28th International Networking for Healthcare Education Conference

5–6 September 2017

Core and theme paper abstracts:
Day 1, Strands 6-10
## Contents

**Strand 6: Learning and teaching strategies**

D1st6S1: ‘It can be an unsettling experience’: What do master’s dissertation supervisors actually do?  
D1st6S2: Reflection and the Thinking Skills of Postgraduate Nursing Students  
D1st6S3: “Let’s talk midwifery@UWE”: Development of cross-institutional, collaborative learning events  
D1st6S4: The use of digital storytelling to develop reflective skills in professional education: an international and interdisciplinary approach  
D1st6S5: Teaching and Learning In The Outpatient Clinic: Can Education Ever Be Effective At The Coal Face?  
D1st6S6: Improving the effectiveness of teaching using the Self-Rating Scale of Self-Directed Learning tool

**Strand 7: Partnership working**

D1st7S1: Rethinking partnership-working: Progressing effective collaboration within changing higher education and healthcare environments  
D1st7S2: Partnership in curriculum redesign: Involving, students, users, and clinical staff  
D1st7S3: The ebb and flow of social capital in a European Nurse Education Network

**Strand 7: Research methodology in healthcare education**

D1st7S4: Students as participants of research: Ethical issues for healthcare education  
D1st7S5: Zaltman Metaphor Elicitation Technique to identify the theory-practice connection in nurse education  
D1st7S6: Recruitment of older people living in care homes – lessons learnt from the Proactive Health Care in Care Homes (PEACH) study

**Strand 8: Student experience and engagement**

D1st8S1: Innovative Approaches to Feedback: Feedback without Grades  
D1st8S2: Are we a little precious about seeking and receiving student feedback about our teaching and learning?  
D1st8S3: Peer education in midwifery using an interactive board game experience  
D1st8S4: How can lecturers support registered nurses with dyslexia?
D1st8S5: A partnership approach to developing and expanding placement opportunities for student nurses using an integrated care model 33
D1st8S6: Student experience and engagement 35

Strand 9: Social, economic and policy drivers in healthcare education 37
D1st9S1: How influential are the Care Quality Commission health and social care service inspections on curriculum development? 37
D1st9S2: Redesigning and enhancing practice learning opportunities as a response to policy change 39
D1st9S3: Attracting Diversity: Men in Nursing 41

Strand 9: Service user and carer engagement 43
D1st9S4: Arresting Tales: A co-production by Out of Hospital Cardiac Arrest Survivors and Chest Heart & Stroke Scotland 43
D1st9S5: Patient as Coach Team – PaCT 45

Strand 10: Education in clinical practice and practice development 47
D1st10S1: A pilot of Action Learning Sets for newly qualified nurses (NQNs) 47
D1st10S2: Learning in practice: towards a new model of practice learning for nurses and midwives 49
D1st10S3: Leading the way: Examining the experience of nursing students who raise a concern in practice 51
D1st10S4: Made in my Image; A Grounded Theory of Shaping and Moulding Mentorship Practice through Persuasion and Influence 53
D1st10S5: Use of Computer-based Clinical Examination for Assessment of Medical Students in Surgery 55
D1st10S6: An investigation of trainees’ and clinical educators’ perceptions of practice based learning in speech and language therapy 56

Strand 6: Learning and teaching strategies

D1St6S1: ‘It can be an unsettling experience’: What do Master’ dissertation supervisors actually do? 43
Research paper
Ann Macfadyen, Academic Development Advisor, Quality and Teaching Excellence, Northumbria University
Christine English, Director of Learning and Teaching, Department of Nursing and Healthcare, Northumbria University

Background, including underpinning literature and, wherever possible, the international relevance of the research
Undertaking a Masters level dissertation can be a challenging experience for students, during which they learn to question the existing evidence base for their discipline and apply it in a new and meaningful way. The guidance of an interested, supportive academic can be invaluable, and the alternative; an unengaged or elusive supervisor, can result in student isolation, frustration and lack of progress. The role is acknowledged to be a key one within higher education internationally, however preparation for this responsibility is variable and there is relatively little research into this aspect of academic practice (Bamber 2015; Bruce and Stoodley 2013).

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

**Research question**

How can I better understand the complexities and challenges involved in the practice of supervision of students undertaking postgraduate master's dissertations?

**Subsidiary questions**

- What supervision strategies do supervisors identify as being good practice?
- What factors may influence the development and implementation of these strategies?
- What information may be gleaned from the findings that may improve the practice of research supervision?

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

**Collaborative action research**

This project involved collaboration with 25 Masters dissertation supervisors from health and education departments who identified that it is one of the aspects of the job that academics feel least prepared for and worry about.

The initial phase of the project identified that there was a great deal of untapped expertise on this area, but that supervisors sometimes felt a sense of ill-preparedness, under confidence, and being slightly unsure about their supervisory role. During a series of interviews and collaborative workshops 13 supervisors shared their experiences, and reflected with one another on the nature of supervision. It became apparent that while there were certain techniques or activities which academic staff had found effective in expanding students’ understanding or to encourage the development of supervisees’ skills, their use of these was embedded within complex practices of assessment of students’ needs and progress, and could not be described in a simplistic ‘recipe’ of strategies which could be relied upon to promote learning.

### Key findings and recommendations

The notion that supervisory expertise is not a definable body of knowledge, but an understanding of students’ expectations, abilities, challenges, beliefs and skills; the experience to recognise some of the possible contributory issues and an awareness of possible appropriate actions which might be helpful, is comparable to situational judgement or ‘phronesis’, which has been described as the ability to see the right thing to do in the circumstances (Carr 2006; Elliot 2009).

The outcome of this project was the articulation of the complexities involved in the supervisor’s role and the construction of a new three sided model, which conceptualises the process of supervision. The new model explains the way in which these supervisors practice. The core element is the supervisor’s ongoing assessment of a student's readiness, motivation and individual situation. In response to this assessment, supervisors balance three functions in promoting student growth: Facilitating, Nurturing and Maintaining Standards. Facilitating encourages student growth through challenge or stimulation. Nurturing involves the provision of support and reassurance within a safe
space in which this growth can occur. Maintaining standards ensures that academic and professional rigor are preserved.

The findings contribute to the established knowledge within supervisory pedagogy and will be of benefit future staff development of this academic practice.

**References**


**Keywords**

- Supervision;
- Masters;
- praxis;
- postgraduate research;
- dissertation.

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

- Articulates the complexities involved in post graduate research supervision.
- Conceptualises the way in which academics balance the different elements of their supervisor role.
- Contributes to the established knowledge on research supervision.

---

**D1St652: Reflection and the thinking skills of postgraduate nursing students**

*Research paper*

Mary O’Neill, Lecturer/Programme Director, Royal College of Surgeons in Ireland

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

Today, reflection is used regularly in nursing education to explore the application of theory to practice Hatlevik (2012), and also to ascertain knowledge arising from practice (Kim 1999). Reflection and thinking skills are commonly embedded as learning outcomes in nursing curricula (NMBI 2015). The ability to reflect and think critically are important skills for student nurses to acquire during their education in order to support effective patient care and evidence-based practice. While Smith (2011) acknowledges the importance of reflection for health and social care professionals, including nursing, medicine and social workers, she adds that the language of critical thinking is difficult and, moreover, the terms are used interchangeably and can be interpreted differently depending on the context. This extends earlier arguments in the literature about the examination of reflection and critical thinking as isolated concepts (Kuiper and Pesut, 2004). These arguments support the observation by Finlay (2008: 2) that ‘reflective practice is both complex and situated’.

**Aim(s) and/or research question(s)/research hypothesis(es)**
This study aimed to determine the nature of the relationship between reflection and the thinking skills of postgraduate nursing students and also to determine what factors may be identified as predictors of their thinking skills. It also investigated the factors that motivated students to learn and the approaches they used when studying and learning.

**Hypotheses**

Nurses’ thinking skills can be predicted by:

1. their age, gender, programme of study and their highest academic qualification.
2. their education on reflection.
3. how they reflect on situations they encounter in everyday practice.
4. their approach (deep/strategic/surface) to learning and studying.
5. their motivation for learning, how they organise their learning and the strategies they use to get their work done.

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

A quantitative cross-sectional online survey design was used to conduct the study as part of a doctoral programme. Ethical approval was obtained from the Research Ethics Committee of the institution. Participants (n=210) completed four self-reported questionnaires to measure their reflective abilities, motivation, thinking skills and approaches to learning. Data were analysed using descriptive and correlation analyses including multiple regression to explore multivariate relationships between the dependent variable thinking skills and the combined sets of independent variables for reflection, motivation and approaches to learning. The analysis created a model that explained the relationship among the independent variables and their individual and distinct contribution to the model and specifically the predication of thinking skills.

**Key findings and recommendations**

Self-efficacy and habitual action were statistically significant and made a unique contribution to the model as predictors of postgraduate nurses' thinking skills. The approaches that students use when learning were conceptually important in the study but emerged as non-predicative variables. The findings provide new insights to inform teaching practice and enhance learning experiences for postgraduate students. In particular, the findings may influence the pedagogical strategies that nurse educators use to teach both reflection and thinking skills in academic and clinical settings.

**Key Recommendations**

Self-efficacy is an important attribute for academic and clinical development. There is potential for further research on the role of self-efficacy and academic achievement from a postgraduate nursing perspective and also in conjunction with the factors that motivate students to learn. Habitual action emerged as a predictor of thinking skills and this needs further research. While the non-predicative variables were conceptually important in the study the approaches that students use when learning requires further examination.

**References**


Nursing and Midwifery Board of Ireland (2015) *Post Registration Nursing and Midwifery Programmes: Standards and Requirements.* Dublin: Nursing and Midwifery Board of Ireland


**Keywords**
- Reflection;
- thinking skills;
- nursing;
- teaching and learning;
- education.

Three key points to indicate how your work contributes to knowledge development within the selected theme
- Reflection and thinking are important concepts in nursing education yet the relationship between them may be poorly understood.
- This study contributes both empirical and theoretical knowledge to the debate by reporting on the relationship between reflection and the thinking skills from a postgraduate nursing perspective.
- The findings have implications for nursing education and practice and may also provide pedagogical insights for other health care professionals who use reflection for professional practice.

**D1S63: ‘Let’s talk midwifery@UWE’: Development of cross-institutional, collaborative learning events**

Teresa Shalofsky. Associate Head of Department: Nursing and Midwifery. Lead Midwife for Education. The University of the West of England.

Jo Jones. Senior Lecturer Midwifery; Midwifery Programme Lead. The University of the West of England.

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

The midwifery pre-registration programme at UWE aims to equip graduates to provide evidence informed, inclusive and individualised woman-centred care which, Phipps (2003) argues, requires enhanced cognitive ability and epistemology. Therefore, the programme aims to offer a transformative learning experience, facilitating students to achieve self-authorship, enabling them to engage in critical thinking and reflection, complex problem solving and mature decision making (Baxter-Magolda 2007). To realise this, curriculum pedagogy is predicated upon how students should learn, rather than what they should know (Fraser *et al.* 1998) and on facilitating a tangible connection with women on a conceptual or emotional level (Clinchy *et al.* 1985).

A core curriculum theme, to support self-authorship and, correspondingly, evidence based practice and lifelong learning, is the development of “students as researchers”. Promoting. Increasing opportunities for students to engage within research processes and share research outcomes continues to gain prominence within the UK higher education sector (Spronken-Smith *et al.* 2013).
Yet, traditionally, the focus of student-led research tends toward the production of an independent final year project (Healey and Jenkins 2009) with most students falling short of student-led research dissemination (Spronken-Smith et al. 2013). The UWE midwifery programme challenges traditional approaches by offering students structured, progressive opportunities to practice and develop research and knowledge dissemination skills by using enquiry based learning as a central pedagogy. Time and support is given to nurture students as researchers, assisting them to formulate questions, locate, critique, produce and disseminate collaborative enquiry-led research within their immediate peer group on a weekly basis. However, currently, there is no mechanism for students to test theories, formulated from enquiry research, to a wider audience. Therefore, the research cycle has been extended to include the dissemination of enquiry-led research to service users and wider health and research communities using social media. This medium provides accessible, social, informal routes for dissemination of undergraduate research (Spronken-Smith et al. 2013), potentially beyond UK borders, whilst concurrently increasing student engagement, enhancing learning (Mysko and Delgaty 2015) and developing cross-institutional, technology-based communities of enquiry.

**Aim/focus of the innovation**

By developing existing small group feedback activities to create collaborative, technology-based learning events which reach beyond the classroom, the project enables students to broaden their scope of engagement with knowledge exchange activities, to manage challenge from diverse sources, to develop leadership in their learning and to advance their knowledge base in real world contexts and within wider healthcare arenas. Through this, students are supported to progress through the research cycle and become active participants within the local and national “community of disciplinary research practice” (Healey and Jenkins 2009, p20).

**Implementation of the innovation**

Midwifery tutors work alongside students to select specific occasions, throughout each year, where students will negotiate the means and medium by which they will open up dissemination of their EBL findings to the wider audience. This is supported by collaborative evaluation and feedforward with students to determine next steps in progressing extended communities of learning.

**Methods used to assess the innovation**

Include long and short term evaluation:

- evaluations of the experience (students and staff) determined through a parallel qualitative research arm supported by a series of focus groups;
- improved self-score measures of student confidence to undertake research and dissemination activities (to include evidence of engagement in other dissemination opportunities, such as student dissertation conference);
- monitoring Twitter feed reach and impact.

**Key findings** (project completes 07/2017)

Initial evaluation of student/staff experience is positive in terms of:

- enhancing learning and increasing student engagement and confidence with undergraduate research and dissemination activities, including accepting challenge to theories generated by enquiry.
- increased appreciation of the value of collaborative research and technology-based collaborative learning events in extending communities of learning.
- recognition of increased potential to create connections between concepts through engagement with wider communities of learning (internal and external to the university
setting).

References
Mysko C. and Delgaty L. (2015) How and why are students using twitter for #meded? Integrating twitter into undergraduate medical education to promote active learning. ARECLS. 12, 24-52

Keywords
- Students as researchers;
- technology enhanced learning;
- collaborative research;
- connected learning;
- communities of learning.

Three key points to indicate how your work contributes to knowledge development within the selected theme
- Pre-registration student-led research dissemination.
- Innovative collaborative learning and teaching.
- Using technology to enhance knowledge exchange within wider arena.

D1St6S4: The use of digital storytelling to develop reflective skills in professional education: An international and interdisciplinary approach

Innovation paper
Ms Jane Challinor, Principal Lecturer, School of Social Sciences, Nottingham Trent University
Dr Victoria I. Marín, Postdoctoral Researcher, Department of Applied Pedagogy and Educational Psychology, University of the Balearic Islands, 07122 Palma de Mallorca, Spain
Dr Gemma Tur, Lecturer, Department of Applied Pedagogy and Educational Psychology, University of the Balearic Islands, Calvari, Spain

Background, context and evidence base for the innovation, including, where possible, its international relevance
Building on previous research by the authors (Tur, Challinor and Marin 2016), students from two universities, one group studying health and social care (in the UK), the other training to be teachers (in Spain), were asked to produce digital artefacts in which they reflected on aspects of professional identity, values, and learning. According to Albion (2008) and Kamel and Wheeler (2007), the ability to create and share information digitally has become increasingly central to professional roles and thus
is worthy of attention within the professional education curriculum, whilst, as Cheng and Chan (2009) and Ivala et al. (2013) claim, the creation of digital stories encourages self-reflection, deep learning and higher-order thinking skills.

### Aim/focus of the innovation

Teachers and health and social care professionals have in common a requirement to be reflective practitioners but, as Ryan and Ryan (2013) point out, these skills are not innate and must be scaffolded through well designed pedagogical interventions.

According to Jamissen and Skou (2011) multimodal artefacts which combine images, words and music, can convey greater emotional depth than traditional forms of reflective essay or portfolio. The authors therefore hypothesised that a sequence of learning activities aimed at producing digital stories would support students in the development of both reflective and digital skills. They further hypothesised that this approach could be applied in different disciplines, levels of study and national contexts.

### Implementation of the innovation

The authors collaborated on the design of learning activities which provided appropriate scaffolding for the acquisition of skills as well as assessment rubrics which would be used in all five cases. Two digital artefacts, at the start and end of each module, were set as assessments, making it possible to gauge students' progress in both the development of digital competences and levels of reflection.

### Methods used to assess the innovation

Thematic analysis was used to identify the topics addressed by students in exploring their professional identities, values and the process of learning. Moon's (2013) Map of Learning was used to assess levels of reflection. The authors developed a third tool through which digital skills were measured. A multiple case study approach allowed the authors to compare the outcomes for different groups and draw conclusions about the generalisability of the approach.

### Key findings

The study provides some important insights for teaching and learning in professional education as it suggests that digital storytelling provides a highly engaging way of introducing both reflective and digital practices and is applicable in a range of contexts and modes of learning.

### References


Keywords
- Innovative assessment;
- digital storytelling;
- reflective practitioner;
- professional education;
- digital competence

Three key points to indicate how your work contributes to knowledge development within the selected theme
- Describes the design, implementation, and assessment of an innovative and engaging reflective learning activity
- Highlights emerging themes from students’ reflections on their developing sense of professional identity and values
- Provides insight into the applicability of the pedagogical approach in different institutional, national, and professional contexts and across different levels and modes of study within institutions

D1St6S5: Teaching and learning in the Outpatient Clinic: Can education ever be effective at the coal face?
Research paper

Miss Amy Garner, Speciality Trainee Year 5, Oxford Learning Institute, University of Oxford & Health Education Kent, Surrey and Sussex.
Dr Kathleen Quinlan, Oxford Learning Institute, University of Oxford

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

Introduction
Outpatient clinics are intense environments: pressures of service provision conflict with effective teaching and learning (Spencer 2003). Teachers in clinic are torn between patients and learners (medical students or junior doctors), trying to serve each without compromising standards. Traditional teaching methods include ad hoc low-validity lengthy discussions, often on a variety of themes dictated by the somewhat unpredictable presenting complaint of the patient. Typically, this
teaching style results in late running clinics and dissatisfied patients. Learners often report confused or random learning objectives as barriers to deep learning (Sobral 2001). Learning Journals are collections of notes, observations and reflections which may facilitate deep, effective learning (Moon 1999; McCrindle 1995). In combination with focused, objective-led teaching strategies, learners can engage in self-directed learning without disruption to service commitments of the clinic.

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

**Research Question**
Here, we aim to determine whether reconfiguration of teaching and learning in the outpatient clinic can enhance learning, without compromising standards of patient care or service provision. We test the validity of evidence-based learning journals, focused objective-based teaching styles and structured feedback to determine whether learners benefit from modernisation of the teaching techniques in a pressurised resource-limited environment.

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

**Methods**
The lead author used Orthopaedic outpatient clinics to compare the two teaching methods. The traditional method included ad-hoc discussions both during and after patient consultations with spurious learner involvement. The alternative included a brief pre-clinic objective setting exercise to identify student-led specific learning aims e.g. 'improved examination of the knee'. The consultations moved at fast pace with each learning goal being specifically addressed, for example: patient one’s knee was examined by the tutor, then patient two’s knee by the student, followed by brief focused feedback, avoiding lengthy discussion or “off-topic” issues. If necessary and appropriate, patient three’s knee was then examined, again by the tutor, addressing key areas for improvement. The learner independently completed a bespoke learning journal during each consultation which was used at the end of clinic to facilitate a 30-minute objective-led discussion. The clinical was reflected on as a whole with feedback specifically addressing the key learning aims as previously agreed. The learner’s assessment of their own performance was compared to that of the tutors and focused areas for development were discussed. Where possible, subsequent clinic attendance was scheduled during which these learning goals could be re-visited. Clinic data was collected from online records including numbers of patients seen and average consultation length. Each student completed a written Linkert-type questionnaire regarding their experience.

### Key findings and recommendations

**Results:**
Nine students participated. In the learning-journal assisted clinics, students reported significant improvements in clarity of learning objectives (p=0.0002), consultation pace (p=0.01), time to ask questions (p=0.01), and feeling involved (p=0.001). The journals were well received. During the journal-assisted clinics the author reviewed more patients (p=0.002), average consultation times were reduced by 40% (p=0.007) and each clinic was statistically shorter (p=0.007) with fewer delays and higher patient satisfaction. Clinic time saved facilitated the feedback session.

**Discussion**
The outpatient clinic is a rich learning environment, enhanced by the presence of medical students and junior doctors. It is, however, easy to become overwhelmed by service commitment, compromising standards of teaching and learning. Here, we recognise the limitations of current teaching techniques and present a method to improve learning outcomes whilst upholding high standards of patient care. Through evidence-based self-directed learning and focused objective-led
discussion, learners reported improved learning experiences, inevitably leading to deeper learning and increased enthusiasm to engage in learning in the outpatient clinic environment.

References

Keywords
- Outpatient;
- education;
- learning journal;
- feedback.

Three key points to indicate how your work contributes to knowledge development within the selected theme
- Enhanced objective-based teaching methods within busy outpatient clinic departments.
- Introduction of high-validity self-directed learning journals to facilitate structured feedback.
- Improved tutor, learner and patient satisfaction without compromise to service provision or standards of teaching and learning.

D1St6S6: Improving the effectiveness of teaching using the Self-Rating Scale of Self-Directed Learning tool
Innovation paper

Dr. Swapna Williamson, Associate Professor, University of West London

Background, context and evidence base for the innovation, including, where possible, its international relevance
Improving teaching quality is high on the agenda of higher education institutions (HEIs) in the UK. Currently, the higher education landscape is changing rapidly. It is concentrating exclusively on improving teaching quality with a particular emphasis on promoting teaching excellence (HEA). The Self-Rating Scale of Self-Directed Learning (SRSSDL, Williamson 2007) is an increasingly widely used learning tool for enhancing students' self-directed learning skills (SDLS). This tool has been used by academics of various universities globally to assess SDLS across various disciplines and to support students in developing the requisite skills to become self-directed life-long learners.

Aim/focus of the innovation
This paper aims to explore whether the SRSSDL tool can be used as an effective teaching tool to enhance student and teachers' learning to help them become resilient and reflective learners. The objectives are:
1. To explore teachers' views as to whether the SRSSDL can be used as a teaching tool to enhance students' SDLS, and
2. To analyse teachers' perspective of the effectiveness of the tool in developing students' SDLS.
and life-long learning skills.

**Implementation of the innovation**

This is an attempt to provide a realistic view on teaching pedagogy and has the potential to offer novice teachers useful teaching/learning resources to help achieve their goals. Improving teaching requires self-awareness, identification of lacunae in academic practices and application of both educational and teaching principles and resources. It is crucial that HEIs focus on the development of their staff to bring about truly inspirational teaching both nationally and internationally in order to maintain teaching quality and excellence through working together.

**Methods used to assess the innovation**

A semi-structured questionnaire used to explore the views of the academics who have used or who are currently using the Self-Rating Scale of Self-Directed Learning (SRSSDL) tool to assess and support their students in developing their self-directed learning skills.

**Key findings**

A collaborative approach by those who are passionate about better teaching and learning will contribute to continuous improvement in teaching practice. High quality teaching facilitates high quality learning which improves student outcomes and helps them to reach their maximum potential.

**References**


**Keywords**

- Teaching quality;
- self-directed learning;
- self-rating scale of self-directed learning;
- life-long learning;
- teaching excellence.

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

- Self-directed learning skills are associated with developing life-long learning skills.
- The SRSSDL tool can be used as both a learning and teaching tool for developing academic skills.
- The SRSSDL tool contributes to the central theme of higher education institutions i.e., developing resilient, reflective, independent and life-long learners.
Strand 7: Partnership working

D1St7S1: Rethinking partnership-working: Progressing effective collaboration within changing higher education and healthcare environments

CORE PAPER

Issues for debate paper

Dr. Sally Gosling, Assistant Director – Practice & Development, The Chartered Society of Physiotherapy

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

My paper would address the key concepts of how healthcare students are prepared for professional practice; the policy and practical challenges that can work against effective partnership-working to achieve this; and developing and delivering education to meet changing population, patient, service and workforce needs.

It should have international relevance in its consideration of broad issues to do with the interdependencies of education, service delivery and financial policies and structures and the impact of these inter-dependencies on education’s quality, relevance, sustainability and responsiveness to workforce requirements.

Aim(s)/focus

My paper would encourage debate on the increasing need for partnership- and collaborative working to progress and deliver healthcare education within an increasingly competitive, market-driven environment.

It would consider issues particularly from the perspectives of the need for stronger partnerships and collaboration between disciplines and professions, between HEIs and service providers, and between HEIs and service providers themselves – all in a context of high volatility and uncertainty, and at least partially competing policy agendas (across higher education and health/social care).

It would aim to identify ways in which these apparent tensions can be optimised and resolved to ensure education provision is responsive to changing population, patient, service and workforce needs and the delivers a high-quality learning experience.

Evidence base and literature informing the arguments

The paper would be grounded strongly in current higher education and healthcare policy, as well as current expectations (including those of regulators and professional bodies) of how healthcare education meets changing needs. It would give particular consideration to policy developments relating to degree apprenticeships and draft legislation on higher education.

Issues for debate

The following issues would be put forward for particular debate:

- How partnership-working can be fostered in an increasingly market-driven environment;
- How partnership-working can be strengthened between HEIs and service providers, including via degree apprenticeships that effectively reverse the relationship between universities and practice settings for developing students’/apprentices’ professional knowledge and skills;
- How partnership-working across professions and disciplines can be strengthened, while enhancing inter-professional learning and practice – thereby ensuring the responsiveness and flexibility required of new models of care.
**References**

**Keywords**
- Collaboration;
- competition;
- apprenticeships;
- policy;
- inter-professional.

**Three key points to indicate how your work contributes to knowledge development within the selected theme**
- Collective endeavour is needed to ensure that a market-driven environment does not work against partnership-working.
- Degree apprenticeships seem set to shift the nature of partnership-working between HEIs and service providers.
- Multi-agency partnership-working is of increasing importance for delivering high-quality, sustainable education that is responsive to changing needs.

**D1St7S2: Partnership in curriculum redesign: involving, students, users, and clinical staff**

**Innovation paper**
Margaret Moran, Midwifery lecturer, Edinburgh Napier University
Shona Montgomery, Programme Leader, Edinburgh Napier University

**Background, context and evidence base for the innovation, including, where possible, its international relevance**
The evidence of how important it is to engage students in their own leaning and assessment is clear (Healey, Flint and Harrington 2014). The use of service users when designing curriculum and practice documents is also recommended (Nursing and Midwifery Council (NMC) 2010). Clinical staff that act as mentor for students also express that they should be involved in the production of the assessment documents that they complete with students when asked at mentor updates.

Around the world Student Nurses and Midwives are mentored by clinicians and although it is recommended that they are involved in curriculum design (NMC 2010), there is no evidence to suggest that this happens.

**Aim/focus of the innovation**
The aim of the innovation was to use a collaborative approach in programme redesign which is
essential to ensure that any new programme being developed meets the needs of all stakeholders. The ideology of service user involvement in curriculum design has become commonplace in recent years (Ion, Cowan and Lindsay 2010). NMC (2009) advocate that this process should include collaboration with the midwifery programme team, midwifery students, maternity service partners, service users and user groups.

Implementation of the innovation
Following on from the evaluation of the 2011 programme where grading of midwifery practice was introduced at Edinburgh Napier University. The programme documentation including the grading tool was redesigned and validate by the NMC in March 2016. The new programme commenced in September 2016 and the redesigned documentation is in place.

Methods used to assess the innovation
Students being actively involved in enhancing and shaping their learning experience is important (Higher Education Academy 2014). There is currently much debate within Higher Education about learning and working in partnership with students. The evidence of how important this process of engagement is reflected in the current review of the BM/MSc Midwifery programmes at Edinburgh Napier University. It is essential to engage students in their own learning and assessment (Healey, Flint and Harrington 2014). Student engagement in curriculum development and innovation has been ongoing throughout the previous programme in alignment with the University Quality Framework. This process has been taken a stage further with involvement of students, maternity service users, clinical midwives and Maternity Services Liaison Committee in working groups that support redesign of different areas within the curriculum, review of practice documentation and curriculum design.

Key findings
This paper aims to discuss the partnership learning throughout this process and will focus on the value of collaborative working in one particular area of this curriculum redesign. NMC (2009) recommend the involvement of service users, clinical mentors and students, this was exciting and challenging when evaluating and redesigning practice learning documentation and grading matrix. Higher Education Academy (2014) suggests that student engagement correlates with positive learning experiences and outcomes for students, therefore involving second and third year student midwives in the redesign process may help guide and define their needs within the current professional frameworks of this programme. This process alleviated some of the challenges faced by student and mentor expectations of grading in practice. The redesigned documentation will be continually audited and reviewed to ensure that it meets the requirements of this professional programme, is user friendly and remains fit for purpose.

References
Ion. R., Cowan, S. and Lindsay, R. (2010) Working with People who have been there: the meaningful involvement of mental health service users in curriculum design and delivery. The Journal of Mental
**Health Training, Education and Practice. 5 (1) March 2010**


**Keywords**
- Partnership working;
- curriculum;
- design;
- students;
- service users.

**Three key points to indicate how your work contributes to knowledge development within the selected theme**
- Student and user engagement;
- Collaborative working;
- Curriculum redesign.

---

**D1St7S3: The ebb and flow of social capital in a European Nurse Education Network**

*Research paper*

Nita Muir, Principal Lecturer: Nursing, University of Brighton

**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 and sustainability of a European Nurse Education network that has been functioning successfully for over 20 years. 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). Yet networks are perceived to be beneficial with multiple versions, ranging from intensive networks with close collaboration to much looser associations through networks. Increasingly universities are relying on networks and collaboration to expand within both general and disciplinary areas through increasing strategic advantage and providing wider educational opportunities for their students and staff. Interestingly, given the lack of understanding of network practice, networks are assumed to be an essential component for a university to meet key aspects of their internationalisation agenda, particularly for internationalising the undergraduate curricula in the UK (Leask 2015; Wakefield and Dismore 2015).

**Research question related to this presentation:**
What is the practice of a European Nurse Education network and what does this mean for 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 was 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 is mediated through a form of social capital (Putnam 2000) that is suggested to have sustained the existence of the network over a period of twenty years. Through strong bonding capital within the network there is a clear reciprocity of activity and trust that lubricates the network practice thus ensuring efficiency and benefits for the majority of institutions involved. This is particularly interesting as the network has not received any external European funding during existence and has been self-governing. Bonding social capital is described as ‘sociological super glue’ and participants appear to value this within their relationships with each other.

However, this is not all positive, as findings also suggested a darker side to social capital which has developed a culture that perpetuates wider inequalities within the network, produces compliance relationships and exclusivity. Findings from this case study indicate a level of practice that is dysfunctional and impacts on the future development of the network.

There are recommendations for senior education managers and educationalists who are responsible for establishing partnerships to consider how social capital can be encouraged which will produce sustainable benefits and commitment from staff. However, that this activity needs to be scaffolded to ensure equality and positive development that is beneficial to all involved.

### References (Harvard)


### Keywords

- Networks;
- social capital;
- case study methodology;
- internationalisation.

### 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 framework to understand partnership working.
- Use of case study within an interpretative paradigm.
**Strand 7: Research methodology in healthcare education**

*D1St7S4: Students as participants of research: Ethical issues for healthcare education*

<table>
<thead>
<tr>
<th>Key concepts to be addressed, including, where possible, the international relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ethical review;</td>
</tr>
<tr>
<td>• research ethics;</td>
</tr>
<tr>
<td>• students as participants;</td>
</tr>
<tr>
<td>• teachers as researchers;</td>
</tr>
<tr>
<td>• power imbalance;</td>
</tr>
<tr>
<td>• informed consent;</td>
</tr>
<tr>
<td>• autonomy;</td>
</tr>
<tr>
<td>• non-maleficence;</td>
</tr>
<tr>
<td>• beneficence;</td>
</tr>
<tr>
<td>• justice;</td>
</tr>
<tr>
<td>• confidentiality;</td>
</tr>
<tr>
<td>• anonymity;</td>
</tr>
<tr>
<td>• vulnerability.</td>
</tr>
</tbody>
</table>

The concepts to be addressed have international relevance as student participation in teacher-led research occurs in all settings where the academic is evaluating or exploring teaching practice and are utilising their own students for this purpose. While ethical principles are not necessarily universally accepted, many of the above concepts and principles have international relevance.

Furthermore, many countries have their own examples of unethical research and its devastating consequences for participants. In light of international agreements on research of human subjects there is significant international relevance for debating the use of students in classroom based research settings.

**Aim(s)/focus**

- to stimulate debate on the ethical complexity of using student participants for educational healthcare research;
- to enable critical reflection on educational research practice;
- to consider ways to enhance research methodologies within healthcare education;
- to facilitate reflection and discussion on the role of ethical principles in the presence, or absence, of formal institutional ethical review processes.

**Evidence base and literature informing the arguments**

Literature reporting ethical issues in researching students has been sourced as evidence for this debate presentation. Literature of this nature is very limited, providing further evidence of the importance of debating these methodological issues. Additionally, the presenters have informed their arguments through the consideration and application of ethical and philosophical principles and concepts.

**Issues for debate**

Educational research within healthcare faculties frequently relies on students as research participants. Such research plays an important and necessary role in evaluating and informing the
practice and art of teaching. Undertaking research may also be a required component of the academic's role and in some cases linked to tenure. Utilising students as research subjects or participants within the education environment raises a number of ethical issues.

As with many forms of research power imbalances may exist between researcher and participant potentially impacting on the informed consent process. Where the student perceives coercion, or pressure to participate, their autonomy may be undermined and informed consent compromised. Additionally, within the classroom setting protecting student confidentiality or anonymity may not be as easily upheld as in other research settings.

Ethical issues are magnified when the researcher is also the students' teacher. Where some manipulation, or exploration of student responses to compulsory course components, form part of the research design, or the research methodology incorporates students as co-researchers, as with educational action research, the duality of the ‘teacher as researcher’ role further compounds the ethical complexity.

Internationally there is significant variation in the degree to which the ethical issues raised by teachers researching students are considered and in some cases research can, or does, take place in the absence of any formal review by the institution's ethics committee. In other cases ethical review is sought but not always required as some university policies do not require formal ethical approval for the evaluation of teaching approaches.

The impetus for safeguarding research participants is underpinned by the value given to ethical principles such as autonomy, non-maleficence, beneficence and justice, among others. Of particular importance is that in many countries formal ethical review processes have been shaped by the consequences of unfortunate events within the health care environment where a lack of ethical insight and disregard for patient rights have resulted in harm to participants and discredit to the researchers' professions. Recognising and protecting vulnerability has become a cornerstone of ethical research; vulnerability of the participant, the researcher or the researcher's institution; all an acknowledgement of the maxim 'first, do no harm'.

The question posed in the scant literature on students as participants of research focuses on the extent to which the researched student is vulnerable. Traditionally researchers consider students to be competent, healthy and autonomous but some scholars argue that vulnerability is universal.

The contemporary educational issue of students as participants of healthcare research and their potential vulnerability will be presented for debate. The authors will argue that irrespective of whether formal ethical review is required or not there is a responsibility by healthcare academics to develop an awareness of the ethical complexity of such research settings and to build into their research methodologies steps to minimise potential harm to student participants.

References

Altman, D.G. (1994) The scandal of poor medical research: We need less research, better research, and research done for the right reasons. BMJ, 308, 283-4


Coleman, C.H. and Bouesseau, M.-C. (2008) How do we know that research ethics committees are
really working? The neglected role of outcomes assessment in research ethics review. *BMC Medical Ethics*. 28, 6-12
Shi, L. (2006) Students as research participants or as learners? *Journal of Academic Ethics*. 4, 205-20

**Keywords**
- Research ethics;
- educational research;
- students;
- participants.

**Three key points to indicate how your work contributes to knowledge development within the selected theme**
- Classroom based educational research involving students is commonplace among academics within healthcare faculties.
- There are a number of ethical issues present when the researcher is also the students’ teacher.
- The requirement for formal ethical review when researching students is not universal therefore engagement and debate by faculties is essential so that research, irrespective of any review process, recognises the potential vulnerabilities involved and acts accordingly.

**D1St7S5: Zaltman Metaphor Elicitation Technique to identify the theory-practice connection in nurse education**

Research paper

Dr Mala Arunasalam, Senior Lecturer, University of Hertfordshire
Dr Thayer McGahee, Dean, University of South Carolina Aiken School of Nursing
Dr Betty-Abraham Settles, Assistant Professor, University of South Carolina, Aiken

**Background, including underpinning literature and, wherever possible, the international relevance of the research**
Globally, universities are continuously seeking to understand the voice of student nurses and nurse
The Zaltman Metaphor Elicitation Technique (ZMET) was used in this collaborative research undertaken between the School of Nursing in the University of Hertfordshire, UK and University of South Carolina Aiken. ZMET was developed by Dr Gerald Zaltman (Zaltman 1997) and is a patented market research tool that combines qualitative and quantitative methodology.

It is grounded in various domains, including verbal and non-verbal communication, visual sociology, visual anthropology, semiotics and mental imagery (Christensen and Olson 2002; Zaltman and Coulter 1995). The eleven-step in-depth interview technique elicits both conscious and unconscious thoughts by exploring metaphoric expressions that lead to the discovery of both rational and non-rational factors influencing thoughts, emotions, intrinsic values and behaviour of an individual.

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

**Aim:** To explore Link Lecturers /Clinical Professors influence in enabling 1st year student nurses to make the theory - practice connection.

The guiding question to Link Lecturers and Clinical Professors:

How do you see your role as a Link Lecturer / Clinical Professor with your 1st year student nurses in the practice setting?

The guiding question to 1st year student nurses:

As a student nurse, what do you feel your Link Lecturer / Clinical Professor does with you in the practice setting?

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

Selection of the interpretivist paradigm (Merriam, 2009) was determined by the research aim to explore Link Lecturers’, Clinical Professors and 1st year student nurses views and experiences. As individuals perceive the same situation differently, participants will make sense of the situation based on their personal frames of reference.

The hermeneutic phenomenological perspective informed by the work of Max van Manen (1990) was core to this research. Participants are required to re-visit and critically reflect on their experiences. ZMET interviews explored how participants make sense of the phenomena and interpret meanings. Six Link Lecturers, six Clinical Professors and twelve first year student nurses (six from each university) were recruited via a purposive sampling method.

Data was analysed using Interpretive Phenomenological Analysis. The focus was on participants’ insights of their experiences and the researchers’ interpretation of the text (Smith and Eatough 2006).

### Key findings and recommendations

The results of this study support the use of ZMET, as a valid and reliable methodology to examine Link Lecturers’, Clinical Professors and student nurses' conscious and unconscious thoughts and behaviors. It offered meaningful and credible insights, but cannot be generalised. It assists in translating the research findings directly into practice.

For this research, Step 8: Sensory images was omitted. Where participants are required to put aside all the images and concentrate on the six senses – touch, taste, smell, sound, colour and emotional feelings was omitted. This is because this was not marketing research. Each of the other steps within ZMET were purposeful and acted as a validation tool against the previous step but it is labour intensive.

### Recommendations
It provided a platform for future research that can test emergent patterns with a mixed technique approach. ZMET has the potential to be applied in phenomenological health care studies. It is easily adaptable to diverse experiences, and yields a wealth of information about participants’ thoughts about a subject/topic.

**References**


Merriam, S.B. (2009) *Qualitative research: A guide to design and implementation*. San Francisco, John Wiley and Sons


**Keywords**

- ZMET;
- Zaltman Metaphor Elicitation Technique;
- link lecturers;
- clinical professors;
- student nurses.

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

- This tool has been used by academic researchers but has not been used before in the context of this research.
- This tool has not been used by many nurse researchers, but has the potential to contribute greatly to the knowledge base produced by qualitative research.
- This tool is excellent for interdisciplinary healthcare research, but its use has not been explored in this arena up to this point.

---

*D1St7S6: Recruitment of older people living in care homes – lessons learnt from the Proactive Health Care in Care Homes (PEACH) study*

Research paper

Dr. Kathryn Hinslif-Smith, Research Fellow, University of Nottingham
Annabelle Long, Research Assistant, University of Nottingham
Laura Dunkley, Research Assistant, University of Nottingham
Dr. Reena Devi, Research Fellow, University of Nottingham
Associate Professor Adam Gordon, University of Nottingham

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

In the UK around 450,000 people live in long term residential and nursing homes (Laing and Buisson 2010). The demographics for these UK residents indicates that many are over the age of 80 with three quarters having cognitive impairment including dementia related conditions as well as multiple co-
morbidities (Gordon et al. 2014).

Whilst there is a recognised ageing population in Western countries this is in contrast to a distinct shortage of studies that consider the health care needs for older people. This results in a major underrepresentation of older people in empirical studies and a lack of understanding of their significant healthcare needs.

In the UK a number of studies have been conducted on the issues of recruiting older populations to clinical trials (Collerton et al. 2009; Brayne et al. 2006; Marmot 2003). Good practice reviews for improving the levels of recruitment to clinical trials by older populations have also been published and widely cited (McMurdo et al. 2011; Davies et al. 2011). However these reviews and studies have limited focus on residents living in care home settings and do not adequately consider the practical aspects of involving care homes within healthcare research. Furthermore, there is a lack of studies that solely consider the healthcare needs of older people living in care homes and the difficulties for researchers, including student dissertations, of recruiting from this demographic group.

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

Many of the reasons for lack of involvement of care home residents in research often relates to apprehensive by neophyte researchers who have limited experience of conversing with older people. In our experience there is also a palpable concern with regard to levels of participant ‘attrition’ either from natural consequences (death or illness) or changes in cognitive impairment.

We would argue that despite these known challenges these can be addressed through careful planning and preparation and engagement with care home stakeholders. These stakeholders include and are not limited to care home managers and those working within the care home who can usefully provide resident insights and their potential engagement in research.

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

The PEACH study, funded by the Dunhill Medical Trust, has four dimensions using a realist methodology (Rycroft-Malone 2010) and incorporating a stepped wedge randomisation (Brown and Lilford 2010). One dimension of PEACH is to explore resident health-related quality of life and satisfaction outcomes over the period of quality improvements delivered by healthcare professionals.

Key findings and recommendations

From the PEACH study and a similar study OPTIMAL we would propose that in order for healthcare students and novice researchers to consider conducting empirical studies within the care home sector the following guidelines should be applied. Careful consideration needs to be given to the recruitment strategy and how this might be implemented. Staff working within care home are dealing with the ‘everyday business’ of providing 24/7 care so research needs to be attractive and free from burden as possible, particularly when data may need to be collected by care home staff. Excluding residents due to lack of capacity, or fluctuating capacity is often misguided and researchers would do well to consider engaging with consultees, often relatives of residents, as a means to engage a wider pool of care home residents.

References


**Keywords**
- Care homes;
- older people;
- participant recruitment;
- research;
- realist evaluation.

**Three key points to indicate how your work contributes to knowledge development within the selected theme**
- Older people and those with cognitive impairment are often excluded from taking part in research studies.
- Engagement with key stakeholders is vital.
- Care homes provide a valuable resource for defining the healthcare needs of older people.

---

**Strand 8: Student experience and engagement**

*D1St8S1: Innovative approaches to feedback: Feedback without grades*

Innovation paper

Wendy Leighton, Senior Lecturer, University of Lincoln
Dr Valeria Carroll, Senior Lecturer, University of Lincoln

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

This paper is devoted to an innovative approach to feedback. Based on the social constructivist approach (Vygotsky 1978); this innovation suggests that the meaning of the assessment feedback is constructed during tutorial with a student and this has more meaning than a written document. We adopted the approach suggested by Race (2001) regarding use of smarter feedback and suggest using feedback without grades as an opportunity for students to focus on learning rather than their marks.

The project is based on the students’ feedback regarding their preferences to meet with the tutor to discuss the feedback to understand it better and to engage in a dialogue with the marker rather than...
just to see the written document. Hence students’ work is marked without grades online and once it is released, students are offered individual tutorials with the marker to discuss their feedback points (Carroll 2014). Such approach focuses on students’ needs and assessment for learning processes.

**Aim/focus of the innovation**
The main aim of this study is to compare students’ experience of this approach in various groups: a) depending on the cohort size; b) across several disciplines, e.g. nursing vs social work; c) undergraduate vs postgraduate students’ experience (will include MSc Social Work students); d) interdisciplinary group experience (e.g. module is offered to Health and Social Care, Law, Sociology and Criminology students) e) semester A module vs Semester A and B module; f) undergraduate 1st yea vs undergraduate 3rd year students.

**Implementation of the innovation**
This approach to feedback offers students further opportunities to have a dialogue with the marker regarding their feedback, which aims to increase students’ satisfaction. Students receive ungraded detailed feedback documents, then they are asked to participate in self-assessment based on the comments provided by markers and finally come for an individual tutorial (all 267 students in a large cohort) to discuss the feedback points. Marks are not be influenced by these activities, but this approach reduces students’ anxiety regarding the self-assessment process, however students receive the marks promptly at the end of the tutorial. Nursing students were also offered an “academic support fayre” on the same day (offered by Library, MASH, Academic writing, ICT, Practice placement, Student engaging support staff). This enabled students to seek support suggested “there and then”. (Q11. In the NSS survey: ‘I have received helpful comments on my work’. The project also aimed involving students in the feedback process because they had an opportunity to express their views regarding specific feedback points hence the new approach ‘ensures the inclusive student experience’ and empowers student’s voice, engaging students in feedback enhancement processes (College of Social Science Strategic Plan, October 2016).

**Methods used to assess the innovation**
Students’ and staff evaluations and reflective accounts are considered for the future steps in the development and implementation of the innovative approaches to the assessment feedback. Students will be asked to complete an online survey /or paper questionnaire (in small cohorts to increase participation rates).

**Key findings**
Students’ feedback was collected as part of the module evaluation: majority of students enjoyed this type of feedback and recommend this method to be used in the future. Self-assessment carried out by the students showed that they tended to produce lower mark, being very critical regarding their work. Once they hear that their mark is similar to the one they expected or even higher, their feel more satisfied with feedback because it gives them the sense of meaning and context.

**References**

**Keywords**
- Assessment;
- feedback;
- dialogical feedback
Three key points to indicate how your work contributes to knowledge development within the selected theme

- Indicates how students can engage with feedback.
- Pilots innovative approach.
- Tests approach on various groups.

**D1St8S2: Are we a little precious about seeking and receiving student feedback about our teaching and learning?**

**Issues for debate paper**

Patsi Davies, Lecturer Tobacco Control, Programme Leader Health Promotion, Co-Head Teaching, Learning and Curriculum Development, School of Public Health and Psychosocial Studies, Auckland University of Technology (AUT), New Zealand

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

- Student experience and engagement;
- Normalisation of regular and unsolicited student feedback;
- Centrality of student voice;
- Teacher development;
- For all healthcare educators, student feedback about teaching and learning offers rich opportunities to improve our practice.

**Aim(s)/focus**

This paper considers student experience and engagement in the context of student feedback about their experience of teaching and learning and the need for healthcare educators to engage with this in a more genuine and frequent manner.

It challenges healthcare educational institutions and teachers to:

- Position student feedback/voice so that it is a central part of enhancing teacher development
- Genuinely value the student experience
- Implement processes to make it very easy for students to share their experience any time and at the end of every class

**Evidence base and literature informing the arguments**

It is clear from the literature that various national health and disability sectors have implemented systems to promote and receive patient feedback, anywhere and anytime, and that generally this enables problems to be resolved relatively quickly and health professionals to improve their practices (Paterson 2002). This is significant because the patient experience has been moved to a more central place in health professional practice although it is noted that this did not happen overnight. In New Zealand for example, change was triggered by the outcome of an inquiry into practices at a major women's hospital (Cartwright 1988).

The student voice represents the student experience (Radloff 2010; University of Victoria 2010); but it has yet to achieve a place of centrality in healthcare education, despite the fact that students are central to the role of teachers.

Processes that invite feedback after every teaching session and that invite voluntary feedback are not evident and this suggests that teacher development is neglecting its most important asset. This leaves a gap to be filled by teachers who are courageous, open to feedback and willing to normalise and welcome the student experience.
Issues for debate
This paper contends that absence of systems and processes to receive and engage with unsolicited feedback about the student experience of teaching, together with an apparent reluctance to seek regular/weekly feedback, are barriers to enhancing teacher development. Confining the receipt of student feedback to the end of the semester and or perhaps to the mid-semester represents a narrow view of practice improvement and arguably one that is not very helpful to practice. Both healthcare education institutions and teachers must go further and embrace the value of the regular and unsolicited student voice. The health and disability sector offers insight into how to do this.

References

Keywords
- Student experience;
- teaching practice;
- student feedback;
- practice improvement,

Three key points to indicate how your work contributes to knowledge development within the selected theme
- Advancing the centrality of the student experience to teaching practice.
- Learning from the health and disability sector approaches to use of the patient experience in enhancing health professional practice.
- Challenging healthcare educators to pro-active and seek and welcome the student experience.

D1St8S3: Peer education in Midwifery using an interactive board game experience

Innovation paper
Rosie Honeychurch, Leanne Hazlewood and Rebecca Sadler. PGDip Student midwives year 3
Bournemouth University supported by Dr Jenny Hall Senior midwifery lecturer, Bournemouth University

Background, context and evidence base for the innovation, including, where possible, its international relevance
We undertook this project in the second year of our midwifery programme as part of a unit of learning and assessment around women’s public health needs. The unit involved being divided into groups to provide an education session for our peers around public health needs of women related to pregnancy and childbirth, which was then formally assessed. We were asked to create a learning experience that would use innovation and creativity. The topic we were given was to compare
women's needs in pregnancy around poverty in the UK with that of another country. We chose to create an interactive board game to include all members of the class and to demonstrate our learning. We did this because we believed that it was essential to make the session enjoyable and appealing to student's different learning styles. An interactive approach was adopted to encourage student participation, facilitate a deeper level of thinking thus promoting comments and asking questions. Meaningful and fun learning was our priority.

The presentation will describe the creation of the project and our involvement in the development. We will describe how we presented the topic and what we learned from it. We will show some of the materials used and discuss some of the challenges of using this method of learning as well as the feedback from our peers. We will talk about what we learned from the experience of the presentation and how we think it impacted on student experience.

### Aims of the Innovation
- To educate our peers on the multi-faceted issues surrounding poverty in an engaging and accessible format.
- To impart key information, employing the use of a variety of interactive methods.

### Implementation of the Innovation
- A 45 minute presentation (including questions and answers).
- A 3D model town.
- A ‘poverty monopoly’ board game experience via the use of prezi presentation tool.
- Visual props to encourage peer engagement through interaction, stimulating questions from the audience.

### Methods Used to Assess the Innovation
- Anonymous peer feedback forms.
- Academic assessment at Masters level.

### Key Findings
Using interactive methods lead to greater reflection among peers: students felt comfortable to engage and join in due to use of props and interaction. Props lead to greater depth of discussion surrounding poverty. Our research of the topic taught us how poverty pervades deep into numerous areas of society which are invariably inextricably linked.

### References (Harvard)


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

- Engagement of students appealing to all 7 types of learning style through a combination of media.
- The use of board game and props to enhance learning on poverty, enhancing practice.
- Critical analysis of the topic of poverty.

---

**D1St8S4: How can lecturers support Registered Nurses with dyslexia?**

Research paper

Rachael Major, Senior Lecturer, Institute of Health and Social Care Studies

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

Dyslexia is a Specific Learning Difficulty or Difference (SpLD) which affects around 10% of the population, 4% severely (British Dyslexia Association 2012). It is not known how many nurses have the condition (Sanderson-Mann and McCandless 2005). However, research has shown that people with dyslexia might be drawn to people-orientated careers with a higher practical component and less structure than an office based profession (Taylor and Walter 2003).

Whilst there is a growing body of evidence regarding the effects of dyslexia on student nurses, only two studies have investigated the experiences of qualified nurses (Illingworth 2005; Morris and Turnbull 2007). The aim of the study by Morris and Turnbull (2007) was to identify whether having dyslexia had affected the nurse's career progression. The majority of the respondents felt that they had been able to progress, but at a slower pace than their colleagues, partly due to lack of confidence, particularly in relation to obtaining academic qualifications (Morris and Turnbull 2007). This research was supported by a much smaller qualitative study by Illingworth (2005), where participants felt that their career choices had been affected by having dyslexia and that there was a stigma associated with dyslexia. Storr et al. (2011) identified that a negative attitude to students with a disability and a lack of understanding of the condition was a barrier to student progression and a lack of support resulted in adverse student experiences. Kolanko (2003) found that nursing students in the United States expressed that they felt that they had to work harder than their peers for less positive outcomes (Kolanko 2003) which is further supported by research in Ireland by Evans (2014).

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

The aim of the research was to identify what strategies are effective in supporting qualified nurses...
Research methodology/research design, any ethical issues, and methods of data collection and analysis

The research, conducted as part of a Doctorate in Education, investigated how dyslexia affected qualified nurses' lifelong learning and how they engaged in professional development. It considered the experiences of lecturers who had supported registered nurses with dyslexia.

A qualitative, in-depth, narrative lifecourse approach was used with participants across Great Britain. The study involved nine lecturers recruited purposefully through Twitter. Semi-structured interviews were conducted either by telephone or by using Skype. Data were analysed using template analysis and validated by the participants using asynchronous online discussion forums.

Key findings and recommendations

The analysis of the data identified that dyslexia affected nurses in their professional capacity, as well as affecting their learning. The findings further identified how nurses developed compensatory strategies both personally and in practice seeking to overcome negative learning experiences. Transitions were particularly problematic, either between academic levels or practice areas.

Disclosure of dyslexia was dependent on supportive relationships, however patient safety was seen as paramount. Lecturers identified that early identification of dyslexia was important, to enable appropriate support and reasonable adjustments, but is dependent on recognition of dyslexia.

Recommendations from the study note that professional development is required for lecturers to ensure early recognition and support for nurses with dyslexia, along with early formative assessment of written work at University. However, education beyond initial training also needs to take account of the personal impacts of dyslexia, including compensatory strategies, and the effects of transitions should be factored into assessment strategies and support available.

References (Harvard)


Evans, W. (2014) I am not a dyslexic person, I'm a person with dyslexia': Identity constructions of dyslexia among students in nurse education. *Journal of Advanced Nursing*. 70 (2) 360-72


Keywords

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

- There is very little research on how dyslexia affects post-registration nurse education.
- It is not uncommon for nurses to be identified as having dyslexia in post-registration education, often when they are failing.
- The increasing academic requirements of nursing, along with recent funding changes are increasing the pressure on nurses with dyslexia to engage in post-registration education, which will potentially change the support that is available to them.

---

**D1St855: A partnership approach to developing and expanding placement opportunities for student nurses using an integrated care model**

Research paper

Karen Evans, Practice Educator (NCL CEPNs)
Kathy Wilson, Head of Practice Based Learning, Middlesex University

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

The Sustainability and Transformation Plans (NHS England 2015) across the vanguard sites in England are refining the health and social care for communities, altering the future planning and resource allocation in a locality based remit. Central to these changes are people having choice in the location of their care, with increasing importance on community and primary care. In context with other high income countries, “The UK is failing behind on avoidable admissions” (Quality Watch 2015). This need for greater integration and reduction of barriers between acute and out-of-hospital settings for improved patient care has been highlighted in the literature (NHS England 2014) and is a key objective of the HEE mandate (2015).

The nurses of the future will need to adapt to the greater part of care being based in the community. At present the community experience during training is limited, thus there is a need to promote experience of these diverse settings as possible career opportunities and an introduction to the healthcare economy. As the Nuffield Trust, 2016 state “…There is a growing gap between patient needs and the skills and knowledge of the workforce that cares for them.”

This paper aims to discuss the development and evaluation of a collaborative project that was set up to expand student nurse placements in primary and community care; equipping student nurses with the knowledge, skills and desire to undertake the increasingly flexible roles needed to deliver integrated care across a variety of settings, as set out in The Five Year Forward View (NHS 2014). This agenda led to a number of unique student experiences being facilitated and evaluated in 2015/16.

The project involves a main “Hub” placement in conjunction with a community “Spoke” for pre-registration nursing students. These placement combinations are designed to broaden and enhance the student experience, encourage inter-professional collaboration, and relate to the public health agenda; strengthening the links between academic teaching with practice learning. The placements have included areas previously not utilised such as a specialist employment project, charities, the locality prison, and nursing homes.

A change of focus from illness-led provision towards a recovery model has been vital to developing
This new way of working has required collaborative solutions to challenges during conception and implementation. This project reflects strong partnership working between an HEI, a local NHS Integrated Care Organisation, and Community Education Provider Network (CEPN). This project is designed to meet several identified local and national needs and the development of a Centre of Excellence for Practice Learning.

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

The aim of this project is to produce guidelines and recommendations about extending learning opportunities for students, improve placement capacity and increase awareness for students and supervisors/mentors about the wider context of healthcare delivery, and the associated benefits for service users.

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

This project utilises an action research model of enquiry as part of an individual MSc to develop and expand this collaborative model of expansive student placements. Feedback is being obtained using focus groups and evaluation forms. The analysis will be based on a thematic approach and reflection upon this feedback from students, mentors, senior practitioners, and academics will inform the future development strategies.

Ethics approval was granted on 19.09.2016.

**Key findings and recommendations**

The proposed finding will be the benefits and challenges for student nurse and mentors with a view to making recommendations about how this model can be made more sustainable.

**References**


**Keywords**

- Innovation;
- experience;
- integration;
- collaboration.

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

- Innovative placement development.
- Integrated and collaborative working.
- Enhanced student experience.
Aim(s)/focus
- To interrogate the current wisdom on student engagement;
- To consider the responsibilities of students and teachers in the learning process;
- To ask difficult questions about learning environments and responsibility for them.

Evidence base and literature informing the arguments
Course formats

Social media in higher education

Engagement and success
Issues for debate

- Should attendance be required as a means of valuing engagement?
- Should students be required to engage with a community of learners?
- Should students be grouped according to age (young and mature)?
- Should social engagement be managed within the learning environment?
- What degree of advice/guidance from teachers is appropriate to support student learning?

References

Junco, R. (2012) The relationship between frequency of Facebook use, participation in Facebook activities, and student engagement. Computers & Education. 58 (1) 162-71

Keywords

- Attendance;
- engagement;
- social media;
- student success.

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

- Student engagement is more than attendance.
- Students and teachers are jointly responsible for the learning environment and experience.
- The motivation for choosing an elective course varies between cohorts and impacts on the learning experience and environment.
Strand 9: Social, economic and policy drivers in healthcare education

**D1S9S1: How influential are the Care Quality Commission health and social care service inspections on curriculum development?**

**Innovation paper**

Abbie Fordham Barnes, Associate Professor, Birmingham City University
Robert Dudley, Associate Head of Institute Head of Department, University of Worcester
Jenny Pinfield, Senior Lecturer, University of Worcester
Tracey Baker, Academic Practice Learning Manager and Inter-professional Lead, Staffordshire University
Paul Jackson, Head of Practice Learning, University of Wolverhampton
Christine Armstrong, Practice Quality Lead Lecturer, Keele University
Jean Astley – Cooper, Strategic Practice Lead, Coventry University
Richard Breakwell, Senior Lecturer (Nursing) / Senior Tutor, University of Birmingham

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

Practice learning is a fundamental and essential component of the pre-registration programmes. The literature highlights the importance of students having a high-quality experience when undertaking practice placements (Coyne and Needham 2012; Jokelainen 2011; Murray and Williamson 2009; Hoel 2007; Andrews 2006). This is an increasingly difficult task due to continuously changing nature of social, economic and policy drivers, and the culture of the clinical environment.

Universities providing pre-registration programmes have to meet the requirements of the education commissioners, practice providers and professional regulators. This requires a deep appreciation of health systems and professional ethics, as well as the ability to build and cultivate effective relationships with stakeholders. Pivotal to the Universities success in the West Midlands has been the implementation of rigorous monitoring strategies to help retain and support students in practice. A number of mechanisms are used to review the educational suitability of a placement area. This maybe in response to triggers arising from hard and soft intelligence, ranging from external independent body reports that regulate health and social care, for example the Care Quality Commission (CQC). In recent years there has been several high-profile failures of care reported (Francis 2013; Bubb 2014; Gordon 2016) that could question the suitability of the learning environment for students.

The UK’s professional regulator (Nursing Midwifery Council 2011) reported on the CQC national overview report, stating more than half the hospitals visited gave inspection teams cause for concern. A few years later the final report of the public inquiry into Mid Staffordshire Foundation Trust recommended that organisations should be prevented from taking students on practice placement in areas that do not comply with fundamental patient safety and quality standards (Francis 2013). The government's response to the report (Department of Health 2013) additionally highlights that “education and training are critical to securing the culture change necessary for the best patient care now and in the future.” This may be a trigger that affects the educational suitability of the student's placement area, with Universities having a responsibility to respond and providing assurance to the professional regulator. Yet there appears to be little evidence to suggest this negatively influences the practice learning experience for the student.

**Aim/focus of the innovation**

The Universities across the West Midlands (Birmingham, Birmingham City, Coventry, Keele
Staffordshire, Wolverhampton and Worcester) have formed a partnership steering group to lead on an innovative project to review the educational impact of the Care Quality Commission (CQC) Inspection reports for NHS placement providers across the region.

### Implementation of the innovation

22 NHS practice providers across the West Midlands CQC inspection reports were reviewed. Thematic analysis examined the CQC's five questions within each inspection report: Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well- led? A nominated University representative was responsible for analysing the data, generating codes and combining the codes into overarching themes that accurately depict the data. "Member checking" was conducted to help improve the accuracy, credibility, validity, and transferability (Cresswell 1994, p158).

### Methods used to assess the innovation

A report was written describing the meaningful contributions to understanding the educational implications, actions needed and the impact on future curriculum development. The project has empowered the Universities to inspire academic and practice colleagues to explore the external social, economic and policy influences, outside professional regulation.

The project has strengthened the relationship with practice providers and facilitated curricula currency to assure students are equipped with the knowledge and skills to manage the challenges faced in clinical practice.

### Key findings

The project has highlighted the external influences on pre-registration programmes outside professional regulation and practice partner requirements. It has enhanced the Universities curriculum development strategies by identifying the current challenges and issues in clinical areas. The recommendations from the project will influence future curricula design, content and assessment strategies.

### References


Coyne, E., Needham, J. (2012) Undergraduate nursing students' placement in specialty clinical areas: understanding the concerns of the student and registered nurse. *Contemporary Nurse*. 42 (1) 97-104


Nursing Midwifery Council. (2011) *Nurses face investigation in the aftermath of CQC inspections* [Accessed 20/01/2017]


### Keywords

- External influences;
- curriculum development strategies;
- strengthening relationships with practice partners;
- curricula currency;
- challenges of practice learning.

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

- Recognising the external influences on curriculum design, content and assessment strategies.
- Facilitating curricula currency to ensure students are equipped with the knowledge and skills to manage the challenges faced in clinical practice.
- The importance of strengthening the relationship with key stakeholders and practice providers.

---

**D1St952: Redesigning and enhancing practice learning opportunities as a response to policy change**

**Innovation paper**

Ria Baker, Senior Lecturer in Practice Learning, Canterbury Christ Church University  
Alex Levine, Faculty Director Practice Learning, Canterbury Christ Church University  
Sarah Pye, Senior Lecturer in Practice Learning, Canterbury Christ Church University  
Sharon Lee, Primary Care Workforce Facilitator, South Kent Coast Clinical Commissioning Group  
Sara-Jane Kray, Primary Care Workforce Facilitator, Thanet Clinical Commissioning Group  
Ruth Germaine, Primary Care Workforce Facilitator, Ashford, & Canterbury and Coastal Clinical Commissioning Group  
Paul Vigar, Paramedic Professional Lead, Canterbury Christ Church University

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

The vision for Transformation of Ambulance Services set out in Taking Healthcare to the Patient (Department of Health 2005) recognised the need for the delivery of a range of services from responding to and treating acute trauma, to the delivery of preventative health promotion. The publication also included plans to redesign services that would lead to a reduction in A&E referrals for patients who would be better treated elsewhere. The Association of Ambulance Chiefs (2011) reports that education programmes now include community modules aimed at supporting the development of clinical assessment and decision making, and consideration of alternatives to A&E. Recommendations for further improvements have been made to enable ambulance clinicians to
better utilise opportunities for health promotion, improving the care of older people and those with long term conditions. Working with the wider health and care services will be needed to deliver this transformation (National Ambulance Service Medical Directors 2014).

Knowledge of services and referral processes can only support these developments. The paramedic programme at Canterbury Christ Church University recognises the valuable contribution of experiences that develop wider knowledge of community based services supporting practitioners to make safe, effective decisions for patients in their care. With the changing face of pre-registration education and training, alongside the evolving roles of professional practitioners within health and care (NHS England 2015), it is timely to explore how we can provide meaningful and relevant practice education opportunities to our pre-registration students. The focus for here is for those undertaking the BSc (Hons) Paramedic Science degree as a route to registration with the Health and Care Professions Council (HCPC).

### Aim/focus of the innovation

The aim of this piece of work was to examine the development and implementation of practice opportunities within primary health services, mirroring the ‘Taking Healthcare to the Patient’ review (2011), which sets out a vision for the ambulance services to provide an increase of primary care services.

### Implementation of the innovation

During the consultation phase the opportunity for our students to spend two weeks in primary care was discussed with relevant stakeholders. The collective vision was that it would allow them to enhance their knowledge of the primary care sector, and begin to examine the interface with their role as a paramedic upon qualification. Alongside this was the notion that offering this experience at pre-registration level might encourage individuals to become qualified paramedic practitioners in the future.

During the second year of their studies our current paramedic students already have the opportunity to attend “alternative placements in community settings”. Therefore, it was agreed that this would be the most appropriate opportunity to expose them to the primary care services. Across an 8-week period commencing in January 2017, 22 students from the April 2015 Paramedic Science Cohort will spend two weeks of practice placement (75 hours) in a GP surgery within three localities in Kent; Thanet CCG (Clinical Commissioning Group), South Kent Coast CCG and Canterbury & Coastal CCG.

### Methods used to assess the innovation

Upon completion of the practice placement, the students will be asked to complete an evaluation form and attend a focus group at Canterbury Christ Church University. This will allow for anonymous feedback via the evaluation, and an in-depth discussion about the usefulness of the practice placement within a classroom setting.

### Key findings

Initial feedback from the Primary Care Workforce Tutors within the CCG’s, Senior Lecturers on the Paramedic Programme and from the students themselves indicate that the introduction of this placement is going to broaden their understanding of the multi-agency approach to health and care, and their role.

### References


Association of Ambulance Chief Executives (2011) *A review of 6 years’ progress and
Three key points to indicate how your work contributes to knowledge development within the selected theme

- Understanding the impact and influence of health and care policy on pre-registration education.
- Understanding the need for a flexible programme that will enable response to the changes in health and care policies.
- The importance of professional working relationship with stakeholders to allow students to access primary care practice placements, in line with changes in policy and practice.

**D1St953: Attracting diversity: Men in nursing**

Research paper

Ms Christine Pollock, Senior Lecturer, Edinburgh Napier University, School of Health and Social Care
Mrs Laurie Anne Campbell, Research Assistant, Department of Learning & Teaching Enhancement, Edinburgh Napier University

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

This research study came about as a result of national approaches to enhancing diversity, with a focus on nursing as a career for men. It emerged as part of an Equality Challenge Unit national project aiming to develop a contextual understanding of barriers to access for potential students from equality groups and develop, deliver and evaluate positive action initiatives to improve participation for target equality groups. The analysis will focus on the gender imbalance in Nursing. Part one of the research employed mixed methods to gain a better understanding of the barriers faced by male student nurses and forms of good practice that could attract more males into nursing. Part two will focus on research in schools with young men aged 14-17 and attracting that age group into nursing as a career. This paper will present the data for part one.

Barriers to entering nursing for men include stereotyping (Yi and Keogh 2016), and lack of gender neutrality in the classroom (Brady and Sherrod 2003). A sense of isolation and exclusion had also been reported by male student nurses (Stott 2007; Whittock and Leonard 2003). The study aimed to examine the attitudes about nursing as a career for men. The overall project also devised a pilot of a new approach to recruiting males into nursing for the University.

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

Conduct a literature review to explore the current evidence on gender imbalance in nursing and
Identify the reasons for male students to enter nursing as a career, and the challenges they have encountered.

Propose recommendations for the University based on the project findings.

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

A qualitative study was conducted of two stages. This presentation will focus on the qualitative interviews of male and female registered nurses, and student nurses. The data was analysed using Burnard's (2008) approach to identify key themes raised by mentors within the interviews. Tapes were transcribed using ‘intelligent transcription’.

**Key findings and recommendations**

The key findings from the study include barriers and incentives for men in nursing, strategies for attracting more males into the profession and classroom influencers.

**Recommendations**

- Consider how to minimise the stigma associated with men in practical nursing;
- Review curricular and classroom influencers and consider how to minimise them;
- Review marketing materials for gender neutral approaches;
- Market vigorously the incentives to a nursing career.

**References**


  https://doi.org/10.1016/j.nedt.2006.05.013

  DOI: 10.1046/j.1365-2834.2003.00379.x.

  http://dx.doi.org/10.1080/10376178.2016.1192952

**Keywords**

- Men;
- nursing;
- research;
- diversity;
- incentives.

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

- Attracting diversity in the nursing profession is a desirable universal aim.
- This research explores incentives and disincentives and to entering nursing as a career in Scotland.
- Strategies for encouraging men to enter nursing have been proposed and implemented into the University recruitment approach.
Strand 9: Service user and carer engagement

**D1St9S4: Arresting Tales: A co-production by Out of Hospital Cardiac Arrest Survivors and Chest Heart & Stroke Scotland**

Innovation paper

Caitrian Guthrie, Cardiac e-Resource Project Manager, Chest Heart & Stroke Scotland
Stuart Cromar, Interactive Content Development Team Manager, University of Edinburgh
Lynn Reid, Head of Education, Chest Heart & Stroke Scotland

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

In 2015, Scottish Government produced a new strategy for the management of Out Hospital Cardiac Arrests, including an ambition that by 2020 Scotland will be an international leader in the management of OHCA. As part of this strategy, Chest Heart & Stroke Scotland carried out a scoping exercise to identify the rehabilitation and psychological aftercare needs of those involved in OHCA. The charity were subsequently awarded funding for the development of an online module to support survivors/significant others/those bereaved by OHCA.

The third sector has close ties with service user communities, allowing them access to expert knowledge and giving them the potential to develop effective and relevant educational resources (Scottish Third Sector Research Forum 2011). This paper will explore the design and development of an online module by a team of educationalists, healthcare professionals and, most importantly, those with personal experience of OHCA. Langlois et al. (2016) talk of the power of the patient voice in curriculum development and suggest that patient leadership involves co-producing and co-designing. Rather than working from pre-defined learning objectives, survivors and significant others shared their experiences on video. Key themes were identified as they emerged and content developed around them, thus ensuring that the curriculum was fully patient driven. These survivor narratives provide the focus for the module, and are supplemented by additional written content and a digital repository of useful websites.

Available evidence indicates that there is little available internationally in terms of psychological aftercare for those affected by OHCA. Evaluation of earlier CHSS educational initiatives has demonstrated global uptake and it is anticipated that this will be the case for the OHCA module.

**Aim/focus of the innovation**

The aim of the innovation was to provide an online educational resource to meet the rehabilitation and aftercare needs of OHCA survivors/their significant others/those bereaved by OHCA.

**Implementation of the innovation**

The innovation was implemented by:

- Establishment of appropriate development team;
- series of face to face development meetings;
- continuing communication via email;
- scheduled video filming and editing;
- identification of key themes;
- written content development;
- peer review by internal and external experts;
- uploading of final module content to online platform.
### Methods used to assess the innovation

The module is assessed by:
- Peer review;
- user evaluation form;
- Google Analytics.

The Health Foundation (2010) claim that there is little evidence of the impact of user involvement in terms of outcomes. CHSS are working with a national resuscitation research group to consider ways of more formally evaluating the impact of the development.

### Key findings

Working in a genuine partnership with those affected by OHCA facilitated the co-design and co-production of a curriculum that was truly user led and not governed by educational assumptions or clinical preconceptions.

Personal narratives are a powerful and effective means of engaging and educating, and should be used to drive curriculum, not supplement it.

The design and development process adopted in this innovation could be equally effective in other educational developments.

### References


### Keywords

- Personal narratives;
- Patient-led curriculum;
- co-design;
- co-production;
- e-Learning.

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

- Powerful and effective use of personal narratives to drive curriculum.
- Demonstrates true partnership working and co-production between educationalists and service users.
- Module content can be used in planning effective rehabilitation and aftercare programmes for OHCA survivors.
**D1St9SS: Patient as Coach Team – PaCT**

**Innovation paper**

Trish Houghton - Head of Centre for Nursing and Allied Health Sciences, University of Bolton

Bimpe Kuti – Lecturer, University of Bolton

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

Service user involvement (SUI) has clearly become a key aspect of Higher Education (HE). Education providers are now required to ensure that SUI is embedded in the design and delivery of healthcare education and training. This approach is thought to enhance student understanding of patient’s perspectives (Blackhall *et al.* 2012; Chambers and Hickey 2012; Health and Care Professions Council 2013). Most importantly to teach and learn about patient experience according to Health Foundation (2011) requires input from people who experience care – “to learn about, learn from and with people who are experts about their own lives” (Health Foundation 2011, p.9).

The PaCT initiative aimed to involve service users in workshop sessions with the adult nursing students so that they can learn how to approach care and interactions as partners with patients. This process gave students insights into the experiential knowledge of service users (SU) (Tew *et al.* 2004) which could be reflected upon alongside the technical expertise that they are learning at a professional practice level. The PaCT initiative underpins the drive to keep listening, exploring, doing and trying SUI approaches in HE that can continuously drive change/perspective in how teaching and learning in healthcare is experienced by further healthcare professionals.

**Aim/focus of the innovation**

The aim of PaCT is to assist in developing practitioners with strong compassion and caring focus. A notable key element embedded within University of Bolton’s Adult Nursing Programme is ‘The Patent as Coach Team’ (PaCT). The Patient as Coach Team (PaCT) is designed to encourage students to engage in ‘patient centred critical reflection’ to achieve better care and better health outcomes. SU and carers are recruited and trained to facilitate discussion of recent practice placement experiences with small groups of pre-registration nursing students. The SU is a trained ‘coach’ and facilitates reflection and helps the students to focus upon themes related to the ‘6C’s; (Caring, Compassion, Communication, Commitment, Competence and Courage’ (Cummings and Bennett 2012). These sessions span the whole three years of the programme. The SU/carers are briefed by the academic team prior to the sessions to explore the relevant topics and also to be aware of any issues that might arise that have caused the students distress and may need to be escalated. Any areas that have resulted in joyful experiences are noted so that these can be further developed. The team then meets to debrief each session. Students complete a Patient as Coach Log within their Personal Development Portfolios (PDPs) and this is reviewed annually.

**Implementation of the innovation**

Following the development of a SUI strategy (within this strategy was the proposed PaCT innovation), SU recruitment and training commenced. The PaCT programme has now run with four cohorts which has involved 126 students (who have completed an evaluation questionnaire of the workshop session) and various patient coaches. The sessions have now occurred in both year one and year two.

**Methods used to assess the innovation**

3 phases

- Phase 1: Student Evaluation Questionnaires - completed following the PaCT sessions.
- Phase 2: Focus group with Service users.
Phase 3: Classroom action research with Students (embedding findings from phase 1 & 2).

Key findings
- There was good evidence of the benefits to students reflected in data from phase 1, especially at the level of satisfaction and reaction to the experience of hearing the non-academic perspectives.
- SU feel valued and ongoing interest in wanting to be involved in the PaCT initiative observed (Phase 2).
- SU now have a sense of partnership with the students and would like to have same set of students for a future PaCT session (Phase 2).
- No major concerns have been documented.

References
Blackhall, A., Schafer, R., Kent, L. and Nightingale, M. (2012) Service user involvement in nursing students’ training. Mental Health Practice. 16 (1) 23–6
Nursing and Midwifery Council (2010) Standards for Pre-Registration Education. London: Nursing and Midwifery Council

Keywords
- Service user involvement;
- Patient as Coach Team;
- innovative learning and teaching strategies;
- adult nursing;
- partnerships.

Three key points to indicate how your work contributes to knowledge development within the selected theme
- Innovative service user engagement as a learning and teaching strategy, which embeds non-academic perspective of service users.
- PaCT: innovative practice to develop practitioners with strong compassion and caring focus. A notable key element embedded within University of Bolton’s Adult Nursing Programme. The impact was meaningful and gave SU delegated power and control over the workshop session.
- Implementation and initial key findings of the PaCT. This will inform subsequent SUI research focus.

**Strand 10: Education in clinical practice and practice development**

*D1St10S1: A pilot of Action Learning Sets for newly qualified nurses (NQNs)*

**Innovation paper**

Gary Francis – Associate Professor [Practice Skills Learning & Simulation, London South Bank University

Professor Lesley Baillie - Florence Nightingale Foundation Chair of Clinical Nursing Practice

Stephen Thompson – Senior Lecturer (Adult Nursing), School of Health & Social Care - London South Bank University

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

Internationally, the ‘reality shock’ as NQNs transition from being students has long been acknowledged (Kramer 1974; Duchscher 2009). In the UK, recent studies continue to reveal the stressful nature of the transition experience for NQNs (Higgins *et al.* 2010; Horsborough and Ross 2013; Halpin 2015). Strategies that support NQN transitions have been shown to have successful outcomes, with positive impact on factors such as: confidence/competence, knowledge, job satisfaction, stress/anxiety and retention (Glen 2009; Edwards *et al.* 2015). The evidence to support one approach over another is lacking but the important factor is to provide support to ease transition rather than NQNs having to make the adjustment alone. A strong focus on support and socialisation within the formal transition programme can mitigate the stress experienced by NQNs in their first year (Cubit and Ryan 2011) and peer support opportunities for NQNs are well appreciated (Rush *et al.* 2013).

A review of preceptorship, conducted for the Department of Health, identified both positive and negative features of preceptorship (Robinson and Griffiths 2009). In 2010, the DH published a preceptorship framework for newly registered nurses, midwives and AHPs, with an expectation for a structured transition supported by a preceptor, with a formal responsibility to support the newly registered practitioner.

In 2011, a local NHS trust established a preceptorship programme which comprises: the allocation of a suitable preceptor in their clinical area, regular meetings of preceptees and preceptors and a 3 month and 6 month review, attendance at a preceptorship course, and completion of competency workbooks during the first six months.

**Aim/focus of the innovation**

The aim was to explore how action learning sets could support and enhance the existing preceptorship programme at a local NHS trust and pilot their feasibility in practice.

**Implementation of the innovation**

The project plan was to have three ALS sessions over three months with the same group of
preceptee volunteers facilitated by a different academic staff. At the end of the ALS a focus group was to be facilitated by a different evaluation academic to review the preceptee volunteers’ perceptions of the ALS series and how useful it might be as an addition to the preceptorship process.

**Methods used to assess the innovation**

The original plan was to facilitate a series of ALSs for a group of preceptees and evaluate these through an analysis of preceptees’ written reflections, a focus group and the facilitator’s reflections on the process. In total there were three attempts to run a series of ALSs but with very limited success. The facilitator maintained very detailed notes about how the pilots were conducted, including the process followed, who attended, areas discussed and reasons for staff being unable to attend. Volunteers were also invited to drop in to give comments or submit their comments via email to the assigned evaluation academic.

**Key findings**

Those preceptees who were able to meet with the ALS facilitator appeared to

- value having time to reflect
- peer support

Staffing issues were repeatedly the key barrier to attendance. The discussions highlighted where preceptorship was working well but also revealed challenges preceptees were experiencing and inconsistency in implementation of preceptorship across the Trust. Where preceptors, other colleagues and managers understood the preceptorship programme and supported its implementation, preceptees had a better experience.

ALSs can offer peer support but in the pilot, they could not be implemented as planned. ALSs could only work in practice if an organisation has fully committed to this strategy to support NQNs so they are enabled to attend. The pilot also highlighted that not all Trust staff have a common understanding of preceptorship or the need for support for NQNs more generally, leading to varied experiences for NQNs in the Trust.

**References**

Cubit, K.A. and Ryan, B. (2011) Tailoring a graduate nurse program to meet the needs of our next generation nurses. *Nurse Education Today*. 31 (1) 65-71


**Keywords**
- Preceptor;
- preceptee;
- preceptorship;
- Action Learning Sets;
- Newly qualified nurses.

**Three key points to indicate how your work contributes to knowledge development within the selected theme**
- Highlights challenges to the preceptorship process in current organisational climate.
- Provides insight into using ALS as a development tool.
- Identifies potential problems, offers suggestions and alternatives.

### D1St10S2: Learning in practice: Towards a new model of practice learning for nurses and midwives

*Research paper*

Dawn Elliott, Education Policy Manager, Nursing and Midwifery Council
Anne Trotter, Assistant Director of Education and Standards, Nursing and Midwifery Council
Laura O'Sullivan, Standards Compliance Manager, Nursing and Midwifery Council

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

The Nursing and Midwifery Council's (NMC) Standards for Learning and Assessment in Practice (SLAiP; NMC 2008) set the basis for the current models of learning and assessment in nurse and midwife education. These standards are currently overly prescriptive and process focused, and accordingly, the industry that has developed around them has done so in a relatively rigid manner which potentially stifles flexibility and creativity within practice learning.

The practice learning environment for nurses and midwives is acknowledged as a one of the areas of learning that consistently carries high risk in relation to public protection (NMC 2015; NMC 2016), and the need for both theory to inform practice and practice to inform theory is critical. In the advent of the Francis inquiry into the failings at Mid-Staffordshire (Francis, 2013), the need for ensuring public protection at every level, including through practice learning, is crystallised. There is therefore a clear need for the regulator to ensure that the future of practice learning is robust and safe.

An extensive study undertaken by IFF Research (2016) sought to review the effectiveness of the NMC's SLAiP at pre-registration level, and found a number of issues occurring within the practice learning environment. These included issues relating to the availability of both placements and mentors, and issues with some placements being in environments where the full range of skills cannot be achieved. The research also outlined a number of issues relating to the inconsistent
quality of practice learning experienced by students. A rapidly changing health and social care environment therefore requires standards that are flexible and resilient enough to both address the challenges placed on practice, such as those highlighted through the IFF Research report, whilst simultaneously ensuring robust public protection. The NMC are currently undergoing the development of new standards in practice learning and this paper accordingly explores the principles of a new model of practice learning that is fit for the rapidly changing nature of the practice learning environment.

**Aim/focus of the innovation**
The aim of the innovation is to design and test a new model of practice learning for nurses and midwives that is fit for the future, that seeks to provide new and innovative opportunities to support learning and assessment in practice.

**Implementation of the innovation**
The new model of practice learning is currently in development as part of a review of the NMC's Standards for Learning and Assessment in Practice. The principles underpinning the model include a stronger focus on the integration of theory and practice; a separation of the roles of learning and assessment, and a move towards recognising that a range of health professionals have the capacity to provide learning and support to student nurses and midwives.

**Methods used to assess the innovation**
The practice learning model is due to be tested through an extensive consultation exercise undertaken throughout Summer 2017 and early findings from this consultation will be available for discussion as part of this session.

**Key findings**
The key contribution of this paper relates to a proposed new model of practice learning for nurse and midwife education, that is flexible, fit for the future, and recognises the contribution of a range of health and care professionals in the practice learning environment.

**References**

**Keywords**
- Practice learning;
- regulation;
- nursing;
- midwifery;
- standards.

Three key points to indicate how your work contributes to knowledge development within the
The paper addresses the failings of the current models of practice learning in relation to nursing and midwifery practice learning. The paper sets out the principles of a model of practice learning that is fit for the future. The paper contributes to knowledge development in relation to flexible and creative models of practice learning.

---

**D1St10S3: Leading the way: Examining the experience of nursing students who raise a concern in practice**

**Research paper**

Liz Cooper, Deputy Head of Acute Adult Care Department, Faculty of Health and Social Care, University of Chester.

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

Nurse whistleblowing is a thorny topic. International literature (McDonald and Ahern 2000; Firtko and Jackson 2005; Zhang et al. 2009; Schlesinger 2010; Jackson et al. 2014) agrees that whilst whistleblowing is an integral aspect of nursing practice, it is associated with negative connotations derived from the well documented detrimental personal and professional consequences. This picture was indicative of the UK’s National Health Service (NHS) prior to 2013. The acceptance of the Francis report (2013) recommendations has been pivotal in transforming the views around nurse whistleblowing, through the evolution of a harm prevention culture, new professional guidance and a renaming to raising concern. As part of this transformation, (NHS. 2016; Berwick 2013; Nursing and Midwifery Council 2013; Nursing and Midwifery Council 2015) nursing students have been actively encouraged to speak out, take action and raise concerns to their mentor or placement manager, sharing in the NHS and professional campaigns to protect patients.

NMC (2013; 2015) advice presented a new system for raising concerns shifting students’ whistleblowing into placements. Placements are integral to nurse education, with reviews (Urwin et al. 2010; Brown et al. 2011; Thomas et al. 2012) indicating that they can have a negative, stressful influence on students leading to attrition and dissatisfaction. This coupled with the negative views expressed by nurse whistleblowers, painted a picture that nursing students would find raising concern difficult and stressful, with some individuals being fearful and unwilling to speak out. However, small scale UK studies (Bellefontaine 2009; Ion et al. 2015) suggested that nursing students’ felt able to whistleblow with University support. The change of NHS culture and process for raising concerns as well as the expectation that students’ will speak out whilst in placement presented a new era of student involvement within patient care. As a nurse educator, I have an interest in both patient care and nursing students’ placement experiences which has led to this study. There remains little published research looking specifically at nursing students’ experience of raising concern, which this study sought to address.

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

Exploration of nursing students lived experience of raising concern when in a practice placement.

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

Clarke Moustakas’ (Moustakas 1994) descriptive phenomenology was used as the framework for this study, due its emphasis upon looking into the participants’ hidden perceptions within an experience.
Ten nursing students (Creswell 2014) who had raised a concern were interviewed, the interviews were ‘open’ although a ‘topic guide’ (Moustakas 1994) was used to prompt if needed. The interviews were transcribed, and returned to students for clarity (Holloway and Wheeler, 2010) prior to analysis. Data was anonymised at point of transcribing, kept securely and confidentially on a password protected computer. Data was analysed using the imaginative variation of the researcher, and Moustakas’ (1994) adapted van Kaam’s framework whereby meanings were identified (through analysis of language and verbal intonation) and then contemplated in relation to the perceptions, judgements and intentions being made by the participants. This led to a description of how participants view different events, persons and factors within the experience of raising concerns. Ethical consideration was needed to ensure appropriate participant recruitment; that appropriate disclosure and management of concerns had been made, supporting the participants’ welfare and possible researcher dilemma. No issues were apparent during the study.

**Key findings and recommendations**

The paper presents the findings and discussion from a Husserlian based phenomenological study of nursing students’ lived experience of raising concern. The study aimed to discover what it is like for nursing students to raise concerns, focusing upon the perceptions, judgements and intentions inherent in the experience and offering new insight into raising concern. My initial discussion highlights the value of altruism within students’ practice which has relevance across the international nursing profession, providing a foundation from which to consider the educational preparation and support for students. When transferred into the development of the NHS, these findings offer a renewed vision of altruistic leadership, which can be used as a framework for the development of registrants into leaders who promote the welfare of others as the centre of their healthcare practice.

**References**


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

- Identifies nursing students’ experience of raising concerns.
- Suggestions on practice support in relation to proposed new models of student nurse mentorship.
- Proposes a model for enhancing the leadership potential for students.

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

The role of the mentor in clinical practice is well recognised nationally and internationally as being pivotal to ensuring the quality of the nursing student learning experience (Saarikoski and Leino-Kilpi 2002, Nursing and Midwifery Council (NMC) 2006/2008, NMC 2010, Huybrecht et al. 2011 and Royal College of Nursing (RCN) 2015). The importance of the supervising mentor role relates to RCN's (2015) acknowledgement that mentors are effectively gatekeepers of the nursing workforce, ensuring that qualifying nurses are fit for practice. The United Kingdom's NMC fully implemented its ‘Standards to support learning and assessment in practice’ in 2008, thereby changing the landscape of mentor
preparation and the support of undergraduate students preparing for the role of registrant (NMC 2010). As part of these NMC standards, experienced clinical mentors are now expected to support registered nurses who are learning the mentor role. NHS Education for Scotland (NES) (2013) has since clarified expectations of experienced mentors in this situation and they are now widely referred to as 'supervising mentors' throughout Scotland. The term supervising mentor is also being used more frequently across the United Kingdom.

This paper will report the findings and recommendations from a recently completed PhD study which used constructivist grounded theory methods (Charmaz 2010) to explore the relatively new role of supervising mentor. These findings are timely as the NMC is currently reviewing its Standards for Pre-registration Nursing Education (NMC 2010) and the NMC (2015) Quality Assurance Framework; it is hoped that the recommendations from this study will be useful to inform debate around future mentorship developments and the development of the supervising mentor role. Equally, whilst this study was conducted in the UK, the role of the clinical mentor is common within nurse education globally and the recommendations should have international relevance.

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

**Research Aim**
To enter the world of supervising mentors wondering how they supervise student mentors, what their concerns are and how they act to resolve these concerns.

**Research methodology**
- **Principles of social constructionism** (Andrews 2012) underpinned the choice of constructivist grounded theory methods within a qualitative research design.

**Methods of data collection and analysis:** A semi-structured interview guide was created using a symbolic interactionist framework (Blumer 1969). Constant comparative analysis and the application of 3 stages of coding; initial, focused and theoretical were followed (Charmaz 2010). Initial purposive sampling gave way to theoretical sampling whereby emerging themes were explored and saturated with consecutive participants. The emergent theory was then positioned in the literature of persuasion and influence (Perloff 2003; Cialdini 2007).

**Key Findings**
This research has led to the construction of a grounded theory of shaping and moulding of mentorship practice through persuasion and influence on the part of supervising mentors; 'Made in my Image', where supervising mentors attempt to steer the development of student mentors to fit their desired picture of a suitable mentor. This is based on the main concern of supervising mentors, which is ensuring that registrants are fit for mentorship practice and the role of mentor. Shaping and moulding is a 4 stage temporal process involving; *Taking on the role; Setting parameters; Making sure; and Identifying and recognising.*

This research has demonstrated that supervising mentors can encounter barriers which detract from discharge of the role. These barriers often stem from lack of clarity around role expectations alongside lack of information and preparation in advance of *taking on the role*. Specific recommendations, stemming directly from this study, outline potential solutions to these challenges. Recommendations also take account of ways in which the work of supervising mentors, and their engagement with the role at the outset, can be enhanced to better support the education of the future nursing workforce.

**References**
Keywords
• Mentor;
• fitness for practice;
• supervising mentor;
• grounded theory research

Three key points to indicate how your work contributes to knowledge development within the selected theme
• To the authors knowledge, this is the first study to investigate the relatively recent initiative of the supervising mentor role.
• Effective support for registrants to learn the mentor role requires that supervising mentors have knowledge of mentorship and an understanding of the expectations and requirements of the supervising mentor role.
• The findings of this study can help supervising mentors, and mentors, to both better understand and develop more effective skills of persuasion and influence.
**D1St1055: An investigation of trainees’ and clinical educators’ perceptions of practice-based learning in speech and language therapy**

**Research paper**

| Karen Davies, Clinical Lecturer, University of Manchester |
| Emma Omerod, Senior Lecturer/Admissions Tutor BSc Speech and Language Therapy, University of Manchester |
| Sean Pert, Senior Lecturer (Teaching Focused) Speech and Language, Lead for Clinical Education, University of Manchester |
| Fiona Kevan, Senior Clinical Teaching Fellow, Programme Director of the BSc Speech and Language Therapy, University of Manchester |

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

Practice based education is an integral part of enabling trainee speech and language therapists (SLTs) to become competent and confident professionals (RCSLT 2006). Traditionally, this has been achieved through a partnership between experienced SLTs, as clinical educators working in typical clinical settings, and university tutors. There are increasing signs of tensions in providing high quality and innovative clinical education for SLTs throughout the profession, both in the UK and internationally (McAllister 2005). Whilst there are clearly agreed competencies and skills expected of trainees during practice education, we have limited knowledge of trainees’ perception of responsibilities and expectation of learning during practice education placements (Sheepway 2011). Further, little is known about whether trainee expectations align with those of clinical educators and university tutors. Exploring participants’ understanding of the critical features that contribute to learning in practice placements could provide a valuable foundation for developing innovative approaches to practice development.

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

This paper presents the first stages of an evaluation investigating:

1. Clinical educator, university tutor and trainee SLT perception of learning in practice education;
2. Clinical educator, university tutor and trainee SLT understanding of responsibilities in developing professional skills;
3. Differences in trainee SLTs’ understanding of clinical education pre-practice placement and post-practice placement (Year 1 and Year 4 students).

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

An evaluation was designed using qualitative methods to collect evidence from trainee SLTs (15) university tutors (5), and SLT clinical educators/placement leads (8). Interviews were conducted with participants in northwest England over three months. Key themes were identified using thematic analysis of the interview data and framework analysis to map differences in students’ perception pre- and post-practice placements. Data collection is underway and should be completed by July 2017.

**Key findings and recommendations**

The study will report descriptive findings for each participant group, together with an investigation of the differences between the perceptions of 1st and 4th year student SLTs. Similarities and differences between the participant groups will also be explored during as part of the data analysis. The results will be relevant to three issues for practice development. First, it will present a clearer picture of the
challenges of professional education in SLT from multiple perspectives. Second, it should describe the criteria tutors believe they use to judge the success of learning in practice. Third, it should illustrate how the different groups understand their respective responsibilities for practice based learning.

### References


### Keywords

- Trainee speech and language therapists;
- clinical educators;
- perceptions of practice based learning;
- criteria to judge success of learning;
- responsibilities for learning.

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

- Identifying the challenges of teaching and learning in practice education from trainee and tutor perspectives is essential for informing the development of innovative practice education and feasible alternatives to traditional models of practice education.
- Understanding the trainee SLTs' perception of their learning needs in practice, and how this changes over time, should identify the critical factors that contribute to practice development.
- Identifying individuals' perception of responsibilities should contribute to an understanding of barriers and facilitators of effective clinical education.