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**Abstracts for
Symposia
and Posters**

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Papers included are those attending the conference at time of going to press



Symposia

10.15 – 11.45

Wednesday 8 September

Symposium 1

They said it couldn't be done! Working together to improve the student placement experience

Sarah Burden, Senior Lecturer/Practice Experience Coordinator Nursing University Teacher Fellow, Leeds Metropolitan University; Jan Porter, Midwifery Lecturer/Placement Co-ordinator, University of Bradford; Kathryn Gould, Practice Learning Facilitator, NHS Kirklees; Rachel Belcher, Practice Learning Facilitator, The Mid-Yorkshire Hospitals NHS Trust; Fiona Bates, Project Manager, Practice Placement Quality Assurance Project, University of Bradford, funded by NHS Yorkshire and the Humber, UK

A Placement Quality Working Group (PQWG) was established in the West Yorkshire Strategic Health Authority (WYSHA) in 2004 to meet the requirements of the Quality Assurance Agency partnership framework (QAA, 2004). The PQWG included representation from four higher education institutions (HEIs), allied health professions, nursing, midwifery, medicine, service personnel and Practice Learning Facilitators (PLFs). It has overseen a number of initiatives to improve the quality and provision of practice-based learning and resources. In particular, it has promoted partnership and collaboration, examined best practice and emerging issues. An innovative web platform was developed to support much of this work. This was in recognition of a desire for a single set of data for multiple purposes and audiences.

With the reorganisation of the SHAs in 2007 the group has expanded to include all partners in the Yorkshire and Humber SHA (YHSHA) and now includes the ten HEIs in the region.

The following four papers are examples of the work which has originated from the PQWG.

Paper one: Single assessment tool; Sarah Burden, Practice Experience Co-ordinator/Senior Lecturer/Teaching Fellow, Leeds Metropolitan University

The Nursing and Midwifery Council detail essential skills and proficiencies which must be achieved by all students undertaking pre-registration education (NMC, 2008). However, documentation to record achievement varies considerably between different HEI curricula leading to the same professional registration. In consequence mentors and assessors of students in practice settings deal frequently with different assessment processes and paperwork which relate to similar performance outcomes. This leads to confusion for mentors at a time when educational needs are competing with wider care priorities and mitigates the free movement of students across placement providers.

This paper outlines the process undertaken across four universities to develop user-friendly documentation to facilitate student movement across the wide range of placement providers. It presents an overview of the project; the time frame, management and implementation of the developed documentation. Particular insights into partnership working across HEIs and placement providers will be offered and discussions and dilemmas regarding practice assessment shared. Current work on assessment for nursing students across the wider Yorkshire and Humber region will be outlined as well as work on common tools for radiography, physiotherapy and midwifery.

Paper two: On-line evaluation tool; Jan Porter, Midwifery Lecturer/Placement Co-ordinator, University of Bradford

Evaluation of clinical placements by students is an important component in improving the quality of clinical experiences (QAA, 2006).

In 2004 one of the first pieces of work by the PQWG was to develop an on-line clinical evaluation tool that would be used by all healthcare students across the patch. This was in response to a need for robust, accessible evaluation data.

Approaches differed among HEIs and professions so ideas were shared and any commonality or major differences discussed. Emerging themes provided a basis on which to develop a common evaluation tool.

As the tool was to be used by a range of healthcare students it was important to use simple language and terminology that would be understood by all.

Following a pilot this simple tool is now being disseminated across the wider SHA region with varying degrees of engagement. The tool ensures that any training issues highlighted are dealt with promptly by both HEI and clinical staff to improve the quality of healthcare placements.

Paper three: Practice placement profiles; Kathryn Gould, Practice Learning Facilitator, Kirklees NHS Trust; Rachel Belcher, Practice Learning Facilitator, The Mid-Yorkshire Hospitals NHS Trust

Practice learning is an integral and invaluable part of all health and social care professional programmes, focusing on the services required by the patients and being at the heart of the student experience.

The healthcare placements website now includes a placement profile tool to support the quality assurance processes across the HEIs and the organisational practice placement provider's.

The tool enables the dissemination of placement information for a wide range of health and social care learners across the YHSHA region including; nursing, midwifery, physiotherapy, occupational therapy, radiology, operating department practice, and dietetics. This is not a finite list and is continually evolving.

The placement profiles provide the learner with preparatory information about their placement area as well as supporting the mentor register and the audit process. A sample of the information it outlines includes details about the environment, the nature of care delivered in the area, and the types of conditions treated there.

Paper four: Mentor register; Fiona Bates, Project Manager, Practice Placement Quality Assurance Project, University of Bradford

The Nursing and Midwifery Council (NMC) placed the responsibility for holding a local mentor register with the service providers when they produced the 'Standards to Support Learning and Assessment in Practice' in 2006 (NMC, 2006). Prior to 2006 the registers had generally been maintained by the HEIs. The registers are needed so HEIs can confirm there are sufficient numbers of mentors available to support a quality learning experience. To assist the service providers in managing this extra burden the PQWG initiated the development of software to support this process via the healthcare placements website. The key features of the software are as follows:

- Mentor details edited via the placement profile or a mentor database admin area
- Access to the mentor database admin area by HEI and Trust/organisation users
- Users setup for read or read+edit functions
- Access only to relevant mentors
- Reports can produce lists/numbers of mentors based on a number of different search criteria.

The QAA and NMC have cited the website as gold standard practice in local audit visits. A number of other professions have also expressed interest in using the register demonstrating this is a quality development for future healthcare education.

Summary

The group have utilised information technology across a wide region to promote sharing and openness and equity of experience for healthcare students. Territorialism is reducing as partners become aware of common issues which can be addressed together more successfully than on an individual basis. Change management is hard, but we have proved it can be done!

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Symposium 2

Developing a ReQ™ mark to engage the learning organisation

Charlotte Ramage, Head of Centre for Academic and Practice Development; Victoria Molesworth, Business Development Manager; Deborah Hatfield, AP(E)L and RAWL Co-ordinator; Helen Stanley, Head of Continuing Professional Education, University of Brighton, UK

Paper one: The concept of Recognising educational Quality (ReQ™); Dr Charlotte Ramage, Head of Centre for Academic and Practice Development, School of Nursing and Midwifery, University of Brighton

Paper two: The business model for ReQ™; Victoria Molesworth, Business Development Manager, Faculty of Health and Social Science, University of Brighton

Paper three: The role of the academic as a ReQ™ advisor; Deborah Hatfield, AP(E)L and RAWL Co-ordinator, School of Nursing and Midwifery, University of Brighton

Paper four: ReQ™ and the interface with continuing professional education provision; Helen Stanley, Head of Continuing Professional Education, School of Nursing and Midwifery, University of Brighton

In recent years, Rolfe and Gardner (2006) have deliberated on the idea that the modern university is a business organisation primarily concerned with efficiency and the production and sale of information and qualifications. They argue that the new grand narrative of *liberal capitalism* presents nurse academics with a dilemma and loss of identity. The emphasis on product is often at the expense of process leaving unanswered questions about who benefits; the individual, the employing organisation or ultimately the recipient of nursing care.

Against the backdrop of another National Health Service review, (Department of Health, 2008a) and what might be expected of higher education institutions in the preparation of a high quality workforce (Department of Health, 2008b), this symposium draws together four papers exploring an innovation which takes the nurse academic into un-chartered waters. The development of a Recognising educational Quality (ReQ™) mark might be seen as fully embracing liberal capitalism but, alternatively, it could be viewed as meeting the economic and social engagement agenda embedded in many a university corporate plan.

The aim of this symposium is to discuss how the School of Nursing and Midwifery at the University of Brighton has developed a Recognising educational Quality (ReQ™) mark to acknowledge the quality of education and training provision in the 'industry' of health and social care. A ReQ™ mark is awarded to an organisation that fulfils predetermined standards on the quality of an occupational learning experience for health and social care. It has been developed in conjunction with colleagues from the University of Surrey under a memorandum of co-operation. In addition, at Brighton workplace staff can claim academic credit through discrete Recognising and Accrediting Work-Related Learning (RAWL) modules, providing the claim is presented for assessment within one year of completing the learning experience. Credit can be claimed at level four through to level seven as defined within the revised qualifications framework, (QAA, 2008), so non-professional grades of staff also benefit. The RAWL modules can be used by service users and carers for recognising service delivery contributions (paid or unpaid) and learning that has taken place.

Accreditation and quality marks are not new concepts and other organisations have successfully developed business in this area, for example, the Royal College of Nursing Accreditation Unit, Centre for Flexible Learning at Northumbria University and Middlesex University, (Rounce and Workman, 2005). It fosters good rapport with partner organisations and brings mutual benefits as well as income generation. The first symposium paper will focus on how the ReQ™ mark evolved and why it is timely given the present landscape. Learning frequently occurs in short, sharp episodes of 'in-house' activity without exposure to a higher education institution and academic awards are not always valued by, or affordable to, employers, (Gould *et al.*, 2007). A ReQ™ mark acknowledges the organisation and provision of learning in the workplace. RAWL provides the organisation with evidence of learning and responds to the learning needs of individuals. In combination, ReQ™ and RAWL facilitate a collaborative approach, between the individual and the organisation, to the development of professional activity within the context of work as advocated by Munro (2008).

The second paper expands on the role of the school's Business Development Manager to exploit the educational concept of the ReQ™ mark commercially. It explores the business model used, the integral processes highlighting features, benefits and advantages and the legal and contractual frameworks. Timelines and marketing will be addressed as well as finding monies to develop the innovation. It will also explore the outcome of internal funding which has resulted in greater dissemination of the concept and its application, making it a strategic project in light of new commercial targets and Higher Education Innovation Fund reporting. Other schools within the university are now expressing an interest in its potential and identifying marketplaces; who learns at work and by what methods? (See CIPD, 2008). The audience will be encouraged to debate what could be seen as a manifestation of liberal capitalism.

The third paper looks at the role of the academic as an advisor to support an organisation with its submission for a ReQ™ mark. It entails the acquisition of new skills and competences as the academic charts new territory. Transferable skills such as time management, listening skills, asking the right questions, note taking, summing up and report writing can easily be deployed, but it is often 'learning by doing'. This can be unsettling when used to teaching and assessing as a lecturer familiar with an evidence base for defined subject areas. Diary space must be available to respond promptly to customer requests. It is a 'can do attitude', a role which requires negotiation and coaching skills as well as being able to seek out opportunity and 'market intelligence'. The nurse academic is seeing a new perspective on the art and practice of the learning organisation (Senge, 2006).

On-going education is no longer experienced in the conventional manner, (Price, 2007). New ways of working, emerging professional roles and the increasing significance of the 'Third Sector' (Department of Health, 2008c) has meant new and smarter ways of approaching continuing professional education. The fourth paper explores the alignment of the Recognising educational Quality mark with existing university provision and is mindful of the revised quality assurance framework for healthcare education in England, (Skills for Health, 2009). These Department of Health standards will be used by commissioners to measure continuing education provision. This final paper will address issues such as rigour, robust assessment and attaching subsequent RAWL credit claims to award-bearing courses. It will also consider evaluation and who should measure success. The MacKinnon Report (2007), commissioned by Skills for Health to test the evidence of the relationship between healthcare education and service delivery, recommended this include patient and carers. Delegates will be encouraged to reflect on this as a measure of economic and social engagement and clarify whom the learning experience benefits the most.

The ReQ™ mark innovation has positioned the School of Nursing and Midwifery so that it can showcase its provision including taught modules and courses aligned to the Darzi review, (Department of Health, 2008a). ReQ™ and RAWL are part of a suite of flexible learning opportunities comprising accreditation of prior (experiential) learning, work-based learning, skills and work-based project modules. This initiative is aimed at encouraging employer engagement in the development of relevant, flexible and responsive learning opportunities to provide 'business solutions' for service demands shaped by on-going reform. A number of national initiatives in health and social care lend themselves to in-house delivery and a ReQ™ mark. We welcome debate and opinion from an informed audience.

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Symposium 3

Using a nursing theory (nursing as professional caring) in clinical nursing education

Sigrídur Halldorsdóttir, Professor and Director of Graduate Studies; Kristín Thorarinsdóttir, Assistant Professor; Hafdis Skuladóttir, Assistant Professor; Margrét Hrónn Svavarsdóttir, Assistant Professor, University of Akureyri, Iceland

Overview of the symposium

Part I: Introduction

Giving a brief outline of each of the presentations, itemising the individual papers and their authors.

Part II: Presentations of the individual papers:

- Paper one: Introduction of the theory *Nursing as Professional Caring* used as the curriculum framework for nursing education at the University of Akureyri, Iceland; Sigrídur Halldorsdóttir
- Paper two: Using the theory in clinical education. Examples of clinical innovations and student experiences; Kristín Thorarinsdóttir.
- Paper three: Using the theory in clinical education. Examples of innovative approaches to assessment and learning and teaching strategies; Hafdis Skuladóttir and Margrét Hrónn Svavarsdóttir.

Part III: Discussions and debate

Part IV: Closure

Introduction of the theory

Introduction of the theory includes: the values underlying the theory; the assumptions underlying the theory; the historical evolution of the theory; summary of the papers used in step one and two of the theory construction; definition of the major concepts of the theory; propositions; description of the theory; and a discussion of the theory.

The method used to develop the theory will also be introduced. It involved three basic steps:

1. Key concepts and key statements for the synthesised theory were specified.
2. The literature was reviewed to identify factors related to the key concepts or key statements and the relationships between these.
3. Concepts and statements about the phenomenon *Nursing as Professional Caring* were organised into an integrated representation of it.

In this symposium the theory *nursing as professional caring* will be introduced and its application in clinical education discussed. Before the theory is introduced and discussed *caring and competence in the healthcare context* will be introduced from various viewpoints in order to put the theory into a theoretical perspective.

The professional nurse is an indispensable aspect of professional nursing care according to the patient. In this symposium a theory will be introduced about the professional nursing care given by the professional nurse from the perspective of the patient. The theory was synthesised from seven published studies by the author and her colleagues involving patient's perceptions of the professional nursing care given by the professional nurse and its positive effects on the patient. The theory was introduced, for critical review, to various focus groups of nurses, nursing teachers and nursing administrators. The major tenets of the theory are that nursing is *professional caring* and that *caring is the core of nursing* according to the patient and yet only one of five major aspects of professional caring.

In our modern world, where uncaring is very prevalent, caring for another is a fragile phenomenon. As a profession nurses are in a unique position to increase caring within healthcare; for example, because of their closeness to patients and their loved ones. Nonetheless, nurses stand before the complex task of uniting many different aspects into one whole in the nursing care they give. Even if caring may have been emphasised since the beginning of the professionalisation of nursing it is only with increased studies within caring and uncaring that the nursing profession has been able to progress towards increased understanding of caring and uncaring alike.

Caring has a special place in the discourse on nursing and much has been written on the importance of caring in nursing and in healthcare. Many nursing scholars have contributed a great deal to nursing discourse on caring in their writings and through panel discussions. Some have emphasised caring not only as the need of the patient, but caring as a force that gives people the motive for action. Some have claimed the primacy of caring for expert nursing care for true healing to take place.

Some theorists have claimed that caring is a nursing concept and encompasses all the different aspects of nursing care. Some have emphasised that the need for caring is greater now than ever before; for example, because of increased speed, more technology and cutbacks in the healthcare system. However, many nurses and nursing theorists have expressed worries that it is becoming increasingly difficult to maintain the ideology of caring which has been the guiding light of nurses from the beginning; for example, because of decreased monetary resources and emphasis on increased productivity within the healthcare system.

Caring has been researched from many perspectives, for example, within psychoneuroimmunology, social sciences, anthropology, art, philosophy, ethics, theology and nursing. Caring has been researched from the patient's perspective and from the perspective of the nurse. These and other studies suggest that there is a discrepancy between nurse's and patient's perceptions of what constitutes a caring encounter. When there is a discrepancy between the expectations of healthcare professionals and patients it can lead to patient dissatisfaction. Early on it was pointed out that this discrepancy could lead to serious problems not only in communication, but also in the effort to establish empowering connections between nurses and clients. If nurses do not research clients experiences of the nursing care they received, nurses could end up providing nursing care that has more meaning to them than the clients.

Summary

In the symposium the theory, *Nursing as Professional Caring* will be introduced and examples given of clinical innovations and student experiences resulting from the application of the theory in clinical education, as well as examples of innovative approaches to assessment and learning and teaching strategies.

Symposium 4

Developing professional judgement skills in nurses using simulation training: applying the expert performance approach

Deborah M Mazhindu, Senior Research Fellow in Advanced Practice, Faculty of Health and Applied Social Sciences; Mark A Williams, Professor of Motor Behaviour, Institute for Sports and Exercise Science; Allistair McRobert, Postgraduate Research Assistant, Liverpool John Moores University; D Raw, Consultant in Anaesthesia; N Jones, Manager of the Cheshire and Merseyside Simulation Centre, University Hospitals Aintree NHS Foundation Trust, Liverpool, UK

Outline of symposium

We present three interlinking papers describing research using *the expert performance approach* (Ericsson *et al.*, 2007) as a conceptual and systematic framework for evaluating and improving professional judgement skills in healthcare settings using simulated task environments.

Aims

1. To invite conference participants to discuss critically the concepts of simulation training and research into expert performance and professional judgement
2. To establish how using simulation enhances the ability of nurses to make effective decisions in 'life-or-death' situations (professional judgement)
3. To analyse research evidence that simulation training is effective and needed to support future healthcare educational policy.

Background

Simulation is used extensively to train professional judgement skills in nurses and other medical practitioners in many countries, notably in the United Kingdom (UK), the United States of America (USA), Australia and parts of Europe (Ericsson and Smith, 1991). Simulation training is linked to patient safety by improving the ability of healthcare staff to rapidly implement key interventions (Kyrkjebø *et al.*, 2006). Defining expertise and the need for highly skilled nursing is essential to patient safety, a vital component of professional performance and crucial in preventing iatrogenic injury to patients. The significant growth in simulation training is precipitated by the shrinking pool of suitable learning placements in actual healthcare settings (Nunn, 2004). Although the use of simulators in healthcare is deemed to be well-established and the benefit of such training described as 'clear' and 'beneficial' (Hegarty and Bloch, 2002), there is scant empirical evidence to support the effectiveness of this form of training. Problematically, simulation training can mean many things to many different healthcare professionals.

The nature of expert performance: expertise versus experience

The *expert performance approach* proposes that learning and improvement of performance is not a passive accumulation of professional experience but is mediated by engagement in goal-directed and self-regulated learning (termed 'deliberate practice') in a way that is quantitatively and qualitatively different from the mere accumulation of experience (Ericsson, 2004; Ericsson and Lehmann, 1996). The *expert performance approach*

was originally conceived in light of growing evidence that some experienced and knowledgeable individuals do not outperform more naïve individuals within their domain of expertise. For instance, in a review of the expertise literature by Ericsson and Lehmann (1996) it was revealed that highly experienced financial, medical and psychology professionals failed to make superior forecasts or implement interventions that led to enhanced treatment outcomes than less-qualified and less-experienced professionals.

A number of authors in medicine and other domains have demonstrated that the length of professional experience is often unrelated, and sometimes negatively related, to quality of performance and objective treatment outcomes (Choudhrey *et al.*, 2005; Ericsson, 2004). Research using simulation aims to evaluate objectively the performance of expert nurses in simulated critical-case scenarios without endangering the lives or safety of actual patients and is being considered as a viable alternative to 'live' patient learning placements for student nurses by the NMC (UK).

The need for research into simulation training

Defining expertise and the need for highly skilled nursing is essential to patient safety, a vital component of professional performance and crucial in preventing iatrogenic injury to patients. The paramount need when administering healthcare in hospitals is to ensure patient safety, reduce untoward incidents and prevent healthcare errors (Kohn *et al.*, 1999). In the United State of America (USA) preventable hospital mistakes have been estimated to kill 44,000 to 98,000 Americans every year, and cause temporary or permanent injury to many more (Warburton, 2003). Similar error rates have been discovered in the UK and in Australia (Warburton, 2003). Hospitalised patients suffering adverse events, (injury or morbidity induced by medical management, operative, drug-related procedure, diagnostic/therapeutic mishap), are a leading cause of impairment, death and disability in the USA and UK (Naylor, 2002). Drug-related adverse events (iatrogenic injury) are the single most common adverse effect, of which 50% are preventable (Naylor, 2002). Educators of healthcare professionals, workers, patients, politicians and society need to be informed by research into clinical decision making and the development of professional judgement as a way of reducing errors related to the administration of healthcare (Naylor, 2002) and importantly, justify the costs involved with simulation training (Alinier *et al.*, 2006).

It is against this background that in **Paper one**, we explore the current problems with conceptual definitions of expert performance and professional judgement. In **Paper two**, we demonstrate the effect of simulation-based training on professional judgement skills by describing the results of a pilot project using the *expert performance approach*. **Paper three** analyses performance differences using the *expert performance approach* in action to participants and highlights some key methodological issues when applying the *expert performance approach*. The implications for future research and training using simulated task environments in future nursing and healthcare education are then considered.

Learning outcomes

The symposium participants have opportunity to discuss:

1. The paradigm shift needed to research expertness and professional judgements in the healthcare setting
2. The capture of reliably superior and objectively measurable performances in order to ensure patient safety and inform student learning
3. Understand the strengths and limitations of the role of using simulation for mandatory clinical updating.

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Paper one: Expert performance and professional judgment: what is it and how do we know it?; Mazhindu, D.M., Williams, A. M.

Aims

1. To introduce recent theoretical developments in expert performance and professional judgement
2. To analyse critically the concepts of expert performance and professional /clinical judgment in nursing
3. To describe how professional judgement has been modelled, measured and taught.

Background

There has been much interest of late in using simulation training for preparing nurses to work in clinical placements. The problem remains that competency to perform in a skills lab does not always mean competence to perform under clinical conditions in real life. An assumption often made is that experience is the key to successful decision making in clinical situations, but how much of that assumption is true remains open to debate. The notion of peer review is often mooted as the way forward in judging expertise and skill. The questions of what determines the quality of peer review, what is reviewed by whom and how often and how to ensure inter-rater reliability between reviewers is often overlooked. Clinical competence and professional judgement remains difficult to define and even more difficult to research.

The practice of intensive care nursing provides a rich area for researching the acquisition of clinical competence and professional judgement due to the nature of the work and degree of autonomy over care decisions that exists in this area. Recently, Ericsson *et al.* (2007) determined performance differences between differentially experienced practicing critical care nurses performing within a simulated task environment. The guidelines of the Expert Performance Approach (EPA) (Ericsson and Smith, 1991) were used as a theoretical framework and to guide the experimental research approach. The EPA (Ericson and Smith, 1991) hypothesised that experience alone would not differentiate performance between novice and expert groups, but predicted that a multi-factorial definition of performance would be required to characterise levels of deliberate practice.

Ericsson *et al's* (2007) experiment recreated the performance context under simulated and controlled conditions, measuring superior performance during challenging and representative tasks, and concurrently recording the behaviours and thoughts that were responsible for performance superiority. The experiment was based upon ten clinical scenarios, that although diverse in their presentation of events, were based primarily on cardiovascular, respiratory and mixed cardiovascular-respiratory events, three minutes in length, during which the nurse would either 'rescue' or 'fail to rescue' the patient. Patient outcome in physiologic terms, including Oxygen Saturations (SaO₂) and Mean Arterial Blood Pressure (MABP), and the participants' actions that brought about these outcomes were used as the dependent variables.

The sample included (N=12) experienced and (N=10) novice nurses and initial data analysis sought to differentiate performance based solely upon initial group's classification as either experienced or novice. This approach yielded no statistically significant differences, and we question the validity of experience to produce professional judgement in simulated clinical scenarios. Additional analysis was then performed by Ericsson *et al* (2007) classifying participants into high and low performing groups based upon their ability to achieve control of scenarios in which reliable differences were identified, and to date this has provided much of the evidence base for simulation training. In order to progress future research in simulation training we argue a new definition for performance is now needed in the context of nursing which disputes current systems that rely primarily on level of experience and peer nomination as a means of identifying 'experts'. The implications for future nursing practice, education and research are discussed.

Outcomes

1. Demonstrate why research using the *expert performance approach* is useful in offering a richer conceptual definition of expert performance and professional judgment
2. Using critical care as an example, show how the *expert performance approach* is used to identify differences in nursing practice
3. Explore the current problems with conceptual definitions of expert performance and professional judgement.

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Paper two: What is the effect of simulation based training on the development of expert performance and professional judgement in practitioners of healthcare?; Mazhindu, D. M., Williams, A. M., Raw, D., Jones, N., McRobert, A.

Aims

Phase 1

To identify cognitive mechanisms, perceptions and behaviours mediating expert performance in nurses in a human patient simulator model.

Aims

Phase two

- To translate this information to devise an interventional education strategy for novice nurses
- To test whether it is possible to accelerate the transition from novice to expert nurse by tuition using an interventional education strategy for novice nurses.

Background

Liverpool John Moores University, (LJMU) and Cheshire and Merseyside Simulation Centre (CandMSC) UK have collaborated on a two-phase programme of research which aims to develop a systematic framework for performance evaluation and enhancement of professional judgment skills for nursing by evaluating the effect of simulation-based training provided to NHS staff. The CandMSC consists of various realistic clinical areas within which are located robotic patient simulators. The centre is able to replicate theatre, critical care, AandE and ward-based scenarios. These simulator manikins run physiologically modelled software and have the ability to respond to interventions, including the administration of drugs. The manikin exhibits clinical signs, such as peripheral pulses and inhales and exhales gases. It also 'communicates' in real time through the operator's voice which is transmitted through its speakers. This project uses the METI® [Medical Education Technology Inc, Florida, USA] HPS [Human Patient Simulator] manikin.

The pilot project

Describes the methodology: The *expert performance approach* (Ericsson and Smith, 1991; Williams and Ericsson, 2005); a three-step systematic framework for examining issues related to patient safety, based on analysis of reproducibly superior performances, tracing the acquired mechanisms responsible for the development of high-level skill.

Methodology

The methodology combined a mix of methods and research approaches that viewed the participants as co-enquirers in the research process. This is a move away from traditional scientific a priori approaches that view researchers in an all powerful position as controllers of people and variables. We view research participants as co-enquirers who, once asked, have the knowledge and power to engage with (or not) the research process. This combines sensitivity to the participant's highly charged critical care environment which takes account of the reflexive use of the researchers' use of self as a research instrument and combines a questioning stance to the participant's social construction of their working worlds and subsequent analysis of data, using an analytical approach to both qualitative and quantitative data. This will involve eliciting an ex post facto reflective post-simulation interview from participants.

Methods and tools

Phase one: the expert performance approach was applied to a voluntary, purposively sampled cohort of critical care nurses (N=10) to identify the mechanisms responsible for effective decision-making and the implementation of successful interventions in time-critical, emergency care situations. A standardised scenario was programmed on the manikin software. The scenario was video recorded for analysis later on. The recording was also used to facilitate participant interviews after the scenario has taken place.

Step 1, two groups of ten nurses, one experienced one novice, participated in a range of simulated emergency situations within a systematic framework for performance evaluation and enhancement of professional judgment.

A combination of laboratory-based clinical simulations for performance assessment, together with questionnaire and interview data relating to the nurses' engagement in professional development activities were used and simulation-based training designed to improve the ability to make accurate and effective decisions in the practice setting.

Data analysis

The antecedents of, and cognitive mechanisms responsible for, superior performance were analysed via the use of experimental manipulations and process tracing measures, such as verbal reports and eye movement recording, during task performance under representative or simulated conditions (Ericsson and Simon, 1993; Williams and Ericsson, 2005).

Findings

Cognitive mechanisms related to expert performance and professional judgement activities deliberately designed to improve performance are discussed.

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Paper three: 'Yes but it doesn't happen like that in real life': future directions for simulation-based training in healthcare; Mazhindu, D.M., Williams, A. M., Raw, D., Jones, N., McRobert, A.

Aims

1. To describe how the expert performance approach focuses on individual differences in performance
2. To measure expert performance in a series of high-fidelity simulation scenarios, using traditional quantitative methods, analysed statistically
3. To discuss how the observed performance in the simulated scenarios relates to the participants' experiences.

Background

This paper details how the expert performance approach as a methodology is unique. Expert performance and professional judgement lends itself to being examined typically using more subjective and qualitative methods (Ericsson *et al.*, 2006). Expert professional judgement in clinical practice does not exist in a vacuum, but is both contextual and unique requiring a combination of approaches to capture and represent comprehensively. Although mistakes occur in simulated environments impacting on performance as they would in a 'real-world' environment, the individual research participant is presented with an opportunity to modify and improve on behaviours without the risk inherent in the hospital setting. Participants would say that it doesn't happen like that in real life and this needed to be considered in the post-scenario reflective review.

Post simulation interviews

The target for the post simulation reflective interviews was the participant's perceptions of performance, and with that in mind we attempted to describe and follow any process reflectively that emerged from the data for each participant. The opportunity to use reflective methods of discussion about practice revealed how the processes of expert clinical nursing practice are viewed and perceived by participants. This was achieved by viewing the reflective element of post-simulation discourse and analysis of participants' constructions derived from the criteria elicitation exercises, (CEE) as a set of meta-cognitive processes amenable to analysis.

This means exposing the thinking behind the actions and non-actions which occur at such speed and that replicate the real world of practice, where participants are often unaware of what they thought or felt, or on what basis their thoughts and feelings were constructed.

Reflecting upon practice

The process used to reflect on practice can be viewed as a set of meta-cognitive processes (Eraut, 1994; 23), drawn from the work of Schon (1983). Eraut (1994; 148) suggested that it is confusing to term the thinking and often unthinking behaviour exhibited by experienced practitioners as reflection, and that it is more useful to examine the time dimensions of action of practitioners and the process of the reasoning and understanding they use.

'Schon's ideas about reframing and reflective conversations with the situation might also be constructed as contributing to a theory of metacognition during deliberative processes. This makes a clear distinction between deliberation and reflective metacognition of the deliberation.'

(Eraut, 1994; 149).

On the one hand, viewing reflection as a set of meta-cognitive processes that are deliberative and construed by the participants within the context of a time frame means that any confusion regarding the term can be minimised (Eraut, 1994). On the other hand, the need to perform may have an effect on participants, especially on their ability to recognise and manage stressful situations in their professional practice.

Conclusions

Simulation training offers unique opportunities to research and identify qualitatively important precursors of skilled behaviour and other qualitative learning from experience, including how the drama of reconstructing clinical realities are acted out. Authors such as Goffman (1959), and Glaser and Strauss (1966) were influential in redefining how participants could be defined as actors, playing a part in the drama of life and constructing their worlds according to what they perceived as the story line and main actors in the drama.

Outcomes

- The descriptions of how the participants constructed (and we interpreted) their working worlds is described
- The data derived and analysed through traditional scientific observational approaches is explored.

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Symposium 5

Stilwell: a virtual clinical practice to support multidisciplinary student learning

Mike Walsh, Reader in Nursing, University of Cumbria; Sharon Seddon, Senior Lecturer in Paramedic Science, University of Cumbria and Paramedic, North West Ambulance Trust, Ambleside; Alison Crumbie, Nurse Practitioner, Windermere Medical Practice, Windermere, UK

Introduction

Stilwell is a neighbourhood of the town of Brigstow, both are fictional but based on real locations. In Stilwell, students follow the lives of 60 individuals, from infants to elders, across a wide range of social backgrounds. The story is effectively a healthcare 'soap opera'. This virtual environment provides a clinical practicum in which students can apply the theory they learn to real, dynamic healthcare situations involving patients, their families and the wider local and national environment. Stilwell is used for both distance learning and classroom attendance and is currently accessed by nurses and paramedics. Additionally, a pilot scheme is under way to use it in secondary school classrooms for the benefit of 14-19 year olds and also for the NHS North West Academy. This symposium will explore:

- The theoretical basis and development of Stilwell
- Our joint work with universities in the USA (University of New Mexico) and Canada (Humber Polytechnic Toronto and McMaster University) to develop similar projects
- The practical use of Stilwell for teaching students on-line and in class
- Focus group research data from an independently carried out student evaluation.

Paper one: Theoretical underpinnings, development of student resources and overseas collaboration; Mike Walsh, University of Cumbria

Stilwell utilises multimedia resources to create a dynamic community narrative within which virtual patients live their lives. There is a strong academic literature in the field of narrative pedagogy supporting the use of story as a key learning tool, and this is the theoretical underpinning of Stilwell. This links with situated learning theory which requires an 'explore-describe-apply-reflect' model. The virtual practice allows the 'exploration' to take place that is necessary for 'description'. The teacher's role is to guide the 'application' and 'reflection' stages of the exercise and as a result develop critical thinking skills alongside student learning.

This paper will discuss the resources we have created to enable this approach to student learning and how we have integrated them to produce our virtual clinical practice. There will be an overview of how the system operates to facilitate student learning in both classroom and distance learning environments. Stilwell also supports multidisciplinary education with, to date, nurses and paramedics being the main users.

Additionally we will explore the benefits of our collaborative work with the University of New Mexico (The Neighborhood) and review progress with colleagues in Canada. The Ontario provincial government is funding the development of a Canadian version of Stilwell/The Neighbourhood and I am the project's external consultant.

Paper two: Use of Stilwell for paramedic and advanced nurse practitioner students in both classroom and on-line settings; Sharon Seddon, University of Cumbria/NHS NW Ambulance Trust

This paper will review a tutor's experience of using Stilwell with advanced nurse practitioners and emergency practitioners who have been studying health assessment and clinical decision-making modules by distance learning and in class. It will also discuss the use of Stilwell to integrate experienced post-registration paramedics into higher education as they study for a DipHE in Paramedic Science.

It will reflect upon how Stilwell has allowed students to address not only individuals' obvious health problems but also the less obvious. Issues related to links with social circumstances and lifestyle, such as excess alcohol consumption are explored (Brigstow has a busy nightlife). Stilwell has opened up difficult areas such as diversity and self harm for debate and facilitates linkage with real situations encountered in practice, introducing students to the "real person" rather than the presenting complaint.

Resources such as patient case notes/social histories and critical incident videos have successfully been used to support topics which have historically been difficult to 'bring to life' and discuss, such as deliberate self harm and child abuse. Students can follow the patient's journey through the NHS whether it is in primary care or through pre-hospital care, A&E, in-patient care and discharge back into the community. Alternatively, they can also work through the consequences of a patient not accessing healthcare at all.

Paper three: Evaluation of Stilwell by focus group discussion; Alison Crumbie, Windermere Medical Practice

During 2007/2008 we were funded to develop case histories for patients in Stilwell. The case histories provide background information about the patient, including their past medical history and consultations over the preceding two years. The funding included an evaluation of Stilwell with a particular focus on the development of the case histories and their contribution to the virtual practice. Ethics committee approval was granted.

A group of five distance-learning students, who were attending the college for their residential block, were approached and consented to participate in the focus group. The transcript was analysed using themed content analysis identifying broad subject areas.

A number of valuable and interesting issues were raised. The students talked about the realism of the virtual practice and how this approach made them think more holistically when compared to isolated case studies. They enjoyed working with the case histories and critical incident videos but found that the blogs and weekly newspaper on the site were less useful as they were not linked directly to student assessment items. This issue has since been rectified. They acknowledged that this educational approach had broadened their experience and enabled them to feel more connected with other course participants. An unexpected outcome of working with Stilwell was an improvement in the students' IT skills. Conversely, there were difficulties with technology on the students' home computers with wasted time waiting for downloads causing frustration.

The students described the virtual world as providing a new approach to learning. They suggested that it provides opportunities for people with different learning styles to use the material to meet their individual learning needs. In the words of one participant:

'I think the idea is fantastic much more interesting way of learning.'

Symposium 6

Advanced innovative internet-based dementia communication education programme development

Jing-Jy Wang, Associate Professor; Chia-Jung Hu, Master's Student; Wen-Yun Cheng, Lecturer, National Cheng Kung University, Tainan City; Yun-Nan Chang, National San-Yu San University, Kaohsiung City; Miaofen Yen, Associate Professor, National Cheng Kung University; Shiue Chen, Assistant Professor, National Tainan College of Nursing, Tainan City; Yen-Hua Shih, Tzu Hu Institute of Technology, Ping-Dong County; Mei-Feng Lin, Assistant Professor; Yen-Hua Su, Assistant Professor, National Cheng Kung University, Tainan City; Feng-Ping Lee, Fooyin University, Kaohsiung County; Mei-Chih Huang, Professor, National Cheng Kung University, Tainan City, Taiwan

Overall introduction for symposium

Communication with dementia patients can be improved by providing education and skill training to students and nurses. A trans-disciplinary integrated research project to develop an Advanced Innovative Internet-Based Communication Education (AIICE) programme for promoting effective communication between nursing students, clinical nurses and dementia patients is being conducted between 2008-2010. The AIICE has three phases: the first consists of assessment and problem identification among study subjects; the second consists of educational programme development; and the final phase is to validate the effects of AIICE programme. Our symposia presentations will mainly focused on phases one and two.

Presentation one: Communication difficulties with dementia patients and education needs among student nurses; Jing-Jy Wang, Associate Professor, National Cheng Kung University; Shiue Chen, Assistant Professor, National Tainan College of Nursing, Tainan City; Yen-Hua Shih, Tzu Hui Institute of Technology, Ping-Dong County; Miaofen Yen, Associate Professor, National Cheng Kung University, Tainan City, Taiwan

The purpose of the first presentation is to conduct assessments to determine student nurses' communication difficulties with dementia patients, and to determine their needs regarding effective communication with dementia patients for future educational programme development. A qualitative focus group approach with purposive sampling was conducted with 17 student nurses who had completed their practicum and had cared for dementia patients in care facilities for the elderly: nine students were recruited from the associate nursing programme, and eight were from the baccalaureate nursing programme. Their length of practicum was between three and four weeks. Content analysis was used for data analysis.

The following three themes relating to communication difficulties were reported by students:

1. Ignorance of proper response to patient's speaking (such as, repetitive wording by patients and students un-knowledgeable of how to react)
2. Ignorance in terminating communications with patients (such as, patients reminisce and students are unable to end the conversation)
3. In fear of approaching patients (such as, patients becoming agitated and students fear close proximity).

Themes regarding students' needs for future education:

1. Scenario internet or classroom-based learning
2. Clinical instructors' role modelling
3. Reality practice
4. Reminiscence training.

Future educational programme designs should initially focus on teaching students how to detect patients' cognitive impairments and confusion states, while communicating with the patients. In classroom teaching real case studies, scenarios or role-plays, and information related to dementia care and reminiscence must be taught. Use of e-learning to assist students is also encouraged. In clinical sites instructors play an important role when modelling for students' learning.

Presentation two: The extent and effectiveness of communication skills utilised by clinical nurses when communicating with dementia patients; Chia-Jung Hu, Master's Student; Jing-Jy Wang, Associate Professor; Mei-Feng Lin, Assistant Professor; Yen-Hua Su, Assistant Professor, National Cheng Kung University, Tainan City; Feng-Ping Lee, Fooyin University, Kaohsiung County, Taiwan

The purpose of the second presentation is to assess the extent and effectiveness of communication skills utilised by clinical nurses, while communicating with dementia patients. Results of this study will assist future educational programme development. A descriptive survey using convenient sampling was conducted. 42 volunteer nurses from six institutions completed the survey. The 19-item communication skills list, as adapted from AAN (2005), Alzheimer's Society (2008), Crawford *et al.* (2008), and (Ripich *et al.*, 1995) was used in the survey. Descriptive statistics and Spearman correlation were used for data analysis.

The results indicated that, the use of tranquil, peaceful, and smooth facial expressions, verbal praise and encouragement, and talking to patients as though he/she were a child, were the most frequently used skills by nurses; while skills such as, encouraging nonverbal expressions, avoiding oral questioning, and providing direct answers (instead of asking a question), were seldom used by nurses. In addition, the extent and effectiveness of the 19 communication skills utilised by nurses showed a consistency of ($p=.000-.037$, $r=.327-.764$), yielding nurses favoured those communication skills that are also effective as well.

Although most skills used are effective, nurses tend to use general and basic skills, such as clarification and encouragement, yet disregard patient-centered skills, such as taking account of patient's nonverbal signs and offering them respect. Nurses require education and to be trained in the knowledge and skills of dementia-specific communication strategies. Such information will be considered in future dementia communication educational programmes.

Presentation three: Dementia specific, internet communication educational programme development; Yun-Nan Chang, National San-Yu San University, Kaohsiung City; Wen-Yun Cheng, Lecturer; Jing-Jy Wang, Associate Professor; Mei-Chih Huang, Professor, National Cheng Kung University, Tainan City, Taiwan

The aim of the third presentation is to examine the applicability and integrity of the newly developed AIICE programme, through the expert panel. This AIICE programme is based on integrated evidence-based knowledge, taken from the literature and data of phase one of our study. The AIICE has three priorities:

1. Reinforce caregivers' emphasis and respect for dementia patients
2. Build specific skills to enhance communication effectiveness between caregivers and dementia patients
3. Establish a model education programme for classroom and clinical nursing education and training.

The expert's feedback and evaluation results were used for modification of the communication modules and themes. Five modules were developed through expert panels:

1. Scenario internet-based e-classroom learning
2. Role modelling DVD for case studies
3. Use of narrative teaching strategies and reminiscence training
4. Demonstrations of communications with real patients
5. Internet-based 360-degree evaluation and feedback systems.

One role modelling case study and ten scenario nurse-patient communication themes are based on a Needs Driven Dementia Compromised Behaviour (NDB) model. In addition, a six-hour workshop using narrative strategies is planned. The application and evaluation of this AIICE programme will be based on internet-based e-classroom learning and a 360-degree evaluation which indicates that evaluation will be drawn from student or nurse per se, with instructor or supervisor, and patient.

These symposium presentations aim to establish a suitable communication educational and evaluation system for nursing students and clinical nurses, to analyse effectively internet teaching strategies, and help teachers and clinical supervisors better assist students and nurses when they face communication problems with dementia patients.

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Symposium 7

How storytelling and student-led modules could be introduced to health programmes

Ros Weston, Senior Lecturer Midwifery and Women's Health, Birmingham City University; Di Blake, Senior Lecturer Midwifery, Canterbury Christchurch University; Denise Noutch, Newly Qualified Midwife; Deborah Simmonds, Newly Qualified Midwife; Aimee Parbutt, Newly Qualified Midwife, Medway Maritime Hospitals, UK

This collaborative symposium addresses three themes of the conference: curriculum innovation, the student experience and learning and teaching strategies. Three papers are submitted: an exploratory narrative inquiry, an action research study, and an innovative module development supported by a student role-play. Two midwifery lecturers and three previous midwifery students will lead the symposium. The papers are linked by the element of storytelling. The discussion will explore how storytelling and student-led modules could be introduced to health programmes. The symposium will have relevance for educators beyond midwifery.

Paper one; Ros Weston, Senior Lecturer Midwifery and Women's Health, Birmingham City University

Storytelling has been used for centuries as a means of communication, education, recreation and the preservation of cultural identity (O'Neill 1990; Farley and Widman 2002; Koenig and Zorn 2002). An exploratory narrative inquiry study was undertaken to address a gap identified by a literature review which revealed that little is known about the topic of 'birth storytelling' by midwifery students in Britain. The aims were to explore the value

that midwifery students place on the 'birth stories' as a means of learning and to identify significant birth stories that students have heard or told.

Two focus groups enabled data to be gathered, through purposive sampling of final year midwifery students. Data was narrative analysed using an integrative approach. The findings identified seven themes: validating experiences, stories as reflection, listening to other students' stories, retold stories, lecturers' humorous stories, not wanting to be judged when telling their stories, and opportunities for story-sharing.

Students valued stories as a means of reflection, especially on return from placements, or when they felt uncertain in situations. They valued lecturers' carefully chosen stories. Stories told about complex practice issues assisted in creating meaning and order out of disorder. The findings indicate that as students tell their stories, those who listen identify with some aspects of them, and consequently feel more confident when faced with similar scenarios.

This study contributes to understanding the value that students place on birth stories and the informal learning mechanisms that arise from them. The findings have implications for midwifery and other health educators. Further research is required to support the findings.

Paper two; Ros Weston, Senior Lecturer Midwifery and Women's Health, Birmingham City University

Action research enables practitioners to improve their practice by participating in research with their students (McKernan, 1996). This study asked: 'How can student learning be facilitated through storytelling and story-listening within the teaching practice of a novice midwifery lecturer?' Midwifery practice is complex and students live with uncertainties and risks, similar to those described by Ruch (2007) in social work. The researcher hoped to provide a 'safe container' for students to reflect on their practice, and develop the non-formal learning described by Eruat (2000).

Two consecutive cohorts, being taught by the same lecturer, were involved in the study. Short storytelling activities, based on those described by McDrury and Alterio (2002), were used to facilitate students' discussions. The first cohort had a whole day of storytelling, the second half a day. The use of a critical friend, field notes made by the co-lecturer and a reflective diary adds validity of the findings (Hiekinnien, Hannu and Huttenen, 2007).

Content analysis and a coding frame were used to identify recurrent themes. These were: listening to and hearing stories, reflection, story sharing, learning from stories and reassurance and containment. Direct quotes will be used, in order for the 'student voice' to be heard.

The study is limited by method and size, therefore could not be said to be representative nor transferable. However, it does contribute to an understanding of students' learning through storytelling, and how this relates to their practice. Further research is required to validate the findings.

Paper three; Di Blake, Senior Lecturer Midwifery; Denise Nouch, Newly Qualified Midwife; Debbie Simmonds, Newly Qualified Midwife; Aimee Parbuck, Newly Qualified Midwife, Birmingham City University, UK

The final paper will present how a level six midwifery module was developed with the focus of students being in control of the content of their learning. The presentation will address such considerations of lecturer 'power and control' in leading modules, student directed learning, and student/lecturer engagement with current issues in practice. It will demonstrate how the module has developed students' critical appraisal of knowledge, research evidence and midwifery practice, along with their communication, analytical and presentation skills. (NMC, 2004; QAA, 2006).

'Issues in Midwifery' practice is one of the final modules that students undertake in their three-year BSc undergraduate midwifery programme. It is delivered alongside another module – 'Consolidating Midwifery Practice'. Students initially felt that the content of both were similar; hence at the outset of the module the lecturers decided to 'hand over responsibility' of the module content to the students. Students identified which topics they felt they needed to gain more depth and understanding, or issues that had not been addressed previously in their programme. Some of the topics considered were: assisted conception, asylum seekers, pregnancy and learning disabilities, promoting normality within high-risk environments and the rising the caesarean section rate. Some cohorts also engaged with storytelling as a means to reflect on their practice as they prepared to become registered practitioners.

The assessment strategy was initially in two parts: a presentation on a current midwifery issue followed by a discussion with their peers. This was supported by a 2000 word reflection. In order to enable greater depth of critical discussion this was adapted into a single assessment of a critical presentation and seminar with their peers. The students organised the presentation of their work using a variety of means; this could encompass role-play, video, or PowerPoint. To illustrate the quality of some of the students work three newly qualified midwives, who were students in one of the cohorts, will present a powerful and challenging role-play and presentation of

their issue in midwifery practice. They will also give their perspective of being involved in such an innovative module.

The presentation of the papers will be followed by a discussion with the audience about how some of the strategies outlined could be adapted and incorporated into other undergraduate health professional modules or learning beyond registration activities.

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Symposium 8

The internationally recruited nurses' journey into the UK healthcare workforce

Tricia James, Principial Lecturer; Mary Kitson, Senior Lecturer; Alison Marchbank, Senior Lecturer; Julia Nichols, Senior Lecturer; Ros Wray, Senior Lecturer, University of Northampton, UK

Outline of symposium

This symposium will explore the journey taken by international nurses as they enter and become established in the UK workforce. The role of educational providers in identifying and meeting student needs to facilitate this journey will be explored.

How the papers link together

The first presentation examines the entry of internationally recruited nurses into the UK workforce. The changing regulatory and education requirements will be described from the perspective of a single school of health as it focuses on the academic and practice needs of international nurses.

In the second, the author explores the experiences of internationally recruited nurses as they continue their journey in the UK healthcare workforce, highlighting themes and their implications for practice and education providers.

The third links practice and educational settings' growing reliance on enhanced academic and IT skills. It draws upon recent small-scale research and develops the implications for education providers.

The fourth discusses the use of reflective practice in academic and practice settings as a way to help international nurses to find their voices and establish themselves within the UK healthcare workforce.

Paper one: An overview of international recruitment and entry into UK nursing; Tricia James, Principle Lecturer and Alison Marchbank, Senior Lecturer, University of Northampton

Since 1997 100,000 overseas nurses have joined the UK nursing register. The majority of these nurses have been recruited from India and the Philippines. More recently practitioners have been welcomed from the EU and accession countries.

International recruitment has occurred over the years in times of staffing need. The current campaign was initiated in response to domestic recruitment and retention difficulties in the mid-1990s and government initiatives to increase the numbers of qualified nurses working in the NHS (The NHS Plan, 2000). Overseas nurses are said to have been the saviours of British nursing in the face of a domestic staffing crisis (Buchan, 2003).

All nurses wishing to practice as a registered nurse in the UK must apply to join the UK nursing register and are usually required by the Nursing and Midwifery Council to undergo a period of preparation, often in the form of an orientation programme and supervised practice. Our team within the School of Health at the University of Northampton has developed a variety of programmes and supported several hundreds of students through this process.

This paper will explain the background to international recruitment and reflect on the developments that have taken place within course provision to address the needs of overseas nurses.

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Papper two: The lived experiences of internationally recruited nurses: learning from the literature; Julia Nichols, Senior Lecturer, University of Northampton

A unique feature of the current campaign to recruit from overseas has been the sheer diversity of countries from which they have been drawn and the fact that the nurses are qualified rather than trainees. This has resulted in nurses arriving from a diverse set of cultures and having been trained and socialised into a number of different nursing systems. This may have implications for their experiences in an alien nursing culture.

This paper will explore the lived experiences of recently recruited international nurses to the UK workforce and report on a recently completed study to review empirical studies in the field systematically. Systematic searches were carried out across a range of electronic databases for all published studies relating to the experiences of recent migrant nurses. The search was limited to studies published in the UK since 1997 to capture data from the current campaign. 31 empirical studies were reviewed and meta-synthesis techniques used to establish recurring themes. Five themes emerged from the analysis: motivation for migration; adapting to British nursing; experiences of first world healthcare; feeling devalued and deskilled; and vectors of discrimination. Common emotions expressed were unmet expectations and disappointment.

This paper will present the findings of this study and explore the implications for the support and development of international nurses.

Paper three: Enhancing the learning experience, e-learning: how to enhance the experience? Putting IT en route the overseas nurse's experience; Mary Kitson, Senior Lecturer, University of Northampton

Information technology (IT) skills are particularly relevant in the National Health Service (NHS). Practitioners have become increasingly reliant on IT systems in their clinical setting. The overall aim is for the overseas nurse to achieve the outcomes and competencies as set out by the NMC (2004).

There is increasing emphasis on evidence-based practice. It is vital that overseas nurses are fully prepared and equipped with the skills to access information. In the Department of Health policy Working Together with Health Information (2007) NHS staff are encouraged to consider IT skills very much a tool of modern day advancing technology. Aptitude in this area of practice should be part of training and professional development.

Despite language prerequisites overseas nurses appear to experience difficulty in assimilating large amounts of information and academic skills can be poor. This is reflected in class discussions and both the formative and summative assessments. There is often little or a narrow evidence of literature resourced to strengthen their work. Students have articulated in classroom discussion that they are able to use the technology; yet there is very little indication of this.

This paper looks at the research which was undertaken to identify how to enhance e-Learning and thereby develop academic skills on the overseas nurse's programme.

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Paper four: Reflecting together: international voices in UK nursing practice; Ros Wray, Lecturer, University of Northampton

Many overseas nurses start their work in UK healthcare with hesitant and uncertain voices. They may know that their English language skills are excellent, yet perceive that their accent prevents them from being properly understood. It is difficult to be spontaneous in a culture that feels so different.

A journey towards empowerment in the workplace can be matched with the growth of the voice (Belenky, 1986). The sharing of stories can often be a good place to start, enabling student and mentor to progress to a more reflective dialogue where current practice can be explored and questioned (Johns 2000, Winkelmann-Gleed, 2006). An overseas nurse may find the notion of reflective practice unfamiliar, but a mentor who is willing to give voice to otherwise tacit decision-making and accompanying uncertainties will foster reciprocity and a sense of belonging.

The challenge for mentors and tutors is to confront their own learning needs alongside their students. Critical reflection can be difficult and uncomfortable, but in supportive surroundings it both furthers our own professional development and leads to new understandings about how we generate and articulate practice knowledge (Higgs *et al.*, 2004).

This paper will look at how the practice of reflection may assist international nurses to find confident voices with which to express their nursing practice in the UK.

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Posters



P1

From link to tutor to practice learning team: an experience

Danny Walsh, Lecturer, University of Nottingham, UK

This poster presentation aims to describe the early life and development of a specialist Older Adults Mental Health Practice Learning Team (PLT) that is attempting to improve upon the traditional link tutor system. The benefits and successes of the new PLT are described alongside some of the early problems encountered in the desire to offer enhanced support to practice-based learning. Making a Difference (DH, 1999) helped raise the importance of practice placements and 'Placements in Focus' reiterated the idea of the partnership aspect of these placements: 'Appropriate structures and mechanisms are required for effective education-service liaison and for taking account of students' needs and interests.' (DH, 2001, p.9).

The ways in which increased partnership and shared responsibility for student nurse training between the higher education institute and the local NHS Trust have been achieved are clearly described. This sense of partnership between these two has been central to the development by the PLT of innovative learning packages and teaching methods.

Written from the perspective of an ex-link tutor and being reflective in nature the poster also draws upon the thoughts and attitudes of the other major stakeholders i.e.; the practice mentors and the students themselves.

The role, structure and various functions of the PLT are outlined alongside the rationale for moving away from the old link tutor system. The important aspect of being a specialist PLT rather than a geographically based PLT is explored as this allows the team to have an impact upon service- and practice-based issues rather than purely educational ones. Indeed, the PLT meetings are the only occasions in which the older adults workforce meets together as a whole. The development of the annual conference is also highlighted as being a springboard for ideas and being crucial to consolidate the many educational gains made.

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P2

Can reflective practice promote an interprofessional ethos at undergraduate level?

Sophie Willis, Placement Co-ordinator; Christine Heales, Programme Lead, University of Exeter, UK

Background

Presently, the delivery of effective interprofessional learning (IPL) is still largely constrained by logistical barriers identified by Morrison *et al.* (2003); further, there remain many unanswered questions pertaining to the effectiveness of such educational interventions as IPL. Consequently, numerous approaches to the inclusion of IPL within curricula are being implemented. For the radiography programme at the University of Exeter and other healthcare programmes delivered within a uniprofessional environment, strategies embedded within the clinical environment may hold the solution.

In order to realise the aspiration of IPL and promote the development of a positive attitude towards interprofessional working amongst radiography students at the University of Exeter targeted reflective practice, focused upon the interprofessional working experiences of students, was introduced into each credit-rated practice placement module for the 2005 entry cohort onwards as one potential solution to such challenges.

Purpose

To evaluate the impact of targeted reflective practice undertaken during clinical placements on students' perceptions of the value of interprofessional learning with the ultimate aim of enhancing patient outcomes.

Method

Final year undergraduate radiography students from the 2004 entry cohort (n=41) and 2005 entry cohort (n=51) were invited to participate in the study. Data were gathered using questionnaires over a fourteen-month period, during the final semester for each cohort's enrolment. Questionnaires were distributed using a census sampling method. A response rate of 95% (n=38) and 78% (n=40) was achieved for each cohort respectively.

Results

Students within the 2004 entry cohort self-reported a positive attitude towards other healthcare students (74%) following interprofessional learning in the academic setting and that this had improved their communication with other healthcare professionals (77%). The data from the 2005 entry cohort, following structured reflective practice being introduced into the curriculum, demonstrated an increase in positive responses to 90% and 90% respectively.

Conclusion

The results from this study suggest that the introduction of structured reflective practice, focusing students' attention on the role and positive value that other healthcare professionals bring to successful patient outcomes, appears to have enhanced students' perception of the value of interprofessional learning. It is hoped that such positive attitudes towards interprofessional learning will be carried forward post-registration to the overall benefit of the service user.

Ethics

Ethical approval was granted, by the School of Physics Ethics Committee, University of Exeter prior to the commencement of data collection.

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Morison, S., Boohan, M., Jenkins, J. and Moutray, M. (2003) Facilitating undergraduate interprofessional learning in healthcare: Comparing classroom and clinical learning for nursing and medical students, *Learning in Health and Social Care*, 2 (2), pp.92-104.

P3

Can they learn together? Moving beyond traditional boundaries and engaging in work shadowing

Sophie Willis, Placement Co-ordinator, University of Exeter; Christopher R. Vanstone, Radiology Services Manager; Julie Dobrijevic, Practice Development Team Lead, Royal Devon and Exeter NHS Foundation Trust; Christine Heales, Programme Lead, University of Exeter, UK

Purpose

The aim of this pilot project was to enable final year nursing and radiography undergraduates to come together, thereby promoting effective teamwork through interprofessional learning.

Background

Patient outcomes have been evidenced to be enhanced as a result of effective multiprofessional teamwork (McPherson *et al.*, 2001). Experiential learning has also been demonstrated to provide a more effective and enduring long-term learning experience than the often passive learning afforded in traditional academic settings (Rogers and Freiberg, 1994). Consequently, this pilot project was set up between students from the Universities of Plymouth and Exeter, and the partner placement provider, the Royal Devon and Exeter NHS Foundation Trust. The project aimed to foster respect between nursing and radiography students in line with the aspirations of the national interprofessional agenda (McNair, 2005) and to provide a foundation for future interprofessional collaborations.

Method

The University of Exeter led the placement-based initiative which saw final year nursing and radiography students pair up and spend a working day in each other's clinical areas. Learning materials were prepared by the students and agreed by academic and placement staff. These materials ensured students received a thorough overview of the typical areas of each other's practice.

Results

From the perspective of both the academic and placement staff the venture was highly successful in terms of enabling students from different professional backgrounds to engage with each other. It was felt that the success of this project was due, in part, to the fact that the students were in their final year and therefore had a strong sense of their own professional identity. They were therefore able to articulate their own role effectively in relation to patient management, but were also able to be respectful of the role of the other student. Other benefits were felt to be the promotion of collaboration between the two institutions of higher education and practice placement service providers.

Conclusion

Work shadowing appears to be an effective way of engaging undergraduates from different healthcare backgrounds. Students were able to reflect both upon their own role and that of others when providing high quality patient care.

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P4

Aseptic technique: myth or reality? Developing an innovative educational strategy to facilitate evidence-based practice

Collette Straughair, Senior Lecturer (Adult Nursing); Margaret Scott, Senior Lecturer (Adult Nursing), Northumbria University, Newcastle upon Tyne, UK

Reducing the risk of healthcare-associated infection is currently a significant government priority. As a result of this the principles of asepsis and aseptic technique have been highlighted as key influencing factors in addressing this issue (DH, 2002; 2003; 2004; 2005; 2006a; 2006b). Furthermore, professional standards explicitly require all branches of student nurses to achieve proficiency in clean and aseptic technique, specifically in relation to wound dressings, in order to progress from common foundation programme into their branch studies (NMC, 2007).

Aseptic technique is often a nursing practice steeped in tradition and ritual, rather than being underpinned by contemporary evidence (Preston, 2005). Therefore, in order to ensure that nursing practice is evidence based, it is imperative that educational strategies are developed to support this and implemented into pre-registration nurse education programmes. This poses many challenges for nurse academics due to the constraints of defined direct student teaching time, particularly when students are potentially exposed to ritualistic practice in the clinical area. Therefore, using creative methods of education to support the evidence base for aseptic technique is essential.

An innovative electronic teaching and learning strategy was implemented at Northumbria University as a vehicle to support and enhance student learning. This was developed as an additional educational adjunct to support a traditional method of clinical skills education. The aim is to compliment and enhance the development of student nurses' clinical skills in relation to aseptic technique and facilitate the integration of theory and practice. Knowledge and skills acquired lay the foundations for the fundamental principles of asepsis. Therefore, arguably, student nurses are able to utilise these principles of asepsis to perform a variety of aseptic clinical procedures in a variety of healthcare settings.

The electronic-based educational package consists of evidence-based theory, a range of audiovisual film clips and a variety of self-assessment activities and quizzes. Students are able to access the package remotely, undertake the activities at their convenience and download evidence of their knowledge and understanding of asepsis to support achievement of the relevant professional proficiency. Overall, the aim of this poster presentation is to identify key learning points and share best practice in relation to this blended educational approach.

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P5

How do adult branch pre-registration nursing students' expectations comply with the new (2006) Nursing and Midwifery Council standards for mentorship?

Lesley Drayton, Senior Lecturer; Vivien Spranger, Senior Lecturer; Pauline Kingston, Senior Lecturer, Anglia Ruskin University, Cambridge, UK

In September 2006 the Nursing and Midwifery Council (NMC) introduced core standards for mentorship to be implemented in September 2007. Prior to this there were only advisory standards and mentors of nursing students in clinical practice did not require adherence to these standards. Reviewing the literature (Andrews, 1999; Laskasing and Francis, 2005; Kilcullen, 2007) there still appears confusion about the role of the mentor and student experiences vary depending on their mentor and the understanding of the role.

This poster will describe the research study that was completed in 2008 which focussed on the findings and implications for mentors and students expectations in practice.

The study used two focus groups with nine pre-registration nursing students from two different cohorts using a descriptive qualitative research approach. Purpose sampling was used to select nursing students to ensure they met the aims of the study. The inclusion criteria was second and third year adult branch nursing students who had successfully completed their first year common foundation programme. Consequently, both sets of students had experience of mentorship before and after the implementation of the core NMC guidelines (NMC, 2006).

The findings demonstrated that the core standards did meet the student nurses expectation, although they were not having the necessary impact at that time.

Students expect mentors to be supportive, up to date, have time, teaching ability and an understanding of the assessment tools used in practice. Interestingly, although discussed, the word 'assessment' was not mentioned but the terms 'booklets' and 'paperwork' (the assessment criteria) were used when discussing these issues. According to the study students experience problems in these areas, with some not having a valid and reliable assessment or placement conducive to learning. Several themes emerged about the student experience one of which was mentorship preparation within their professional preparation for practice. Therefore, students voices should be heard in relation to curriculum development.

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P6

Enhancing clinical skills teaching for patient benefit: the application of mixed methods research

Anne Pegram, Lecturer; Jocelyn Cornish, Lecturer, King's College London, UK

The quality of patient care and experience is dependent upon practitioners being confident and competent in the performance of clinical skills relevant to their clinical area. Competence in clinical skills delivery is a key focus of government policy (Darzi, 2008) and Nursing and Midwifery Council curriculum development (NMC, 2007). With this in mind a Clinical Skills Research Group at the Florence Nightingale School of Nursing and Midwifery, King's College London was established with key aims to evaluate:

- Competence in the assessment of patient needs, equipment selection, performance of clinical skills and evaluation of care
- Methods and approaches to teaching clinical skills
- The influence of student learning styles on skills competence
- Skills maintenance.

It was felt that these are essential aspects of nurse education, the study of which would contribute towards the evidence base for clinical skills teaching and subsequent safe and sensitive patient care delivery.

Studies generated by the group to date include 'An evaluation of moving and handling training for pre-registration students' and an 'An evaluation of the effects of a skills based course for registered mental health nurses on their assessment of the physical care for the seriously mentally ill'. The subsequent development of these research studies has highlighted that a mixed methods approach to research is required and valuable (O'Cathain *et al.*, 2007). The purpose of this poster is to demonstrate the application of mixed methods approach to clinical skills research using the above two studies as exemplars.

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P7

Enhancing students' learning experience: breastfeeding, best feeding

Angela Hewett, Midwifery Lecturer; Anne-Marie Henshaw, Midwifery Lecturer, University of Leeds, UK

Breastfeeding makes a significant impact on the health and well being of mothers and their babies. Health policy drivers, both nationally and internationally, recognise the significant impact of breastfeeding education in the effective support of breastfeeding families. The University of Leeds' School of Healthcare has a long tradition of excellence in breastfeeding education for both continuing professional development and undergraduate programmes. Opportunities to enhance student learning through the development of a blended learning approach have been identified, and so this innovative project 'breastfeeding, best feeding' utilises e-learning, discussion groups and workbooks in order to enable students to become active, reflective learners as they focus on linking theory to practice.

The e-learning package is available to students via a virtual learning environment. It is an interactive, multi-layered package which allows students to engage at a level appropriate to their learning needs and curriculum requirements whilst guiding those students who wish to extend their learning. The support and promotion of breastfeeding is not a midwifery specific agenda and the e-learning resource is intended for learning and teaching use across the school as well as being an accessible source of information for the wider public.

Students are encouraged to access the e-learning package prior to attending tutorials, thus maximising the opportunity to engage in the application of knowledge through reflection and to consider strategies which may be utilised within clinical practice to support their learning needs regarding the promotion and support of breastfeeding.

A number of workbooks have been developed which complement and extend the information contained within the e-learning resource, and these are specific to each academic level. Students use these workbooks within clinical practice in order to link theory with practice.

All of these approaches have been developed with the intention of enabling students to evidence that they have met the requirements of the UNICEF UK Baby Friendly Initiative Standards for Education and higher education institutions to demonstrate that the quality of their breastfeeding education provision meets internationally recognised standards of excellence.

P8

A modern learning environment: simulation classroom – a literature review

Merja Nummelin, MNSc, University of Turku; Katriina Niemelä, Senior Lecturer and Degree Co-ordinator, Turku University of Applied Sciences; Maija Hupli, Senior Lecturer; Leena Salminen, Senior Lecturer, University of Turku, Finland

Nowadays, simulation takes an important place in the training and education of healthcare professionals (Alinier *et al.*, 2003). Simulation is a teaching method which gives students an opportunity to apply knowledge and skills in the classroom which reflects real-life conditions (Entwistle and Peterson, 2005). Simulation is a safe way to

learn nursing care of critically ill patients, because students can practise without the risk-taking consequences of an actual situation (Binstadt *et al.*, 2006).

The purpose of this literature review was to describe what is characteristic to a good simulation classroom, particularly where students can learn nursing care of adult emergency patients. Using Kim's typology (2000) as a theoretical framework of the review, the idea was to take into account everything that is essential about learning nursing care of adult emergency patients by simulation. Kim (2000) describes four domains in the typology: client domain, domain of environment, client-nurse domain and practice domain. Data retrieval was made by Cinahl-, Medline- and Medic-databases. Limits were the English language and the years from 2000-2008. Topics used were simulation and teach and emergency nurse.

The results of the review showed that the simulation classroom is a modern learning environment where students can learn emergency nursing care of the adult emergency patients in a life-like setting. Results were classified using Kim's typology. The patients must be typical adult emergency patients. Man mannequin (SimMan®) simulates a patient. The construction of the simulation classroom consists of three rooms: control centre, simulated treatment room and debriefing room (Binstadt *et al.*, 2006; Fernandez *et al.*, 2007). The equipment and instruments of the simulated treatment room were chosen for the needs of typical adult emergency patients (Adam and Osborne, 2006). There is also a need for teaching equipment which is particular to simulation (Fernandez *et al.*, 2007).

With SimMan® students can practise exploring the patient, touch and turn the patient, practise clinical skills, communication and interaction with each other. With SimMan® students can also practise communication skills and interviewing patient and, moreover, they can study leadership, decision-making and interdisciplinary team-working skills. (Binstadt, 2007, Fernandez *et al.*, 2007.).

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P9

Nurses' skills to guide students

Maija Hupli, Senior Lecturer; Eliisa Kukkola, MNSc; Leena Salminen, Senior Lecturer, University of Turku, Finland

Clinical training in healthcare units is an essential part of nurse education. Nurses take care of students' supervision during clinical training, and their role in supporting students' learning has been shown to be the most important factor in clinical training (Chan, 2001; Saarikoski, 2002). Education for supervisors has been developed and implemented in many organisations in recent years.

The aim of this study was to investigate supervisors' guiding skills and describe their needs for being educated in supervising. Guiding skills were divided into the following sub domains: competence in nursing; building of supervision relationship; planning of supervision; implementation of supervision; integration theory to practice; and evaluation.

The target group was 128 nurses from one hospital in Finland. The data were gathered by a questionnaire which consisted of structured and open questions. The data were analysed statistically and by content analysis.

The guiding skills of nurses were good in all sub domains. Those who had received supervisor education had better skills than those who had not received such education. However, the differences were not statistically

significant. Most of all the supervisors needed education for evaluation and for setting goals for students. The supervisors wanted more knowledge about nurse education and those requirements set for nurse students in their curriculum. Most of all, supervision education improved the building of the supervision relationship. The evaluation skills of supervisors were also improved by education.

The results can be used in developing supervision skills and in planning education for supervisors.

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P10

Nurse teacher and ethical questions

Leena Salminen, Senior Lecturer; Maija Hupli, Senior Lecturer; Riikka Metsämäki, MNSc; Helena Leino-Kilpi, Professor, University of Turku, Finland

Nurse teachers encounter ethical questions in their everyday working life in nurse education. It is very important that nurse teachers are aware of their own ethical principles (Lyndaker, 1992; Dinc and Görgülü, 2002). Nurse teachers' values are more the values of nurses than the values of teachers (Haigh and Johnson, 2007). The purpose of this study was to describe ethical questions in nurse teachers' work. The research questions were: what ethical principles guide nurse teachers' work and what kind of ethical problems do nurse teachers have in their work.

Data were collected from nurse teachers (n=342) by a e-mail questionnaire. The response rate was 46%. The questionnaire included background factors and 20 items which described how the ethical principles and values are fulfilled in the everyday lives of nurse teachers. The evaluation scale was the 5-point Likert scale (1 = not fulfil at all and 5 = fulfil very well). The data were analysed statistically and by content analysis.

The results showed that nurse teachers fully understand the ethical principles that guide their teaching and their work (mean 4.3, sd 0.78). Fairness was the most appreciated principle. Teachers determined that they are fair towards students (mean 4.5, sd 0.62), to their colleagues (mean 4.3, sd 0.68) and to their directors (mean 4.3, sd 0.69). From the teachers' point of view the students also demonstrate fairness towards the teacher (mean 4.0, sd 0.83). Teachers respect students' individual opinions (mean 4.30, sd 0.71) and the students also respect the opinions of teachers (mean 4.0, sd 0.68).

Teachers met ethical problems in their everyday work. The problems which arose concerned the relationship between teacher and student, the relationship between teacher and his/her colleague, the profession of the nurse teacher and the problems surrounding the ethical values.

In their own opinion nurse teachers act ethically and nurse students and colleagues also treat teachers with respect.

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P11

Nurse teachers' pharmacological skills

Hanna Heinonen, MNSc; Leena Salminen, Senior Lecturer; Maija Hupli, Senior Lecturer, University of Turku, Finland

Previous studies have found that actual pharmacological knowledge of nurse students is insufficient (Latter *et al.*, 2000; Manias and Bullock, 2002; Grandell-Niemi *et al.*, 2005). It has been demonstrated that there is a lack of hours devoted to the subject and there are difficulties fitting this subject into the curriculum. Discussions have also

taken place about who should teach pharmacology and which method is best suited for this subject. (Latter *et al.*, 2000; Manias and Bullock, 2002; Morrison-Griffiths *et al.*, 2002.) Even so there is little information about nurse teachers' competence to teach pharmacology.

The purpose of this study was to describe Finnish nurse teachers' (n=308) pharmacological skills. The data were collected using the Medication Calculation Skills Test (Grandell-Niemi *et al.*, 2005). The test included 24 questions about basic level (BL) and higher level (HL) pharmacological skills (12 each) with the maximum score being 24 (100% correct). The questions were in the form of a statement with the possibility to answer either correct, incorrect or don't know.

According to preliminary results, nurse teachers' pharmacological skills are quite good, but there were differences in the frequencies of single items which concerned BL and HL pharmacological skills. The mean score for the nurse teachers was 19.4 (SD 3.23, range 1–24). In BL skills teachers scored 9.17 (SD 1.94, range 1–12), while in HL skills teachers scored 10.23 (SD 1.61, range 2–12). The best-known topics included the meaning of red triangle in medicine package (89% correct) and the meaning of effective drug in package (87% correct). The most incorrect answers were made with items which had the Roman figure XLI (49% correct) and drugs which mainly had central nerve system effect (34% correct). The most unfamiliar item was the meaning of abbreviation aa (24% did not know answers).

Final results and conclusions will be represented at the conference.

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P12

Nurse teachers' knowledge about health policy

Henna Nieminen, MNsc; Maija Hupli, Senior Lecturer; Leena Salminen, Senior Lecturer, University of Turku, Finland

Efficient ways to develop the quality of nursing education (Moore Caira *et al.*, 2003) and promote a population's health (Reutter and Duncan, 2002) are via the social competence and activity of the nurse teacher. However, there are a few studies about the social competence of nurse teachers (Holtrop, Price and Boardley, 2000; Paltta, 1998). Every nurse teacher must know the current health policy in order to use it in teaching. The conception of the role of health policy in the curriculum and the concrete teaching of social activity are quite unclear (Paltta, 1998). In Finland, nurse teachers must be licensed as a registered nurse, have a master of science degree and have at least three years experience in the healthcare system. Nurse teachers are employed in polytechnics and vocational institutions. Nurse teachers are responsible for both theoretical and clinical teaching.

The purpose of this study was to describe the social competence and activity of nurse teachers. The data were collected by an email questionnaire. The questionnaire included background factors and nine items for social competence. Respondents were nurse teachers, public health nurse teachers and midwifery teachers from all the polytechnics in Finland. The response rate was 46% (n = 342). The data were statistically analysed.

The results showed that nurse teachers evaluated their knowledge in health policy as quite good (mean 3.7). Nurse teachers updated their knowledge about health policy by reading professional journals or newspapers, via the internet and through television and radio. Nurse teachers judged that the content of health policy advised them only slightly about teaching. The results also showed that 38% of nurse teachers judged themselves as being quite active in social activities and 44% judged themselves as quite inactive. 32% of nurse teachers are members and involved in working for general organisations as Trustees. 28% of nurse teachers are involved in working for Trust commissions and local councils.

By their own evaluation nurse teachers' knowledge of health policy was quite good. The knowledge must also be kept up to date and improve. Nurse teachers are quite active in social activities although almost half judged themselves as quite inactive.

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P13

Developing confidence for practice: the student experience of formative objective structured clinical assessments for medicines management in an undergraduate nursing programme

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A number of students, as they progress through their pre-registration programmes, identify limited opportunities to engage with the administration of medicines in practice, and state that they lack confidence in the area of medicines management. Students are concerned with the numeracy skills that they need to calculate the correct dosage. They are limited in their knowledge of many drugs in everyday use, and may feel insecure in their physiological knowledge to support their understanding of the actions of the drugs in use. These concerns are well supported in the literature (Manias and Bullock, 2002; Morrison-Griffiths *et al.*, 2002; Jukes and Gilchrist, 2006; Wright, 2007).

The first year post initial qualification may be stressful for many healthcare practitioners. Lack of confidence in performing common practical tasks and the impact of organisational and workload factors may combine with the consequent risk of making mistakes, not least within medication practice (Scobie *et al.*, 2003; Fogarty and McKeon, 2006). Addressing medication errors and educating for capability at the point of registration and beyond in medicines management should thus be a core goal of pre-registration nurse education (NMC, 2007).

At Leeds Metropolitan University a simulated learning strategy has been developed to promote the development of knowledge and skills in medicines management for final year students on an undergraduate programme. A key feature in the design of the strategy is the nurturing of student confidence. The strategy incorporates both simulation and Objective Structured Clinical Assessments, identified as beneficial strategies to support practice learning in medicines management (Banning, 2004; Page and McKinney, 2007; Murray *et al.*, 2008). Eighty-two final year adult and mental health nurses participated in the pilot. After the experience students were provided with written individual feedback from the three OSCA stations which informed their development plan for the next placement period. At a later date students were asked to evaluate the OSCA experience and their learning by means of a questionnaire. Completed evaluations were received from 81% of students.

This poster provides details of the OSCAs undertaken by the students together with the qualitative and quantitative findings from the questionnaire. The findings are presented around three headings:

- The student OSCA experience in relation to skill development and confidence for practice
- The student experience of undertaking an OSCA
- The usefulness of the development plan for practice, as perceived by the student.

Implications for future curriculum development and OSCA design and implementation will be considered.

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P14

Problem-based learning: developing skills of student nurses

Faye McCann, Student Nurse; Michele Shepherd-Burkes, Student Nurse, University of Worcester, UK

Nursing is not only a caring vocation (Baillie, 2005) requiring a range of interpersonal skills but also involves the delivery of proficient clinical skills provided as a result of decisions made from the best available evidence (Kozier *et al.*, 2008). Nurses require essential critical thinking skills as part of the quality of nursing practice and professional accountability (Rubenfeld and Scheffer, 1995). Critical thinkers show confidence, creativity, flexibility, reflective qualities and the ability to have an open mind (Rubenfeld and Scheffer, 1995).

Problem Based Learning (PBL) facilitates these skills and has been used widely in the professional training of nurses (Keirnan *et al.*, 2008). PBL uses an academic approach to specialised training that encourages self-directed learning and clinical ways of thinking (Keirnan *et al.*, 2008).

The aim of this poster is to demonstrate how PBL can be used successfully in the curriculum for pre-registration nurse training and should be considered a fundamental part of academic learning in the healthcare profession. Based on situations that mirror real-life clinical scenarios, student nurses learnt the skills required to integrate theory and practice. Students were placed in randomised groups and were introduced to a trigger. A live actress was used to portray a clinical scenario and the PBL process was applied. This differentiated from traditional, lecture-based delivery of nurse education curricula as it encompassed a more self-directed learning process (Keirnan *et al.*, 2008).

Existing knowledge was identified and further knowledge was gained and applied by working both collaboratively and independently to provide a resolution to the problem (Beers, 2005). Active Participation in the PBL process supports the student to gain a deeper knowledge (Beers, 2005) which develops beneficial skills for professional practice (Meddings and Porter, 2008). Furthermore, critical thinking skills were developed by using rational and methodical thinking, recognising ones attributes, taking responsibility and questioning accepted schools of thought (Tiwari *et al.*, 2006). The PBL process increased the motivation for learning to explore complex scenarios in a supported environment (Keirnan, 2008). This led to an enhancement of both personal and professional development which encompasses the graduate skills required throughout a nursing career (Dearing, 1997 and Nursing and Midwifery Council, 2004).

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P15

Development of a conceptual model to evaluate effectiveness and impact of e-learning

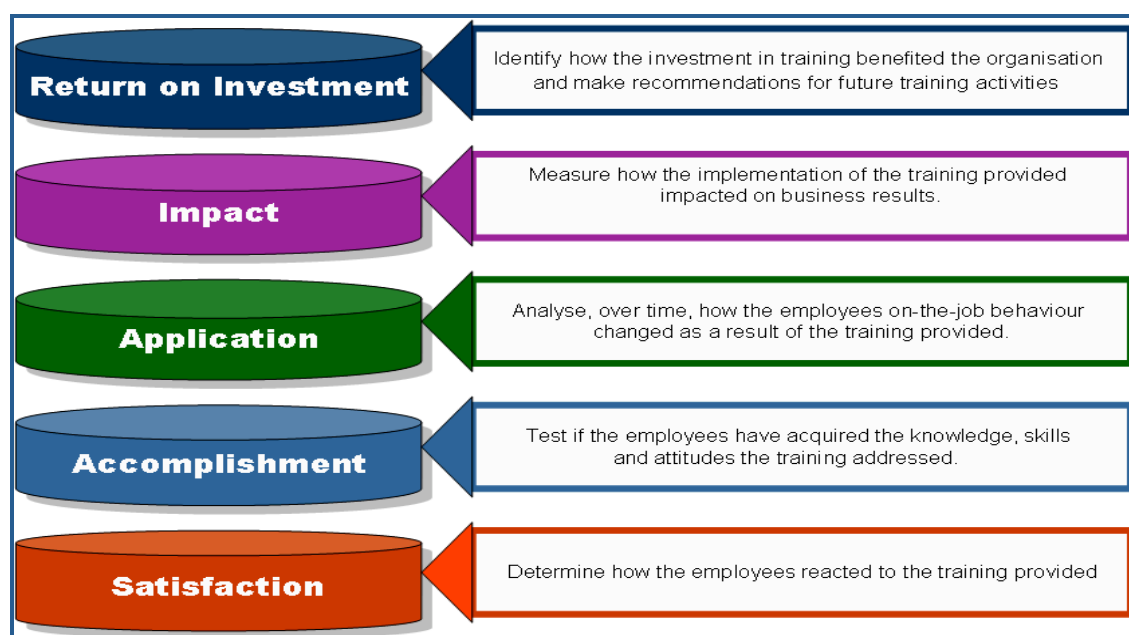
Sarah-Jane Saravani, Manger Learning Hub; John Clayton, Manager Emerging Technologies Centre, Waikato Institute of Technology, New Zealand

In 2008 the Ministry of Education of New Zealand funded a project entitled 'Using e-learning to build workforce capability' (Clayton, Elliott, Saravani, Greene and Huntington, 2008). The project team found measuring and proving the value of e-learning was a complex task dependent on participants' understanding of the evaluation model selected (Wilson, 2004). From the literature reviewed and the research undertaken it appeared the evaluation of the effectiveness and impact of e-learning should focus on two levels of analysis: firstly, the individual level investigating competency and accomplishment and secondly, the organisational level investigating strategic alignment and business impact.

At an individual level it appeared to be important to ascertain if the employee has 'learnt' something from the training provided. For example, have they acquired a new skill, or are they 'happier' in their workplace. At an organisational level it is critical to understand how effectively the learning and training opportunities presented to employees have contributed to improving the organisation. For example, has quality of product improved, is there an increase in customer satisfaction, or is the plant being used to optimum capacity.

In general the literature argued a comprehensive measurement model, based on slight modifications to the widely applied Kirkpatrick-Philips evaluation model, would be more in keeping with existing evaluation practices and would be more readily accepted by industry (Skillsoft, 2005).

This poster presentation will graphically illustrate the research teams' development of an evaluation model using the Kirkpatrick-Philips model as a framework of development. The evaluation model created is based on five levels (satisfaction, accomplishment, application, impact and return on investment) and is illustrated in the figure below.



Evaluating the effectiveness and impact of e-learning

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P16

Development of a quality assurance conceptual model for e-learning

Sarah-Jane Saravani, Manger Learning Hub; John Clayton, Manager Emerging Technologies Centre, Waikato Institute of Technology, New Zealand

In 2008 the Ministry of Education of New Zealand funded a project titled 'Using e-learning to build workforce capability' (Clayton, Elliott, Saravani, Greene and Huntington, 2008). During the project the team recognised that although the concept of 'Quality Assurance (QA)' could be very difficult to define precisely, its critical importance to organisations was widely accepted (BNET Australia, 2003).

It was clear industries that provided e-learning to meet the needs of workplace/work-based training, and the employees who participated in these events, needed to be assured that the activities developed and offered were firstly, effective (did what they say they would do) and secondly, were efficient and cost-effective in terms of a return of investment on the fiscal and human resources consumed.

During the literature reviewed and the research undertaken it was found the quality of the workplace/work-based training offered by industries and experienced by participants was directly attributed to the quality of the processes used in the creation of the workplace/work-based training event (Nichols, 2002). For example, the processes used in the:

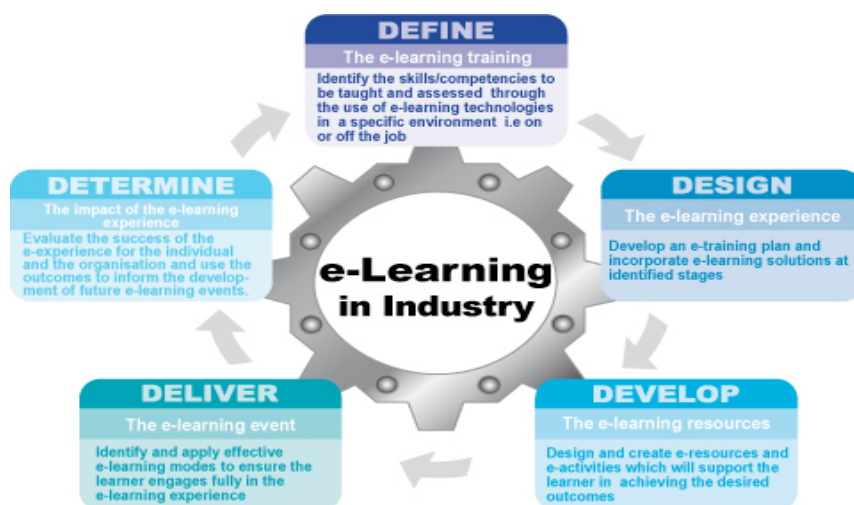
- Creation of digital learning materials
- Tutoring/mentoring/ supporting of learners
- Administration of workplace/work-based training events.

A lack of 'quality' during any of the processes ultimately affected the final learning experience of employees.

This poster presentation will graphically illustrate the research teams' development of a cyclical QA model conceptualised as the Five Ds (5Ds):

- Define: the e-learning training requirement(s)
- Design: the e-learning training event(s)
- Develop: the e-learning resource(s)
- Deliver: the e-learning event(s)
- Determine: how or if e-learning can or should be used to meet the above requirements successfully.

The research teams' 5Ds conceptual model is illustrated in the figure below:



Quality Assurance the 5Ds

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P17

Widening participation in undergraduate healthcare programmes: some critical reflections on the use of APEL in a research led university

Tessa Watts, Senior Lecturer; Mary Paget, Lecturer, Swansea University, UK

The concept of widening participation in higher education is firmly established as a central concern and policy commitment of the UK government. The range and burgeoning policy initiatives of the national governments during the early twenty-first century serve to illuminate how widening participation is being addressed strategically and operationally at different levels and in a number of ways.

In healthcare concern about the projected shortfall in the numbers of healthcare professionals and the implications of this shortfall for the strategic aims of the health service in the twenty-first century underpinned the drive for greater accessibility to, and flexibility in, education. More recently the Department of Health (2006) discussion document advocated that greater engagement of NHS staff in learning, notably staff in bands one to four, is vital for the intended transformation of healthcare. Moreover, this report called for an extension of initiatives designed to widen access to education.

Accreditation of prior and experiential learning (APEL), defined as 'a process through which learning achieved outside education or training systems is assessed and, as appropriate, recognised for academic purposes' (Quality Assurance Agency, 2004), is an example of one approach to widen participation in higher education. Indeed, many higher education institutions acknowledge that in order to encourage access to, and participation in, higher education prior experiential learning may be recognised in place of certain aspects of formal learning. Nevertheless, a survey commissioned by the Learning from Experience Trust (Merrifield *et al.*, 2000) indicated that whilst most higher education institutions had APEL policies, the actual number of students entering higher education via this route was relatively small. There may be a number of reasons for this, but the tensions between the principal policy drivers of widening participation on the one hand and encouraging and maintaining competitive 'world class' universities on the other cannot be ignored. Indeed, traditional beliefs regarding the role of universities in the generation, acquisition and nature of knowledge may lead to a questioning of the validity of APEL in the context of higher education (Armsby *et al.*, 2006).

This poster will illuminate how APEL has been used in one research-led university as a route of entry for adults who have no previous experience of higher education and who wish to pursue undergraduate studies. With reference to undergraduate pre-registration nursing and paramedic science programmes the poster will illuminate the following key issues:

- The concept of APEL in the context of Higher Education and widening participation policies
- The assurance of quality in the process of assessing and crediting APEL candidates
- The challenges and benefits associated with APEL.

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P18

Developing flexible multidisciplinary postgraduate chronic conditions management education: an example of cross sector boundary working

Gareth Noble, Senior Lecturer; Tessa Watts, Senior Lecturer, Swansea University, UK

The prevalence of chronic conditions is high and is forecast to increase. It is predicted that over the next decade the global incidence of chronic illness will grow by 17%. By 2020 chronic conditions will be the leading cause of disability and the most expensive problem for healthcare systems throughout the world (World Health Organisation, 2003). In the United Kingdom approximately 17.5 million people live with a chronic condition (Department of Health, 2004). Moreover, two-thirds of all chronic conditions admissions are emergencies, resulting from an exacerbation of a chronic condition. Thus chronic conditions management has become a political priority and a driver of healthcare policy and strategic development.

The innovative, flexible, multidisciplinary MSc in Chronic Conditions Management has a clinical focus and complements the international, national and local initiatives in chronic conditions management. Developed in collaboration with NHS providers and the voluntary sector the programme has been designed to advance the knowledge and skills of experienced healthcare professionals and carers in their relevant clinical speciality. Whilst there is a core structure of bioscience, clinical practice and research, additional option modules offer students flexibility to choose a pathway that allows professional development in their own sphere of clinical practice.

This poster presentation will offer a visual outline of the development, structure and student evaluation of the programme. It will also illuminate the cross-sector boundary working and delineate future developments.

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P19

The evaluation of the gradual scale for the skill of nursing students' communication in terms of graduate nursing students' differences

Eiichi Ueno, University of Fukui; Ryuji Ichinoyama, Toyama College of Welfare Science; Kazuhiro Myoujin, Wakeikai Taninogozan Hospital; Etsuko Uehira, Nara Prefectural Medical University; Kiyoko Funasaki, Toyama City Hospital, Japan

Purpose

It is very important to evaluate the communication skills of undergraduate nursing students in order to provide high quality care. The purpose of this study was to investigate and evaluate the differences in communication skills of undergraduate nursing students in Japan.

Method

The subjects of analysis were (355) nursing college students (grade one: 56, grade two: 109, grade three: 137, grade four: 53) selected from a nursing college in Japan. Nursing student's skills were measured by using 'the Gradual Scale for the Skill of Nursing Student's Communication' developed by Ueno *et al.* (2008). This scale was composed of nine communication skills: 'positive listening' (12 items), 'assertion' (six items), 'acoustic consideration' (six items), 'relation' (five items), 'respect for human life and dignity' (five items), 'observation' (three items), 'affective self-control' (three items), 'focusing' (two items) and 'expressing the state of the mind' (two items). This scale of Cronbach's alpha was 0.939. This scale was used to evaluate the nursing students' communication skills.

Result

As a result of one-way ANOVA, the score of the communication skills ('positive listening' [F=3.465, p=0.016], 'acoustic consideration' [F=4.155, p=0.007], 'relation' [F=3.457, p=0.017], 'respect for human life and dignity' [F=2.867, p=0.037], 'affective self-control' [F=2.850, p=0.037] and 'focusing' [F=2.549, p=0.056]) of the grade one nursing students were significantly higher compared to the second and third grade nursing students. One reason suggested for this result was that grade one nursing students subconsciously evaluated their actual communication skill, whilst advancement to the next year made them recognise real communication skills which caused them to score them lower. However, the communication skill 'Observation' score of the grade one nursing students was higher than the grade four nursing students. The 9th factor 'expressing the state of the mind' did not show any significant data.

Conclusion

The seven factors showed significant scores for different graduate nursing students. As a result to improve nursing students' communication skills it is necessary to provide nursing students with effective new teaching methods such as lectures, videos and role playing.

P20

The thought of the sensitive recognition for utilising the picture book towards interpersonal education

Ryuji Ichinoyama, Toyama College of Science; Kiyoko Funasaki, Toyama City Hospital; Mitsuru Murakami, Toyama University of International Studies; Eiichi Ueno, University of Fukui; Masashi Kawano, Jikei University, Japan

Purpose

The picture book which contains the story of human relationship has been used in the psychiatric nursing class of the course in fundamental education since 2004. The picture book provides nursing students with the establishment of the patient-nurse relationship from the winding up the nursing student's experience called story and nursing knowledge. This method of using a picture book allows the nursing students to gain details about human relationship.

The aim of this research is to gain suggestions for educational guidance based on analysing nursing reports utilising the data mining method.

Method

The subjects of this research are 92 second grade nursing students who consented to this research at two grade A junior colleges.

The analysis using the content analysis of Krippendorff was performed the following procedure:

1. Replace the nursing student's report with electronic text
2. Perform the morphological analysis: count the noun and verb as the unit analytic in the sentences.
3. Categorise the selected high-frequency nouns based on the similarity and name the factor.
4. Use the collocation analysis to find the context intending to the aim of the research.
5. All data were analysed using the software-Wincha and KWIC Finder for Windows.

Result

As a result of this research, nursing students combined the phenomenon from the picture book and their various experience, and also combined the process of the interpersonal construction drawn the picture with nursing theory and the theory of the interpersonal relationship.

These results also show that it is important for nursing students to understand the person in view of both the disease as a biological dimension and the illness of a social and cultural dimension. These dimensions are related to the narrative approach to gain nursing students' sensible understanding.

As the result of the morphological analysis of noun, five factors of 'personal relationship', 'communication', 'interaction', 'learning', 'environment' and 'time' were generated.

These results suggests that is important to see the human being as the existence of biological, psychological and social dimension especially, and it is important to establish the human relationship using the theory and the narrative approach, furthermore to combine the intelligible recognition and the sensible recognition.

Smoking prevention intervention to improve nursing students' knowledge and attitudes

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Several studies have reported that the high number of nurses who continue to smoke in Japan is keeping pace with those in some Western countries (Smith and Leggat, 2007). In addition, previous studies have shown that nurses who smoke provided fewer smoking cessation interventions than the nurses who never smoke (Jenkins and Ahijevych, 2003). Sixty percent of nurses who smoked stated that they had started smoking as a student (Sekijima, 2005). It is therefore necessary to implement educational interventions to dissuade nursing students from smoking because they will play an important role on the front line of any health promotion initiatives in the future. However, very few smoking prevention education programmes for nursing students have been developed in Japan.

Proposes

This study aims (a) at describing differences in smoking behaviour and attitudes, and knowledge of smoking effects between those students who received smoking prevention education (education group) and those who did not (control group), and (b) at describing the effects of a smoking prevention educational intervention on nursing students.

Methods

The research method was approved by the Ethical Review Committee of University of Fukui, Department of Medical Sciences. A self-oriented questionnaire was delivered to 351 college nursing students including freshmen and sophomores in three nursing universities. The education group (n=119) was composed of students in one university, whereas the control group (n=232) was composed of students in two other universities. The questionnaire included response items on demographic data, smoking status, knowledge of smoking effects and on smoking attitudes. The questionnaire was delivered twice to each subject, in April, and in October, 2007. The subjects in the education group received the intervention in July, 2007. The educational intervention consisted of lectures and exercises covering smoking effects on health and daily life, methods of declining an invitation from a friend to smoke, and reinforcement of the health professional's role model function.

Results

A total of 242 (69% response rate) subjects returned the questionnaire to the researchers. The smoking rate did not change in the education group (n=104), and it increased in the control group (n=138) between the two surveys. On the second survey smoking became more acceptable to the control group but less acceptable to the education group. Although the knowledge levels about smoking effects increased in both groups, the education group had higher knowledge levels about smoking effects on the second survey.

Conclusion

Further study is needed to determine what factors influenced the subjects' smoking rates since education alone did not appear to be a determining factor in the short term. However, in spite of smoking-rate data, the nursing students' attitudes and knowledge about the risks of smoking changed favorably among the nursing students during the study period. Education intervention, therefore, seems to have enhanced knowledge and changed their attitudes toward smoking. For this reason, it is important to educate and inspire nursing students as future leaders for health promotion in our society.

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P22

Developing a system for effective diabetic self-care

Michiyo Yamanaka, Lecturer; Tomoko Mizuma, Lecturer; Hideo Onishi, Professor; Keiko Fuse, Assistant Professor, Prefectural University of Hiroshima; Hizuru Amijima, Professor; Reiko Hiraoka, Assistant Professor, Hyogo University of Health Sciences, Kobe, Japan

In diabetes attacks and the cacoethic processes are related to lifestyle issues involving work, leisure, and diet. To control diabetes well these issues need to be reviewed and lifestyle changed if necessary, and accurate knowledge about treatment and dietary management must be acquired. This project therefore aimed at developing and evaluating an e-learning system to help diabetics learn about effective self-care.

The uniqueness of this e-learning project is that it combines both a system for self-learning and a system offering confirmatory feedback on self-care with the patient being able to confirm practical use of the learning contents. The aim is to educate patients, and enable and support their remaining in their own home. The development was carried out by a project team of experts including nurses, doctors, pharmacists, and dieticians.

The personal computer used in the system was a small PC with a touch panel function that could be used even by patients with little experience of computers. The e-learning contents were: basic knowledge about diabetes, dietary care, exercise therapy, pharmacotherapy, what to do when hypoglycaemia occurs, and matters requiring attention in everyday life. Patients can access this information by selecting whichever page in the system interests them. Techniques such as self-injecting insulin can also be learned by watching videos as often as they like. In the self-care system, patients can input data regarding matters such as calorie intake, amount of exercise, and symptoms; and receive feedback on a daily basis in the forms of graphs etc.

Our hope is that the combination of self-learning and self-care systems, with feedback of results, will reinforce learning, and enable patients to put the learning contents to practical use. We have trialled the system on several diabetics and received a positive response. In the future we plan to increase the number of patients using the system and investigate more fully its effectiveness.

P23

The use in nursing education of a community health nursing diagnostic method based on creating an ideal image of future life

Tomoko Mizuma, Assistant Professor, Prefectural University of Hiroshima; Toshihiro Iwanaga, Adviser, Japan Association for Development of Community Medicine; Shiho Watanabe, Researcher; Minori Ando, Researcher, Japan Association for Development of Community Medicine, Tokyo, Japan

Purpose

Community assessment has often been used as an educational device in Japan for learning about community health nursing diagnosis. Typically this involves acquiring theoretical knowledge about action research, ethnography etc. However, even when students learn about methodological theory, the practical ability to apply knowledge, depending on different local situations and needs, may be lacking. Therefore, as a practical learning tool situated within SOJO model, we devised a community diagnosis method based on an ideal mental image of future life.

Method

We compared conventional and SOJO model education methods by examining relevant literature and actual examples of courses offered to students. We analysed the problems of various diagnostic methods and investigated the educational effect on students.

Results

In conventional community health diagnosis, health problems are analysed using data from vital statistics, and data from the national census, clarifying the situation of births and deaths in the local population. Analysis produces numerical results; for example, that the aging rate is higher than in other prefectures or than in the country as a whole, or that the birthrate is lower etc. and using data from medical accounting and the number of consultations, disease morbidity rates in different regions can be understood. However, it is difficult for students to understand how these numerical values are connected to health problems affecting the lives of real individuals in local communities. On the other hand, with the new methods students make use of the 'SOJO model', creating an ideal mental image of future life for local citizens. We then review the conditions necessary for the actual realisation of this ideal future life. The next step is predicting (on both the basis of these conditions and of already extant data) about health problems in local communities. Then, on the basis of predictions of health problems and social resources, a district survey is conducted of the real conditions in the local area. In the district survey

students are then able to investigate community health problems with a critical mind and a concrete observational emphasis.

Discussion

By creating an ideal mental image of future life, the way of looking at the community seems to become clearer. And by using predictions when investigating community health issues, it seems that students can arrive at a more concrete understanding of health problem.

P24

A case study of a health promotion programme focusing on creating an ideal mental image of future life

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Background

In Japan there are many health promotion programmes to prevent lifestyle diseases such as diabetes and high blood pressure. In many programmes the pattern is one of conveying knowledge about the risk of getting the disease, inculcating fear of the disease, and then providing practical suggestions about diet and exercise. However, there are indications that these kinds of programmes are insufficient to bring about lasting improvements in unhealthy behaviour and lifestyle. This may be particularly true of programme participants with no subjective symptoms in which case it may be conjectured that they have insufficient motivation to effect lasting changes in behaviour and lifestyle, even if they hear about the negative consequences of disease.

Purpose

A programme was devised focusing on the aim of providing sufficient motivation for participants to effect lasting changes in behaviour and lifestyle. First, we asked participants to create an ideal mental picture of their future life, and then think about the kind of health behaviour necessary to realise that image. This study investigates the effects of this future imaging process on the participants.

Method

A health promotion programme was held aiming to prevent lifestyle disease through forming an ideal mental image of future life. The programme comprised five sessions of about two hours each, with 29 participants. The distinguishing characteristic of the programme was that each session focused on confirming an ideal mental image of participants' future lives and thinking about necessary health behaviour to achieve that goal. Surveys were conducted immediately after the programme and six months later to investigate changes in awareness and health behaviour, and their persistence.

Results and Discussion

The percentage of participants who immediately after the programme understood what health behaviour was necessary to realise their future image was 89.7, while the percentage who were continuing the desired health behaviour after six months was 55.2. The results indicated that the educational method of forming an ideal image of future life had a positive influence on increasing awareness of beneficial changes in behaviour and on the persistence of such changes.

P25

Innovation for an educational tool for nursing technique: application of interactive patient robot for nursing laboratory

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Purposes

This study aims (a) to create an interactive robotic mannequin (IRM) for simulated venipuncture technique practice, and (b) to evaluate a simulated venipuncture technique-training programme by using the interactive robotic mannequin in nursing education.

Methods

Before creating the IRM, nurses' body motions and patients' reactions to venipuncture technique were observed. Classified through the observation were 95 'intensive checking motions', 69 'relaxation and safety motions', 42

'environment maintenance motions', 20 'pain minimising motions', and 13 'predictive behaviour motions'. The IRM was created based on observed motions by collaboration with the engineering department at the University of Fukui. The IRM is capable of reacting differently based on nurse techniques and behaviours in performing venipuncture procedures.

To evaluate a venipuncture technique-training programme, an observational experiment was conducted. Thirty-nine nursing students were invited to take part in the experiment. Each subject trained in venipuncture technique using two simulator types (robotic body and non-robotic arm) under four simulation conditions:

1. IRM programmed for multiple response patterns (IRM)
2. IRM programmed for a single response pattern (IRM-S)
3. IRM programmed for no response patterns (IRM-NR)
4. Stand-alone non-robotic, non-responsive, arm (NRA-NR).

The subjects' heart rates (HR) and intension level (IL) were observed during training. They were also asked to evaluate the four different simulation conditions.

Results

The subjects' heart rates most increased during IRM venipuncture. The subjects also stated that the level of emotional tension was highest during IRM venipuncture.

Conclusion

The venipuncture technique-training programme using robotic mannequins in nursing education can be very effective for teaching the technique.

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P26

Tai chi as health promotion: a case study in collaboration between a higher education institute, a funding body and a local martial arts academy

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Lewis (2000) reported that the traditional Chinese martial arts system tai chi is increasingly utilised in the West for health purposes. The bio-psychosocial effects have been widely reported (Chow and Tsang, 2007) and its effectiveness in promoting health and problem solving in registered nurses has been highlighted by Raingruber and Robinson in 2007. This poster reports on a collaborative case study between the University of Salford, Jin-Long, a local Chinese martial arts academy, and Mental Health in Higher Education (MHHE). The case study was developed from a community development project aimed at 'engaging communities in exercise'.

Case Study

The one-day collaborative case study attracted both professionals and service users. There was a wide range of reasons given for participation which included: wanting to find out more about tai chi to see whether it could be used in a stress management teaching module to networking to develop innovative approaches to working with people with mental health needs.

The case study used a multimethod approach to exploring the potential benefits of tai chi. For example, poems and narratives presented by expert tai chi practitioners were deconstructed in order to trigger discussions on the range of benefits of tai chi. Participants were also guided through a practical tai chi session. The presentation on philosophy and the experiential tai chi activity which provided understanding of the concept of qi and how the practice of tai chi activates the qi in human bodies to promote health and well being (Li *et al.*, 2003) was evaluated well by the participants.

Outcomes

Participants wanted to develop partnership with the university in undertaking qualitative research studies. Likewise, participants who were users of mental health services wanted greater opportunity to share their experiences of the health benefits of tai chi, and wanted to receive academic recognition for this work. A number of other pragmatic issues were highlighted: that our cultural background importantly influences the understanding and practice of tai chi; that gaining access to reputable and qualified teachers and not having the skill to judge the quality of teaching provided were seen as barriers to integrating tai chi into educational and learning opportunities.

Conclusion

The case study provided further understanding of both the benefits of tai chi as a health promoting activity for professionals and health service users, and brought into focus aspects of working collaboratively (Lowndes and Skelcher, 1998) in a multi-agency context.

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P27

The role of the practice education facilitator in developing clinical staff to support simulated learning in pre-registration nursing programmes

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Simulated learning within higher education institute (HEI) clinical skills centres is recognised as an effective method of developing clinical skills, particularly in pre-registration nursing students (NMC, 2007).

The Nursing and Midwifery Council (NMC) identified principles to support and audit simulated learning which includes partnership working (NMC, 2007). Partnership working between service and HEI is essential for a number of reasons. Practically, simulated learning is resource intensive in terms of staff and cannot generally be supported by HEI alone. The learning is intended to be a blend of theory and practice, therefore the contribution of clinical staff is required to ensure that students are informed of the reality of practice by credible practitioners (Hinchcliff, 2004).

Locally, pre-registration nursing students have been provided with simulated learning experiences as part of the curriculum for several years and service supports clinical staff involvement. The intention had been to form a bank of clinical facilitators for the sessions. However, despite the partnership agreements, the simulated learning continues to be predominantly supported by lecturers and practice education facilitators (PEFs) who do not necessarily have a clinical element to their role.

Since the NMC has invited programme providers to use up to 300 hours of pre-registration training for simulated learning, a more proactive approach in the identification and development of clinical staff as facilitators is needed. (NMC, 2007).

In the local context it could be suggested that PEFs are best placed to identify potential participants as they work closely with mentors. Continuing support and evaluation would be provided under partnership with HEI.

Nurses are under increasing pressure to participate in various initiatives whilst continuing to deliver patient care. To recruit staff the personal benefits of undertaking the professional activity of supporting simulated learning should be made explicit. (Quinn, 2007) Participation can be mapped to Prep requirements or annual updates to maintain mentor status while providing a coordinated pathway for development in respect to teaching. (NMC, 2008).

The poster will present the process and progress in identification and support of clinical staff as facilitators in the HEI simulated learning environment.

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P28

An early evaluation of learning teams and their role in academic and pastoral support for student nurses

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Background

Attrition from pre-registration programmes is a concern to academic and health service providers (Last and Fulbrook, 2003) and university schools of nursing should implement strategies aimed at retaining this valuable resource. In September 2007 the School of Nursing and Midwifery introduced learning teams, a new student support approach. Students commencing the programme were allocated to a team of approximately 20 students sharing a geographical placement zone and supported by a learning team facilitator. The facilitator's role is to provide academic and pastoral support and the clinical link with placements within the zone. Evaluating the effectiveness of support models could aid in understanding support needs and retention of students (Gidman, 2001; Por and Barriball, 2008).

Methods

This evaluative research study used a mixed methods approach to explore the first year experience of two cohorts of pre-registration nursing students accessing learning teams with a (academic) as learning team facilitator (LTF) replacing the personal tutor role in an academic and pastoral support system.

Students were asked to complete a survey in the first academic semester of their programme and a further survey one year later. A cohort of students with one year's experience of the previous system was also surveyed to allow comparison. Both surveys were developed for the study and a combination of demographic information, fixed response questions and Likert-type responses were used. Data was also collected in focus groups to validate and expand upon the quantitative results.

Results

Data was analysed using SPSS v.15 and simple descriptive statistics employed. Overall students were satisfied with the level of support provided by the LTF and by their peers in the learning team in theory blocks and clinical placements. The learning team approach increased the frequency and the quality of interactions with the LTF and fewer students considered changing their learning team and leaving the programme. One disadvantage highlighted by students was the perceived inconsistencies in the quality of support offered by different LTFs and group dynamics where groups were fractious.

Conclusion

Learning teams facilitate access to academic and personal support, and socialisation into the programme and university life and study. The support gained appears to reduce the number of students considering leaving their programme compared with those experiencing the previous personal tutor system, although further work is required to confirm the impact on student attrition.

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P29

Experiences of an interprofessional acute care course for student nurses and medical students

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Introduction

This abstract presents one outcome 'interprofessional simulation' from the results of a qualitative research study entitled 'Simulating for Interprofessional Practice'. It concerns an interprofessional simulation experience for two undergraduate professional groups, nursing and medicine. Multidisciplinary simulation for post-registration education is well documented; however, there is a paucity of literature concerning instructional theory development for simulation in undergraduate education (Bradley, 2006) and in particular simulation for interprofessional practice.

Method

In 2007-8 Sheffield Hallam University (SHU) developed a course for pre-registration nursing, SMART (Student Acute Recognition and Treatment), in response to the safer patient agenda (NICE, 2007; NPSA, 2007). Building on previous successes in collaborative working with the University of Sheffield, CUILU project (CUILU, 2006), the course was developed as an interprofessional programme and successfully piloted with nursing and medical students in 2008. All students attending the two SMART study days (medicine 8, nursing 40) were invited to participate in the research and a sample of medical (n=4) and nursing (n=16) students were recruited to the study. Qualitative focus group interviews were conducted with the students about their interprofessional experiences during the SMART study day. Grounded theory approaches strategies were then employed (Strauss and Corbin, 1998), (theoretical sensitivity, constant comparison, coding and categorising the data) and this process informed theory development (Charmaz, 2000).

Findings

Reported here is one outcome of the larger study relating to 'Simulation for Interprofessional Practice' which forms part of a Msc HEd dissertation.

Students described factors that make interprofessional simulation successful. These included; 'obvious' institutional support from both universities, situated and contextual learning, use of realistic ratios and scenarios, engendering positive expectations of the course and faculty, gaining insight to how the other 'thinks and sees'.

Discussion

Interprofessional education (IPE) in undergraduate curricula is recognised as a key component of training future health professionals (Barr, 2000; DH, 2007). IPE is better engaged with and understood when it is contextualised to the students' uniprofessional practice in relation to other professions (Walsh, 2005). Delivery of IPE in this contextual way also lends itself to simulated approaches to learning (Gaba, 2004). Participant's experiences from this study will be used to illuminate how an evolving theory of IPE, the Contact Hypothesis (Carpenter, 1995) can be explored to support theory development in simulation education.

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P30

Development of an interprofessional acute care course for student nurses and medical students

Robin Lewis, Principal Lecturer in Acute and Emergency Care; Michelle Marshall, Lecturer in Medical Education; Kath Warren, Lecturer Practitioner; Claire Walsh, Senior Lecturer; Wayne Robson, Senior Lecturer; Debbie Clarke, Lecturer Practitioner; Julian Newell, Lecturer Practitioner; Mandy Motley, Lecturer Practitioner; Pete Smith, Lecturer Practitioner, Sheffield Hallam University, UK

Introduction

This abstract describes the development of a one-day acute care course for final year student nurses. The course was developed jointly by Sheffield Hallam University and a local critical care network of critical care nurses from a number of local NHS Trusts

Method

The strategic health authority (SHA) identified the need for final year student nurses to develop knowledge and skills in the recognition of, and response to, patients with acute and critical illness. The SHA recommended that this should be delivered in a similar format to the well-established one-day acute illness course ALERT™ (Acute Life Threatening Events Recognition and Treatment).

Lecturers from the university made contact with the local critical care network which represented seven acute hospitals. The university worked with the critical care network to identify potential members for a reference group to develop the one day course. A group was established and included critical care outreach nurses, critical care nurse consultants, clinical educators and senior lecturers from the university.

After an initial pilot course of student nurses the local medical school was approached and the course now includes fourth year medical students learning alongside third year student nurses. The course uses clinical scenarios using SimMan and also focuses on the acquisition of clinical skills such as giving fluid boluses using a 50 ml syringe and three way tap. There are strong links to patient safety within the course and students are taught how to use communication tools such as SBAR and RSVP (Featherstone *et al.*, 2008) promoted by the NPSA and Institute for Healthcare Improvement.

Discussion

Acutely ill patients in hospital are not always recognised in a timely manner, or managed well which can result in preventable admissions to intensive care (Mc Gloin *et al.*, 1999). In response to this problem the National Institute for Health and Clinical Excellence NICE (2007) and the National Patient Safety Agency NPSA (2007) have issued guidelines and recommendations to improve care for the acutely ill. The NICE guideline recommends that all staff caring for patients in acute hospital settings should have competencies in the recognition and response to the acutely ill patient appropriate to the level of care they are providing. Improving patient safety is one of the key global challenges for all healthcare systems and the development of this course will be relevant to nurse educators internationally.

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The ACCESS project

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Nationally and internationally aspects of educational experiences are increasingly technology-mediated. Like many institutions, Sheffield Hallam University utilises a Virtual Learning Environment (VLE). Our institution-wide VLE facilitates the delivery of learning, teaching and assessment resources and opportunities on-line on a modular basis in a blended learning context.

From both a staff and student perspective levels of engagement with the VLE are high. However, challenges persist in the form of effectively updating, managing, identifying and sharing content and resources centrally. This can have a dual bearing on both staff and student experiences of clinical skills resources available in teaching and learning.

The ACCESS project has been set up to address some of these issues and to explore the impact, challenges, benefits and opportunities that arise. It does this through use of an integrated repository system that aims to share best practice and high quality clinical skills resources using on-line tools and interprofessional collaboration in the development and use of these tools. ACCESS stands for 'Active Collaborative Content to Enhance Student Clinical Skills' and is a Digital Fluency project by Mandy Motley and Juliun Ryan awarded £3000 funding in November 2008. The project defines Clinical Skills as any action performed by all staff involved in direct patient care which impacts on clinical outcome in a measurable way. These include:

- Cognitive or 'thinking' skills (such as clinical reasoning and decision making)
- Non-technical skills (such as team-working and communication)
- Technical skills (such as clinical examination and invasive procedures).

Definition adapted from NHS (Yorkshire and Humber) (2008).

Working in the Faculty of Health and Wellbeing with approximately 7,200 students and 462 teaching staff where a host of mixed professions and disciplines come together to create a learning forum for budding healthcare professionals, one would perhaps expect that the sharing of electronic resources among this vast interprofessional community might not be a simple process. In a local context, interprofessional education takes place in an academic environment where a host of professions and disciplines come together to create a learning forum for health and social care professionals. Health and wellbeing is a large faculty with many subject groups, multiple intakes of cohorts per year and a strong interprofessional emphasis embedded within allied health professions' curricula.

Interprofessional education is high on both academic and health agendas with current underpinning healthcare policy drivers stipulating the importance of interprofessional collaboration, better use of the workforce and improvements in productivity (DH, 2008a, 2008b; NCEPOD, 2005). Lessons have also been learnt from government enquiries such as the Victoria Climbié Enquiry (Laming, 2003). However, many areas of practice find this can be difficult practically and logistically. The ACCESS project aims to bridge this gap making interprofessional collaboration and access to skills resources increasingly simple.

How do we do this and how do we motivate people to use the chosen method? The problem statement to this work is: 'How do we enhance digital fluency through sharing best practice in clinical skills? The above issue was particularly highlighted in the area of clinical skills. When one of the authors began working in clinical skills it was apparent that a repetition of work on the same subject areas was occurring throughout the institution. This is a problem that, after discussion with colleagues from varying institutions, is common. This author envisaged that a way of sharing information and embedding best practice within clinical skills would be to collaborate interprofessionally throughout the use of a clinical skills website.

After sharing these thoughts the authors decided to tackle the problem and enhance both student learning and interprofessional collaboration by creating an interactive space that can be used both as a repository and interactive work space. This approach was seen as favourable to a website and the advantages and disadvantages of this approach will be discussed.

It is believed the authors are in a strong position to act in accordance with the universities digital fluency agenda by combining their skills to develop a resource for both staff and students to share best practice in clinical skills, collaborate interprofessionally and give guidance to students on the resources they access. It is foreseen that by sharing this initiative nationally the fluency of sharing and developing clinical resources in a multiprofessional manner can become fluent in daily practice. As a result of this both students and staff will have the access to critiqued, copyright considered resources that have been considered and given an opinion on by staff from a multitude of disciplines.

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P32

Embedding a joint teaching project with learning disabled people into the curriculum: an update

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Introduction

As part of the recommendations from 'Getting it Right Together: Promoting Health, Supporting Inclusion', (Scottish Executive, 2002), NHS Education for Scotland (NES) developed learning material (NES, 2003), in association with learning disabled people, for inclusion in pre-registration nursing programmes.

Curriculum development and delivery

In response to this initiative, a problem-based learning scenario was developed and introduced to undergraduate first year student nurses. The scenario was developed in consultation with service users and support workers at the Scottish Consortium for Learning Disabilities (SCLD) who approved the scenario and endorsed the reality of it. In addition to the problem-based learning scenario teachers, who had been prepared by NES and were learning disabled service users, led tutorial groups with the students during the second week of the scenario. In preparation for the tutorial students prepared questions for the teachers as a result of using the fixed resources developed by NES (video and CD ROM). Questions were sent to the teachers in advance of the tutorial session.

Action

The positive impact of the joint teaching project led to the embedding of the teaching strategy into the curriculum and the adoption of a similar joint teaching strategy in another pre-registration programme within the university. The sustainability of the strategy goes some way towards meeting the goals of recent legislation and policy drivers, (NHS Reform (Scotland) Act (2004), Scottish Government, (2007) which aim to increase the mutuality of the NHS and in particular, seldom heard groups.

Next steps

To share this experience of good practice through appropriate health and social care websites such as Scottish Social Services Learning Network or Scottish Health Council thereby continuing collaborative practice.

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What do we know about the health and wellness of GenY/Millennial tertiary students?

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Introduction

With an expected increase of younger tertiary students entering education in the next decade, all of us who work with this cohort need to know how to assist them in reaching their educational goals by keeping them healthy and 'well'. The implications of enabling GenY/Millennial to do this are vast on many societal levels. This is summarised by these statements: 'The youth of today, the workforce of tomorrow', (Miller, 2005, p.1) and 'Tomorrow's future will be defined by what youth do today', (Herfkens, 2005, cited in Student Conference on Human Rights, 2005).

Method

An exploration of available national and international literature from a variety of sources was undertaken. Key themes were identified from both the New Zealand and international perspective on issues that affect young tertiary students' health and wellness. The original goal was to find and explore Gen Y/Millennial's own perceptions of the requirements for their own health and wellness, including the use of technology to do this.

Findings

Several key themes developed from the literature review. There were:

- Powerful forces such as social marketing shape perceptions to what the characteristics of Gen Y or the Millennials are. Two distinct paradigms emerged – the positive (Millennials) and negative (Gen Y)
- The 'Doom 'nd Gloom' developed – a large body of negative perspectives regarding potential 'at-risk' behaviours that this group are potentially affected by, according to others
- There was a very small body of work from a positive paradigm or socio-ecological perspective in relation to students and their health and wellness
- Currently there is a paucity of information from a student perspective and their use of technology to keep 'well'
- There was minimal literature in relation to the importance of developing and nurturing 'resilience' for this cohort which may greatly reduce many health issues – both perceived and real
- Stress and hardship do, however, appear to be key issues which have wide ranging implications to students.

Conclusion

Due to the perspectives of many of the authors from another generation who have researched this cohort, it appears that Gen Y/Millennials have many negative or 'Doom 'nd Gloom' behaviours and health issues. Much of this literature focuses on health from a public health perspective which may not be appropriate for this cohort. McMurray (2007) says that 'Health is... a function of our personal interpretation' (p.8). Unfortunately, there was little from the students' perspectives themselves which in itself raises questions. Both personal and wider support systems within the tertiary community also need to be explored and developed further so 'resilience' can be enhanced. Hardship and stress also have major impacts on student wellness and both need to be addressed. This will ultimately benefit not just tertiary students, but society as a whole.

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EU Directives: purpose to harmonise ... or to agonise?

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In an attempt to ensure competitiveness with other healthcare professions, and also in an attempt to secure an adequate supply of nurses, the University of Malta sought to explore the possibility of decreasing the duration of the pre-registration nurse education programmes from four to three years.

Amongst various challenges, such as those arising around the adoption of firstly, a more self-directed approach to teaching and learning of the theoretical component of the programmes, and secondly, IT in delivering course content, seeking to abide by EU directives proved to be significantly demanding.

The number of hours that a student is requested to complete in various clinical settings throughout a pre-registration programme amount to 2300 hours. This is immensely taxing over a period of three years. Moreover, the inflexible specific distribution of such requested number of hours across different clinical skills is at times impossible.

In this poster these claims are discussed against a backdrop of the specific context of Malta: An EU member state with a small population (400,000), one nurse education institution and one general public training hospital. The EU's directives purpose to harmonise educational programmes across EU member states translated into episodes of agonising on how to ensure that each student completes the dictated number of practice hours. The recommendation to shift EU directives away from number of hours practised by students onto the assessment of competences of each student is evaluated in the context of Malta.

The analysis of the experience presented in this poster echoes many similar notions and concerns found in the literature, and presents a plethora for reflection for countries seeking to explore the adoption of similar initiatives and changes to pre-registration/undergraduate curricula.

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Evidence-based teaching (EBT): the implications for nurse education

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The Research and Nursing Development Initiative (RANDI), involves both administrative and academic staff based at the Boston Centre. As part of this initiative a project took place to explore the implications of Evidence Based Teaching (EBT) and its utilisation in teaching practice.

A literature review found EBT to be borrowed from health sciences, and in particular medicine. Recommendations for teachers sourced from new-public-management-governments (Brusling, 2005) and elite researchers (Davies, 1999). EBT can leave the impression that it is a critique of teachers for not including research-based evidence in deliberations on how to teach, but mainly it is a critique of the educational researchers for not providing the necessary cumulative research base, built on research of the randomised control trial (RCT) (Hargreaves, 1997).

Following the literature review a presentation was given to a centre team. This consisted of approximately ten teachers from the local school of nursing. It briefly looked at what is EBT? How this relates to existing concepts such as EBP? What it means in practice? Does EBT improve teaching effectiveness and outcomes? How can research evidence be effective disseminated and utilised in teaching practice? Presentation of the nurse education trichotomy was given.

An informative and stimulating discussion ensued which resulted in a requirement for identification of existing EBT to support teaching methodologies and to review appropriateness for practice within the (now) Division of Nursing. It was felt at this point that further discussion should be held within other centres from the University of Nottingham, school of nursing (now the school of nursing, midwifery and physiotherapy) and therefore a presentation was given at a division teaching and learning conference.

Consideration was given to the issues of what EBT is and what this meant for teaching practice. Correlation was made between this and evidence-based healthcare and how both influence the quality agenda. Positive responses saw the need to review and update some existing teaching practice and to share innovations across the school. At the same conference a further initiative was launched which has seen the development of monthly 'Tea Bars' which are video-conferenced across six teaching sites and welcome the attendance of all involved in teaching and innovation. These provide the opportunity for teaching and other staff to share innovative teaching practices. Discussion took place viewing the role of reflection on teaching practice and what mechanisms could be employed to do this.

Other feedback felt that repositories were essential for 'busy teachers' and discussion of innovations to support these will form part of this poster.

Other more negative issues raised were the implications of time to change practice and, indeed, those who would possibly be unwilling or uneven unable to 'step outside of their comfort zone' by changing the way they teach. However, teaching practice like healthcare cannot isolate itself from the developments in practice and in the technologies that can be used to assist teaching practice.

This abstract submission is aimed at reviewing the project, with a view to discussing the current perspectives and outcomes from local discussions. It is intended that this will further stimulate more global discussion and debate which pertains to others' experiences and highlights essential networking opportunities such as the NET itself.

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Commonalities and diversity: a comparison study across student nurse cohorts of various examination approaches used for assessing second year, undergraduate honours degree courses undertaking biological science at an Irish University

Paul Keenan, Lecturer in Intellectual Disability Nursing and Head of Discipline; Michael Coughlan, Lecturer in General Nursing and Joint Course Co-ordinator; Claire Donnellan, Lecturer in General Nursing and Joint Course Co-ordinator; Paul Costello, Administration – E-Learning, Trinity College Dublin, Ireland; Michael Porter, Lecturer in Biomedical Science, University of Bradford, UK

Background and context

Examination assessment formats in pre-registration, undergraduate university students have been much debated. Second year pre-registration, undergraduate honours degree students undertaking intellectual disability, mental health, general and paediatric nursing in the School of Nursing and Midwifery of an Irish University are examined in biological sciences using a multiple choice question (MCQ) format and a seen/unseen written examination format. The examinations comprise knowledge-based questions (not case histories or problem solving).

Aim of the study

The aim of the study was to examine and compare the use of multiple choice questions versus seen and unseen written questions in the assessment of second year student nurses undertaking biological science.

Objectives of the study

- To examine performance variation for all students partaking in multiple choice questions compared to seen and unseen written questions
- To examine variation between general, mental health, paediatric and intellectual disability nursing students in examination performance, with regards to multiple choice questions or seen and unseen written questions.

Methodology including research design and sampling

Examination results were correlated from the second year biological science examinations for the academic years 2006/2007 and 2007/2008 for each nursing discipline. Only data in the public domain was utilised. The multiple choice question papers consisted of 30 questions with no negative marking. Each question had one correct answer out of four choices. The written papers consisted of seen and unseen long answer questions. All examination papers were marked out of 100%.

Analysis

Statistical analysis involved comparisons and correlations of the different examination formats in the different groups (specific academic term, academic year and specific nursing discipline) utilising a variety of tests. The results from each examination were converted to percentages for the purposes of analysis. For each student, the difference between the MCQ result and the seen/unseen written result was calculated and compared against the average for the two results.

Summary of key findings

The findings, analysis and discussion were completed in November 2008 and will be presented at the conference.

How does research inform our teaching and what are the research informed needs of staff, programme development and delivery within the Faculty of Health and Applied Social Sciences?

Christine Wall, Senior Lecturer in Nursing; Sheila Dunbar, Senior Lecturer in Nursing, Liverpool John Moores University, UK

This presentation will discuss an Exploratory Research Informed Teaching Survey and will highlight the implications for staff development, nursing education and practice. Much has recently been written about the importance of Research Informed Teaching, and there is international agreement that strong links between research and teaching can benefit the students' learning experience. The evidence suggests that Research Informed Teaching could help to develop positive staff and student attitudes towards research (Zamorski, 2002; Jenkins, Healey and Zetter, 2007). It has been stated that staff that see their research as part of a wider debate and see teaching as supporting student conceptual change are more likely to bring teaching and research together when compared to other staff (Prosser *et al.*, 2005). Furthermore, Zamorski (2002) found that students whose teachers related to research during their teaching perceived their courses as being current and up to date. It is of note that Jenkins, Healey and Zetter (2007) state that effective teaching and research links are not automatic and have to be constructed, and to this end our University is committed to building and strengthening our existing links. Within the Faculty of Health and Applied Social Sciences an exploratory on-line survey has recently been carried out to identify how research currently informs our teaching and what the faculty research informed needs are of staff, programme development and delivery. After obtaining university ethical approval the on-line survey was sent to all teaching staff within the faculty. The survey consisted of 22 open and closed questions, and staff were asked about their knowledge of Research Informed Teaching, how it is currently being used and what their main staff development needs were. Forty-five surveys were completed and returned. Quantitative data was analysed using descriptive statistics (Scott and Mazhindu, 2005) and qualitative responses were subject to content analysis.

Survey findings will be presented in relation to the faculty's onward development of Research Informed Teaching. Initial developments include the formation of a Research Informed Teaching Action Group with the aim of sharing and developing good practice and developing a positive student culture towards research. Survey findings will also be used to guide future staff development in relation to planning for personal research, support for supervising students, publishing work, and working as co-researchers with students to name a few.

Another important objective within our Faculty Research Informed Teaching Initiative is to enable students to engage with research in their practice settings. It is important to equip students with the necessary knowledge skills and attitudes to utilise research as part of their clinical role once registered. McSherry, Artley and Holleran (2006) found that although registered nurses had positive attitudes towards research many felt they had a general lack of support, knowledge and poor levels of confidence towards using research in practice. Within our faculty we are addressing this issue by extending the use of inquiry-based learning packages which engage students with research through problem solving scenarios that mirror real patient situations likely to be seen in practice. It is hoped that by using inquiry-based learning within our curriculum students will develop the knowledge and confidence that McSherry, Artley and Holloran (2006) have identified as lacking in the registered nurse. Furthermore Pugsley and Clayton (2003) found that students' attitudes and appreciation of nursing research increases when they are exposed to a variety of experiential learning techniques which is consistent with an inquiry-based learning approach.

In conclusion, the Faculty of Health and Applied Social Sciences has shown a commitment to the development and evaluation of Research Informed Teaching with the aim of fostering positive staff and student attitudes towards research as identified by Jenkins Healey and Zetter (2007).

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Enhancing the learning potential of formative feedback from the students' perspective

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This poster will present findings of a study that was undertaken as part of Masters in Education. The aim of the study was to increase student's engagement with the assessment process by enhancing the learning potential of formative feedback. A review of the literature had highlighted barriers to the effectiveness of feedback, however the author had been unable to identify solutions to any of the issues raised particularly from the perspective of the student themselves. Although reflections on personal experience provided the strongest catalyst for the study, the topic area was also considered relevant to both national and organisational political agendas (O'Leary, 2005).

According to Orsmond (2000) feedback is inseparable to the learning process. It has been described as having two functions: summative i.e. to inform about attainment of the standard (Harlen, 2005) and formative i.e. to provide guidance as to how improvements can be made (Lizzio and Wilson, 2008). It can also be delivered using different formats e.g. verbal, written, and from different sources e.g. tutors peers or others (Nicol and MacFarlane-Dick, 2008). Black and William (1998) found that a well-designed formative assessment had positive benefits on learning across all content areas, knowledge and skills types and levels of education. Publication of these findings, according to Higgins, Hartley and Skelton (2002), contributed to an increased interest in the potential for formative assessment to influence learning. Drivers outlined in the literature as arguments to support the need for the learning potential of feedback can be found to influence the majority of higher education providers. These include the impact of increased student numbers (Eccleston, 1999), increased tutor workload (Chanock, 2000), less face-to-face contact and the increased use of distance learning and electronic methods of learning (Higgins, Hartley, and Skelton, 2002).

Comments on returned work are viewed as an indicator of the assurance of academic quality (Quality Assurance Agency for Higher Education (QAA), 2000), and in recognition of this many institutions require formative feedback to accompany summative grades. Within the author's place of work a range of strategies had been introduced in an attempt to strengthen the learning potential of formative feedback. These included return of comments within fifteen days, the use of a standard template and typed feedback. However, despite these strategies the Student Satisfaction Survey (2007) indicated 48% students did not understand the feedback received.

Burton, Brundrett and Jones (2008) argue that the focus of higher education (HE) should be the learning of students. In the author's opinion, as tutors, we have a responsibility to ensure student learning is supported in as many ways as is possible. In addition, as nurse educators we also have a responsibility, as reflective practitioners, to explore our own practice in order to enhance knowledge and competence (NMC, 2008). Analysis of student surveys led the author to consider that rather than the feedback process, it was the feedback comments themselves that required investigation.

The author believed that exploration of the topic from the students' perspective would enhance the learning potential of formative feedback. Having experienced the successful involvement of healthcare service users in education the author was convinced that exploration of the effectiveness of formative feedback from the students' perspective would ensure the strategies implemented better met their needs.

Although the validity of expert consensus has been questioned (Aveyard, 2007), Cortazzi (1993 cited in Cooper, 2000), it could be considered relevant if comments regularly occurred in teachers' conversation and referred to similar events. Discussions with colleagues highlighted they had similar concerns about the learning potential of formative feedback to those of the author. In addition, it became clear that many base their feedback practice 'on trial and error' (Goldberg, 2001). This suggested to the author that the topic was relevant and that the findings had the potential to inform current practice.

The poster will present the topic in context both nationally and locally. Relevant literature will be utilised to underpin the presentation. The research process including methodology and methods used to collect and analyse data will be discussed. It is hoped that presentation of the findings will generate professional debate and encourage others to consider student involvement more readily.

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Therapeutic relationships: therapy or just a means to an end?

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This presentation will discuss some of the findings from a recently conducted hermeneutic phenomenological study exploring mental health student nurses' perceptions of the key skills required by mental health nurses. The presentation will focus on the students' perceptions of the role of therapeutic relationships and the implications of these perceptions on curriculum planning and delivery.

The aim of the study was to identify the perceptions of student nurses regarding the essential skills required by effective mental health nurses and to establish if those perceptions changed during the process of the pre-registration programme. Focus groups were held with homogenous groups of student mental health nurses from years one, two and three of the pre-registration programme. The transcripts were analysed using Diekmann's (1992) seven stage analysis and Trustworthiness was increased with the use of Smith's (2008) interpretative phenomenological audit.

The three groups of students held differing views regarding the role of therapeutic relationships in mental health nursing. All agreed that the development of such relationships was essential to effective nursing practice but their understandings regarding the purpose of therapeutic relationships differed greatly. The first year students discussed relationship development as a way of avoiding or reducing aggression from service users. It is suggested that the first year student nurses' views were influenced by their lay perceptions of mental health and views of dangerousness.

The second and third year students viewed the therapeutic relationship as a means to an end, a way to encourage a service user to engage in an assessment or intervention rather than as a therapy in itself. They discussed the need to 'just spend time with a person' but added that this was not therapy.

Hurley, Barrett and Reet (2006) suggest that viewing relationship development as a 'precursor to interventions' (page 174) is a common theme in mental health nursing today and has developed as a result of the focus on psychosocial interventions and cognitive behaviour therapy. These interventions according to Hurley *et al.* (2006) are focused on measurable outcomes and quantifiable symptom reduction rather than subjective experiences of caring. Hurley *et al.* (2006) suggest that these therapies appear excessively within pre-registration curricula and in practice settings and their dominance are responsible for eroding the humanistic qualities of nursing.

This presentation will explore ways in which nurse educators can assist pre-registration students to understand the importance of the humanistic aspects of nursing whilst maintaining the need to develop evidence-based practice. A range of teaching strategies will be discussed as well as the need to develop user-led curriculum planning and delivery.

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Community nursing mentors' perceptions of interprofessional mentorship: challenges and benefits to practice

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Introduction

Learning from clinical practice is a fundamental component of all healthcare programmes within the United Kingdom (UK). Through clinical placements learners are able to examine the theoretical knowledge gained in the classroom and contextualise it within the clinical environment. Authors have examined the mentor role with respect to supporting learners in practice, the development of clinical skills and assessment of competence, and although challenges are acknowledged, the mentor role is seen as vital in ensuring that qualifying students are fit for practice, fit for purpose and fit for award.

Mentorship has different meanings across health and social care therefore for the purpose of the study, mentorship was defined as the process in which a suitably prepared qualified practitioner supervises, teaches, facilitates learning and assesses clinical competence of pre-registration health and social care students in practice.

Currently mentors predominantly support students from their own professional groups. With the introduction of interprofessional education (IPE) within pre-registration programmes there may be a need for further development of the mentor role. IPE within health is in its infancy, therefore the role of interprofessional mentors has not been fully explored. This research examined interprofessional mentorship from the perspective of nurse mentors working in the community, and their perceptions of the benefits and challenges this additional role could bring.

Literature review

In 2003 the government invited HEIs to become one of four national 'Leading Edge' sites (Universities of Southampton and Portsmouth, Universities of Newcastle, Northumbria and Teesside, Universities of Greenwich, Kings College London and South Bank and Universities of Sheffield and Sheffield Hallam). The project, running over two years, focused on practice-based interprofessional learning, putting interprofessional mentorship at the forefront of supporting students' learning during clinical placements (NMC, 2002; DH, 2000; BMA, 2004). Role modelling within an interprofessional context will enable students to learn the culture, attitudes and interactions of the wider healthcare team (Bandura, 1977; Quinn, 2000; Olsson and Gullberg, 1991).

Research design and methods

Due to the uniqueness of the subject area, case study methodology was employed using Stake's (1995) intrinsic case study approach. Objectives of the study were to explore district nursing mentors' perceptions of interprofessional mentorship; the generic mentoring skills required for the role, identification of essential skills and to examine the potential benefits/challenges interprofessional mentorship could bring to practice.

Following Research Ethics Committee approval four district nursing sisters consented to take part. Data collection included two sequenced semi-structured interviews with participants. Analyses of participants' semi-structured interviews are presented in this poster.

Findings

Categorical aggregation was used to identify themes from the data. The key areas were: mentoring in practice, developing interprofessional mentorship and potential outcomes of a community interprofessional placement.

Participants were very supportive of the concept of interprofessional mentorship and saw it as a method of strengthening role understanding, collaborative working and ultimately patient-centred care. The main challenges were perceived as a lack of robust support strategies within the practice setting and resources such as student numbers in practice, staffing and time to support student development. The key findings are summarised below:

Potential Benefits	Potential Challenges
Expand and enhance mentor skills	Mentors lack of knowledge on other professions values, culture, course and registration requirements etc
Improved networking between professions	Professional Tribalism
Less repetition	Loss of Identity
Enhanced role understanding	Confidence in interprofessional mentoring skills
Improved interprofessional communication	Interprofessional mentor education
Rounded approach to care	Adequate support for the role
Increased collaboration	Assessment of clinical skills
Improved integration	Time
Higher quality of patient care	Resources
Improved patient outcomes	Team dynamics / attitudes to learners
Observation of the patient journey – hospital to home	Students motivation to learn
Increased understanding of primary healthcare services	Patient perceptions of learners
Fosters two way learning	Demand for placements
Increase in student and mentor knowledge and skills	Monitoring standards

Conclusion

Primary care has the potential to be a valuable placement for health and social care students as it offers the benefits of one-to-one mentoring, an opportunity to develop an appreciation of cross-boundary networking and collaboration, but it also enables students to follow the patient's journey from hospital to home.

This study suggests that IPE is not purely centred on student development and that interprofessional mentorship will foster partnership learning through enhancing role understanding, collaborative working, gaining new knowledge and skills, mutual respect between professions and enhancing understanding of professional contribution to patient care (Townend, 2005; Hyrkas *et al.*, 2002; Stew, 2005; Allan *et al.*, 2005; Marshall and Gordon, 2005). Through adequate planning and development the benefits of IPE could become a comfortable reality.

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The first exposure to clinical learning environment: the lived experience of Iranian nursing students

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Nursing students' experiences of their clinical environment provide great insight to develop an effective clinical teaching strategy in nursing education especially in Iran. However, the thorny problem of nurse education in a clinical environment, which is very important especially for novice nurses, continues to bedevil the advancement of nursing as a profession which aspires to be both an academic and a practice discipline (Clarke, Gibba and Ramprogus, 2003; McCloskey and Grace, 2001). Stress and bad experiences can be challenging, particularly in the first clinical placement when anxiety is high, an individual is immobilised, perceptions are narrowed and learning is impeded (Meisenhelder, 1987; Smyth, 2005). In contrast, a good first experience in the clinical environment provides opportunities to learn in the real workplace and the coordinating imaginations by this real world (Hartigan Rogers *et al.*, 2007). The main objective of this study was to understand and gain deeper insight into student nurses' first experience of their clinical learning environment.

Methods

Phenomenology was used in this study. Ten students were interviewed about their first experience in the clinical learning environment. The researcher analysed the verbatim transcripts, narrative notes, and the focus group data, using van manen's phenomenology.

Results

Seven themes emerged by which the phenomenon of a clinical learning environment experience could be illustrated. The themes were: broken presuppositions, accommodation, attraction in setting, find identity, patient in centre and clinical teaching/learning issues. Eighteen sub themes expanded and clarified the meaning of these themes.

Conclusion

The findings indicate that although the students who were newly exposed to the clinical learning environment experience felt a sense of identification, they also felt a sense of confusion between the reality and supposition. They also experienced negative feelings and exist attractive, however they finally accustomed themselves to the situation and accepted their role of helping the patient.

These findings support the need to rethink the clinical environment in nursing education. It is clear that all themes mentioned by the students play an important role in student learning and education. The result of this study would help us as educators to design strategies for more effective clinical teaching and should be considered by nursing education and nursing practice professionals.

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