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Strand 1: Developing the future health care workforce

D1St1S1: How a transnational network and social capital can enhance scholarly development for Nurse Educators

CORE PAPER

Research paper

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Background, including underpinning literature and, wherever possible, the international relevance of
The research

This presentation offers some findings from an iterative case study that explored the practice of nurse educators within a European Nurse Education Network and the impact this had for participants. This network is one of a plethora of networks in the field of nurse education with nine active networks identified across Europe all pertaining to inform nurse education. Yet, networks are an area of practice that is generally poorly explored with minimal literature analysing the processes, value and impact of educational networks (Mujis 2010).

Nurse educators across Europe work in a complex and demanding profession which is diminishing in size and becoming isolated (Wells and Norman 2009). Whilst this is a global phenomenon (McDermid et al. 2012), this is compounded in Europe by a lack of consistency of standards of education across countries impacting on career pathways of both novice and experienced nurse educators.

This study explores the potential for professional development of nurse educators through a work related practice of engaging in a transnational network. More particularly, how learning can occur through the conduit of social capital that is established within such a network (Putnam 2000).

Within this study, learning is defined as occurring within the definitions of scholarly activity as originally identified by Boyer (1990).

Research question related to this presentation

How does the connectedness within a European Nurse Education Network affect the scholarship practice of the participants?

Research methodology/research design, any ethical issues, and methods of data collection and analysis

The research is interpretatively positioned and a qualitative case study methodology enabled the researcher to gather a holistic portrait of the network activity using three different methods of data collection, beginning with a focus group with the participants of the network to collaboratively frame the study. This was followed by documentary analysis of the artefacts/documents produced by the network; this reviewed a significant sample of reports that reflected key points since the inception of the European Nurse Education network in 1994. Findings from the documentary analysis were then triangulated with data garnered from eight interviews with participants of the network using a cross-case analytical framework.

Rigour was maintained throughout this study through reflexivity, respondent validation of themes and the use of computer assisted qualitative data analysis tool which greatly enhanced the audit trail.

Key findings and recommendations

Findings suggest that network activity that is undertaken by the participant`s is mediated through a form of social capital (Putnam, 2000). Relationships matter in social capital and this is identified as being significant and frames a conduit for learning that occurs as a consequence of engaging with this network, as illustrated by this quote taken from the interview data:

"It's through being connected, that we learn, that we feel we are not on our own"

In this instance there was significant learning and development across three of the four domains of scholarly practice:

a) Scholarship of integration – new insights gained in developing cultural competence, awareness and understanding in a nursing context;

b) Scholarship of teaching – through sharing of pedagogic practices, knowledge and improving confidence;

c) Scholarship of application – through exploring applied knowledge with colleagues in the
context of nursing and education.
Recommendations are for educationalists and managers to consider alternative forms of professional development for nurse educators to ameliorate the isolated nature of their work, and positively encourage work related learning. That in proactively creating social capital across organisations then strong alliances can be formed which are trusted and can encourage knowledge transfer, sharing of ideas and learning.

Further recommendations include the use of Boyers (1990) categories of scholarship in framing professional activity and development for nurse educators across European institutions. This would recognise the breadth of activity expected of all nurse educators and would consolidate the current practice in the UK. Currently, the UK professional standards framework is being implemented across UK Universities which begins to recognise the complexity of academic working that Boyer (1990) describes.

References

Keywords
- Networks;
- Social Capital;
- Case Study methodology;
- Work related learning;
- Professional scholarly activity.

Three key points to indicate how your work contributes to knowledge development within the selected theme
- Insight into practice of network activity;
- Social capital as a learning factor in work related learning;
- Use of case study within an interpretative paradigm.


**D1St1S2: Taking on a teaching persona: Helping new lecturers develop in higher education**

**Research paper**

Dr Paul Street, Teaching Fellow, University of Greenwich

**Background, including underpinning literature and, wherever possible, the international relevance of the research**

The quality of teaching in Universities is subject to increased amounts of scrutiny, via the National Student Satisfaction Survey (Higher Education Funding Council for England 2017) and the Teaching Excellence Framework (TEF) (Department for Business Innovation and Skills 2016). The data produced by both of these initiatives could not only provide information for prospective students to make decisions about which university to apply to, but also to attract funding to universities based on its ratings. Further the ratings could potentially influence employer's decisions when looking for graduate employees. Hence the development of effective lecturers who can deliver high quality engaging teaching assumes greater significance (Rosser 2017, Department for Business Innovation and Skills 2016). However, delivering lectures to 200 or more students can provoke high levels of anxiety particularly for those who are new to teaching in a higher education setting (Fry 2015; Hughes and Quinn 2013). Thus, new lecturers often need experience and supervision to develop the tacit and pedagogical knowledge to enhance their development and performance to provide high quality teaching experiences (Mackintosh-Franklin 2016, Hughes and Quinn 2013).

**Aim(s) and/or research question(s)/research hypothesis(es)**

The study investigated the notion that lecturing has similarities to acting and in doing so has empirically tested the work of Tauber and Mester (2007). Their model proposes that if teachers use the elements of acting, animated voice and body, space, humour, suspense and surprise, props and role play, within a class, they will promote student interest, attention and positive attitudes towards learning.

**Research methodology/research design, any ethical issues, and methods of data collection and analysis**

Two-phase mixed method study with 81 nurse lecturers and 62 nursing students in one University in the United Kingdom.

Quantitative data was analysed using SPSS and qualitative data analysed using a constant comparative content analysis.

**Key findings and recommendations**

Key findings from stage one suggested that:-

- students in a lecture could identify if the lecturer was enthusiastic, confident or not confident via the verbal and non-verbal cues they present;
- lecturers were not seen to be credible unless they were knowledgeable about their subject and had the skills to communicate that knowledge when delivering a lecture;
- both lecturers and students showed high levels of agreement that elements of acting do enhance both the lecturer’s ability to deliver a lecture in a confident manner and the effectiveness of the lecturer;
- these lecturers assumed a persona when lecturing, particularly, but not exclusively, when they were nervous.

Stage two findings present a model of persona adoption.

The first stage of this model is that the lecturer is subject to a range of ‘influencing factors’ that provide not only the basic information about a lecture, but also the perceptual stimuli about giving a
lecture on a specific subject, to a particular number of students, at a certain academic level. These influencing factors then inter-play with the ‘facets of the individual’, which represent the lecturer’s self-concept, subject knowledge base and philosophy of teaching. This may result in a cognitive dissonance between these elements, so affecting the lecturers’ perceptions, thoughts and feelings about having to give that lecture. This results specific ‘back stage preparation’ during which they decide on the content and modes of delivery to prepare in light of that discourse. Just prior to the lecture, the lecturer builds or ‘puts on their persona’ and gets into role, making their initial impact with the group. They use the ‘elements of acting’ as proposed by Tauber and Mester’s (2007) e.g. animated voice and body, space, props humour and suspense and surprise to portray and maintain their persona. This leads the lecturer to demonstrate either positive or negative ‘persona characteristics’ in terms of appearing confident, knowledgeable, fluent in the technical skills of delivering the lecture, being interesting and engendering interaction with the students, or not. The results of which then feedback into their self-concept as a lecturer and consequently may affect the persona they project in future lectures and their level of effectiveness. If lecturers, can deliberately, yet apparently naturally, use their knowledge, voices, bodies, space and humour in meaningful ways, to engage their students, it will not just result in them being perceived as a good lecturer, but be a genuine act of education.

References
Department for Business Innovation and Skills (2016) Success as a knowledge economy: teaching excellence, social mobility and student choice. Department for Business Innovation and Skills.
CM9258.

Keywords
- Teaching persona;
- teacher development;
- confidence levels;
- presentation of self.

Three key points to indicate how your work contributes to knowledge development within the selected theme
This work contributes to the development of healthcare educators by:
- considering how students view lecturers level of confident and competence;
- presenting a model of the factors that influence the way lecturers develop their style of teaching;
- considering elements from the performing arts to help lecturers present themselves confidently in a lecture.

### D1St1S3: Biosciences in nursing education: Developing a Quality Assurance Framework (B-QAF)

**Innovation paper**

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Dr Sarah Ashelford: Lecturer in Human Biosciences, University of Lincoln  
Penny Goacher, Lecturer, University of East Anglia  
Dr Jim Jolly, Lecturer, University of Leeds  
Dr Patricia Fell, Associate Professor (Learning and Teaching), Birmingham City University

#### Background, context and evidence base for the innovation, including, where possible, its international relevance

Established in 2012, Bioscience in Nurse Education (BiNE) is a Higher Education Academy Specialist Interest Group with membership from UK higher education institutions (HEI's). BiNE supports educators who teach biosciences, offering a platform to share local experiences, and promoting consistency and quality of biosciences teaching, learning and assessment in nursing education.

For decades, concerns have been expressed in the literature and informally by educators about the limited bioscience knowledge underpinning nursing practice and the potentially detrimental impact this may have on patient care (Clancy *et al.* 2000; Davis 2010; McVicar *et al.* 2010). Whilst an underpinning knowledge of biosciences is considered an essential basis for safe and effective care (Nursing and Midwifery Council (NMC) 2010; NICE 2007), there is no guidance about the depth and detail required to support nursing practice, to prepare nurses for registration and for advanced level roles. Instead, the extent of bioscience knowledge is determined by individual HEI's. The absence of explicit professional guidance has led to variation in the extent and level of bioscience taught across HEI's (Taylor *et al.* 2015). In 2013, BiNE undertook a survey to explore members' views about bioscience education in pre- and post-registration nursing programmes. The findings confirmed significant variations in pre- and post-registration curriculum design and delivery of biosciences across HEIs including a varied profile, learning, teaching and assessment strategies. Findings, shared at NET 2014 (Fell *et al.* 2014), via publication (Taylor *et al.* 2015) and with the NMC, informed the development of an innovative Quality Assurance Framework for Bioscience Education in Nursing (B-QAF), published and disseminated in 2016. B-QAF is the focus of this paper.

#### Aim/focus of the innovation

B-QAF offers a series of learning outcomes to support educators when developing, delivering and assessing bioscience content in pre-registration nursing curricula. B-QAF was developed by BiNE Steering Group in collaboration with BiNE members, students and academics across the UK.

This paper reports the development, dissemination and evaluation of B-QAF. It also identifies the potential for B-QAF to support curriculum development to meet the proposed 2018 NMC Education Outcomes for pre-registration nursing where knowledge of biosciences features prominently for the new Graduate Registered Nurse.

#### Implementation of the innovation

In 06/2016, hard copies of B-QAF were disseminated to:

- All programme leads for NMC approved HEI's providing pre-registration nursing education
Chair of Council of Deans for Health.
NMC Deputy Director of Education and Standards.
Chief Nurses NHS England and Health Education England.
Higher Education Academy.

B-QAF has also been disseminated and reported via:
- Twitter (BINE, HEA and personal twitter accounts).
- BINE website http://www.bcu.ac.uk/bine
- Higher Education Academy website: https://www.heacademy.ac.uk/resource/bioscience-nurse-education-bine-special-interest-group

**Methods used to assess the innovation**

B-QAF assessed via narrative feedback from:
- BINE members;
- Programme Leads;
- NMC Assistant Director of Education and Standards;
- HEI QA Leads responsible for responding to NMC self-assessment reports which, in 2016, requested information about bioscience teaching within NMC approved programmes.

From January 2017, assessment of B-QAF will involve:
- E-survey to Programme Leads for NMC-approved nursing programmes;
- Number of downloads from HEA and BINE websites;
- E-survey of BINE members.

**Key findings**

B-QAF:
- ‘very helpful tool for reviewing bioscience content and exploring teaching, learning and assessment of biosciences across all fields of nursing’
- ‘...audit tool should be created to help develop future curriculum’
- ‘...has really useful examples for demonstrating application and integration of bioscience knowledge...More of these would be helpful’
- ‘... needs to be widely promoted to NMC approved HEI's to support development of curricula for the new 2018 NMC Education Standards’

**References**


**Keywords**
- Bioscience in Nursing Education (BiNE);
- Quality Assurance Framework (B-QAF);
- Pre-registration nursing.

**Three key points to indicate how your work contributes to knowledge development within the selected theme**

**B-QAF:**
- supports development of bioscience teaching, learning and assessment strategies in pre-registration curriculum;
- provides learning outcomes to develop understanding, application and integration of bioscience knowledge into clinical decision-making;
- offers QA framework for bioscience education to help meet the proposed 2018 NMC Outcomes for the Graduate Registered Nurse.

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**D1St1S4: Taking the role of the other: Dementia education for the current and future dementia workforce**

*Research paper*

Anna Waugh, Lecturer in Dementia, Alzheimer Centre for Policy and Practice, University of the West of Scotland

**Background, including underpinning literature and, wherever possible, the international relevance of the research**

Education and skills development for a health and social care workforce to deliver high-quality care for people with dementia is viewed as an international concern (Collier, Knifton and Surr 2015; Mustafa *et al*. 2013). The total number of people with dementia worldwide in 2016 is estimated at 47.5 million and is projected to nearly double every 20 years, to 75.6 million in 2030 and 135.5 million in 2050 (WHO 2016).

Across the UK and internationally social policy makers have developed a range of Dementia strategies which include addressing the needs of people with dementia when using general hospital services. In Scotland, health and social policy sets out the vision for socially inclusive rights-based care for people with dementia. This policy includes Scotland's National Dementia Strategy (Scottish Government 2010), The Promoting Excellence Framework (SG 2011), Scotland's National Dementia Strategy 2013-2016, (SGa 2013) and Standards of Care for Dementia in Scotland (SG 2011). Key parts of these policies are concerned with improving the care of people with dementia in hospitals and supporting services.

It is known that the experience of people with dementia utilising general hospital services has fallen well below the expectations of people with dementia and their families and friends (Alzheimer’s Society 2009; Alzheimer’s Society 2016; Boaden 2016; Elvish *et al*. 2012; Jurgens *et al*. 2012; Royal College of Psychiatrists 2011). It is also recognised that the professional education of health care and social care professionals have not effectively included working with people with dementia and their
families (Banks et al. 2014; Knifton et al. 2014; Pulsford, Hope and Thompson 2007). Higher Education Institutions have a key role to play in the provision of high-quality dementia education for all health and social care professionals at each higher academic level (Collier, Knifton and Surr 2015). Commissioned by the Scottish Government and NHS Education Scotland, Scotland’s National Dementia Champions Programme Banks et al. (2014), was developed and is now in its eighth cohort of delivery and evaluation. Many Dementia Champions reported a uniqueness to their experience on the programme particularly seeing people with dementia, their profession and themselves in a different light. These expressions promoted research to be undertaken to explore the Champions experiences in partial completion of a Professional Doctorate Programme in Nursing.

**Aim(s) and/or research question(s)/research hypothesis(es)**

This study used a theory-methods package of Symbolic Interactionism (SI) and Constructivist Grounded Theory (CGT) to construct a Grounded Theory of learning experienced by Dementia Champions.

The aim of the study was to explore the experiences and meaning of those experiences, reported by some participants of the Scottish Dementia Champions Programme. The reported experience of change in their professional and personal selves in relation to people with dementia was the focus of this study.

**Research methodology/research design, any ethical issues, and methods of data collection and analysis**

Dementia Champions (n=19) from health and social care were interviewed using intensive interviewing and focus group techniques. Constructivist Grounded Theory methodology by Charmaz (2014) provided the methodological approach for purposive and theoretical sampling, data analysis and theory development. Symbolic interactionism provided the theoretical perspective and approach to interviewing, focus groups, analysis and theory development.

**Key findings and recommendations**

A substantive theory of the history, experience of participating in the Dementia Champions programme and what happened after the programme, was developed. Early theoretical categories of ‘Rejecting mental health and older persons care as for someone else’ and ‘Taking the role of the other for learning’ were co-constructed. Recommendations for the future of health and social care education, education of the current dementia workforce and implications for social policy makers, are anticipated. The final theory and recommendations will be presented at NET.

**References**


Knifton, C., Thompson, R., Tullo, E., Waugh, A., Surr, C., Read, K. and Innes, A. (2014) Making a difference in dementia education Chris Knifton, Rachel Thompson, Ellen Tullo, Anna Waugh, Claire Surr, Kate Read and Anthea Innes report on the long road to develop a consistent and inclusive approach to dementia education in higher education institutions. Journal Of Dementia Care. 22 (4) 18-21.


Keywords
- Dementia;
- general hospitals;
- Constructivist Grounded Theory;
- symbolic Interactionism;
- education.

Three key points to indicate how your work contributes to knowledge development within the selected theme
- The history of the education of health and social care practitioners provides a context for current challenges in providing care for people with dementia in non-mental health care settings.
- A theory of the symbolic representation of people with dementia being defined and acted upon as someone else’s concern is a key outcome of this study.
- The actions and processes which have created and maintained how people with dementia are perceived in non-mental health care settings may stimulate reflection on health and social care education now and for the future.

D1St155: Attainment and success of students from under-represented backgrounds in pre-registration Physiotherapy education in the UK
Research paper
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### Background, including underpinning literature and, wherever possible, the international relevance of the research

Worldwide, there is a desire to diversify the physiotherapy workforce to reflect the population it serves (Mason and Sparkes 2002; McMeeken 2007; Threlkeld and Paschal 2007; HEE 2014). Universities have embraced this agenda to widen participation and evidence suggests that the student population is changing. At the same time, evidence also suggests that some under-represented groups in pre-registration physiotherapy education (ethnicity, gender, disability) have lower attainment and greater attrition (Morris and Farmer 1998; Clouten, Homma and Shimada 2006; Utzman, Riddle and Jewell 2007; Hammond 2009; Hammond 2013; Yeowell 2013a, 2013b; Naylor, Norris and Williams 2014; Williams, Norris, Cassidy et al. 2015). However the findings are usually uni-institutional and it is not known if this represents a broader phenomenon.

### Aim(s) and/or research question(s)/research hypothesis(es)

To explore the attainment and success of students from under-represented backgrounds in pre-registration physiotherapy education within the South East of England.

### Research methodology/research design, any ethical issues, and methods of data collection and analysis

Four institutions providing pre-registration (BSc and MSc) physiotherapy education in the South East of England agreed to participate. Retrospective anonymised data was collated from institution held student records, including background information (age, gender, ethnicity, socio-economic status (from standard national measures)) and outcomes (assessment marks, type of award and classification of degree). Bayesian regression models were used to examine effect and association of background factors on outcomes.

### Key findings and recommendations

Data were collected from 1851 records of students from 2008-2015 (MSc n=268, BSc n=1583). The baseline group was taken as white male, under 21, with A level highest entry qualifications, no disability, POLAR 3 quintile 3, and parents took part in HE. Baseline assessment type was University based observed assessment (OSCE or VIVA).

There were significantly lower assessment scores for Asian (-11.1% 95% CI: -13.1 to -9.2), Black (-7.1%, 95% CI: -9.7 to -4.5) and Other/Mixed ethnicity groups (-4.7%, 95% CI: -7.1 to -2.4) compared to their white colleagues. Observed and clinical assessments showed the biggest discrepancy when associated with ethnicity. All BME groups also demonstrated worse odds for a one step lower overall award or no award (Black OR: 3.35, Asian OR: 3.97, Other OR: 2.03), compared to white British students. Associations of learning disability, age and non-traditional entry routes with assessment scores and/or degree classification were also noted.

### Conclusions

These findings highlight significant attainment gaps for some under-represented groups in pre-registration physiotherapy education, particularly non-white ethnic groups and disability groups,
which reflect trends seen in other areas of education. It might be argued that the assessment is consistent for BME/disability groups across all assessments, but that white students are given an ‘enhancement’ in observed university assessments and clinical placements compared to blind timed/untimed assessments. This may suggest that students from some groups have greater difficulty in acquiring the values and competencies required, or, it may indicate institutional and wider environmental issues.

Recommendations
The issue of disadvantage for under-represented groups in physiotherapy education is significant in this population and highlights the need for the profession and physiotherapy educators to investigate this further and tackle potential issues.

References
Yeowell, G. (2013a) Oh my gosh I’m going to have to undress’: Potential barriers to greater ethnic diversity in the physiotherapy profession in the United Kingdom. Physiotherapy. 99 (4) 323-7.

Keywords
- Physiotherapy;
- student characteristics;
Three key points to indicate how your work contributes to knowledge development within the selected theme

- First multi-institutional study within Physiotherapy to demonstrate an attainment gap for students from underrepresented groups such as Black and minority ethnic groups and those with a disability.
- Differences in assessment type suggestive of an ‘enhancement’ in observed and clinical assessments for students from white backgrounds.
- Results highlight need to consider situational influences such as institutional and environmental factors and a move away from a student deficit model and response.

**D1St1S6: Arts-based learning: The value of theatre to teach healthcare professionals about living with dementia**

**Research paper**

Helen Orton, Academic Lead for Continuing Professional Development, School of Health Sciences, University of Liverpool

Dr Simon Watmough, Lecturer, School of Medicine, University of Liverpool

**Background, including underpinning literature and, wherever possible, the international relevance of the research**

Using arts-based learning in medical education to facilitate non-scientific elements of medicine such as communication, social, political and spiritual issues (De la Croix et al. 2011) and health education within schools (Perry et al. 2002) has been well received. However, the use of illness-related theatrical performances in the context of health care education is also seen to offer an innovative and emerging pedagogical modality (Shapiro and Hunt 2003; O'Connor et al. 2012; Colantonio et al. 2008). Drama, through live theatre, provides an opportunity to engage with the characters, imaginatively and emotionally, with the intention of enhancing the learning experience. “Grandma Remember Me” is a story about a special relationship between a grandmother and her granddaughter and draws on the experiences of living with someone with dementia, written and performed by the Az2B Theatre Company. It was performed at the House of Commons prior to the UK hosting the first G8 summit specifically dedicated to tackle dementia at an international level.

There is a need to educate society in dementia and its awareness. Recent demographics published by the Alzheimer’s Research UK (alzheimersresearchuk.org 2016) state that, currently, there are 850,000 (1.3%) people with a form of dementia in the UK, of which 42,000 are younger people (assumed to be under 65 years). With increasing life expectancy, it is estimated that there will be over one million affected by 2025 with an expectation of rising to over 2 million by 2050 if age-specific prevalence remains stable and are only driven by demographic ageing. The prevalence rates (the frequency with which dementia occurs in the population) increases with age: 40-64 years (1 in 1400); 65-69 years (1 in 100); 70-79 years (1 in 25) and over 80 years (1 in 6). Furthermore, the role of carers cannot be underestimated with 700,000 carers of people with dementia and family carers save the UK over £8billion a year with the expectation to rise to 1.7 million carers by 2050. The global prevalence of dementia is equally worrying. The World Alzheimer Report (Prince et al 2015) states there are 46.8 million people worldwide with dementia with a predicted increase to over 75 million and 130 million by 2030 and 2050 respectively.
Furthermore, Health Education England’s mandate 2015/16 ([www.hee.nhs.uk/](http://www.hee.nhs.uk/)) on dementia education requires Universities to develop the content of their curricula for health and social care programmes to ensure health and social care professionals have the correct knowledge and skills to care for people with dementia. Therefore, as a response, the School of Health Sciences engaged a theatre company to deliver the messages about dementia. “Grandma Remember Me” highlights the importance of relationships and memories for both carers and individuals with dementia as told by a young girl’s experience of her grandmother’s dementia.

The longitudinal study evaluates the use of theatre for dementia awareness and training and the impact of the performance on the attitudes of first and final year undergraduates towards people living and those caring for people with dementia will also be reported.

**Aim(s) and/or research question(s)/research hypothesis(es)**

The purposes of the study are as follows:

- to establish the health care students’ perceptions of this pedagogy modality;
- to ascertain the health care students’ perception of dementia;
- to assess the impact of the play on their perception of dementia and any potential change in behaviour towards people living with dementia immediately after the performance and then again, after further clinical experience, whether there has been a change in attitude towards people with dementia and those caring for people with dementia.

**Research methodology/research design, any ethical issues, and methods of data collection and analysis**

The study involved undergraduate health professional students (Nursing, Diagnostic Radiography, Occupational Therapy, Orthoptics, Physiotherapy and Therapy Radiography) and consisted of 3 questionnaires.

Questionnaire 1 (parts 1 and 2) was administered to all attendees PRIOR to the performance. Part 1 of the questionnaire ascertained demographic data and identification of health care profession discipline and year of study. Part 2 establishes, in the main, the attendees’ experience about dementia (for example as a health care practitioner (previous HC assistant), family member, carer etc.) and whether they have received any prior training.

Questionnaire 2 was administered AFTER the performance to all attendees and used a Likert Scale and some free text questions. The questionnaire focused on the performance as an educational modality and the immediate impact of the session on attitudes towards people living with dementia. Questionnaire 3 was administered to all undergraduate health care after clinical placements to assess the impact of the play after clinical exposure and whether the play changed the participant’s attitude towards people living with dementia. Again, there were some free text questions.

Data collection and analysis: The results of the questionnaires are being analysed using simple descriptive statistics for quantitative data (and analysed in SPSS for windows) and a simple thematic content analysis for the qualitative data.

Ethical issues: No major psychological adverse effects were anticipated but it was realised that some of the students may be a upset by the play due to its powerful and emotional impact. However, to combat any adverse effects, the PI of the research addressed the students prior to the commencement of the play informing them that the actors would be able to dispel such risks through their own experience and put a positive light on the performance in addition to qualified health professional staff being available to discuss any issues that concerned the students.
Key findings and recommendations
To date, the data from the arts-based with third year students has been reviewed; the first year data is in the process of being reviewed.

The key findings are positive from both the immediate post-performance assessment and in the longer term following clinical placements.

Key findings in relation to the performance
- 74% of students found the performance challenging but a positive experience;
- 94% of students found the performance interesting and held their attention;
- 88% of students found the performance a useful way of learning;
- 70% of students see the value of theatre for future practice (in the long-term);
- 93% of students felt that the theatre should be used in the first year of programmes.

Key findings in relation to attitudes immediately post-performance and longer term impact:
- Immediately post-performance, 85% of students stated that their behaviour towards people living with dementia would change compared to 50% in the longer-term;
- Immediately post-performance, 86% of students stated that their behaviour towards people caring for those living with dementia would change compared to 50% in the longer-term;
- Immediately post-performance, 83% of students stated they would think about how they could incorporate the insights from the performance into practice compared with 56% in the longer term;
- Immediately post-performance, 86% and 88% of students stated they would be more empathetic towards people living with dementia and those caring for people with dementia respectively, compared with 84% for both in the longer term.

Recommendations
- Arts-based learning provides an effective way for health care students to explore those aspects of health care that cannot be reduced to scientific phenomena and objective procedures. More significantly, it facilitates an understanding of the emotional factors that impact upon the human experience and the understanding of illness and suffering and should be considered as a pedagogic modality in health care professional programmes where possible;
- The learning of dementia is best addressed in the first year of health care professional programmes.

References
Shapiro, J. and Hunt, L. (2003) All the world's a stage: the use of theatrical performance in medical education. *Medical Education.* 37, 922-7

**Keywords**
- Arts based learning;
- human experience and impact;
- attitudes.

**Three key points to indicate how your work contributes to knowledge development within the selected theme**
- An alternative method of learning to address the educational agenda in relation to dementia education and developing the future healthcare education workforce;
- Applicable to clinical practice where students are confronted with patients living with complex conditions;
- Provides an emotional aspect to illness by humanising healthcare education.
**Strand 2: Education in clinical practice and practice development**

**D1St2S1: The effect of an educational program for healthcare professionals focused on quality of life assessment in palliative care patients: The INFO-QoL educational program**

**Research paper**

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**Background, including underpinning literature and, wherever possible, the international relevance of the research**

Despite quality of life assessment is a central concept in palliative care practice (WHO 2002), the standardized application of clinical interventions focused on assessing quality of life in clinical practice is limited.

Recently, a systematic review recommended to tailor the implementation of patient-reported outcome measures in palliative care, according to the setting, have a coordinator throughout the implementation process, offer all staff an educational program, and recognize the ongoing cognitive and emotional processes in each individual (Antunes *et al.* 2014).

**Aim(s) and/or research question(s)/research hypothesis(es)**

The primary aim of the study was to evaluate the effects of a one-day educational program developed to train hospice staff in improving knowledge regarding quality of life assessment.

The secondary aim was to develop a new questionnaire to assess staff knowledge on quality of life in palliative care (The INFO-QoL Questionnaire).

**Research methodology/research design, any ethical issues, and methods of data collection and analysis**

A longitudinal pre-post study design was used to test the effects of the educational program. The study is part of a larger European Oncology Nursing Society funded-study aimed at improving the quality of life of patients newly admitted to a hospice inpatient unit in Italy. This was done through a nurse-led complex intervention focused on quality of life measurement and developed according to the Medical Research Council Framework for developing, implementing and evaluating complex interventions (Craig *et al.* 2008).

*The Educational Program*

The educational program was developed by an academic group to help staff learn how to assess quality of life using the Palliative Outcome Scale (Hearn and Higginson 1999). The educational
program lasted four hours, using a combination of didactic methods (short lectures, group discussion and case scenarios). All participants received the Italian version of the Outcome Measurement in Palliative Care - The Essential (Bausewein et al. 2011) booklet.

The INFO-QoL Questionnaire

We developed a new questionnaire to assess staff knowledge on quality of life in palliative care. An academic working group of experts in palliative care was set up with the aim of developing the questionnaire. Four academic members from the University of Genoa (IT) and the Trinity College of Dublin (UK) discussed and developed the questionnaire. The Nursing Role Effectiveness Model (Doran et al. 2002) was used to guide the development of the questionnaire. Sources used for item generation include a comprehensive review of the published literature. Items were selected and assembled according to Dillman's techniques for questionnaire construction (Dillman and Smyth 2007). Content validity was systematically assessed and quantified according to the process described by Lynn (1986).

A panel of experts was individually invited to rate independently the relevance of each item using a four-point Likert scale. The Content Validity Index (CVI) was computed for each item on a scale (I-CVI), as well as for the overall scale (S-CVI). The items that had I-CVIs of 0.78 or higher were retained (Polit et al. 2014).

Key findings and recommendations

The Educational Program

All members of the hospice staff, except the head of the unit attended the course. Ten nurses, 7 nursing assistants, and 2 physicians were engaged. The average number of years working in palliative care area was about 8 years. In the past, the majority of the participants (N=9; 47.4%) attended 1 to 3 educational programs focused on quality of life assessment in palliative care. After attending the educational program, most of the participants (61%) achieved higher scores than before it.

The INFO-QoL Questionnaire

Twenty-six international experts were invited to take part in a quality of life expert panel, and 14 agreed to participate. Of the 25 items, eight were deleted and three were revised and included in the questionnaire. The final version of the INFO-QoL questionnaire was made up of 17 items with a S-CVI/Ave of 0.81 computed using the averaging method (Polit et al. 2014).

References


**Qual Health Care.** 8, 219-27


World Health Organization (WHO) (2002) WHO Definition of Palliative Care

**Keywords**
- Quality of life;
- knowledge;
- palliative care;
- outcome measurement;
- educational program.

**Three key points to indicate how your work contributes to knowledge development within the selected theme**
- An evidence-based educational program focused on quality of life assessment in palliative care determined an improvement of healthcare professionals’ knowledge.
- A new questionnaire is available to assess healthcare professionals’ knowledge on quality of life assessment in palliative care.
- The results confirm the importance of including educational programs related to the implementation of patient-reported outcome measures in palliative care.

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**D1St2S2: Schema to demonstrate maintenance of professional competence for nurses and midwives: Results of a national mixed-methods study**

**Research paper**

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**Background, including underpinning literature and, wherever possible, the international relevance of the research**

Competence is a complex ‘context’ and ‘time’ specific concept. Legislators, nursing and midwifery regulatory authorities agree that monitoring the continuing professional competence of health care professionals is necessary to protect the public. Notably, the absence of competence has been linked...
to suboptimal care and serious consequences for the patient (Kowalski and Anthony 2017).

The Irish Nurses and Midwives Act (2011), legislates for the first time in Ireland that ‘A registered nurse or registered midwife shall, whenever required by the Board (Irish Nursing Board) to do so, demonstrate competence to the satisfaction of the Board in accordance with any requirement of the Board under section 88 (1)’(p.71). The Act also makes a specific reference to an applicable professional competence scheme, which has yet to be developed (Government of Ireland 2011).

Aim(s) and/or research question(s)/research hypothesis(es)
The research team sought to determine the attitudes, perceptions and preferences of key stakeholders in relation to:
1. Types of and components of schema for demonstrating the maintenance of Professional Competence of nurses and midwives.
2. The role and function of the Nursing and Midwifery Board of Ireland in the assurance of continued competence.
3. Potential processes that could be used by the NMBI to assure the continued competence of a registrant (nurse/midwife).

Research methodology/research design, any ethical issues, and methods of data collection and analysis
A mixed methods approach was used to add scope, breadth and comprehensiveness to the study (Twycross and Shorten 2014).
The two phases in the study included:
- Phase 1: comprehensive review of literature
- Phase 2: To reach the wider population of nurses and midwives, an online survey which comprised of both closed and open-ended questions was used.
- Phase 3: Concurrently, qualitative focus group interviews were undertaken, to enable an exploration of the perspectives of interested stakeholders.
- Sample: A non-probability, volunteer sampling strategy was used; 989 individual respondent nurses and midwives as well as 19 respondents on behalf of stakeholder groups completed the on-line survey. Thirteen focus groups were held with 91 participants. The project received ethics committee approval.

Key findings and recommendations
An analysis of the literature internationally revealed that there is a movement towards encouraging nurses to view continuing professional competence as a continuous, active everyday process which encourages a culture of sharing, discussion, reflection, continual professional development, service improvement, engagement in professional discussions and networks about professional practice. Professional regulation involves a public agency exercising control over activities valued by the profession; it is a dynamic process within which professional standards can be acknowledged with the protection of the public as its central aim. Additionally, nurses and midwives by their engagement with mechanisms to maintain and develop continuing professional competence seek to: (1) maintain the public’s trust in nurses and midwives (2) enhance the quality of patient care (3) respond to changing practice(s) and/or changes in job description (4) meet professional obligations and professional developmental goals and (5) enhance the professionalization of nursing and midwifery.
The preferred elements of a continuing professional competence scheme articulated by participants in this study included:
Self-assessment of continuing professional competence against defined criteria.
Verification of practice hours.
Verification of engagement in continuing professional development activities (i.e. not only attending but also reflecting and incorporating what is learned into practice).
Retention of an evidential record of meeting the continuing professional. Competence requirements. An e-portfolio is the recommended format for such a record.
Annual declaration relating to good character/ lack of criminal convictions/cautions.

The key recommendations relating to the components of a continuing competence scheme emanating from this study will be outlined.

References
Twycross, A. and Shorten, A. (2014) Service evaluation, audit and research: what is the difference? Evidence Based Nursing. 17 (3) 65-6

Acknowledgement: Funding from the Nursing and Midwifery Board of Ireland

Keywords
- Continuing professional competence;
- nurse;
- midwife;
- portfolio regulation.

Three key points to indicate how your work contributes to knowledge development within the selected theme
- A concept analysis completed as part of the project enabled a better understanding of the attributes of continuing competence.
- The understanding of the different roles of the nurse, employer and regulator in the maintenance of ongoing continuing professional competence.
- The recommended elements of an Irish continuing competence schema are outlined.

D1St2S3: Registered General Nurses’ perceptions of the facilitators and barriers that influence their frequency of engagement in activities for the maintenance of Continuing Professional Competence

Research paper
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Background, including underpinning literature and, wherever possible, the international relevance of the research
The Nurses and Midwives Act 2011 legislates for the first time in Ireland that a registered nurse will demonstrate ongoing professional competence to the satisfaction of the Nursing and Midwifery Board of Ireland (NMBI). There is also an onus on the employer to provide learning opportunities in the work place. There is a dearth of empirical research nationally and internationally pertaining to the perceptions of registered general nurses relating to the ongoing maintenance of professional competence.

**Aim(s) and/or research question(s)/research hypothesis(es)**

The main aim of the research study was to establish the perceptions of registered general nurses (in Ireland) in relation to the factors that influence the nurse's frequency of engagement in activities for ongoing maintenance of professional competence.

**Research methodology/research design, any ethical issues, and methods of data collection and analysis**

**Research Design:** A quantitative descriptive correlational cross-sectional survey was employed and the design of the survey was influenced by the literature and structural/ organisational empowerment theory. Variables measured included: the socio-demographics, frequency of engagement in activities for the maintenance of continuing competence (dependent variable) over a three year period, nurses’ perceptions of key stakeholders (regulator, employer and nurse) roles in relation to component activities of continuing competence schema, nurses' perceptions of facilitators and barriers, empowerment, and the perceptions of the importance of future activities in the ongoing maintenance of the nurse's professional competence. Ethical approval was received from the Clinical Research Ethics Committee of the Cork Teaching Hospitals.

**Data Collection and analysis:** Data were collected utilising a web-based online multi-section and multi item questionnaire incorporating Laschinger et al. (2001) CWEQ-II Empowerment Scale (permission received from Laschinger). A convenience sample of 585 registered general nurses working in acute, primary and continuing care settings in the Republic of Ireland's public, voluntary, private and charitable sectors participated in the study. The data was analysed utilising Stata Version 13.0. The relationships between the variables were described by employing descriptive and inferential statistics.

**Key findings and recommendations**

**Key Findings:** There was a wide variation in the frequency of nurses’ engagement in activities for the ongoing maintenance of professional competence ranging from a low of 3.0 to a high of 94.5 activities, with a mean (SD) of 46.3 (17.68), and nurses were of the opinion that they were moderately empowered. There were a number of factors that influenced the nurse’s frequency of engagement in activities for the maintenance of continuing competence. However, at a multivariate level perceptions of more facilitators (p<0.001) and perceptions of more barriers (p<0.001) accounted for 25.98% ($R^2$ adjusted) of the variance in the frequency of engagement in activities. In the final multiple linear regression model, perception of more barriers was associated (p=0.003) with lesser frequency of engagement in activities for the ongoing maintenance of professional competence. Cumulatively, in this study all the independent variables accounted for 43.56% ($R^2$ adjusted) of the variance in the frequency of engagement in activities in the activity scale. The results of this study contribute to increasing our understanding of the factors that are potentially linked to the augmentation of the activities that nurses engage in for the maintenance of continuing professional competence. It is notable, a large proportion of the nurses did not engage frequently in activities for the ongoing maintenance of professional competence over the 3 year period prior to the completion of the survey.

**Recommendations:** The barriers identified need to be addressed to ensure that all nurses have the opportunity to engage in a range of activities for their continuing professional competence. The survey
was undertaken in a climate where the conditions in the nurses’ work settings were those of staff shortages, employment moratoriums, increased working hours, and unsupported travel, a repeat study is recommended when the work climate improves.

References


Laschinger, H.K.S. (2012) Conditions of Work Effectiveness Questionnaire-II (CWEQ-11) and User Guide. University of Western Ontario, Canada: Received via email on the 27th November 2012 from Laschinger research<instrhkl@uwo.ca.


Keywords

- Continuing competence;
- activities (educational);
- empowerment;
- facilitators;
- barriers.

Three key points to indicate how your work contributes to knowledge development within the selected theme

- Increasing our understanding of the factors that are potentially linked to the augmentation of the activities that nurses engage in for the ongoing maintenance of professional competence.
- Provides evidence of correlations between facilitators/ barriers and nurses engagement in educational activities.
- Provides guidance for educators, clinical practice, policy and research.

*D1St2S4: Workplace violence in Nurse Education: An issue of workforce retention*

Research paper

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Background, including underpinning literature and, wherever possible, the international relevance of the research

Bullying and harassment and other workplace violence (WV), is sadly too prevalent in nursing (Gates et al. 2011), causing victims work-based stress that can affect not only the individual but also quality of care and the victim’s perspective on the profession. Such negative experiences can impact on victim’s professional development and subsequent decisions to remain in the nursing profession. WV has been revealed to be an international issue encountered by many student nurses (Magnavita and
Aim(s) and/or research question(s)/research hypothesis(es)
The aim of the survey was to assess the individual impact of workplace violence, in the form of bullying and harassment, on nursing student's experience during placement and to make recommendations for education and placement providers that will enable better support to students and retain them in the profession.

Research methodology/research design, any ethical issues, and methods of data collection and analysis
This is a qualitative study adopting a descriptive phenomenological approach. The study was conducted between June and July 2015. Open-ended questions were uploaded in the format of a commercial internet survey provider (SurveyMonkey.com) and distributed across a sample of nursing schools in the UK. The number of respondents was 657. Responses of students were analysed and coded by using thematic content analysis.

Key findings and recommendations
Responses were grouped under three main themes which were (1) Culture of nursing, (2) Acceptance of the culture and (3) Impact of the culture. Many indicated the negative personal impact of workplace violence from staff they had experienced and how it had made them seriously consider leaving nursing. Some had normalized the WV behaviours as ‘typical’ of nursing and doubted whether change was likely or possible.

Placement providers and education providers should work together to ensure:
1. A clear joint statement of zero tolerance toward WV;
2. Active policies for addressing WV;
3. Processes that ensure transparency, confidence and promote a positive culture;
4. Joint debriefing sessions with students following placements;
5. Audit of clinical placements with emphasis on culture;
6. Active measures that highlight consequences;
7. Resilience workshops for students;
8. Staff supervision.

Current students are the future of the profession and have a key role in (re)shaping the culture for generations to come. Workplace violence, in the form of bullying and harassment, is highly prevalent and can negatively influence victim’s view of the profession and their professional development. Universities and placement providers need to work together to reduce the incidence and impact of workplace violence in order to improve the culture of practice and foster a more positive image of the profession. In an environment where many providers of healthcare are already struggling with recruitment and retention against a backdrop of growing demand, they can ill afford to ignore this issue if they are to meet their future service requirements.

References (Harvard)
Birks, M., Budden, L.M., Stewart, L. and Chapman, Y. (2014b) Turning the tables: the growth of upward

Keywords
• Workplace violence;
• bullying and harassment;
• culture;
• workforce retention.

Three key points to indicate how your work contributes to knowledge development within the selected theme
• Workplace violence causes nursing students to consider leaving the program.
• Nursing students need to know how to report and respond to workplace violence.
• Collaboration between universities and practice providers has an important role reducing the incidence of workplace violence.

D1St2SS: Prehospital care of the unwell newborn: Tackling the problem of knowledge transfer
Research paper
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Dr Tom Siese, Neonatal Specialist
Jennie Clavey, Specialist Nurse, Plymouth Hospitals NHS Trust
Gary Strong, Paramedic, formerly Programme Lead, BSc Paramedic Practitioner, Plymouth University.

Background, including underpinning literature and, wherever possible, the international relevance of the research
There are significant challenges associated with the care of the unwell newborn outside the hospital setting. The environment is often suboptimal, journey times considerable, suitable equipment may be restricted and those charged with the management of these infants may have very limited experience of this type of case. A review by McLelland et al. (2013) demonstrated the international nature of the challenges facing paramedics when caring for the newborn, noting that all cases reported included either maternal or neonatal complications, or both. Eaton and Renshaw (2012) describe these cases as ‘one of the most challenging situations that pre-hospital practitioners encounter’. A localised review at a major UK hospital suggested that unwell newborn babies often reach hospital in suboptimal condition. This presentation reports on the first phase of a project designed to improve the confidence and competence of paramedics managing these infrequently encountered cases.

Aim(s) and/or research question(s)/research hypothesis(es)
The overall aim is to design an educational intervention which will help to improve prehospital care of the unwell newborn. The aim of Phase One is to map out the learning needs and challenges associated with knowledge retention and transfer with regard to the care of this group of patients by paramedics.

Research methodology/research design, any ethical issues, and methods of data collection and analysis

A questionnaire was designed to explore the confidence and competence of paramedics managing newborn babies. A mixed methods approach was used in order to elicit real feelings as well as numerical data. We asked about training and education, frequency of encounter and suitability of equipment. We also used multiple choice knowledge based questions to discover how well paramedics know and are able to apply contemporary guidance as published by the UK Resuscitation Council (2015).

The questionnaire was distributed via the College of Paramedics website and e-newsletter. Participation was anonymous and entirely voluntary. Data is presented using the summary statistics provided by Survey Monkey ® software.

Key findings and recommendations

87 completed surveys were analysed. 36% of respondents felt that they "lack confidence in newborn resuscitation and care". When asked when the last time they attended a newborn, responses varied widely from "1 week ago" to "15 years ago", however 22% of respondents report having attended more than 15 babies in this population during their career so far, suggesting that although rare, many paramedics will encounter multiple scenarios where they will be required to care for babies in this population. Only 53% of respondents reported routinely measuring the temperature of newborn babies, despite the fact that hypothermia can be linked to significant short and long term complications. When measuring the body temperature, 59% of respondents relied on tympanic temperature probes, which may be unsuitable for patients of this size. Only 30% of respondents were aware of the normal temperature range for newborns, suggesting that they may fail to act when a baby in their care is hypothermic. 80% correctly stated the normal range for respiration and 92% the normal range for heart rate in a newborn. However the threshold for intervention when blood glucose is low was not well understood (17%). There were significant variations in availability of suitable equipment for newborn life support. 60 respondents stated the need for further training and of these, 47% (n = 28) preferred simulation based training.

Maintaining currency in the application of contemporary guidelines in the care of the newborn is a challenge for paramedics, due to infrequency of case management and training opportunities. There is a need for readily accessible educational interventions which are designed to improve prehospital care of the newborn.

References


Keywords
- Newborn;
- neonatal;
- prehospital;
- paramedic;
- education.

Three key points to indicate how your work contributes to knowledge development within the selected theme
- Demonstrates the scope of the challenges in prehospital care of the newborn.
- Demonstrates the problem of knowledge retention and application.
- Offers a baseline for the design of a new educational intervention.

**D1St2S6: Resilience for healthcare practice: A study to explore student perceptions of personal resilience and the potential role of coaching approaches in building resilience**

Issues for debate paper

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**Key concepts to be addressed, including, where possible, the international relevance**

Personal Resilience for healthcare practice; where and how should it/could it fit in a curriculum

**Aim(s)/focus**

To consider definitions of resilience for a student Diagnostic radiographer (DR) perspective; results from a small scale qualitative study will be discussed.

To consider the value/role of resilience ‘training’ within the undergraduate (UG) curriculum

**Evidence base and literature informing the arguments**

Resilience seems to be high on the agenda with National health Service (NHS) chief executive announcement about improving health and wellbeing of the workforce (2nd Sept 2015). The NHS Health and Wellbeing report talks about ‘resilience’ training almost as a panacea. Passi (2014) also notes that there is an ‘explosion of interest’ in the teaching of resilience within medical curricula. Indeed, there is no shortage of publications looking at the concepts of resilience and increasingly the links between clinical leadership and resilience are also being explored (Nicola, R. et al. 2015; Thomas, J. et al. 2012; Varker, T. and Devilly, G. 2012). Vanhove et al.’s (2015) meta-analysis of resilience-building programmes in the workplace context assessed only modest effects, and those effects tend to diminish over time; i.e. they may not result in sustained change.

Other authors appear to be making links between resilience, stress and workplace wellbeing (Lawton-Smith, C. 2015; McDonald, G. et al. 2012; Oken, B. et al 2015; Scholes, J. 2008; Sood, A. et al. 2014). However, the temptation to consider resilience ‘building’ or ‘training’ as useful at all is somewhat challenged in Sull et al’s recent quantitative study (2015) of 845 respondents in one NHS Trusts concluded that there is only a very weak link at best between resilience and wellbeing. Passi (2014) comments that educators in medical fields must be considering methods to build and promote resilience and they advocate building ‘self-care’ into the curriculum and offering support throughout the training period, not just at the beginning. They express caution at the lack of research about how resilience can be developed and supported (ibid).

There seems to be many approaches suggested within the literature, leading to some confusion about what resilience actually means; it seems highly contextualised (McAllister and McKinnon 2009).
Robertson et al.’s (2015) systematic review of resilience training concluded that there was inconsistency in how resilience was defined and conceptualised; they indicated that this then made assessment of efficacy across studies somewhat troublesome. Kolar (2015) goes a step further in describing resilience as “conceptually fuzzy”, full of judgements and the ‘benchmark’ of being ‘resilient’ as based on a white middle class interpretation of that term. Passi (2014) also comments that resilience is key aspect of medical professionalism but that there is no consensus on a definition.

Findings from my study uncovered some very interesting findings; to the question “what is your definition of resilience” uncovered that few students used an approximation of the ‘traditional’ definition of resilience; indeed, some seemed to view resilience as a weakness or something to be guarded against.

In terms of what student felt affected their personal resilience there was no clear pattern. Literature also seems to suggest that the factors which ‘underpin’ any one individual’s resilience are unique to them. Hence it may be pragmatic to assume that each person will need to develop their own ‘recipe’ based on their understanding of and evaluation of their resilience.

Analysis of the focus groups (part 3) discerned that the workplace (clinical placement principally) plays a large role in affecting personal resilience. The classroom based resilience development sessions had questionable impact, but there was some evidence to some had sunk into the subconscious; although it is difficult to confirm this assumption.

From this research a ‘resilience recipe’ approach is now being adopted rather than one size class based sessions.

**Issues for debate**

Personal resilience: what is it? Training programmes, one-day workshops, ‘teaching’ resilience… all these seem to gaining a foothold in clinical practice. But, the definition seems ill defined and some students in this study thought it was a ‘bad thing’ to be resilient, so how do we reconcile these issues? Should we be ‘training’ for resilience? Can we? Does it even make a difference?

**References**


**Keywords**
- Personal resilience;
- pedagogy.

**Three key points to indicate how your work contributes to knowledge development within the selected theme**
- Challenging the perceptions the resilience is something we can ‘train’ for.
- Challenge whether resilience training programmes/events have any lasting impact.
- Introduce a coaching approach to development of resilience through a ‘resilience recipe’ that is individual rather than broad in focus, given that resilience is so personal.
### Background, context and evidence base for the innovation, including, where possible, its international relevance

This paper presents an innovation to educational practice in the delivery of the assessment feedback to qualified nurses undertaking an objective structured clinical examination (OSCE). The OSCE was part of a continuing professional development course in leg ulcer management at one university. OSCEs are used worldwide in health education to assess clinical skills (Harrison et al. 2008). However, they are complex, resource intensive and can be anxiety producing for students so their use should be considered carefully (Byrne and Smyth 2008; Baid 2011; Meskell et al. 2015; Killingley and Dyson 2016). When used effectively OSCEs can support learning but teachers must ensure that students receive essential assessment feedback (Jonsson 2012). On this accredited course, as part of the summative assessment, students were only previously given limited assessment feedback from the OSCE in the form of a grade. If the students requested or required detailed feedback this was given via a tutorial meeting, which was resource intensive for both staff and students. However, as effective feedback is recognised as essential for effective learning in higher education (Jonsson 2011 and Ashby et al. 2016), an innovation in assessment feedback was sought which would both meet the students’ needs and reduce the impact on resources (Harrison et al. 2008; Meskell et al. 2015).

### Aim/focus of the innovation

The aim of the innovation was to enhance learning from feedback, shifting the focus from a simple grading exercise (Rae, and Cochrane, 2008). It was anticipated that this would encourage a culture of learning where students feel that they are able to get timely and effective feedback that would support their clinical practice. The new feedback mechanism would also support learning by giving personal e-feedback to each student detailing which OSCE criteria they achieved, which they had not achieved and also identifying if any criteria were not performed (Meskell et al. 2015).

### Implementation of the innovation

The feedback sheet was redesigned as an electronic rubric, which detailed each student’s individual performance in the OSCE (Chang 2011). Additionally, the rubric supported the principle of feedforward (Duncan 2007) and by allowing for examiners to add narrative comments on aspects for improvement to develop future clinical practice. Delivery of the new e-feedback via the University’s virtual learning environment (VLE) was explored and finalised. Examiners were briefed on the new feedback mechanism and students informed of the e-feedback facility (Dysthe et al. 2011). Following their OSCE, students received summative e-feedback within two days (Rush et al. 2014).

### Methods used to assess the innovation

An evaluation was undertaken of the enhanced assessment feedback, the student’s engagement with their e-feedback and their views on any perceived impact on clinical practice. Evaluation data was obtained from the students using an electronic questionnaire that was sent after they received their module results. The questionnaire covered:

- the process of receiving assessment e-feedback;
- the content of the e-feedback sheet; and
what impact assessment e-feedback could have on clinical practice.

Key findings
- Personal e-feedback as near to OSCE as possible is useful and practical.
- Individual assessment feedback was perceived as very helpful and encouraged reflection.
- Individual feedback supported applying learning in future clinical practice.

References

Keywords
- Assessment feedback;
- e-feedback;
- OSCE;
- student learning;
- clinical practice.

Three key points to indicate how your work contributes to knowledge development within the selected theme
OSCE assessment feedback can be delivered timely using technology. E-feedback can give the students' knowledge of their own performance and feedforward to support clinical practice. Teachers using OSCEs should have robust and effective assessment feedback processes.

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### D1St3S2: Academic supervision of pre-registration BSc Nursing students: What do they want?

Research paper

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### Background, including underpinning literature and, wherever possible, the international relevance of the research

There is currently international recognition within higher education that the views of the student should be considered at all levels of study. This is evident in the perceived importance of the National Student Survey (NSS) throughout the UK sector. However, most surveys of students are broad in context and don't ask detailed questions about particular areas of the student experience. For example, when considering academic support, the NSS asks only three questions about this and only one of those asks specifically about academic support.

When reviewing the literature it is clear that there is very little written about the provision of academic support from the students' perspective. This is especially limited when considering undergraduate students, with the majority of studies investigating postgraduate research students' experiences of academic supervision.

### Aim(s) and/or research question(s)/research hypothesis(es)

The overall aim of this research was to explore and better understand the perceptions of academic supervision for undergraduate nursing students in order to guide future policy development in this area.

**Specific objectives were to:**

- Identify and explore students' views on the quantity and quality of academic supervision they currently receive;
- Identify and explore students' reasons for engaging (or not) in academic supervision;
- Explore the students' views on the availability of academic supervision;
- Identify and explore the students' expectations on the timing of supervision;
- Identify and explore the students' preferences for type and style of academic supervision;
- Identify students' perceived strengths, challenges and areas for improvement in the current system of academic supervision;
- Explore the students' views on future development for the provision of academic supervision.

### Research methodology/research design, any ethical issues, and methods of data collection and analysis

A mixed-methods methodology was applied to investigate students' perceptions. Data was collected in one timetabled session for each of five cohorts across two campuses. Before collecting data, we gave a 10 minute presentation on the aims and objectives of the research, and anonymity and implied consent were explained. Participants were asked to answer 23 closed questions about academic supervision using Turning Technologies student response systems, more commonly known as 'clickers'. Students were then asked to provide free text comments based on their responses to the
closed questions and more generally their experiences of academic supervision on the BSc in Nursing (Pre-registration) programme. The participants were provided with Post-It notes on which they can write their free text comments using the Stop, Start, Continue framework advocated by Hoon, Oliver, Szpakowska and Newton (2014).

Quantitative data from the closed questions has been analysed using SPSS and qualitative data from the free text was transcribed and subjected to thematic analysis of content.

No particular ethical issues were identified. Participation in the research was optional and students’ could choose to leave the room at any point.

**Key findings and recommendations**

Initial findings indicate that students are not fully satisfied with the amount, quality and timing of academic supervision. A significant number of students would like more than four hours of supervision per assignment. There is also the perception that assignment guidelines lack clarity and that personal tutors do not always understand what is expected of the student. The majority of students seek some form of supervision but not for all assignments. Most seek supervision from their personal tutors but do approach other lecturers for clarity of the assignment guidelines. Interestingly the majority of the students want personal tutors to track changes on their word documents and correct grammar, spelling and referencing. The majority of students favoured face to face supervision over other forms of supervision.

Key recommendations:
1. Ensure clarity of assignment guidelines;
2. Ensure students and lecturers are aware of the purpose of academic supervision;
3. Signpost academic support arrangements;
4. Support for personal tutors before, during and after supervision.

**References**


**Keywords**

- Academic supervision;
- student expectations;
- supervision modalities;
- quality of supervision;
- support for personal tutors.

**Three key points to indicate how your work contributes to knowledge development within the selected theme**

- There is very little research on undergraduate students’ perceptions of academic supervision. This study seeks to fill this gap.
- Academic supervision is a key role of personal tutors, yet very little support is offered for academic supervision.
- Understanding student expectations of academic supervision will enable personal tutors and supervisors to provide uniform supervision that addresses students’ perceived needs.
# D1St3S3: Emotional intelligence of nursing applicants and factors related to it

**Research paper**

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## Background, including underpinning literature and, wherever possible, the international relevance of the research

Nursing schools aim to select candidates that are motivated (McNelis *et al.* 2010), successful in theoretical studies and in clinical practice (WHO 2009; McNelis *et al.* 2010). Internationally, many on-site selection methods have been reported in undergraduate nursing education such as interviews (Ehrenfeld and Tabak 2000; Taylor *et al.* 2014), emotional intelligence tests (Rankin 2013) and Multiple Mini-Interviews (Perkins *et al.* 2013). However, there is a lack of evidence-base regarding the currently used on-site selection methods in nursing education. (Taylor *et al.* 2014; Talman 2014.) New on-site selection methods should be developed and tested. The study reported in this paper is part of a larger Reforming Student Selection in Nursing Education (ReSSNE) -Project, which has been initiated to develop a national on-site selection method in nursing education in Finland. The ultimate goal of this study is test an instrument to evaluate emotional intelligence of nursing applicants during the student selection process.

## Aim(s) and/or research question(s)/research hypothesis(es)

The aim of this paper is to describe the emotional intelligence of nursing applicants and the factors related to it.

## Research methodology/research design, any ethical issues, and methods of data collection and analysis

Rankein scale measure of emotional intelligence was identified as a suitable instrument based on pre-set criteria, and the Scale was translated into Finnish language with the permission of the scale developers. Furthermore, the Finnish language Scale was developed as an online tool, and was used as part of the on-site student selection process in four Finnish Universities of Applied Sciences (UAS) in November 2016. All in all, 529 nursing applicants participated in the on-site selections, and 430 applicants gave consent (81%) to access their selection scores. Statistical analysis of the study will be undertaken in spring 2017 using SPSS and SAS software for descriptive analysis and to examine associations between the variables.

## Key findings and recommendations

The key findings of the pilot study regarding emotional intelligence of nursing applicants will be presented in the conference. Additionally, further implications and recommendations will be made to nursing education in the conference presentation.

## References

used as a selection tool for entry to an undergraduate nursing programme. *Nurse Education Today*. 33, 465–9


Talman, K. (2014) *Student Selection in Nursing Education. A follow-up study of two selection methods and their relations to the knowledge, skills and study motivation of nursing students* (original text in Finnish, abstract in English). Doctoral dissertation, University of Turku, Annales Universitatis Turkuensis, Series C – section 383


**Keywords**

- On-site selection;
- nursing applicant;
- nursing education;
- emotional intelligence;
- cross-sectional study.

**Three key points to indicate how your work contributes to knowledge development within the selected theme**

- This theme presentation will provide information on the latest enhancements concerning on-site student selections in nursing education.
- Main results of the study will provide evidence to nurse educators and healthcare managers of the use of emotional intelligence in student selection in nursing education.
- Based on the study results, recommendation for the future on-site selection methods and research will be made.

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**D1St3S4: The International Comorbidity Framework: A mobile application**

*Innovation paper*

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**Background, context and evidence base for the innovation, including, where possible, its international relevance**

Globally populations are living longer and many more people are living with two or more co-existing conditions. However, internationally, healthcare systems are focused on single condition frameworks
and undergraduate and postgraduate training programmes have been developed either for holistic care or the management of single conditions. The care of people with multiple conditions has become a priority for healthcare education and delivery and there is a clear evidence gap on how the quality and standards of care for single conditions can be integrated to form the optimal management of people with co-existing conditions (Andersen 2011; Salisbury 2012).

An International Comorbidity Education Framework (ICEF) has been recently developed in line with current clinical guidelines (American Expert Panel 2012, Department of Health 2014) which brings together key comorbidity concepts for consideration in teaching and learning (Rushton et al. 2015). The ICEF was developed collaboratively by students, academics and clinicians from four countries (India, Italy, Sweden, England) and three disciplines (nursing, medicine and pharmacy) to facilitate the integration of comorbidity into current health care curricula. The ICEF was designed for case-based learning and provides a series of questions, relating to the comorbidity concepts, about the care of a person with comorbidities. Comorbidity is a complex phenomenon requiring higher level learning to integrate skills, knowledge and attitudes for transfer to diverse clinical settings. Case-based learning is interactive and student-centred and can significantly improve skills in patient assessment, communication and problem-solving in preparation for clinical practice (Raurell-Torredà et al. 2015, Yoo and Park 2014 a/b).

To activate the ICEF for student learning and to enable students to transfer their learning outside of the classroom setting to clinical practice, an innovative mobile application (CoMo) has now been developed based on the ICEF. CoMo presents students with the key comorbidity questions relating to patient care and provides links to relevant resources as well as a ‘build your own case’ section with an exportable note facility to facilitate the integration of learning and practice (Norman 2011).

**Aim/focus of the innovation**

The aims of the mobile application (CoMo) are to:

1. activate the ICEF for student learning;
2. provide a tool to facilitate innovative and interactive learning about comorbidity;
3. transfer knowledge from the education environment to the clinical environment and students’ professional practice;
4. enhance knowledge, skills and confidence in caring for patients with multiple diseases.

**Implementation of the innovation**

As with any learning tool, a simple and structured approach does not in itself ensure that learning will take place. This requires the management and integration of such a tool into education programmes with broader curriculum teaching and learning (Jochems, van Merrienboer and Koper 2004). In order to do this we under-went a mapping exercise to introduce a formal comorbidity thread (1 teaching session per year) across the three years of nurse training

Year 1: Comorbidity: introduction (CoMo launch).

Year 2: Comorbidity: concepts of care (Application of CoMo to explore a facilitated case in class).

During this session, follow-on work will also be launched which focuses on the students building a case in practice using CoMo to feed into a formative piece in their reflective portfolio.

Year 3: Comorbidity: integrating care (Exploration of a complex case using CoMo with a focus on integration of evidence).

**Methods used to assess the innovation**
Given the recent launch of CoMo the initial step is to conduct a pilot test as follows (planned March-June 2017):

1. **Baseline survey.** 100 year 3 student nurses will complete a survey focused on their current understanding of comorbidity and current experience of caring for patients with comorbidity.
2. **Taught session.** Launch of the CoMo app with a case example. Students will be asked to trial the use of CoMo in practice during their next clinical placement.
3. **Follow-up survey.** The students will complete a second survey to review their understanding of comorbidity, clinical experience and their use of CoMo.

**Key findings**
The pilot test findings will be presented at NET.

**References**


OECD (2011) *Health Reform: Meeting the Challenge of Ageing and Multimorbidities*. Organisation for Economic Co-operation and Development


**Keywords**
- Comorbidity;
- mobile application;
- healthcare curricula;
- international collaboration;
- new educational framework.
Three key points to indicate how your work contributes to knowledge development within the selected theme

- A priority gap in health care education and delivery is the optimal management of people with comorbidity.
- Comorbidity care is complex and requires consideration of key concepts brought together in the International Comorbidity Education Framework.
- The CoMo mobile application activates the ICEF comorbidity concepts for student learning in the classroom and clinical setting promoting the transfer of learning and the integration of skills, knowledge and attitudes for higher level learning.

**D1St3SS: What are the implications of the feedback process for nursing students on marked written summative assessments in the shape of essays?**

Sarah Tait, Lecturer in Mental Health Nursing, Swansea University

| Background, including underpinning literature and, wherever possible, the international relevance of the research |
| Internationally assessment feedback is a pedagogical necessity and plays a vital role in student development (Li and Barnard 2011). Nevertheless, evidence suggests that students across the globe are dissatisfied with assessment feedback (Carless 2006; Khowaja and Gul 2014; Li and Barnard 2011; Tuvesson and Borglin 2014). Yet assessment feedback, notably student perceptions of feedback is under-researched (Agius and Wilkinson 2013; Cramp, 2011; Urquart et al. 2014; Weaver 2006). Moreover, there is limited focus on undergraduate pre-registration nursing education. Findings from this study offer insight into nursing students’ and academics’ perceptions and value of feedback. Ultimately the findings may inform and enhance the quality of learning and teaching and stimulate practice development in relation to feedback provision. This may positively influence the ratings for assessment and feedback in the National Student Survey (NSS) (HEFCE 2015), a UK wide higher education survey which predominantly measures final year undergraduates' satisfaction with their programmes of study. |

| Aim(s) and/or research question(s)/research hypothesis(es) |
| The aim of the study reported here was to explore and better understand undergraduate pre-registration nursing students’ and academics’ perceptions of summative assessment feedback in order to elicit what effective feedback involves and thereby enhance students’ learning, experience and satisfaction. |

| Research methodology/research design, any ethical issues, and methods of data collection and analysis |
| Ethical approval was sought and obtained from the University Research Ethics Committee. A qualitative descriptive research design was adopted. Audio taped focus groups (n=3) were used to generate data from a convenience sample of 14 nursing undergraduates and 6 nurse academics. Data were analysed using thematic analysis. |

| Key findings and recommendations |
| Three core themes emerged consistently across the focus groups: feedback is variable; comprehending feedback can be challenging and the quality of feedback is shaped by style. Predominantly, the data revealed inconsistencies in the feedback process. This suggests that there is a pressing need to overcome certain demands, such as tackling the time involved in providing |
effective feedback and the training needs of academics to enhance the effectiveness of feedback. Findings are consistent with earlier research (see, for example, Carless 2006; Khowaja and Gul 2014; Li and Barnard 2011).

The data revealed that academics were aware of the inconsistencies in the assessment feedback process and the need to develop awareness of the impact assessment feedback has on student learning. Subsequently, ways in which the process could be improved were highlighted.

**Recommendations**

- A multi-source evaluation tool looking at academics’ feedback, which would provide an informed understanding of the impact of feedback provision;
- Public reflection whereby academics could share concerns, ideas and experiences of feedback provision;
- Training and mentorship as academics transition into the University;
- Regular updates and reminders of what is expected in the provision of effective feedback;
- Consistent use of an assessment rubric to improve the consistency of feedback;
- Pre-marking meetings involving all of the markers, the module lead and the moderator to clarify the marking expectations;
- Further research to determine what is required to improve the students' understanding of feedback;
- Ensure face to face meetings regarding student feedback is an integral part of personal tutor time.

**References**


**Keywords**

- Assessment and feedback;
- student and academic perceptions;
- pedagogy;
- improving provision of effective feedback;
- educational research.

**Three key points to indicate how your work contributes to knowledge development within the selected theme**

- Assessment and Feedback is a pedagogical necessity.
- Students report dissatisfaction with their feedback.
- This study considers nursing students’ and nurse academics’ perceptions of the assessment feedback process, to elicit views in respect of what effective feedback involves.

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**D1St3S6: An analysis of scores obtained by undergraduate nursing students using poster presentations as the assessment method**

**Research paper**

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**Background, including underpinning literature and, wherever possible, the international relevance of the research**

Poster presentations are being used increasingly as a method of assessment in nursing (Davis 2000). Although published accounts of their use are scant in this country, there is evidence that the method stimulates a positive attitude to learning (Halligan 2007), facilitates applying the theory of research and nursing to the practice setting, (Conyers and Ritchie 2001) and enables the development of transferable skills which will ultimately serve to enhance care delivery (Handron 1994).

The authors module contains a poster presentation summative assessment worth 20%. The group consists of undergraduate first year students who are studying general adult nursing and several “branch” students who in second year will branch into children’s, mental health, learning disability nursing and midwifery. McMullan (2016) found the students enjoyed the poster presentation and found it developed many skills that were beneficial to their development as a nurse such as communication and literature critique. However, this study also raised students concerns, the main being that marking was subjective and “it depended on who marked you” as to whether you got a high score or not, a common opinion held by students, the literature would suggest (Falchikov 2013).

Secondly, students revealed they believed that mature students would do better as they had more of the skills necessary for a good presentation from previous life experience; that females would find this an easier task than men; and that branch students would get better scores than their general adult nurse colleagues.

Despite employing clear marking criteria (Tisi et al. 2013) support for new markers and a robust internal and external moderation of marks which is regarded as good practice (Bloxham 2009) we were still faced with uncertain reliability and certainly a lack of faith in the robustness of the marking by students (Bell 2013). An extensive search found no literature whatsoever that investigated the scores awarded from poster scores except for scant reporting of claims of reliability based on the spread of marks (Jackson 2000; Huntley-Moore 2005).

**Aim(s) and/or research question(s)/research hypothesis(es)**

The aim of this paper therefore is to investigate marks awarded following poster presentations through statistical analysis of variables which could influence the reliability of scores as discussed.

1. There is no statistically significant difference between the scores obtained by students in various “branches” compared to other students.
2. There is no statistically significant relationship between the age of the student and the score obtained.
3. There is no statistically significant difference between the scores awarded by various markers.
4. There is no statistically significant relationship between experience of marker and the score awarded.
5. There is no statistically significant difference between the scores obtained by males and females.

Research methodology/research design, any ethical issues, and methods of data collection and analysis
The scores awarded to the September 2016 (n=362) cohort were used for this paper. Permission was sought and approved from Ethics and from the various markers involved. Anonymity was assured by assigning each student and marker with a number, the author is the only individual who would know identities and this information was kept securely. Scores were analyzed using various tests with SPSS:
Ho 1: ANOVA
Ho 2: Spearman.
Ho 3: ANOVA
Ho 4: Pearson correlation
Ho 5: Independent T-test t

Key findings and recommendations
Findings revealed there was no statistical difference with Hypothesis 1, 2 and 5. However, there was a difference between markers and this difference strongly correlated with experience of the marker (negatively) i.e. the least experienced markers gave significantly higher scores.
Recommendations included the need for robust marker training, clear marking criteria and if possible a two marker system.
Dissemination of findings to students regarding the measures taken to ensure good inter-rater reliability to ensure confidence of the robustness of the marking process to promote student engagement and enhance the poster presentation experience.

References (Harvard)
Bloxham, S. (2009) Marking and moderation in the UK: False assumptions and wasted resources. Assessment and evaluation in Higher Education. 34 (2) 209-20


**Keywords**
- Poster assessment;
- reliability;
- statistical analysis;
- engagement.

**Three key points to indicate how your work contributes to knowledge development within the selected theme**
- Dispersing fears regarding unreliability.
- student confidence in robustness of mark awarded.
- enhancement of student engagement.
Strand 4: E-learning/blended learning

**D1St4S1: MOOCs and Corporate Social Responsibility: An opportunity for inclusion or simply window dressing in the marketplace?**

Issues for debate paper

Prof Ann Wakefield, Professor of Nursing Education, University of Manchester
Dr Pat Cartney, Senior Lecturer in Social Work, University of Manchester
Dr Janice Christie, Senior Lecturer in Nursing, University of Manchester
Dr Rebecca Smyth, Senior Lecturer in Midwifery, University of Manchester
Ms Tracey Jones, Lecturer in Neonatal Nursing, University of Manchester
Mrs Erin King, Lecturer in Social Work, University of Manchester
Dr Helen White, Lecturer in Midwifery, University of Manchester
Ms Jennifer Kennedy, Teaching Fellow E-Learning, University of Manchester

**Key concepts to be addressed, including, where possible, the international relevance**

Massive open online courses or what are more commonly referred to as MOOCs are a relatively new revolution in education, which organisations offer to address marketing, and globalisation issues. In addition, they are used to contribute to the corporate social responsibility agenda particularly for those educational establishments who want to engage in more philanthropic enterprises (Rhodes et al/2014). Nevertheless, MOOCs vary in quality and with it the professionalism they demonstrate in terms of production features and level of sophistication (Billsberry 2103). Despite the diverse quality of these new educational tools and programmes the InCharge Education Foundation ICEF website, reports MOOC enrolment surpassed 35 million participants in 2015 with 4,200 MOOCs currently offered by over 500 universities worldwide (ICEF 2106). Notwithstanding the high level of enrolment, completion rates for MOOCs rarely attain numbers greater than 10% (Kizilcec, Piech and Schneider 2013; Marcus 2013). So are they truly the shop window of an organisation showcasing what it is capable of offering or are they merely window dressing fripperies designed to entice individuals to “purchase” lucrative products without engaging in deeper organisational scrutiny (Lin 2010)? Are organisations genuinely interested in advancing the knowledge economy for the betterment of society in an increasingly global arena or simply painting a picture of the organisation that will enhance its image in the market place? If organisations are truly trying to better society via mass education programmes how can they realistically improve uptake/access rates while simultaneously enhancing MOOC completion rates given that by their very nature MOOCs require an individual to have access to the internet and a reasonable level of IT literacy?

MOOCs are typically offered as short courses, which for the most part do not lead to participants attaining a formal qualification. Nevertheless, they can be used to attract to the organisation (in a virtual format) those students that might never have had the opportunity or qualifications to access such an institution via any other means (Dacey 2104). More detailed analysis of enrolment figures runs counter to this argument of assumed inclusivity, however, as it has been found that most MOOC participants are well educated, young, employed individuals; a finding, which refutes the suggestion that MOOCs contribute to the social responsibility agenda adding further weight to the window dressing hypothesis (Lin 2010). Moreover, if MOOCs are to be accessed by individuals the person needs to be guaranteed a stable electricity source, an internet bandwidth that supports the downloading of course materials, and, more importantly participants need access to the necessary hardware, which is actually capable of logging on to the internet in the first place (Bhandari 2014). According to Professor Nutbeam, former Vice Chancellor of Southampton University MOOCs offer universities the opportunity to advance innovations in teaching, embrace technologies and expand...
their markets for education. Thus, it could be argued that for many organisations across the globe MOOCs are simply a means of showcasing what they are about. As such they act like a shop window allowing people to browse and gain a glimpse of what goes on behind the scenes before deciding what to do and where to go to advance their education. However, it is still not clear if MOOCS work, what format they should take, and what works best in terms of modes of delivery, level of interaction and educational input. Thus, the closing aspect examines the evidence supporting the use of MOOCs in more detail to see what can be learnt from the wider global debate thus far, in order to apply those principles to health care education. Finally, we will debate possible ways uptake/access and completion rates can be enhanced as part of higher education's commitment to promoting social inclusivity.

Aim(s)/focus
The aim of this debate paper is to explore the value of MOOCs by examining what they are and what they are not, and what is their ultimate aim. What value they serve to the participants and the organisations that offer them as a source of educational enterprise. Finally the paper will explore whether MOOCs achieve their aim(s) and what evidence there is to support their continued use in education as well as exploring the possible ways uptake/access to MOOCs can be enhanced as part of higher education's commitment to promoting social inclusivity.

Evidence base and literature informing the arguments
There is little research evidence exploring the efficacy, value and benefits to individuals of engaging in MOOCs as the pool of research related to MOOC based education is in its infancy. However, what evidence is available will be drawn on in this debate. Therefore, evidence will be taken from all aspects of education not just nursing, health and social care as this is a topic that cuts across all aspects of educational provision and all disciplines nationally and globally. Hence the evidence will draw on recent reviews of MOOCs by Liyanagunawardena et al. 2014, and Gasevic, et al. 2014. As well as other data documented in the reference list below that looks at the efficacy of MOOCs and how they have transformed education to explore the issues highlighted to date as part of a more detailed debate.

Issues for debate
- What are MOOCs?
- What do they offer the organisation and the participant?
- What purpose do they serve?
- What message do they send out about the organisation – window dressing, smoke and mirror, or shop window?
- Where is the evidence to support their continued use in education and how can we increase their uptake and completion rates if they are shown to benefit society?

References


**Keywords**
- MOOCs;
- purpose and drivers for MOOCs;
- innovative teaching;
- innovative assessment;
- efficacy and value of MOOCs.

**Three key points to indicate how your work contributes to knowledge development within the selected theme**
- MOOCs are a relatively new way of delivering education and there worth is still unproven.
- The debate explores what value MOOCs have for education, students and organisations.
- The Challenges MOOCs present in terms of developing meaningful assessments that are not a burden on the organisation while opening access to education for all members of the global...
## Background, context and evidence base for the innovation, including, where possible, its international relevance

In the UK currently half of the nursing programme is facilitated and assessed by mentors in the practice learning environment however the assessment of practice learning is reported to be a significant barrier in mentorship. Many researchers report that there is a lack of awareness, knowledge and understanding of the student’s practice assessment documentation (McIntosh, Gidman and Smith 2014; Frazer, Connolly, Naughton and Kow 2014; Pulsford, Boit and Owen 2002; Hurley and Snowden 2008). Furthermore, research suggests that the practice assessment documentation needs to be improved to ensure the document is more user friendly (Frazer et al. 2014; Hurley and Snowden 2008). Traditionally the development of the practice assessment document has been restricted by a paper document that the student needs to have available to them at all times in the practice setting. The document is large and reportedly inhibits it being user friendly. The development of an electronic practice assessment document provides the flexibility and innovation to develop an assessment document that can enhance the quality of the practice learning assessment and improve the student and mentor experience.

Duffy’s (2003) seminal research has highlighted that mentors ‘fail to fail’ however it is questionable that Higher Education Institutions (HEIs) provide mentors with a practice assessment documentation that enhances the quality of assessment. The Shape of Caring Review highlights the inconsistency in the practice assessment requirements between HEIs and recommends the need for the NMC to develop a more standardised national assessment framework (Willis 2015). HEIs have responded to this and the new PAN-London Practice Assessment Document has been developed (Willis 2015). Likewise, a project group has been established to develop a generic Midlands practice assessment document. The development of an electronic practice assessment document is a natural progression to enhance the quality of the practice learning experience. Numerous benefits have been reported to reduce cost, save time, improve efficiency, improve student monitoring and holistically improve the quality assurance of the practice assessment (Morgan and Dyer 2015).

### Aim/focus of the innovation

The aim of the project was to develop and implement an electronic practice assessment document within the Division of Nursing for all pre-registration nursing students from September 2017. This is a large undertaking with 300 BSc Nursing students and 150 Graduate Entry Nursing students across 3 fields; Adult, Child and Mental Health. These students will undertake practice placements in 9 Trusts across Nottinghamshire and Derbyshire. A task and finish group lead by myself was established in August 2016 involving a small team of lecturers, students and practitioners with the remit to develop and implement the electronic practice assessment document.

### Implementation of the innovation
The implementation of the project was subdivide into the following themes:
- Design and develop – creating a user friendly document that is fit for purpose;
- Market research – what can we learn from others;
- Identify an electronic platform to host the practice assessment document;
- Access to technology;
- Familiarising;
- Develop e-learning resources and guidance;
- Implement and evaluate;
- Ongoing support.

**Methods used to assess the innovation**
A three pronged approach was utilised to gain feedback from lecturers, students and practitioners regarding the development and implementation of the electronic practice assessment document. This was initially gained via ongoing feedback from the task and finish group. As the project developed feedback was obtained through the Mentor Preparation course, Preparation for Practice programme, Practice Learning Team meetings and workshops.

**Key findings**
Initial feedback has identified that there are many advantages of an electronic practice assessment document. Including a reduction in cost, time and it improves efficiency. From a student’s perspective it prevents lose or damage of the document and they feel that it is more user friendly. Both mentors and lecturers agree that it is easier to access a student’s document at any time and that it is easier to monitor and support students at risk.

The key areas of concerns were that mentors might not have access to a computer or device where a private meeting can be held between a student and a mentor. They also fear that initially this could increase the time it takes to complete the assessment and this may impact on mentors completing assessments in their own time. Other issues regarding Wi-Fi access and mentors forgetting their password were raised. Furthermore, culturally there was a resistance to advancements in technology however it is empowering to see how our students and practice partners are embracing this change.

**References**

**Keywords**
- Practice assessment document;
Three key points to indicate how your work contributes to knowledge development within the selected theme

- Underpins the development of an innovative new process for practice assessment in pre-registration nurse education.
- Identifies the advantages of an electronic practice assessment document and its impact on quality assurance.
- Presents the challenges and solutions identified during the development of the project.

Ewan McDonald, Lecturer, La Trobe University
Jessica Boulton, 3rd year Bachelor of Nursing Student, La Trobe University

Key concepts to be addressed, including, where possible, the international relevance

Digital learning offers a generation of ‘digital natives’ flexible and self-paced study (Cook et al. 2011). Further, with a workforce shortage predicted for nursing in some countries, e-learning is also advantageous in accommodating large student cohorts in pre-registration courses.

Koch (2014), however, emphasises in a recent literature review that knowledge on how to teach clinical skills in e-learning is scarce. An ‘e-pedagogy’ for nursing is not fully developed. Meanwhile a lack of ‘practice-readiness’ for newly qualified nurses is also reported (Missen et al. 2016a). In one survey, experienced nurses identify ‘poorly executed’ skills in assessment procedures and clinical problem solving amongst their fledgling colleagues (Missen et al. 2016b).

How do Nursing Schools therefore reconcile the need to adopt digital technology within curricula as well as suitably prepare student nurses for clinical practice? What are the teaching strategies and approaches required for a nursing ‘e-pedagogy’?

Aim(s)/focus

Systematic and integrative reviews and meta-analyses have identified equivalent and improved learning outcomes for e-learning packages vis-à-vis face-to-face learning. This includes for nursing education (Hara et al. 2016; McCutcheon et al. 2015) amongst health professionals (Cook et al.; 2011) and in resuscitation training (Krogh et al. 2015; Thorne et al. 2015). We sought to understand how student nurse formative learning of patient assessment could improve learning experience and outcomes through use of digital technology.

Evidence base and literature informing the arguments

We searched the following online databases: MEDLINE, CINAHL and the Cochrane Library. Key search terms used combinations of words including students and nurs*; undergraduate, baccalaureate and clinician; e-based technology, computer assisted instruction, wiki*, blog*, online quiz*; clinical assessment* and clinical competenc*, knowledge and skills. Studies were only included if they discussed the use of e-based technology in nursing clinical education and were published in English between 2007 and 2016.
The original series of searches resulted in 268 articles. After applying inclusion and exclusion criteria, 29 studies were summarised. This included both experimental and non-experimental research.

**Issues for debate**

**Designing a ‘learnings balance’** - Building student confidence in patient assessment requires psychomotor, cognitive and procedural learning. Psychomotor skills development can be neglected without face-to-face interaction with a nurse educator (Koch 2014).

**E-learning promotes student self-evaluation** – On-line modules are interactive and student-centred (Carlson-Sabelli et al. 2011). A ‘deteriorating patient’ on-line simulation package improves self-assessed knowledge and builds confidence in decision-making for student nurses (Bogossian et al. 2015)

**Training infrastructure and preparation is vital** – Digital literacy can vary according to experience, educational level and gender (Helsper and Eynon 2010). In blended learning, being digitally prepared permits time and resources for improving the quality of face-to-face teaching. Some evidence indicates blended learning can improve clinical competency (Terry et al. 2016).

**References**


Missen, K., McKenna, L. and Beauchamp, A. (2016a) Registered nurses’ perceptions of new nursing graduates’ clinical competence: A systematic integrative review. *Nursing & Health Sciences*. 18, 143-53


Keywords
- E-learning;
- patient assessment;
- psycho-motor learning;
- digital literacy;
- self-evaluation.

Three key points to indicate how your work contributes to knowledge development within the selected theme
- Literature review of e-learning and a core nursing competency - patient assessment.
- E-pedagogy – a perspective on how to use digital learning in nursing education.
- Academic work by both student - user of e-learning material, and lecturer – curriculum designer of e-learning.

**D1St4S4: Mobile phone addiction and multi-tasking: Should we ban mobile phones in the classroom?**

Issues for debate paper
Nikki Glendening, Senior Lecturer (Nursing), Bournemouth University
Karen Cooper, Senior Lecturer (Nursing), Bournemouth University

Key concepts to be addressed, including, where possible, the international relevance
The ongoing technological and internet reformation of recent decades has brought about many pedagogical benefits to healthcare education. However, the increasing “Millennial and Net Generations” constant connection to the internet and the impact this continuous exposure has on students’ learning, achievement, motivation and metacognition is also an emerging global concern, albeit one that has received little contemporary debate within healthcare education.

This session therefore introduces the increasing global and multi-disciplinary research evidence related to the distracting impact of mobile phone technology in the classroom and its significant impact on student engagement and academic outcomes. In doing so it offers various theoretical explanations to explain these findings including: the unconscious habit reinforcing nature of mobile phones and social media; coping in response to cognitive overload and mental exhaustion; and the distracting and overestimation of multi-tasking ability together with the corresponding underestimation of the recovery period and negative consequences of this by students themselves. The rationale being that to find effective solutions, you have to first critically understand the problem.

The session concludes by facilitating a debate on how healthcare educators might effectively respond and whether this should include a ban on mobile phones in the classroom.

Aim(s)/focus
1. To raise awareness of and stimulate debate on the student use of mobile phone technology in the classroom.
2. To offer a review of the increasing global research evidence related to the distracting and negative impact of mobile phone technology on both student engagement and academic outcomes.
3. To facilitate a debate on how healthcare educators might effectively respond to this including consideration of whether mobile phones should be banned from the classroom.

Evidence base and literature informing the arguments
A recent UK Ofcom (2016) survey suggested that mobile phones have now overtaken personal
computers as the main way young people connect to the internet. It also indicated that mobile phone internet use is highly addictive with the majority of young people being unable to go more than one hour without checking their mobile devise. When doing so, they also predominantly multi-task. Trends that are equally supported in the undergraduate higher education literature (e.g. Aaggard 2015; Gupta and Irwin 2016).

However, Flanigan and Babchuck (2015) point out that while it may seem intuitive to believe that this generation of students are tech-savvy and can use technology for their professional and academic advantage, this is not supported by increasing research findings (e.g. Junco 2012a; Junco 2012b; Wood et al. 2012; Rosen et al. 2013; Lepp et al. 2014; Ragan et al. 2014; Ravizza et al. 2014; Li et al. 2015; Wentworth and Middleton 2014; Ozkan and Solmaz 2015; Taneja et al. 2015).

Such findings indicate that while contemporary undergraduates are often very skilled at using technology for personal and leisure use, they have little or no experience of using technology for professional and educational purposes, particularly when deep learning and abstract critical thought are required. Indeed, much of the current way students use their technology in class appears to be highly habit forming and distracting in terms of hindering their learning and achievement outcomes. An issue that students also appear largely unaware of and, for which they frequently hold many flawed beliefs and attributions in terms of their ability to both multi-task and engage in focused class learning (e.g. Wood et al. 2012; Rosen et al. 2013; Sana et al. 2013; Dietz and Henrich 2014; Carrier et al. 2015; Taneja et al. 2015; Zhang 2015; Hollis and Was 2016).

### Issues for debate

1. Why do students become distracted by their mobile phones while in the classroom?
2. Does this raise professional, ethical and pedagogical issues and concerns for contemporary and future health education?
3. How can we as healthcare educators better engage students so they might be less likely to be distracted by their mobile phone?
4. Should (and can) we ban mobile phones in the classroom?

### References and bibliography


Bowman, N. and Akcaoglu, M. (2014) “I see smart people!”: Using Facebook to supplement cognitive and affective learning in the university mass lecture. *Internet and Higher Education.* 23, 1-8


sleep quality in university students. *Pakistan Journal of Medical Science.* 29 (4) 913-8

**Keywords**
- Mobile phone addiction;
- student distraction/disengagement;
- multi-tasking misconceptions;
- blanket bans or other educational solutions?

**Three key points to indicate how your work contributes to knowledge development within the selected theme**
- It is widely acknowledged that the ongoing technological and internet reformation has many pedagogical benefits for contemporary and future healthcare education but students own use of mobile phone technology in the classroom has not received the same professional and research attention.
- Student engagement is key to effective higher education but addiction to mobile phones and student misconceptions about its distracting and negative impact on both engagement and academic outcomes is therefore any issue worthy of further debate.
- Healthcare educators have an important role in engaging with this debate so that they can both raise student awareness and help facilitate more judicious use of such technology in contemporary and future classrooms.

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**D1St4S5: Developing teambuilding and leadership skills using problem solving activities**

Innovation paper

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M. Cooke, Assistant Programme Director, University of Manchester, School of Nursing, Midwifery and Social Work

A. Wong, Programme Director, Singapore Institute of Technology, Singapore

M.A. Chen, Lecturer, Singapore Institute of Technology, Singapore

V. De Silva, Faculty support, Singapore Institute of Technology, Singapore
I. Lee, Faculty support, Singapore Institute of Technology, Singapore.

**Background, context and evidence base for the innovation, including, where possible, its international relevance**

Teamwork and leadership are central features of effective health care provision in hospitals throughout the world (Chang *et al*. 2009). However, there is limited evidence of teamworking and leadership skills being taught using activity based approaches in undergraduate curricula. Evidence suggests that teambuilding skills can lead to greater job satisfaction and improved communication in hospital nursing staff (Amos *et al*. 2005; Ratta and Della 2015). The need to educate nurses and to develop teambuilding skills prior to their engagement in clinical activity is an important challenge for nurse educators (Kalisch *et al*. 2015).

**Aim/focus of the innovation**

To develop teambuilding and leadership skills using 6 structured problem solving activities conducted outside the classroom.

**Implementation of the innovation**

The innovation involved sixty five nursing students on the BSc. (hons), nursing practice degree programme in Singapore who were undertaking their 2nd year Leading and Managing Change module. The module featured lectures and seminars on team work, leadership and change management. Day three was organised as an outdoor activity day which involved 6 groups of students undertaking 6 problem solving activities led by a group nominated leader in a round robin structure. Activities included a casualty evacuation, managing an infection outbreak, and organising care on a stroke unit. Two activities were educationally based board games. Each group were briefed before the activity began and informed of the aims and objectives, as well as the use of resources made available to them for the task. They were given 5 mins to discuss and 20 minutes to complete each activity. The group then moved on to the next activity.

**Methods used to assess the innovation**

Each activity was coordinated and assessed by a faculty member who briefed, observed and debriefed each group, providing constructive feedback using a scoring card. Marks were awarded for successfully completing the task, demonstration of teambuilding skills, displaying leadership qualities, group cohesion, effective communication and group sensitivity. Adherence to time and safe and successful completion of the task were included in the overall group assessment.

**Key findings**

Student evaluations highlighted very high satisfaction scores for the activity day which was said to be stimulating, enjoyable, rewarding, fun and valuable by staff and students. Retrospective seminar group discussions indicated evidence of integration of team building theory and practice. Leadership issues were discussed and linked to theory lectures and seminars. Assessment pass rates for the module were higher than previous years when no activities occurred.

**References**


Ratta, C.B. and Della, M.S. (2015) Flipping the Classroom With Team-Based Learning in Undergraduate Nursing Education. *Nurse Educator*. 40 (2) 71-4

**Keywords**
- Teamwork;
- communication;
- activity;
- leadership.

**Three key points to indicate how your work contributes to knowledge development within the selected theme**
- Integration of theory and practice and enhanced student engagement in education using an innovative educational approach to teaching and learning.
- Activity and problem solving stimulates learning, increases knowledge retention and improves group cohesion and communication.
- Raises awareness and knowledge of the impact of teamwork on group cohesion.

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*D1St4S6: Student-centred pedagogy: The use of web technologies in the co-construction of knowledge of global health within a BSc (Hons) Nursing programme*

Innovation paper

Nita Muir, Principal Lecturer, University of Brighton
Patrick Saintas, Principal Lecturer, University of Brighton
Wendy Hadley, Senior Lecturer, University of Brighton
Fiona MacNeill, Learning Technology Advisor, University of Brighton

**Background, context and evidence base for the innovation, including, where possible, its international relevance**
In contributing to developing a global citizen within an undergraduate BSc (Hons) Nursing programme, as recommended by the HEA (2014), has required consolidation and development of a contemporary academic field of Global Health in relation to nursing practice. This has been an ideal opportunity also to develop a student centred pedagogy that is creative within the University of Brighton. Web tools, incorporated within the features of Virtual Learning Environments (VLEs), have already been alluded to as playing an increasing role in providing facilities for information sharing, co-construction of knowledge (Kai-Wai and Kennedy 2011) collaboration, communication and support (Armstrong and Franklin 2008). In the `Introduction to Global Health` blended learning module, students use blogs to investigate, analyse and organise new knowledge and apply this to their own clinical context and aspirations (Ahn and Class 2011).

**Aim/focus of the innovation**
The aim of this approach has been to empower students to take responsibility for and demonstrate ownership of their learning, as they worked towards achieving the module learning outcomes. In this session we will engage you in:
- The underpinning principles of web applications in the facilitation of learning within a blended learning environment.
- The use and functionalities of Blackboard in the design and delivery of the module.
- Our reflection on the processes and outcomes with the contribution of student evaluations
- Discussion and debate on the issues surrounding this approach.
**Implementation of the innovation**

The presentation will demonstrate how the module team and the students have used aspects of web applications, within a blended learning experience to facilitate the co-construction of knowledge relating to a module, which introduces global health and its impact on nursing, to second year adult, child and mental health field nursing students.

**Methods used to assess the innovation**

- Student evaluations on experience of the module;
- Academic achievement in the module;
- Module team reflections.

**Key findings**

- Students value the opportunity to engage in blended learning within a course that is heavily teaching orientated;
- Students identify development of literacy skills in the online environment;
- The module team have developed their literacy skills in the online environment;
- Students identify the relevance of knowledge of this contemporary academic field.

**References**


**Keywords**

- Global health;
- co-construction of knowledge;
- blended learning.

**Three key points to indicate how your work contributes to knowledge development within the selected theme**

- Use of a virtual learning environment to support student co-construction of knowledge.
- Innovation in facilitating learning of global health as a separate academic theme within a BSc (hons) Nursing programme.
- Literacy skills acquired through engaging in innovation.
**Strand 5: Internationalisation and global challenges in healthcare education**

*D1St5S1: Bridging the gap between teaching and learning: A design science approach for nurse educators towards cultural adaptivity*

**CORE PAPER**

**Research paper**

Patricia Bradley, Associate Professor, Coordinator, Internationally Educated Nurses BScN Program, School of Nursing, York University, Toronto

**Background, including underpinning literature and, wherever possible, the international relevance of the research**

There is a call to enhance the quality of education and practice to meet the needs of one of the most diverse population areas in Canada. Diversity is a norm now, not an exception. Hence, nursing education needs to reflect a culturally adaptive approach in every teaching/learning encounter. Faculty need to acquire a high level of cultural competence in their teaching and inter-connection of theory, evidence, and practice. Faculty need to create inclusive and responsive learning environments in nursing education that goes beyond recognizing that there is diversity and multicultural learners. Rather this change calls for a transformation of the student-teacher relationship that helps enhance learning for both students and teachers. Gaps in the student-teacher connection and between theory and practice still exist. Literature on intercultural relations report that when teachers and students come from different cultures, many problems occur. This disconnect may be a result of different values, expectations, or perceptions (Hofstede 1986). This paper focuses on cultural differences in teaching and learning to promote a design science approach to cultural adaptivity for nursing educators in Canada. The results have implications to worldwide nursing education for diverse learners.

**Aim(s) and/or research question(s)/research hypothesis(es)**

The focus of this research is to pilot an academic educational development program for Internationally Educated Nurse (IEN)/diverse learner educators, to assess faculty teaching strategies and to investigate faculty learning needs.

The project research questions include:

1. What are the challenges of nursing educators in teaching IEN?
2. What teaching style/strategies helped student learning the most/least?

**Research methodology/research design, any ethical issues, and methods of data collection and analysis**

The discussion in this paper will be illustrated by data collected from the project "IEN Success: Leveraging Collaborative Partnership" funded by Ontario Ministry of Citizenship and Immigration (2014-2017). The data is generated from faculty and student surveys on their teaching and learning experience and challenges.

Ethics certificates were obtained from the identified universities and colleges where the nurse educators and nursing students were recruited. Informed consent was obtained from each participant regarding their participation in the project activities.

Convenience sampling was applied in this study. Quantitative data used for this presentation are from Teacher and Student Surveys of the project.

Teacher survey included groups of questions asking about (1) teaching and research experiences, (2)
teaching strategies, and (3) teaching styles.

Student survey comprised of question sets such as (1) learning experience, (2) learning strategies, (3) learning styles, and (4) learning expectations.

The surveys were distributed via mailing list of nursing schools, professional networks, and or project activities. The data was manually entered to SPSS and then were cleaned, recoded, and analysed by the research team and a professional statistician.

Key findings and recommendations

The results of this research project showed that teachers and students had different perceptions about and expectations from each other and with regard to outcomes of learning/teaching, helpful teaching style, and helpful teaching strategies. The study results also showed that teachers knew little about student backgrounds and made limited effort to learn about student learning needs or style, which limited their cultural adaptivity and ability to bridge the gap between theory and practice. We argue that nursing educators underuse multi-dimensional learning systems, which are identified as a way to embrace cultural diversity and to respond to the rising demand from diverse learners (Swinke 2012). We encourage a more comprehensive approach for teachers to adapt themselves to student backgrounds that could increase satisfaction, learning outcomes, and quality of care. Experiential learning is one of the most influential ways for adults to embrace differences by encountering and learning how to live and work with diverse people (Jung et al. 2010).

Adopting the design science approach (Peffers 2007; Reinecke et al. 2013), we propose that teachers use a multi-faceted adaptive approach to student cultural preferences rather than having the students adapt to the teacher preference. The educators need to develop and use experiential learning approached during their teaching. In the learning environment, educators would need to (1) explore student cultural background and preferences, (2) integrate the results of this exploration into their teaching, and (3) evaluate experiential learning outcomes for teaching adjustment.

References


Reinecke, K. and Bernstein, A. (2013) Knowing what a user likes: A design science approach to interfaces that automatically adapt to culture. Mis Quarterly. 37 (2) 427-53


Keywords

- Cultural adaptivity;
- inclusive teaching;
- internationally educated nurse;
- diverse learner;
- experiential learning approach.

Three key points to indicate how your work contributes to knowledge development within the
selected theme

- Identify the need to create inclusive and responsive teaching environments in nursing education.
- Consider the benefits of considering student multicultural backgrounds when teaching in a multicultural environment.
- Explore ways in which experiential learning can be used in a classroom to encourage inclusivity of learners.

D1St5S2: ‘Just Go for It’. Student and staff evaluative reflections on an innovative global learning opportunity

Innovation paper

Beverley Johnson, Lecturer in Adult Nursing; Deputy Programme Manager, Cardiff University
Judith Benbow, Lecturer in Adult Nursing; School Mobility Lead, Cardiff University
Dawn James, Lecturer in Children and Young people’s Nursing; Placement Optional Learning Opportunity (POLO) lead, Cardiff University

Background, context and evidence base for the innovation, including, where possible, its international relevance

Graduates possessing global competencies, cultural understanding and ability to work within diverse workforces and environments (Department of Health 2014) are rated by employers worldwide. Indeed, the benefits from volunteering studying/working abroad are widely agreed upon for both UK and overseas health care delivery development and the growth of individual students and qualified staff (All Party Parliamentary Group on Global Health 2013). While in reality, pedagogical and practical challenges can prevail (UK Higher Education International Unit 2012).

Within this paper there will be an opportunity to explore how one School of Nursing, in Wales, in just a four year period, has met the strategic and professional vision to increase international student mobility, in order to enhance global health competence of student nurses. In so doing they also enhanced the student experience. Strategies utilised to overcome well documented multidimensional challenges will also be explored. The evaluations of over 120 students, over a 4 year period, will be presented to include the significant professional and personal rewards students gained, alongside the challenges and how the students managed those challenges. Example of such rewards includes enhanced confidence, communication and cultural competence. Challenges encountered by students included, for example, overcoming professional differences and practical challenges. Students’ personal reflective accounts will be presented, offering an invaluable insight of their experience and learning gained. Finally, the collaborative learning gained and outcomes will be offered, to enable development of future students’ global health competencies.

Aim/focus of the innovation

To enable global health competence amongst student nurses

Implementation of the innovation

To manage, sustain, and further develop global learning opportunities within an undergraduate nursing programme to develop global health competence in nursing students.

Methods used to assess the innovation

Student evaluations and reflection.
Staff evaluations and facilitation feedback.
### Key findings
Summary of evaluations demonstrate that students develop enhanced confidence, improved communication and cultural competence.
Challenges include professional difficulties and practical challenges.

### References


UK Higher Education International Unit (2012) *Riordan Review - Recommendations of The Joint Steering Group on Outward Student Mobility*

### Keywords
- Mobility;
- culture appreciation;
- inequalities;
- confidence;
- improved communication.

### Three key points to indicate how your work contributes to knowledge development within the selected theme
- The work looks at overcoming barriers to international education.
- It explores how outward mobility can increase nurses’ contribution to global health care.
- Development of cultural competence.

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**D1St553: ‘Failing to fail’ in healthcare: The global perspective**

**Research paper**

Dr Kathleen Duffy, Senior Nurse Practice Education, NHS Lanarkshire, Scotland

**Background, including underpinning literature and, wherever possible, the international relevance of the research**

In the United Kingdom (UK) preregistration nurses and midwives are supported and assessed in practice by registrants who have undertaken an approved Nursing and Midwifery Council mentorship programme (NMC 2008). Duffy's seminal doctoral work (2003, 2006) around ‘failing to fail' was a catalyst for change within the UK with regards to mentorship preparation and support. More than a decade later, is ‘failing to fail' still an issue for debate both in the UK and beyond?

**Aim(s) and/or research question(s)/research hypothesis(es)**

The aim of this paper is to present a critical reflection of the findings from a systematic literature review which explored ‘failing to fail’ from an international perspective across several healthcare professions including nursing, medicine, social work and dentistry.

**Research methodology/research design, any ethical issues, and methods of data collection and**
A multi-stage search strategy of literature from 2006-2016 was undertaken. Electronic database searches were conducted for English, peer-reviewed, quantitative and qualitative primary research and other published evidence-based literature. The Electronic Theses Online Service was utilised for grey literature and conference proceedings. The CASP tool was used to assess the rigour of papers.

Key findings and recommendations
A total of 28 papers were included in the literature review. A synthesis of the key findings will be presented. Findings indicate that healthcare practitioners from across the globe who support and assess students in practice face challenges around the emotional aspects of failing a student in practice with various factors at play. Courage and resilience are concepts that require to be considered in healthcare mentors' preparation and ongoing development of these practitioners in supporting the underperforming student requires consideration. Both lecturers and practice education facilitators require to identifying those healthcare practitioners who lack confidence in this skill. Of note within the literature reviewed was the absence of the ‘student’ and ‘service user’ voice. Synthesis of the review highlighted that while many of Duffy's recommendations for mentorship practice have been implemented within the UK since 2006 some of the original findings remain relevant across the international healthcare arena today; with some of the original research recommendations still to be realised.

References

Keywords
- Fail;
- assessment;
- mentor;
- student;
- underperforming.

Three key points to indicate how your work contributes to knowledge development within the selected theme
- A global challenge within healthcare practice assessment identified.
- Emotional aspects of mentoring require acknowledgement and debate.
- Lecturer's role in identification of healthcare practitioners who lack confidence in assessment.
**D1St5S4: Co-creation as reflexive self-development: One nurse's journey towards becoming a Tele-ICU Nurse in China**

**Research paper**

Ling Li, Intensive Care Nurse (ICU), The First Affiliated Hospital of Guang Zhou University of Chinese Medicine, China

Dr Angela Cotton, Lecturer in Post-graduate Studies, School of Nursing, Midwifery, Social Work and Social Science. University of Salford, UK

Professor Nicholas Hardiker, Associate Dean for Research, School of Nursing, Midwifery, Social Work and Social Science. University of Salford, UK

**Background, context and evidence base for the innovation, including, where possible, its international relevance**

Tele-ICU nursing is a centralized or remotely based advanced critical care nurses networked with the bedside nurses and patients via state-of-the-art audiovisual communication and computer systems. It attaches significant importance on reduction of mortality and length of stay of ICU patients (Young et al. 2011). As an expansion growth of telemedicine approach to care, Tele-ICU nursing, has the potential to impact the ongoing transformation of nursing practice and notably contribute to care (Williams, Hubbard, Daye and Barden 2012). There are two main organizations (International Council of Nurses Telenursing Network and International Society for Telemedicine and eHealth [ISfTeH]) supporting the development of tele-nurses in use of telehealth technologies.

Tele-ICU nursing was firstly established in America owing to meet the shortage of intensivists and nurses in critical care. It seems that Tele ICU is the promising pathway (Kumar, Merchant and Reynolds 2013), building upon broader tele-health initiatives (Liu et al. 2006).

**Aim/focus of the innovation**

The importance of training advanced ICU nurses to be Tele-ICU nurses is recognised, but there are few education strategies towards Tele-ICU nurses career planning.

This presentation aims to explore the effects of a co-creative pedagogical educational approach (Friere 1998) upon my ability to explore my personal and professional biography as an ICU nurse in Guang Zhou, China, currently studying at Masters Level in the UK. I will share how, through my experiences in higher education in the UK a new career path as a Tele-ICU nurse was made possible through critical engagement with international developments (Schlachta-Fairchild et al. 2010; ISfTeH 2017) and through making connections within the Tele-nursing community of practice (Wenger and Wenger 1998).

**Implementation of the innovation**

1. Exploration of my biography, enabling a critical engagement with my abilities, and the needs of ICU nursing within the co-creative, reflexive style of learning
2. Personal Development Plan (PDP) as a reflexive, goal-oriented approach to build the explicit scheme of learning activities towards Tele-ICU nurses.
3. Setting my learning activities according to the requirements for Tele-ICU nurses including core skills, knowledge, and competencies (Goran 2010)
4. Learning through linking in with key innovators within the field.

**Methods used to assess the innovation**

This co-creative pedagogical approach to facilitate my development as Tele-ICU nurse has been a process, with some specific, and some less tangible outcomes.

The assessment of such an approach will be possible through my following through my plans, for which use of SMARTER (specific, measurable, agreed, realistic, time-bound, exciting, recorded) goal
setting analysis (Hersh et al. 2012) is integral. Reflexive biographical narrative analysis, as facilitating a more in-depth appreciation of my development (Howatson-Jones 2011) was also adopted.

**Key findings**
These relate to increased awareness of myself, intrinsic and extrinsic motivations to becoming a Tele-ICU nurse in China and the potential contribution this may make to ICU patient care. Co-creation as reflexive self-development is central to my becoming and has been a valued integral element of my learning in the UK.

**References**
International Council of Nurses Telenursing Network and International Society for Telemedicine and eHealth [https://www.isfteh.org/working_groups/category/telenursing accessed 22.01.17](https://www.isfteh.org/working_groups/category/telenursing accessed 22.01.17)

**Keywords**
- Co-creative education;
- tele-ICU nurse;
- reflexive self-development;
- goal-orientation.

**Three key points to indicate how your work contributes to knowledge development within the selected theme**
- To encourage ICU nurses to make a cutting-edge career planning as Tele ICU nurses, contributing to internationalisation and global challenges in critical care education and evidence-based practice.
- To advocate nurses to use co-creative and goal-orientated education strategies to facilitate their career pathway.
To provide a reference point for future management and training of Tele ICU nurses.

### Key concepts to be addressed, including, where possible, the international relevance

This paper presents an argument for the need to structure international experiences in keeping with the tenets of curriculum construction and evaluation. To adhere to this process, advance thought must be given to the educational objectives for such an experience, the articulation of these objectives with the school's terminal objectives, a process of evaluation of the international experience that employs methods of evaluation that have proven rigor.

### Aim(s)/focus

The value of international experiences for both pre-licensure and graduate nursing students has been clearly documented. The professional literature contains a plethora of articles that describe experiences in a variety of developed and still developing nations. However, vast differences in the programmes described are readily apparent. For example, the programmes described vary significantly in length, from a few days to an entire semester. Although many of the international experiences described are the entire content of an elective course, some are a portion of a course required for graduation. While some of the experiences involve faculty from the students' home institution accompanying them throughout the experience, others consist of a student's participation in the international experience entirely on one's own or together with a small group of peers. The experiences related include participatory or observational experiences— or a combination of both. Significant variance is also found in the rationale for the international experiences described. Some seem primarily focused on the provision of aid to underserved populations with student achievement of educational objectives as an incidental outcome of the time spent abroad.

### Evidence base and literature informing the arguments

In a review of extant literature in both nursing and medical education Mutchnick, Moyer, and Stern (2003) found that although the number of international experiences for students in the health care professions had increased dramatically over the past decade, the benefits of these programmes had not been clearly established. The authors argued that further research employing more rigorous methods is necessary to clearly establish the value of international experiences. The authors further concluded that only when such research is undertaken can justification be offered for the cost and time away from the traditional educational programme that is required for study abroad. Similarly, McAuliffe and Cohen (2005), in a further review of the literature, found little evaluation of the effects of nursing students' participation in international experiences beyond anecdotes and personal accounts.

This paper will argue the importance of formulation of international experiences from the perspective of the noted curriculum theorist Ralph Tyler which includes the prior determination of: (1) educational objectives for the experience; (2) determination of the components necessary to achieve these objectives; (3) logical sequencing of these objectives; and (4) evaluation to determine the extent to which the objectives had been achieved with goal of continued improvement of the experience. Although the paper is theoretical in nature, concrete examples will be offered in applications of Tyler's model.
Issues for debate

Only when faculty in the health professions plan international experiences with predetermined and measurable objectives that are congruent with their programme's terminal objectives can the educational benefits of an international experience be argued on a firm foundation. Further, only when measures with sufficient rigor are used in the evaluation of previously determined outcomes can the benefits of the true international experience be promulgated.

References


Keywords

- International experiences;
- curricular planning;
- educational evaluation.

Three key points to indicate how your work contributes to knowledge development within the selected theme

- It is important to plan international experiences for students in the health care profession with strict adherence to the principles of curriculum construction.
- The true benefits of international experiences can be determined only when methods with rigor are used in the evaluation process.
- The planned outcomes of an international educational experiences should articulate with the program's terminal objectives.

D1St556: Working in partnership in China

Innovation paper

Mary Crawford, Academic Lead, King's Nanjing Collaboration, King's College London

Background, context and evidence base for the innovation, including, where possible, its international relevance

King's College London (King's) was approached by a Health School in Jiangsu Province, China to provide consultancy advice on the development of the new Nanjing Nightingale Nursing College, due to open in 2018. The health school currently runs pre-registration nursing and therapist education programmes and wishes to raise the level of their education programmes. Nursing education in China is both at diploma and degree level still but with a different structure to the UK.

Barzdins (2012) suggests that healthcare is under pressure internationally due to societal changes; although his work focussed on the Baltic region it is equally applicable, although the context is
different to China. Grootjans and Newman (2013) identify that nurses are sharing global concerns in a much wider way than previously. This was an innovative project for Jiangsu nursing province and for the Health School. Discussions started in 2015 and there was much in the press about international relations developing with different parts of China at this time.

**Aim/focus of the innovation**
The aim of the innovation is to share good practice between the two organisations, but also to assist the Health School in Nanjing to develop their programmes along international lines. The project also aims to increase the availability of post qualifying education in the province. The focus of the project currently is education but Nanjing Health School hope to develop a research focus, the focus is not solely nursing but includes areas of midwifery.

**Implementation of the innovation**
The collaboration has developed with 5 separate streams of work, all led by a King's academic. There is a strong project management focus with a project manager in both countries and a project administrator also in the UK. The project is designed over 5 years, not all work streams work through each year. Clinical observation kick started the partnership with visits to several Nanjing hospitals. This enabled us to identify areas where we shared the same practice and areas of difference. King's staff have delivered an adapted version of some of our CPD modules which were chosen by Nanjing. With the new Nanjing Nightingale College being planned for a 2018 opening, work is currently focussing on helping them set up the governance structures for the college, which are both in line with international expectations and the Ministry of Education in China.

**Methods used to assess the innovation**
Different stages of the innovation are evaluated regularly: for example when King's staff deliver modules in China they are evaluated verbally and in a written format which is then translated. Feedback is given by both parties on each piece of work and an overall evaluation will be carried out when a workstream is completed. Each stage of the work has been paid for on time which could be seen as a successful evaluation!

**Key findings**
Although the innovation is ongoing and we have just started year 2 of this 5 year journey findings which will influence the success of the innovation are emerging. It has been important to establish a culture of trust and mutual respect which can be challenging when we are communicating through an interpreter much of the time. It is also reassuring to find that most of our values are shared, even when our different cultures may have a different focus.

**References** (Harvard)

**Keywords**
- Culture;
- trust;
- innovation;
- evidence base.
Three key points to indicate how your work contributes to knowledge development within the selected theme

- Innovation example of collaborating internationally on an education project.
- Working in partnership but at a distance and in a different language.
- Close working relationship although very different context and experience.