, specifically development, falls short of the role expectations and status.

Both traits are referenced in the literature amidst ample consensus in the literature that lifelong learning (LLL) is a crucial element in contributing to personal, organisational and indeed global success (or failure) (Jeuchter et al., 1998; COEC, 2000; Colley et al., 2003; Tynjala et al., 2003; O’Hagan et al., 2005).

Currie et al. (2007) using grounded theory found that specialist nurse practitioners, despite additional academic and professional qualifications did not feel empowered to change practice. Currie et al. (2007) also reported that a disinterested, unresponsive manager could block progress. McCormack and Salter (2006), Finn et al. (2010), and Gijbels et al. (2010) reached a consensus on the impact of post registration education on practice development and innovation. When pedagogical approaches adopted are traditional e.g. didactic, they found transference of learning to be limited.

There is a growing body of literature that informal and non formal learning are seen to be as significant as formal learning especially as it takes place in the workplace and is related to work activities (Colardyn and Bjornavold, 2004; Werquin, 2007, 2010). The virtues of work based learning as an alternative and more successful pedagogy in terms of practice related development (Rhodes and Shiel, 2007; Seibert et al., 2009) is also extolled.

However with minimum written about the accreditation of nursing related work based learning through a collaboration with a higher education institution (HEI) (Chalmers et al., 2001) and no real research on the how nursing personnel feel about the notion of accrediting informal and non formal learning (RNFIL) for the purpose of gaining degree level qualifications that equate to those that are now the minimum qualification level of all registered nurses the topic was ripe for research.

RNFIL has the potential to benefit and interest employers, nurses, Universities as well as the nursing and midwifery regulatory body the Nursing and Midwifery Council. Yet, RNFIL seems to remain the rhetoric of University flexible entry policies and faces continuing barriers within the National Health Service (NHS). The reasons are unclear. The NHS may not have a clearly developed strategy for implementing LLL or RNFIL and there may be no finances assigned to these modes of teaching and learning, no incentives and even a perceived lack of parity of esteem with formal learning from quotients in the university and the NHS. Nurses themselves may not recognise RNFIL value or benefit, may fear failure or have difficulty accessing support to demonstrate learning in the manner being advocated.

Ensuring LLL and RNFIL is as important and rigorous as any formal education demands a renewed vision of assessment with employers and Universities agreeing processes and jointly identifying achievements worthy of being acknowledged. This presentation reports on a small pilot study that set out to explore the usefulness of a ‘writing to prompt’ model as a means of identifying learning and achievements worthy of being rewarded academic accreditation (Murray, 2009). Firstly, the main sources/exemplars of achievement were derived and the relation between exemplars and the traits such as the knowledge, understanding, skills being demonstrated investigated. Secondly, a ‘pre-test – post-test’ design was used to capture the feelings of the senior nurses before writing commenced in relation to perceived value and benefits and then the impact of the strategy as an enabler and initiator of evidence. Pre-test results revealed that students had undertaken work related developments but had not previously considered them credit worthy with a University. However, the adapted writing model although certainly going in some way to identifying achievements, requires either further modification or to be supplemented by additional strategies in order to support the nurse attain academic accreditation, particularly which performance is questionable. Without further work it can only be concluded the ‘writing to prompts’ model is a possible strategy for demystifying what could be identified as achievements worthy of academic accreditation and reward or as a starting point for developing nurses ability to use experience for learning. The implications for further research will be discussed.
References


Key words:
• accredit nursing achievement
• nurses life long learning
• nurses informal and non formal learning.

How this contributes to knowledge development in the Lifelong Learning theme:
• Strategies for recognising and rewarding nursing achievement.
• Strategy for LLL.
• Determining fitness to practice or fitness for role.