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Day 2, Strands 1-5
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Strand 1: Developing the future health care workforce
D2St1S1: Enhancing academic success and resilience in Social Work students: An application of self-determination theory
Research paper
Louise Bunce, Senior Lecturer in Human Development, Oxford Brookes University
Jill Childs, Principal Lecturer in Social Work, Oxford Brookes University
Background, including underpinning literature and, wherever possible, the international relevance of the research

A major concern for the Social Work profession concerns the frequency of burn-out and high turnover of staff, with the average career lasting just 7-8 years in the UK (Mclenachan 2006). The characteristic of resilience has been identified as playing a crucial role in the ability of social workers and other health and social care professionals to have a satisfying and successful career, thus a critical role for health and social care education is to develop resilience in students (McAllister and McKinnon 2009). However, a recent UK government investigation into education in Social Work, the Neary report (2014), recently condemned its effectiveness, concluding that the introduction of the social work degree had not increased the academic standing of social work, nor the rigor of social work practice. Therefore, we currently need to know more about how to train resilient social workers who will also increase the academic standing of the profession. Although previous research has examined these factors, this field would benefit from a stronger theoretical foundation (Sheppard 2016). Self-determination Theory (SDT) (Deci and Ryan 2000) is a robust, evidence-informed psychological theory that has been applied internationally to numerous contexts including health and employment (www.selfdeterminationtheory.org). It predicts that when our needs for competence (effectiveness at mastering the environment), autonomy (sense of control and freewill), and relatedness (interacting and connecting with others) are satisfied, we experience higher degrees of motivation to succeed and wellbeing. Thus when these three needs are met in social work students (and students in allied health and social care professions), they have the potential to raise academic standards and promote wellbeing characteristics that contribute to the development of resilience.

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

The specific aim of this research was to quantify characteristics that may contribute towards resilience and academic success among student social workers (which could be applied to other healthcare professionals) in order to mitigate against the problems of burn-out and/or low academic standing. The current study tested the hypothesis that higher levels of autonomy, competence and relatedness in students, as defined by SDT, will predict levels of academic success and resilience.

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

Ethical Approval was obtained from our institution. Two hundred and ten Social Work students studying at a number of universities completed well-established questionnaires to assess autonomy, competence and relatedness, level of academic performance and resilience (The Brief Resilience Scale, Smith et al. 2008). In this scale, students rated their agreement with items e.g., “I bounce back quickly after hard times” and “I usually come through difficult times with little struggle”.

Key findings and recommendations

After controlling for various factors, including age, gender, and ethnicity preliminary analysis revealed that the components of SDT provided useful predictive value for academic success and resilience. In particular, autonomy and competence provided useful predictors of academic success while relatedness was a predictor of resilience. This study demonstrated that SDT provides a valuable framework for helping to understand what predicts academic success and resilience among social work students. These findings could usefully be applied to other trainee health and social care professionals. Overall these findings are important because the psychological needs for autonomy, competence and relatedness can be affected by external social and cultural pressures, thus they can
be improved by the right type of supportive teaching practices and educational environments. These findings contribute to the growing evidence-base to help build an academic and resilient health and social care professional student body and workforce.

References (Harvard)

Keywords
- Education;
- resilience;
- academic success;
- self-determination theory;
- student social workers.

Three key points to indicate how your work contributes to knowledge development within the selected theme
- Provides a robust psychological framework for understanding how to develop the academic success of the healthcare education workforce.
- Provides an empirical evidence base to understand how the development of resilience can be facilitated in the healthcare education workforce.
- Contributes to understanding the relative importance of the three core psychological needs of autonomy, competence and relatedness for teaching in a way that develops the academic success and resilience of the future healthcare workforce.

*D2St1S2: Embedding “MOOC” principles in a small private online course as part of a new link nurse programme in infection prevention: An evaluation study*

Research paper

Dr Lynne Williams, Bangor University
Jaci Huws, Bangor University

Background, including underpinning literature and, wherever possible, the international relevance of the research
Across health and care settings in the UK and wider, the link nurse model in clinical practice is well-established for different specialities such as tissue viability (Tinley 2000), diabetes (Bull and Veall 2009), and colorectal cancer nursing (Perry-Woodford and Whayman 2005). In infection prevention, interventions using education, audit, guidance and feedback are used to promote best practice (Storr
et al. 2013). Understanding what works is crucial as the prevention of healthcare associated infections (HCAIs) is a national and international priority, linked to patient safety, the “cornerstone” of healthcare (National Institute for Health and Clinical Excellence 2012). The link nurse role can support infection prevention strategies by providing education for colleagues and the wider healthcare team (Royal College of Nursing 2012), however little evidence exists to show their exact impact on promoting best practice and clinical care (Williams et al. 2013).

This presentation is a report of the findings of a current study to implement and evaluate a link nurse programme within one Health Board in Wales. Staff and students from the School of Healthcare Sciences, Bangor University have collaborated with the Infection Prevention team to develop a programme for new link nurses in community hospital settings. The programme includes support, education and regular contact with the infection prevention team, and, additionally, a bespoke small private online course (SPOC). The course is designed to promote the role, with 10 learning units specifically focused on behaviour change, promoting leadership skills, understanding contextual influences for managing positive change, as well as enhancing infection prevention knowledge and skills. Weekly discussion boards provide opportunities for the link nurses to contact the course team directly, network, and reflect on practice in a supportive environment. MOOC (Massive Open Online Course) principles are embedded into the design and delivery of the course (for example, 10 week timespan, credentialing and recognition). We use Course Sites platform to host the course, and ensure high levels of visibility in our “teacher” role throughout the course (Bayne and Ross, 2014). In this presentation, we will discuss the findings to date from the evaluation.

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

The main aim of the study is to:

- implement and evaluate an infection prevention link programme.

Study objectives:

- to develop materials for a bespoke infection prevention programme which incorporates education, behaviour change, reward and recognition;
- to evaluate the implementation of the programme, and to learn about barriers and enablers to implementation;
- to understand the value of implementing a link programme in infection prevention for individuals, the workplace and the organisation.

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

Mixed methods design are used to increase understanding of factors which affect the success or otherwise of the programme, including the use of the SPOC. Data is collected through semi-structured telephone interviews, meeting contact logs and collection of existing infection data. The interview data are analysed using thematic analysis to capture interpretation and report patterns of meaning (Spencer et al. 2014). The contact logs are analysed using content analysis (Spencer et al. 2014). The study has been approved by Bangor University HMS Ethics Committee, and permissions to access sites given by the relevant R&D department.

### Key findings and recommendations

It is anticipated that the findings from this study will advance understanding about embedding “MOOC” principles in a bespoke online educational course, and show if and how the link nurse role can promote best practice in infection prevention.

We consider that the findings will have transferability to a variety of settings, and provide recommendations about the design and delivery of future online education for healthcare professionals.
professionals.

References
Royal College of Nursing (RCN) (2012) *The role of the link nurse in infection prevention and control (IPC): developing a link nurse framework*. UK: RCN

Keywords
- Link nurse;
- SPOC (Small Private Online Course);
- MOOC (Massive Open Online Course);
- infection prevention;
- education.

Three key points to indicate how your work contributes to knowledge development within the selected theme
- This study contributes to understanding how to facilitate education in clinical practice and practice development.
- This study contributes to the dialogue about e-learning and the pedagogy of SPOCs and MOOCs.
- The study is illustrative of partnership working between Higher Education Institutes and the clinical setting.

*D2St1S3: Mentors’ competence in mentoring culturally and linguistically diverse healthcare students during clinical placement*

Research paper
Ashlee Oikarainen, RN, BHSc, MHSc-student, University of Oulu
Kristina Mikkonen, RN, PhD-candidate, University-Teacher, University of Oulu
Anna-Maria Tuomikoski, PhD-candidate, Education Coordinator, Oulu University Hospital
Background, including underpinning literature and, wherever possible, the international relevance of the research

Increasing internationalisation and diversity in the healthcare workforce affects healthcare practices and systems worldwide (Freeman et al. 2012). It is imperative that current and future healthcare workers have the necessary competency to work in diverse healthcare settings (Levi 2009). Healthcare students from diverse backgrounds continue to experience challenges during completion of their clinical placements, which are often related to cultural differences and a lack of language proficiency (Pitkäjärvi 2012; Edgecombe et al. 2013; O'Reilly and Milner 2015; Mikkonen et al. 2016). It is imperative that the factors that affect mentor competence in mentoring culturally and linguistically diverse healthcare students are identified, in order to facilitate the implementation of effective support structures and educational programmes to improve mentor’s competency.

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

This study aims to describe mentor competence in mentoring culturally and linguistically diverse healthcare students during clinical placement and identify the factors that affect mentoring. The research questions were (1) What kind of competencies do mentors have in mentoring CALD healthcare students? and (2) Which factors affect the mentoring of CALD healthcare students in the clinical learning environment?

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

A cross-sectional, descriptive explorative study design was used. Data were collected during spring 2016 by a survey sent to mentors (N= 3355) employed at all five university hospitals in Finland. The Mentors’ Competence Instrument (Karjalainen et al. 2015; Kälkäjä et al. 2016) and Cultural and Linguistic Diversity in Mentoring scale were used to measure mentor competence. In this study, the data sample used consisted of all respondents to the survey who had experience in mentoring culturally and linguistically diverse healthcare students (N=323). The analysis included descriptive statistics, nonparametric tests and binary logistic regression.

Key findings and recommendations

Findings. Overall mentoring competence was rated by mentors as good, however, there proves to be continued challenges related to competence in linguistic diversity in mentoring. A total of seven factors that affect mentor competence in this area were identified in this study. Mentors evaluated competence in cultural diversity positively, although there are still opportunities for improvement particularly in the reduction of stereotypes towards students and with reflection on cultural differences with students from diverse backgrounds.

Recommendations. There is a need for creative and effective strategies along with evidence-based educational programmes to develop mentor competence to mentor culturally and linguistically diverse healthcare students. Healthcare and educational organisations should strengthen collaboration and strive to recognise the individual needs of the student in order to facilitate completion of clinical placements in positive learning environments where the student can, despite challenges, provide safe, patient-centred and culturally competent care.

References


Keywords
- Clinical placement;
- competency;
- culturally and linguistically diverse;
- mentor;
- healthcare education.

Three key points to indicate how your work contributes to knowledge development within the selected theme
- Identifies factors that affect mentor competence in mentoring healthcare students from diverse backgrounds.
- The results can be utilised in the development of positive clinical learning environments that support the learning of students.
- The results can assist in addressing global challenges in healthcare education related to internationalism and increased diversity.

D2St1S4: Practitioner research into the effect of training upon injection techniques used by mental health nurses
Research paper

Sibusisiwe Ndhlouv
Richard Russell

Background, including underpinning literature and, wherever possible, the international relevance of
Despite evidence that depot medication is more safely administered by the dorsogluteal route we have completed research showing that nurses are reluctant to change practice. This paper describes practitioner research into nurse's behaviour when giving depot medication. The presentation will consider implications for teaching nurses about best practice. We hope to engage people in discussion about why teaching techniques may fail to cause nurses to change behaviour and we hope to develop ideas about developing effective clinical education.

Nursing practice and practitioners have long advocated for the use of intramuscular (IM) injections in administering medicines to mental health patients, (Walsh and Brophy 2010). Continuous development in nursing practice supported by theoretical and empirical research is crucial to upholding consistency in efficacy of care and the avoidance of unnecessary harm to our service users.

There are several clinical areas within our workplace where depot medication is administered. Anecdotal evidence within the Trust suggested that most nurses used the dorsogluteal injection route. Apart from this being a dangerous site, due to the potential risks of nerve injury (Mishra and Stringer 2010; Kaya et al 2015), medication may not reach the gluteal musculature and becomes deposited into the fatty tissue where painful nodules may develop. Patient choice could also be ether limited or absent and suggests a lack of considered thought regarding potentially compromised injection sites.

Aim(s) and/or research question(s)/research hypothesis(es)
To determine training and develop needs for improving nursing practice in injection techniques and injection sites for nurses working in the mental health setting. Also to present current best practices in injection techniques and injection sites.

Research methodology/research design, any ethical issues, and methods of data collection and analysis
A survey questionnaire was sent to all qualified nurses in the trust. This asked about current practice in relation to injection administration sites and perceived training needs.

Key findings and recommendations
We received 411 responses from the survey. Data was analysed using NVivo10. Five broad themes were identified. Need for training, concern about invasive ‘feel’ of the technique, lack of confidence, service users’ preferences and nurses reluctance to change established practice.

Despite evidence to support practice change and educational support to facilitate the change, it is clear that many nurses are reluctant to alter their practice. This led to discussion within the trust about how we could influence practice. One suggestion was that even experienced nurses need mentoring and support to make changes. We are also looking developing relevant training package.

References
Walsh, L. and Brophy, K. (2010) Staff nurses’ sites of choice for administrating intramuscular injections
to adult patients in the acute care setting. *Journal of Advanced Nursing.* 67 (5) 1034-40

**Keywords**
- Mental Health nursing;
- intramuscular injection sites;
- best practice;
- training needs;
- patient choice.

**Three key points to indicate how your work contributes to knowledge development within the selected theme**
- Audit current practices.
- Identifying training needs.
- Developing training package.

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**D2St155: Clinical learning environment and mentoring of international nursing students**

*Research paper*

Kristina Mikkonen, University Teacher, University of Oulu
Satu Elo, Adjunct Professor, University of Oulu
Maria Käriäinen, Professor, University of Oulu

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

As a result of internationalisation in healthcare education there are increasing opportunities for culturally and linguistically diverse students to complete whole degree programmes in other countries than their home country (Ong-Flaherty 2015). Clinical learning in an authentic clinical environment is an essential part of healthcare education (D'Souza *et al.* 2015). The greatest challenges faced by international healthcare students were found to be in clinical learning environment and mentoring (Mikkonen *et al.* 2016). The challenges faced by international nursing students were limitations in their learning because of social isolation and additional stress, mentors’ negative attitudes towards the students, failing of clinical practice and in some cases dropping out of the degree programme (Pitkäjärvi 2012; Pitkäjärvi, Eriksson and Pitkälä 2012; Mikkonen *et al.* 2016). The factors influencing students’ experiences in clinical learning environment and mentoring are inadequately known.

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

The aim of this research was to explore the factors influencing international nursing students’ clinical learning environment. The objective was to provide new evidence for educational degree programmes in international healthcare in order to implement new findings into the curricula and organisational structure of clinical placements.

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

A cross-sectional study was conducted during the academic year 2015-2016, inviting the participation of all students undertaking an English language degree program (N=664) from eight universities of applied sciences in Finland. Research permission to conduct the study was obtained from all universities of applied sciences. The data was collected with two instruments: Cultural and Linguistic Diversity scale and Clinical learning Environment, Supervision and Nurse Teacher scale. Out of all invites 50% of students chose to participate in the study. The data was analysed with a descriptive,
nonparametric and binary logistic regression analysis.

**Key findings and recommendations**

The level of language proficiency in Finnish was the most common factor to affect the outcome of the experience of the international students of their mentoring and the clinical learning environment. The majority of international students evaluated the proficiency level of their Finnish as basic. The main language used in the clinical learning environment was Finnish or Finnish combined with English. Students with a basic level of Finnish proficiency experienced more discrimination and social isolation compared with other students, having to constantly prove their professional competence to mentors. The role of the clinical facilitator played an essential role for the students' success in learning when such difficulties occurred.

The language factor had a crucial effect on the outcome of clinical learning of international students. In order that students will have sufficient competence in language to take care of the patients, careful language education and assessment prior to the entrance into clinical placements is required. Also, collaborative strategies between clinical placements and universities need to be enhanced in degree programmes of international healthcare students. Higher quality education in international degree programmes for students of healthcare could help the students to integrate into the healthcare systems of the countries. This could bring more opportunities for newly graduated healthcare professionals to remain in the country they studied in and add healthcare workforce for the future.

**References** (Harvard)


**Keywords**

- Clinical learning environment;
- clinical placement;
- healthcare students;
- international students;
- mentor.

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

- Identifies essential factors that affect clinical learning environment and mentoring of international healthcare students.
- The results can be utilised to develop support systems provided by universities for international students entering clinical placements.
The results can be utilised to offer training opportunities to mentors of international students to enhance their pedagogical competence in mentoring these students. Results suggest that clear assessment procedures on language competence should be used for international students entering the clinical learning environment.

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**D2St156: ‘THINK KIDNEYS’ undergraduate education: Standardising education and enhancing knowledge of AKI in undergraduate nursing students**

**Innovation paper**

Karen Nagalingam, Senior Lecturer, University of Hertfordshire  
Andrea Fox, Senior Lecturer, University of Sheffield  
Kate Berresford, Acute Kidney Injury Nurse specialist  
Julie Slevin, Programme Development Officer, UK Renal Registry

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

Acute Kidney Injury (AKI) is a topic that has received increasing attention over the last few years. In 2009 the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reported that only 50% of patients with AKI received good care and that 20% of patients had avoidable and predictable AKI. It is estimated that approximately 13-18% of all admissions to hospital have AKI costing the health service in excess of £434 million a year (NICE, 2013). Therefore strategies are needed to tackle AKI including increased education to enable enhanced understanding of the aetiology, identification and management. Recommendations within the NCEPOD report (2009) highlight the need in undergraduate medical education. However student nurses are our future workforce and should be given the skills necessary to recognise the sick patient and identify patients with and at risk of AKI.

Think Kidneys is an NHS campaign aimed at improving the care of patients with AKI. The website includes lots of resources and best practice from institutions around the UK. One aspect of this campaign is the generation of resources for undergraduate nursing education. To enable standardisation of undergraduate knowledge and understanding around AKI. The project produced lesson plans and PowerPoint presentations to enable educators and lecturers to be able to deliver education on AKI without being experts on renal.

The relevance of this particular innovation to the wider audience is that if there is an expectation that all student nurses will have a basic understanding of the renal system. This will include; the functions of the kidney, problems leading to reduction in function (AKI and Chronic renal disease) and identification and management of AKI in patients with complex needs. It is hoped that by raising awareness of AKI, it will help to improve outcome (Xu et al. 2014).

**Aim/focus of the innovation**

To develop educational resources on AKI to be used in the classroom or lecture theatre for undergraduate nursing students.

**Implementation of the innovation**

A focus group was established ranging from specialist nurses, matrons, educators and community to design and create resources to support educators with delivering education on AKI. Regular meetings were conducted in order to agree on key aspects to be included in the resources.

The programme would include resources at level 4, 5 and 6 with each year building on the previous
The session’s slides.
Year 1: physiology and function of the kidney,
Year 2: identification, assessment and management of AKI.
Year 3: case studies of patients with AKI and complex needs in order to enable discussion around patient care.

**Methods used to assess the innovation**
Within the meetings it was established that there was an agreement with what would be included within the resources. Feedback was verbally given to support the inclusion of specific criteria within the resources. Each resource was delivered in liaison with other individuals so that broad inclusive resources were developed.

**Key findings**
AKI for undergraduates is not taught consistently and this topic needs to be included in pre-registration education if the numbers of patients with their care complicated by an episode of AKI to be reduced (NICE, 2014).
In order to support this, the working group have developed lesson plans, slide sets, suggested pre-reading, etc. These will be available on the Think Kidneys website for educators to download and edit for their own use.

**References**

**Keywords**
- Undergraduate;
- nursing;
- acute kidney injury;
- education;
- development.

**Three key points to indicate how your work contributes to knowledge development within the selected theme**
- Standardising undergraduate education on Acute Kidney Injury.
- Enhancing knowledge of student nurses on Acute Kidney Injury.
- Building confidence in nurse educators so that AKI education can be delivered regardless of experience or knowledge on renal physiology and aetiology.
**D2St2S1: The design of a peer support model to develop practice and enhance retention**

**Research paper**

Catharine Jenkins, Senior Lecturer, Birmingham City University
Analisa Smythe, Dementia Project Lead, Birmingham and Solihull Mental Health Foundation Trust

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

Nurse turnover is damaging because it is associated with poor quality of care, high costs of recruitment, induction and training, high levels of sickness and absence, understaffed services and increased use of expensive agency staff.

Nurses who leave are motivated by a sense of isolation, low levels of morale, extreme pressures at work, weak team cohesion and lack of competence development (Smythe et al. 2016). This is a global issue, but in the UK 10% of nurses are intending to leave; of these the majority are early career or approaching retirement (National Nursing Research Unit 2012). Three years post-qualification, nearly one fifth of nurses have left the profession (Merrifield 2015).

Our previous study, funded by the Burdett Trust, identified that nurses feel isolated, unsupported and lacking in professional identity. We found that nurses valued ‘hearing each other’s stories’, with opportunities for networking and problem-solving (Smythe et al. 2016).

The National Nursing Research Unit (2012) found that support groups lasting a year or more produced improved retention rates by one third in USA, while Peterson et al. (2008) confirmed that peer support groups can reduce stress and burnout. Competence can be enhanced through online learning (Gerkin et al. 2009) and be further embedded through web-based discussion with peers (Mettiainen and Vahamaa 2013). Therefore online learning in combination with web-based peer support has the potential to improve competence and address many of causes of poor retention.

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

The aims of this initial stage of the study are to:

- explore nurses’ perceptions and preferences around online and face to face peer support;
- develop complementary online educational resources to underpin the model and facilitate blended learning;
- develop an innovative and sustainable peer support model in which nurses share ideas, use a solution-focused approach to problem-solving and build resilience.

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

Initial qualitative exploratory focus groups will be transcribed verbatim and thematic analysis will be used to identify themes. Informed consent will be received from all participants. Good Clinical Practice guidelines for research will be followed. Ethical approval for the project will be obtained.

**Key findings and recommendations**

It is anticipated that findings from the focus groups will inform the design of a blended online and face to face mutual support model. We will present recommendations for future peer support models and networks.

**References**

nurses in the online environment. *Journal for Nurses in Staff Development*. 25 (1) E8-13

Keywords
- Peer support;
- retention;
- blended learning;
- practice development;
- focus groups.

Three key points to indicate how your work contributes to knowledge development within the selected theme
- The project will deliver insight into nurses’ perceptions of peer support.
- The project will develop new knowledge of the enablers and barriers to peer support.
- The project will inform health care decision-makers about the potential impact of peer support on practice development and retention.

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**D2St2S2: Does e-learning alongside a social media platform enhance or hinder learning in clinical physiology**

**Innovation paper**

Aléchia Van Wyk, Senior Lecturer in Clinical Physiology, Middlesex University
Lesley Davies, Senior Lecturer in Cardiac Physiology, Middlesex University

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

Technological and social changes taking place in recent years are affecting the way we are presenting and transferring knowledge in healthcare education and a certain shift in emphasis on learning, rather than teaching has been noticed, as we rightly move towards a learner-centred curriculum, more
specifically blended-learning and e-learning modules. In the field of healthcare the life of knowledge is shorter than ever and causes increasing pressure to remain at the forefront of medical education throughout a health professionals’ career. Therefore, whilst discussing implementation of e-learning in healthcare education at undergraduate level, models consisting of blended learning (combination of a mix of on-line and face-to-face training) should be encouraged (Mitchell and Honore 2007). That said in healthcare education interpersonal contact cannot be omitted by building a virtual environment, as it is a crucial factor in training future practitioners, therefore e-learning should be accompanied by social networking.

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<th>Aim(s) and/or research question(s)/research hypothesis(es)</th>
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<td>This project explored the use value of adopting e-learning along with social media as an approach to the teaching and learning of clinical physiology. This approach allowed us to better meet the academic needs of our students, whilst addressing a number of key challenges, which include inconsistent clinical exposure to patients whose presenting problems vary by site and inconsistent training and quality of clinical preceptors at each of the clinical sites.</td>
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<th>Research methodology/research design, any ethical issues, and methods of data collection and analysis</th>
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<td>The study investigated the effectiveness of a 15-week blended learning and a ten-week social-media networking model as a method of learning how to interpret electrocardiograms (ECG) on the BSc Healthcare Science (Cardiac Physiology) and Medical Physiology program in year 1.</td>
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<th>Participants:</th>
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<td>Participants selected met the following criteria: They were 1st year undergraduates in BSc Healthcare Sciences (Cardiac Physiology) and (Medical Physiology). This is to minimise the risk of discontinued enrolment, which may affect the follow up period. Each student was be randomly allocated to one of the two groups.</td>
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<th>Procedure:</th>
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<td><strong>Group A:</strong> ECG interpretation alongside online case study interpretation sessions via social media networking</td>
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<td>The intervention will consist of students attending the class-based sessions for 15 weeks learning how to analyse and interpret ECGs. This will be followed by 10 weeks of biweekly case-study ECG analysis and interpretation sessions, linking conversations with learning content online and creating short-duration discussion groups via social media (twitter).</td>
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| **Group B:** ECG interpretation and case study hand-outs only (control group): |
| Participants in this group will have access to the same class-based session for ECG interpretation for 15 weeks, as well as the biweekly ECG interpretation case-studies hand-outs. Knowledge gained was assessed from written examinations and problem solving skills and attitude in written and oral exams based on clinical scenarios. To establish if there is a difference in exam performance based on the teaching method amongst group A and B. |

1. These took place in the form of a formative exam at week 8, prior to work placement.  
2. Bi-weekly online quizzes, during the 10-week clinical placement for both groups taking part.  
3. Finally the final summative clinical examination at the end of their placement period. |

To establish if there is a difference between the learning environments used in Group A and Group B. The DREEM (Dundee Ready Education Environment Measure) survey was administered at the end of the 10-week period.

<table>
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<tr>
<th>Key findings and recommendations</th>
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17
This project had worked to demonstrate that there is a place for e-learning initiatives in medical education; there is no reason to suppose that clinical-relevant material to support the teaching of clinical physiology cannot be augmented by such approaches; indeed, this project support this contention. E-learning, as the report has indicated, is a broad and still-developing sphere of educational activity, and the full ramifications of the turn to digital are still being felt. Nevertheless, to engage and support a digitally-native, empowered and diverse learner body, and one which is conceived increasingly in market and in consumer terms, there are practical expectations to be met also. E-learning offers the potential not only for customer satisfaction and for cost efficiency, though, but for a bespoke, interactive, supportive and meaningful educational experience to partner existing pedagogies and so integrate a broad church of pedagogies into the delivery of 21st century physiology teaching and learning. To have e-learning on offer alongside a social media platform – the latter offering a more social environment, the former a more subject-oriented one – would enhance the student experience.

References

Keywords
- E-learning;
- social media;
- ECG;
- healthcare.

Three key points to indicate how your work contributes to knowledge development within the selected theme
- http://pulse.mdx.ac.uk/
- online environment learning.
- e-learning can happen in medical education.

D2St2S3 – Session withdrawn
**D2St2S4: Enhancing the development of advanced physiotherapy clinical practice skills using vodcasts**

**Innovation paper**

Dr Jane V Simmonds, Programme Tutor, MSc/ PGDip, PGCert Advanced Paediatric Physiotherapy, Senior Teaching Fellow, University College London, Great Ormond Street Institute of Child Health.
Richard Collinge, Specialist Sports Physiotherapist, Honorary Lecturer Physiotherapy, University College London, Great Ormond Street Institute of Child Health.
Solomon Abrahams, Consultant Sports Physiotherapist, Visiting Lecturer Physiotherapy, University College London, Great Ormond Street Institute of Child Health.
Daniel K Wallis, Video editor, BA BSc Student, University College London.
Professor Eleanor Main, Programme Director MSc/ PGDip/ PGCert Advanced Physiotherapy Programmes, University College London, Great Ormond Street, Institute of Child Health.

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

Video podcasts, or vodcasts, are increasingly used by a range of healthcare professions to aid development of practical skills and clinical reasoning. There have been advances in the use of information technology in medical, nursing, dentistry and undergraduate physiotherapy education (Kennedy et al. 2008; Hurst 2016). However there is little known about using vodcasts to develop mastery in post graduate physiotherapy clinical education.

Development of advanced clinical skills is a key learning outcome in for a master's degree in paediatric physiotherapy. When preparing students for clinical placement in youth sport or performing arts, there is a requirement for students to complete a practical skills module. The teaching and learning of physiotherapeutic skills and clinical reasoning are usually delivered using traditional strategies. Traditional approaches include lecturer demonstrations, workshops to develop clinical reasoning, case studies and student practice. An inability to guarantee either models with specific clinical injuries or pathologies on specific term dates, or standardised high quality demonstration of clinical expertise are amongst the challenges faced in providing postgraduate clinical education by traditional means. These are exacerbated by large classes gathering around a single model, precluding adequate repetitive exposure to the correct techniques.

The development of new information and communications technology is now coupled with expectations of a contemporary group of students, often referred to as the “net generation” (Kennedy et al. 2008). Vodcasts are one form of e-learning technology whereby video files can be made available to students via the internet, to download to mobile devices (Strickland et al., 2012). Mobile or m-learning affords the learner the opportunity to access these whenever, wherever and however they want to (Hashemi et al. 2011). This has opened up new opportunities to explore the ways that skills based education is delivered to students in a multi-media learning experience. Vodcasts when implemented as blended learning offer great versatility and potential when used as a pedagogical tool, embedded within a post graduate physiotherapy curriculum to enhance learning.

**Aim/focus of the innovation**

The aim of the innovation was to enhance the development of advanced practitioner skills through a blended learning approach using video recordings of the physical assessment and treatment of young athletes with specific injuries by clinical experts. The idea was to provide students with electronic video resources to support face to face lectures and practical workshop sessions.

**Implementation of the innovation**
Video recordings were made in situ in sports clinical environments by clinical experts. The videos, including high definition close-up shots, were later edited, incorporating slow-motion repeats, text and voice-overs to emphasise key points and split into 6-8 minute learning units. These included subjective examination, functional assessment, orthopaedic tests, therapeutic interventions and management strategies. The videos were then streamed via Moodle the UCL virtual learning environment and made available for the duration of the Level 7 sports and performance module. Vodcasts could be viewed via computer, tablet or mobile phone.

Methods used to assess the innovation
Assessment included anonymous online student evaluation, informal discussions and a review of student grades.

Key findings
Feedback from the students about the vodcasts was overwhelmingly positive. All students (n=18) rated the video resources to be excellent. Students used the vodcasts in their revision, claiming that the opportunity to return back to the videos when revising was particularly helpful. Informal discussions revealed that the international students found the videos particularly helpful, as many techniques were new to them and the videos gave them the opportunity for repeated viewing.

The module is assessed by a one hour objective structured clinical examination (OSCE) and a multiple choice examination. The results for the module were high with a grade of 71%. The OSCE grade average was 66%. The average mark for the OSCE station where videos had been made available (lower limb assessment and treatment) were 6% higher than the upper limb and cervical spine stations. The opportunity to develop a video ‘bank’ of high quality specific clinical assessment and treatment examples will enhance consistent provision of essential learning for postgraduate physiotherapy students in future years.

References

Keywords
- Clinical skills;
- postgraduate physiotherapy;
- vodcasts;
- mobile learning;
- blended learning.

Three key points to indicate how your work contributes to knowledge development within the selected theme
- Vodcast resources enhanced skill practice outside of tutor led sessions, promoting psychomotor skill and clinical reasoning development.
- A multisensory, mobile and blended learning approach may offer the optimum learning experience for skills based teaching.
Vodcast clinical learning resources have the potential to enhance international student learning experience and clinical skill development.

**D2St2S5: Exploring the educational needs of healthcare professionals and students in supporting survivors of childhood sexual abuse through pregnancy, birth and beyond**

*Research paper*

Dr Elsa Montgomery, Head of the Department of Midwifery, King's College London

Dr Yan-Shing Chang, Lecturer in Child and Family Health, King's College London

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

Approximately 20% of women worldwide have experienced some form of childhood sexual abuse (Pereda *et al.* 2009). It is more prevalent than many of the common medical conditions that increase risk for women (such as diabetes and hypertension) yet it is often absent from the education of healthcare professionals (Bewley and Welch 2014). Survivors are prevalent in maternity services but few disclose to those caring for them. Women often experience re-enactment of their abuse during maternity care (Montgomery *et al.* 2015a). Although disclosure and subsequent sensitive care will not necessarily prevent women experiencing re-enactment of their abuse during pregnancy and birth (Montgomery *et al.* 2015a), if during their maternity care women retain control and forge positive, trusting relationships with healthcare professionals, they may experience healing in the process (Montgomery 2013). A sensitive response is of paramount importance yet these women are hidden and silent (Montgomery *et al.* 2015b). There is evidence that healthcare professionals do not feel comfortable in dealing with disclosures of abuse (Jackson and Fraser 2009; Read 2007). We have identified a need for educational materials to help prepare healthcare professionals and students to care for survivors with understanding.

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

To inform the development of an educational resource to support and guide healthcare professionals and students in caring for survivors of childhood sexual abuse.

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

Focus groups were conducted with midwives, health visitors, obstetricians and students from a National Health Service organisation that provides maternity and primary health care and two Higher Education Institutions in South England. The purpose of the focus groups was to explore the educational needs of the practitioners in relation to care of survivors of childhood sexual abuse. Thematic analysis of the transcripts informed the outline development of an on-line resource. Focus groups were also conducted with survivors of childhood sexual abuse to ensure that the issues identified were resonant with their needs. Approval was obtained from both King's College London Ethics Committee and the Health Research Authority.

**Key findings and recommendations**

This presentation focuses on the findings from focus groups with students and highlights the emergent themes which will inform development of the resource. These include disclosure, screening, responding to cues, violation in care and language. It will also demonstrate how the very powerful words of survivors, interviewed for the main presenter's PhD on the maternity care experiences of women who were sexually abused in childhood, will be used to help illustrate and address the issues raised. The presentation will include one example of how innovative ways of presenting these words
The challenges faced by practice placement educators in providing a quality placement experience.

The challenges faced by international students undertaking clinical practice placements.

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

This work has confirmed the importance of including childhood sexual abuse in healthcare curricula and the need for accessible resources.

References


Jackson, K.B. and Fraser, D. (2009) A study exploring UK midwives' knowledge and attitudes towards caring for women who have been sexually abused. Midwifery. 25, 253-63


Montgomery, E. (2013) Feeling safe: A metasynthesis of the maternity care needs of women who were sexually abused in childhood. Birth. 40 (2) 88-95


Montgomery, E., Pope, C. and Rogers, J. (2015b) A feminist narrative study of the maternity care experiences of women who were sexually abused in childhood. Midwifery. 31 (1) 54-60


Keywords

- Maternity care;
- healthcare professional education;
- childhood sexual abuse;
- online resources.

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

Our work:

- Confirms the need for educational resources to support healthcare professionals and students in caring for survivors of childhood sexual abuse.
- Identifies approaches which are acceptable and impactful in the education of healthcare professionals and students caring for survivors of childhood sexual abuse.
- Will lead to development of the first resource specifically for practitioners caring for survivors of childhood sexual abuse through pregnancy, birth and beyond.
**Aim(s)/focus**
To discuss the challenges faced by international students, particularly those from Hong Kong and China, when engaging in clinical placements and to begin to suggest support strategies for educators and students.

**Evidence base and literature informing the arguments**
International students studying at Higher Educations Institutions in the United Kingdom have increased in numbers from 198,064 in 1997 (Verbik and Lasanowski 2007) to 437,000 in 2014/15 (UK Council for International Student Affairs (UKCISA) 2016). International students account for 18% of students studying in United Kingdom Higher Education Institutes (UKCISA 2016). The University of Bradford currently has 1,746 international students studying on campus, with representation from 139 countries. Thirty nine students are studying in the Division of Allied Health Professions and Sport, eight of which are engaged with the BSc (Hons) Occupational Therapy programme.

Anecdotal evidence gathered during Practice Placement Educator training has identified that international students struggle more with some elements of clinical placement compared to their home peers. This is substantiated in the literature, with language and cultural differences being cited as influencing engagement with placement learning (Wook et al. 2016).

The aim is to discuss the challenges faced by international students, particularly those from Hong Kong and China, when engaging in clinical placements and to begin to suggest support strategies for practice placement educators and students. Significant research has already been carried out in acclimatising students to the academic environment (Hawkes 2014) and it is essential that this work is replicated in the clinical setting to ensure parity of education. For the purposes of this discourse international students are defined as those students who, ‘travel to a country different from their own for the purpose of higher education’ (Coles and Swami 2012, p. 87).

**Issues for debate**
- Challenges faced by students;
- Challenges faced by practice placement educators;
- Possible solutions and the role of the higher education institutes.

**References**


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<th>Keywords</th>
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<tbody>
<tr>
<td>• International students;</td>
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<td>• clinical placement;</td>
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<td>• culture;</td>
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<td>• allied health professions.</td>
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<th>Three key points to indicate how your work contributes to knowledge development within the selected theme</th>
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<tr>
<td>• Awareness of the issues faced by international students on clinical placement.</td>
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<td>• Preparation of students prior to placement.</td>
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<td>• Preparation of practice placement educators.</td>
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**Strand 3: Educational enhancement**

| **D2St3S1: Perceptions of nursing profession: Focus group interview among applicants to nursing education** |
| Research paper |
| Niina Glerean, Department of Nursing Science, University of Turku, Turku  
Kirsi Talman, Department of Nursing Science, University of Turku, Turku  
Eeva-Liisa Moisio, Faculty of Health and Welfare, Satakunta University of Applied Sciences, Pori, School of Health Care  
Lea Yli-Koivisto, Tampere University of Applied Sciences, Tampere  
Maija Hupli, Department of Nursing Science, University of Turku, Turku  
Elina Haavisto, Department of Nursing Science, University of Turku, Turku and Hospital District of Satakunta, Pori, Finland |

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

Nurses are the largest profession in healthcare. Every year about 18,000 people apply for nursing education in Finland. The aim is to select motivated students, who will succeed in both theoretical studies and clinical practice, are suitable for the profession and have a realistic perception of the nursing profession (Talman 2014). The public image of nursing is still mainly one-sided and stereotypical. The emphasis is on virtuousness, caregiving and altruism, and nursing profession is often overshadowed by medical science. One major reason for nursing student attrition is the wrong career choice (Kukkonen et al. 2016) suggesting unrealistic perception of the profession. Empirical studies have not been made into applicants’ perceptions of the nursing profession, neither nationally or internationally.

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

This study is part of a more comprehensive Reforming Student Selection in Nursing Education (ReSSNE) project aiming at developing a new student selection method to nursing education that is evidence-based, cost-effective, objective and reliable. The purpose of this study is to describe perceptions of nursing profession among applicants to nursing education. The ultimate aim is to produce knowledge which can be utilised in developing selection methods to nursing education.

The research questions set for the study are:

1. What kind of perception do the applicants have of nursing profession?
2. Which factors impact their perception of nursing profession?

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

The data was collected through focus group interviews in three Universities of Applied Sciences in Finland (n=18). Each of the three focus groups consisted of voluntary individuals, who were invited for the on-site selection assessment in the autumn of 2016. Individuals with previous health care training were excluded from the study since such training would affect perception of nursing. The themes in the interview were based on research questions. The data will be analyzed during spring 2017 using inductive content analysis.

**Key findings and recommendations**

The key findings of the perception of nursing profession among nursing applicants will be presented in the conference. Also, further implications and recommendations will be made to nursing education in
the conference presentation.

References

Keywords
- Perception;
- nursing;
- nursing applicant;
- nursing education;
- focus group interview.

Three key points to indicate how your work contributes to knowledge development within the selected theme
- The results will provide knowledge of how realistic are the nursing applicants' perceptions of the nursing profession.
- The results will contribute to the knowledge development in enhancing nursing education from the perspective of recruitment and selection of nursing applicants.
- Recommendation for the future recruitment strategies, on-site selection methods and research will be made in the conference presentation.

D2St3S2: The Myth of Good Character: Determining the good character of nursing and midwifery students using a Delphi study
Research paper
Sharon Arkell, Head of Quality and Professional Standards, University of Wolverhampton

Background, including underpinning literature and, wherever possible, the international relevance of the research
The past decade has seen increased attention paid to the regulation of the nursing and midwifery professions in terms of assuring public protection both nationally (Keogh 2013; Snow 2012; Tee and Jowett 2009; Mid Staffordshire NHS Foundation Trust 2010 and 2013; Kirkup 2015) and internationally (ICN 2013; Pearson et al. 2002). Internationally, questions regarding the regulation of the professions have been driven by increasing opportunities for the migration of qualified nurses (Benton et al. 2014; Cutliffe et al. 2011; Kingma 2006).

Within the United Kingdom (UK), despite increased regulation, there is evidence of year-on-year increases in the number of fitness to practise cases being brought before the Nursing and Midwifery Council (NMC 2016). This is alongside evidence from independent regulators such as the Care Quality Commission and numerous reports identifying inadequacies in the quality of care provision across the healthcare sector (Mid Staffordshire NHS Foundation Trust 2010 and 2013; Keogh 2013; Kirkup 2015). Since 2009 all HEIs have been required to have fitness to practise decision-making processes in place to consider any potential misconduct during the pre-registration education period (NMC 2008). Through this devolved responsibility, HEIs have effectively become the gatekeepers to the nursing and
midwifery professions. This raises concerns about how the implementation of fitness to practise policies and procedures may impact upon the emergent professional values and beliefs of pre-registration students and thereby shape the quality of the professions.

The current discourse of good character for the nursing and midwifery professions is primarily represented within the professional code (NMC 2015). This promotes the myth of good character as a fixed entity, with students (and professionals) being either good or bad. Such objectification of reality appears not to allow for more reflexive, socially constructed accounts that challenge normalising binaries and examine how historical, cultural and societal influences inform notions of good conduct and professional behaviour.

A review of the literature has revealed a lack of research focused upon good character in the context of fitness practise specifically in relation to pre-registration nursing and midwifery education and the profession generally.

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

What do iterative responses to identified dilemmas reveal about the assessment of good character when this is questioned during the course?

And sub-questions:

a. What are the implications of this for the accountability of the decision-makers working within the fitness to practise frameworks and processes?

b. What are the implications of the above for student learning and professional reflexivity?

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

An interpretive, qualitative approach was adopted. Thirty-three participants took part in a qualitative three-round study based on a modified Delphi approach. The Delphi approach enabled a group of individuals, with experience of making decisions regarding the good character of pre-registration nursing and midwifery students, to discuss this complex process. Thematic analysis was undertaken following each round to inform and enrich the next round discussion and to facilitate the communication process. A final overall analysis and interpretation was undertaken to synthesise the perspectives this group of professionals brought to bear when deliberating issues and evidence relating to good character during pre-registration nursing and midwifery education.

Key findings and recommendations

This study offers an alternative post-modern examination of the good character requirement from the perspective of the participants, as decision-makers within the fitness to practise process and as registrants within nursing and midwifery. This perspective could be used to inform future discussion and debate on the subject area so that current practices are questioned rather than merely accepted as truth without question.

Key findings:

- The participants appear morally obliged and constrained by the discursive practices embedded within the professional discourse of The Code (NMC, 2015), which they also expect of students. These practices appear to be influencing the assessment of good character based upon the students' ability to operate within the power relations of governmentality, as described by Foucault (1988).

- Within the power relations of governmentality the students' ability to engage with the technologies and practices of self-government are assessed, e.g. reflection demonstrating self-
awareness and actions indicating behaviour modification. These are used to determine good character when misconduct has been identified. This suggests that students are being assessed on their ‘performance’ and their ability to ‘learn how to be good’, rather than any fixed notions of good character, which supports the myth.

- Evidence of remorse within reflection was used as a key determinant of self-awareness in this context despite evidence suggesting that this promotes repressive self-surveillance and may have little impact upon behaviour change.
- The innovative use of the Delphi method as a qualitative approach in all three rounds demonstrated its flexibility as a critically reflexive framework for transformational pedagogy and continuing professional development.

Implications for future practice:

- The findings from this study support the need for the professional body, the NMC, to produce fitness to practise guidance that accommodates the student voice and for the introduction of one fitness-to-practise policy, under which all higher education institutions can operate. These actions would, to some extent, enable fitness to practise decision-makers to take accountability for the decisions that they make and introduce a level of consistency between higher education institutions; acknowledging that there will always be some subjectivity of decision-making within this process.
- The NMC should consider whether the use of the term ‘good character’ is misleading, as it promotes objectification giving rise to the notion of a fixed character being either good or bad. The professional discourse of good character over the past 160 years demonstrates how its construction is subject to historical, social and cultural effects making it subject to change.
- Nursing and midwifery educators need to consider how effectively students are facilitated through reflexivity to operate self-governing practices so that effective preventative action is taken. This should assist in promoting positive behaviour change through internalisation of the discourse rather than mere conformity and rule-following, which has little continuous effect upon behaviour when the individual is removed from the setting and has the potential for resistance to occur (Armstrong, 2015). Internalisation of the discourse enables the student to transform themselves into the desired identity promoted within the professional discourse (Foucault, 1988); they ‘do’ who we want them to do, i.e. they give a good performance.
- Individuals involved in the assessment of good character need to question the current practices used for determining it. Ineffective, repressive practices will fail to achieve the primary purpose of fitness to practise processes, which is to protect the public from future misconduct and prevent undesirable students going on to professional register.

References


**Keywords**

- Fitness to practise;
- good character;
- governmentality;
- student nurse;
- student midwife.

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

- Challenges and repositions the old discourses relating to good character providing an alternative post-modern understanding of its assessment and identifying the implications for future pre-registration nursing and midwifery education.
- Identifies practices for assuring the accountability and consistency of decision makers in the fitness to practise decision making process.
- Demonstrates how the Delphi method can be used effectively for teaching and researching ethical and moral dilemmas.
## D2St3S3: Introducing a ‘Clinical Skills Peer Tutor Programme’ for pre-registration nursing students

**Innovation paper**

Gary Francis, Associate Professor [Practice Skills Learning and Simulation] London South Bank University

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<tr>
<th>Background, context and evidence base for the innovation, including, where possible, its international relevance</th>
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<td>There have been several literature reviews on the topic of peer tutoring/learning programmes (Secomb 2008; McNett 2012; Stone et al. 2013; Rees et al. 2015). Most identify the benefits of a well-structured and supported programme in developing psycho motor skills of both tutors and tutees and discuss findings around improvements in self-confidence and competence in both tutees and tutors. Many papers exploring the future of nurse education and training globally and especially in the UK with tuition fee charges and changes within the profession indicate that the power of peer teaching and learning is an untapped resource (Carr 2008; Ousey 2011; Burgess et al. 2014). They suggest that if well planned, structured and supervised it could enrich the development of student nurses and provide a sense of stewardship of senior students to more junior ones that is sometimes lost in the complexity of education, training and healthcare delivery (McKenzie 2009; Stacey and Holland 2016). The clinical skills peer tutor programme was set up in response to student feedback. Students said they felt lost not having the intense support that they had in the first year to settle them in or anecdotally we believe this may have led to students losing focus academically and in practice with possible associated attrition.</td>
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<tr>
<th>Aim/focus of the innovation</th>
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<td>The aim of the programme is to develop an added value opportunity for first year student nurses to apply to be a ‘peer tutor’ in their second and third if they so wish. To provide through additional training and a structured community environment to hopefully cultivate higher-level skills in the tutors and develop tutees clinical skills.</td>
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<th>Implementation of the innovation</th>
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<td>Selection is through a series of group activities and a micro teaching session. The successful students undergo a two-day structured preparation programme on how to teach skills, support students and develop self-management and feedback skills. The tutors will provide support to new and continuing students in a selection of clinical skills and focused instruction on how to take and understand physiological measurements such as vital signs. Following this they have a period of intensive supervision of their skills to ensure they are confident and competent in the skill prior to undertaking support workshops in pairs or small groups. They are not only responsible for running the workshops but all associated administration. Through running ‘peer tutor’ workshops student peer tutors have also assisted in scheduled classes with academic staff.</td>
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<th>Methods used to assess the innovation</th>
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<td>To date we have done informal anonymous “post-it” evaluations of both tutee's and tutors at the end of scheduled sessions and at regular meetings. We have been overwhelmed with the numbers of students coming forward as student tutees. A total of fifteen tutors have be trained and have seen over one hundred students of all fields across two sites.</td>
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<th>Key findings</th>
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<td>Feedback has been really positive. Both tutors and tutees have reported that this has helped advance their clinical skills as well as gaining confidence.</td>
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Tutees also said:
- “Feel more comfortable talking to a student than a lecturer”
- “More time to get it right and not rushed”
- “Accessible they knew the problems we had and were patient”
- “Felt silly in practice as no one could do a manual blood pressure to show me”
- “Drop-ins good, so little time to practice in university and even less chance in practice”
- “I feel like now I can do it properly and not feel ‘unsafe’ I can help others”
- “Learnt so much more this time”

Tutors have said:
- “Wasn’t as confident at the start as I thought I would be”
- “Great sense of achievement”
- “Enjoyed the process of teaching others the skills”
- “I seem to have come out of my shell”
- “SO wished we have this in our first year”

The tutors report development in the range of non-technical skills that are useful in building confidence, communication and teamwork skills as well as problem solving and decision making skills in their own practice.

References

Keywords
- Student peer learning;
- student peer tutors;
- clinical skills;
- non-technical skills;
- development.

Three key points to indicate how your work contributes to knowledge development within the selected theme
Added value initiative – supporting skills development.
Helping provide additional skills support and practice for student nurses.
Hopefully happier and more able students.

D2St3S4: The impact of Reciprocal Peer Tutoring on student learning in undergraduate nursing laboratories

Research paper

Prof Penny Paliadelis, Executive Dean, Faculty of Health, Federation University Australia
Prof Lisa McKenna, Head, School of Nursing and Midwifery Professor, La Trobe University
Prof Simon Cooper, Emergency Care and Research Development, Faculty of Health Federation University Australia
Mrs Swapnali Gazula, Lecturer in Nursing, Faculty of Health, Federation University Australia

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

Nursing educators are challenged to explore effective teaching approaches to engage students rather than just delivering information (Benner et al. 2010). Globally there is an emphasis on development of generic skills in graduates rather than limiting to discipline specific skills only (Murdoch-Eaton and Whittle 2012). Reciprocal Peer Tutoring (RPT) is an active form of learning where individuals actively participate in teaching themselves so that they are able to teach their peers (Muñoz-García et al. 2014). RPT encompasses structured switching of tutor and learner roles by individuals from the same academic level (De Backer et al. 2012). This strategy enables students to learn from their peers as well as get first-hand experience in teaching and engaging them (Manyama et al. 2016; Rees et al. 2016). Some benefits arising from this form of learning are improved understanding and retention of content (Bentley and Hill 2009), deep learning (Lueg et al. 2015), better skill retention (Manyama et al. 2016) and increased self-direction in meeting learning objectives (Asghar 2010). While RPT is being successfully implemented in educational settings, it awaits exploration in nursing education (Gazula et al. 2016).

This presentation will report the findings of a research study undertaken early in 2017 at a regional Australian university to examine the effect of Reciprocal Peer Tutoring on nursing students’ learning. This study employed an active learning approach in laboratory learning which has been linked to improved teaching skills, as well as nurturing lifelong skills such as communication, critical thinking, teamwork, cooperation, independent and collaborative learning (Muñoz-García et al. 2014). While RPT has demonstrated positive outcomes in some health disciplines including medicine (Manyama et al. 2016), physiotherapy (Hennings et al. 2010) and osteopathy, its use in nursing remains limited. This presentation will report on development and effects of an innovative learning strategy by incorporating RPT in nursing clinical practice laboratories.

The aim of this presentation will be to showcase planning design, participant preparation for peer teaching, implementation and outcomes of RPT in one undergraduate nursing curriculum. The findings will potentially benefit health professions educators globally as they strive to find innovative ways to prepare graduates for practice. This study will address the gap in literature by exploring the use of RPT in undergraduate nursing education in a selected Australian university. While the results may not be applicable in other settings, they will assist academics to plan RPT in international higher educational settings.

Aim(s) and/or research question(s)/research hypothesis(es)
Aim: To measure the impact of RPT on student learning in terms of knowledge scores and self-report attitudes on peer learning.

Specific research questions:
1. To measure the effect of RPT in terms of knowledge.
2. To determine the effect of RPT on student attitudes to teaching peers.
3. To examine the effect of RPT on student competence and confidence to teach.
4. To determine student perspectives on experiencing RPT within a laboratory setting.

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

Peer Assisted Learning theory (Topping and Ehly 2001) lays the theoretical underpinning for this study in which mixed methods approach will be used to collect quantitative and qualitative data (Creswell and Plano Clark 2011) to understand the effect of RPT on student learning in clinical laboratories. The effect of this strategy will be measured in terms of changes in knowledge and self-reported attitudes about teaching; using a pre-test post-test design.

A convergent parallel design will be used to conduct this study. This design involves independent collection and analysis of quantitative and qualitative data in a similar time frame followed by merging results for comparison to interpret or explain the findings (Fetters et al. 2013).

This study has been approved by the Human Research Ethics Committee at the given Australian university.

Final year undergraduate nursing students will be invited to participate in this study, where they will experience RPT in the nursing laboratories. Survey instruments will be administered to as pre and post-test measures to measure changes in knowledge scores and self-reported attitudes on peer learning. The participants will also be interviewed through focus groups after experiencing RPT using a single category design (Krueger and Casey 2015).

Demographic data of the participants will be analysed using descriptive statistics. Changes in the pre and post-test scores will be measured using inferential statistics. Thematic analysis of the focus groups will be obtained by recognising, analysing and describing the emerging themes (Carey and Asbury, 2016).

Key findings and recommendations

The preliminary findings will be presented along with relevant recommendations. These will include effect of RPT on student learning as well as their attitudes to teaching peers. Students' confidence and competence to teach will also be reported along with their perspectives on experiencing first hand RPT. Recommendations on designing RPT for optimistic student learning outcomes will be presented.

References


on higher education students’ metacognitive knowledge and regulation. *Instructional Science*. 40, 559-88


Gazula, S., McKenna, L., Cooper, S. and Paliadelis, P. (2016). A systematic review of Reciprocal Peer Tutoring within tertiary health profession educational programs. *Health Professions Education*


**Keywords**
- Reciprocal peer tutoring;
- peer-assisted learning;
- health professional educational innovation;
- clinical education impact;
- graduate practice.

**Three key points to indicate how your work contributes to knowledge development within the selected theme**
- Reciprocal Peer Tutoring (RPT) involves structured switching of tutor and learner roles among individuals from similar academic levels and has shown numerous benefits to students from higher education.
- While RPT has been implemented in various higher educational streams, its use is limited within nursing education.
- This study will help illumine effect of RPT in nursing education in the context of the given study setting for planning teaching and learning activities.

**D2St355: Working with students to improve their learning and assessment performance**

Innovation paper

Dr Heather Ingram, Quality Lead and Lead Midwife for Education, Keele University
### Background, context and evidence base for the innovation, including, where possible, its international relevance

This innovation involves working with students to narrow the gap and promote a better understanding of the expectations surrounding an assessment - the unseen examination - to enhance student learning, performance and satisfaction. The innovation involved changing the approach to the unseen examination through the adoption of the principles within two influential papers:

- the Teaching Excellence Framework, (Department for Business, Innovation and Skills 2016), in adopting a student-centred focus and by concentrating on those skills identified as crucial in enhancing employability - critical thinking, analysis and teamwork;
- the Higher Education Academy (2012), guidance on transforming assessment in higher education by matching teaching and learning with assessment to enhance student progression, achievement and satisfaction;

and by exploring the implementation of the concept of student engagement (Dunne and Owen 2013).

Final year undergraduate midwifery students are required to sit an unseen examination as part of the assessment strategy validated by the professional regulator, (Nursing and Midwifery Council 2009). The motivation to explore alternative approaches and change the approach stemmed from an analysis of the effectiveness of the assessment strategy which highlighted poorer previous student performance in that assessment compared with other assessments and student feedback which highlighted anxiety in their preparation and performance in the assessment. The importance of understanding where gaps between student understanding and marker expectations of an assessment exist and how working jointly can support a greater assessment literacy, (Price, Rust, O'Donovan, Handley and Bryant 2012), are central tenets in this innovation. It highlights the importance of recognising and sharing the set of assumptions, concepts and values embedded in the assessment in order to promote learning, (Sambell 2013).

### Aim/focus of the innovation

To develop a greater mutual understanding between the marker and the student community about the expectations from an assessment to promote assessment literacy and enhance student learning, performance and satisfaction.

### Implementation of the innovation

The project started in October 2016 with an analysis of the previous two cohorts of students’ performance in the assessment. Both student and staff feedback had highlighted tensions surrounding the assessment and the evidence indicated that student performance was lower in that assessment than in any other. Exploration of the literature base and creative problem solving led to a new approach linking student engagement in assessment design (Dunne and Owen 2013), Sambell (2013), promoting assessment literacy (HEA 2012) and situated learning (Lave and Wenger 1991). The project gained pace in December 2016 and January 2017 as the new approach was discussed with students and several events were held to develop the joint understanding. A cycle of proposal and re-proposal developed with the adoption of several mechanisms to support student learning and understanding:

- a development workshop;
- a mock exam with peer review and feedback session;
- use of an online community learning group;
- group work on articles supporting the topics on the exam ‘hitlist’;
- a revision workshop;
- structuring teaching sessions to adopt the approach for the examination.
Methods used to assess the innovation

After the release of results and prior to qualification, qualitative workshops will be undertaken with students who volunteered to be part of the study. Ethical approval has been sought with consent from students wishing to participate. Quantitative data will be derived from the assessment achievement statistics.

This new process will be assessed by:

- feedback from students about the new process and its contribution to their learning and satisfaction with the assessment
- analysis of the achievement statistics

Key findings

Findings will be collated from April to August 2017 with review prior to the commencement of the new Academic Year in September 2017.

References


Keywords

- Student engagement;
- assessment literacy;
- student satisfaction;
- Teaching Excellence Framework;
- progression, performance and achievement.

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

- Implementation of an approach to engage with students to enhance their learning,
performance and satisfaction.

- Implications for future assessment design and delivery.
- Strengthening teaching excellence.

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**D2St3S6: Self-assessment of nursing competencies: A tool appropriate for various clinical areas**

Research paper

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Michela Barisone, PhD Student in Nursing, MSN, RN*
Giuseppe Aleo, Research Fellow and Lecturer, PhD, MA*
Milko Zanini, Research Fellow and Lecturer, PhD, MSN, MSoC, RN*
Gianluca Catania, Research Fellow and Lecturer, PhD, MSN, RN*
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**Background, including underpinning literature and, wherever possible, the international relevance of the research**

In the last few decades, advances in the field of research, technology, and healthcare and educational strategies have radically improved the quality of healthcare. However, a well-defined and standardised model for the management of diseases from a nursing perspective is still missing. For example, heart failure in adults (Bocchi 2013) and bronchiolitis in children (Hall, 2009) have a significant impact on healthcare, but there are no agreed standardised procedures with regard to how they should be cared for by nurses (Bialy 2011). Nursing knowledge about these pathologies varies greatly and it is often based on direct clinical experience rather than on specially designed educational courses (Albert 2002).

The role played by nurses is fundamental, especially in relation to patient and family education (WHO 2015). The nature of nurses' preparation in relation to this latter aspect varies a great deal across Europe.

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

The purpose of this study was to develop a conceptual model of reference that provides a framework for nursing competencies in specific clinical areas and a tool that enables nurses to self-assess their competencies.

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

In line with other studies on competencies in field of cardiology and paediatrics, we identified the knowledge and the skills required to ensure safe practice for each learning objective. We created and tested a tool for the self-assessment of competencies formulated according to the theoretical model of Benner and the Dreyfus brothers. The matrix was based on a series of clinical cases identified by a panel of experts, which for the field of cardiology included acute myocardial infarction, heart failure, and atrial defibrillation; and for the field of paediatrics, bronchiolitis, sedation in children and care for premature newborns. The competence self-assessment tool was tested on 63 nurse experts in the medical and cardiology field and 52 nurse experts in the paediatric field.
Key findings and recommendations
The participants found that the tool was very useful for the purposes of self-assessment of clinical competencies and fundamental to organise an effective plan to address the educational needs. The clinical case was structured in order to facilitate the standardisation of the self-assessment process of the competencies and therefore the possibility for professionals to identify whether they had educational technical, gestural or relational gaps. The availability of a tool for professionals to self-assess their competencies enables them to constantly and contextually monitor the quality of the care they provide, adopting appropriate strategies also for the implementation of self-care, for which specific competencies are necessary according to the type of patient and pathology.

There is global consensus on the need for continued education in the field of healthcare, but there is still debate on how to improve the way this is provided. Monitoring the process of competence acquisition is still complex. There are various experiences in this field, but a globally accepted model is still missing. The tool for the self-assessment of competencies is useful to keep track of the clinical competencies gained by cardiac and pediatric nurses. This tool is important because it can be used in a multidisciplinary context that globally cares for patients and their families. The tool consists of three parts: the clinical part, which includes the technical and practical skills; the educational-relational part, which includes communication skills; and the scientific part, which focuses on knowledge about best practice and how to implement it.

References

Keywords
- Nurse knowledge;
- advanced heart failure;
- competency;
- assessment tool;
- bronchiolitis.

Three key points to indicate how your work contributes to knowledge development within the selected theme
- The assessment of nursing competencies inside a given clinical context enables to develop a specifically tailored education that improves the quality of care provided.
- The self-assessment process enables professionals to identify their own strengths and weaknesses, especially when working in a team that pays attention to the individual educational needs so that the whole team may then improve.
- The standardisation of the processes ensures safe and complete care. This requires a clear picture of the resources available in terms of mix of competencies, so that even a newly employed nurse can easily be introduced into the healthcare process.
### Background, including underpinning literature and, wherever possible, the international relevance of the research

Suresh et al. (2013) found that one of nurses' particular fears in clinical practice is fear of death. One of the experiences that daunts them most is caring for people that are dying, and caring for their families (Anderson et al. 2015). By preparing students specifically for this role (before their first placement), they feel more resilient and can therefore be free to deliver high quality care. This research was underpinned by international evidence that the provision of effective palliative care can be difficult for new student nurses (Peters et al. 2012; Ross et al. 2014; Cavaye and Watts 2014). The findings are therefore relevant to the global nursing community.

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

The aims of this research were to:

1. Gain an understanding of the fear of death in a group of first-semester student nurses.
2. Evaluate two strategies designed to reduce fear of death in first-year student nurses by strengthening aspects of the affective domain.
3. Explore the relationship between students' fear of death and age, prior experience, ethnicity and spiritual affiliation.
4. Gain an understanding of factors that affect the feelings of students who are caring for people who are dying and their families in clinical practice.
5. Identify teaching and learning strategies that help to reduce fear of death.

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

Mixed methods can be a useful way forward in considering a social phenomenon, such as death and dying. Johnson (2009) advocated a mixed methods approach using a dialectical pragmatism. This approach requires careful listening and sensitive consideration of multiple viewpoints. The researcher is required to consider the relationship and the tensions between the quantitative and qualitative methods and results. Johnson (2009) suggested that the goal is to produce an approach to research that synthesises relevant insights from both quantitative and qualitative perspectives.

This research used a pragmatic paradigm and a mixed method approach to explore the feelings and experiences of newly recruited student nurses in relation to fear of death and the care of the dying person and their families. Quantitative and qualitative methods were used to examine the impact of two different interventions intended to reduce the fear of death. Ethical approval was granted prior to data collection.

An established ‘fear of death’ questionnaire was used to measure aspects of fear of death (Hoelter 1979). The students were then randomly allocated to three groups. The members of two of the groups experienced an intervention, either a psychological self-help programme called ‘Do Something Different’, (DSD) (Fletcher and Pine 2012) or a weekly group meeting that explored relationships and
the use of spiritual strategies based on Family Constellation theory (Hellinger 2006). The third group acted as a control. After a period of time in clinical practice, the questionnaire was administered again and the results analysed and interpreted using SPSS. The relationship between the students' fear of death and their age, previous experiences, ethnicity and spiritual beliefs was explored.

The qualitative part of the study involved semi-structured interviews with fifteen of the students who had completed both questionnaires. Their experiences of preparation for caring for dying people and of being in an intervention group were discussed. The interviews were analysed using interpretive phenomenological analysis (IPE) (Smith 1996).

Key findings and recommendations

1. Quantitative data indicated that the interventions had a positive influence on reducing the students' fear of death. Use of the tool to enhance emotional intelligence (DSD) produced a statistically significant decrease in fear of death.

2. Qualitative data indicated that experience with death reduces any fears and concerns. The age of the student affects the degree of fear of death. The students' spirituality and ethnicity also affected their fear of death.

3. The importance of having effective communication skills was emphasised. Developing emotional and spiritual intelligence also depended on support being available at home, at the university and from empathetic mentors in placement. The range of effective mentorship was highlighted, with good mentors being seen as 'inspirational' or 'role models'.

4. The research aims were met, and evidence was presented to support the recommendation that appropriate preparation of students takes place prior to clinical placement experience.

References


Smith, J. (1996) 'Beyond the divide between cognition and discourse: using interpretative phenomenological analysis in health psychology'. *Psychology and Health*. 11 (2) 261-71

Keywords
- Emotional;
- spiritual;
- palliative;
- courage;
- resilience.

Three key points to indicate how your work contributes to knowledge development within the selected theme
- Death is a key theme in many nursing locations. Nurses require emotional and spiritual intelligence in order to develop the courage/resilience to effectively care for dying people and their families.
- Caring for dying people and their families can trigger deep feelings in student nurses. These can include their own unresolved grief issues; cultural dissonance issues and existential questions.
- By enhancing emotional/spiritual intelligence a student nurse is equipped with resilience to deal confidently with a wide range of human experiences.

D2St4S2: Passion projects: Education through meaningful engagement
Research paper
Anne Crozier, Associate Lecturer, York University, Canada

Background, context and evidence base for the innovation, including, where possible, its international relevance
The scholastic demands of nursing curricula compel students to prioritise their efforts toward clinical courses and hard science content. How then, given the importance of the soft skills (e.g. thinking, communicating, relating) required for nursing practice, do nurse educators engage students in learning that is effective, meaningful and perhaps even, memorable. The Passion Project was designed to maximise the student experience through the development, implementation and evaluation of a group project that provides opportunity to exercise these skills in real time and circumstances.

Aim/focus of the innovation
To develop nursing competencies in group process, team building and project development and completion through a meaningful experiential learning opportunity

Implementation of the innovation
Passion Projects were introduced into two Bachelor of Science in Nursing courses- as a meaningful, experiential learning opportunity that afforded students the prospect of participating in a significant group project that was of their own choosing and design. The education objective, of learning and negotiating the components of teamwork, team development, group process and effective communication, so critical to best practice in nursing, was met by living it. Students’ commitment and enthusiasm for their projects, as well as those of their classroom peers, illustrated that learning, even of soft skills, can occur when learners are actively engaged in the process and project. Of note, Passion Projects varied broadly from an on campus breakfast club, to charity runs to the development of an elective course on Aboriginal Health in Canada- the possibilities and potential have shown to be infinite. Many projects have included charitable or ‘paying it forward’ elements that contributed to the
students’ sense of doing important work that held personal meaning to them. Exemplars of student work will be illustrated through video submissions that were included in student presentations. This interactive presentation will demonstrate not only the student learning, but also the professional fulfilment of an educator, witnessing active and compelling knowledge acquisition.

### Methods used to assess the innovation
- Quality of the student projects;
- Student feedback on the impact of the project on their learning, professional development and personal growth;
- Class attendance for passion project presentations;
- Course evaluations.

### Key findings
Students were highly engaged in their Passion Projects and met the underlying learning objective of understanding group process, dynamics and team building through a meaningful lived experience. The Passion Project could be used in the education of other health disciplines and could be easily adapted for inter-professional education.

### References


### Keywords
- Experiential learning;
- soft skill knowledge development;
- student engagement;
- teaching and learning innovation;
- passion projects.

### Three key points to indicate how your work contributes to knowledge development within the selected theme
- Learning is enhanced through student and faculty commitment and enthusiasm.
- Passion Projects afford students meaningful and impactful experiential learning.
- Students acquire soft skills through a compelling learning opportunity.

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**D2St4S3: Embracing “The Model of Compassion for Humanising Nursing Care” as vehicle to enhance contemporary nurse education**

Collette Straughair, Senior Lecturer Adult Nursing, Northumbria University

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

Compassion is the most precious asset of nursing (Schantz 2007; Rafferty 2011), originating from theological traditions of caring for the sick (Shelly and Miller 2006; Kapelli 2008 a, b; Armstrong 2007) and attributed to professional nursing through the influences of Florence Nightingale (Bingham 1979; Dolan, Fitzpatrick and Herrman 1983; Dingwall, Rafferty and Webster 1988; Widerquist 1992). However,
over recent times the notion of compassion has been questioned (Burdett Trust for Nursing 2006; Mooney 2009), due to an emerging range of individual reports of negative experiences in the care context (The Patients Association 2009; The Mid Staffordshire NHS Foundation Trust Inquiry 2010 a, b; The Parliamentary and Health Care Ombudsman 2011; The Patients Association 2011). Subsequently, a political and professional response has ensued to reaffirm that compassion continues to be a core philosophy of nursing (Department of Health (DH), 2010 a, b; Royal College of Nursing (RCN) 2010; DH, 2012). Despite this reaffirmation, there is limited empirical research across the international nursing arena to elucidate what compassion involves (Sanghavi 2006; Perry 2009; Dewar and Mackay 2010; Van der Cingel 2011; Kneafsey et al. 2016), particularly from the exclusive perceptions of individuals who have personal experience of nursing care (Skaff et al. 2003; Kret 2011; Bramley and Matiti 2014; Sinclair et al. 2016). A more comprehensive understanding is therefore required (Olshansky 2007), in order to enable nurse educators to implement appropriate educational strategies which support nurses to embrace compassion as an integral dimension of contemporary professional practice.

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

The aim of the research was to explore compassion, exclusively from the perceptions of individuals who had personal experience of nursing care by addressing the primary research question: “What do individuals perceive compassion to involve and how do their personal experiences of nursing care contribute to this?”

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

A constructivist grounded theory research methodology (Charmaz 2006; 2014) was implemented to investigate compassion with a target sample population of individuals who were in an established role to share their care experiences with undergraduate nursing students. Data collection was guided by a theoretical sampling strategy, resulting in fifteen data collection episodes which involved a series of individual interviews and a focus group discussion. Data was transcribed verbatim and analysed using initial and focused coding techniques. The use of theoretical memos and diagrams, reflexivity and conceptual mapping supported increasing levels of theoretical sensitivity. As a result, a grounded theory was constructed from the data and assimilated into “The Model of Compassion for Humanising Nursing Care” to represent individual perceptions of compassion in nursing.

Key findings and recommendations

“The Model of Compassion for Humanising Nursing Care” proposes that compassion is fundamentally dependent on the individual experiencing a humanising approach to nursing care. Experiencing a humanising approach relies on the equilibrium of five elements: Character, Competence, Motivation, Connecting and Action for Compassion. These five elements are influenced at an overarching level by three principal dimensions: Compassionate Self, Compassionate Education and Compassionate Care Contexts. Compassionate Self requires nurses to possess a baseline level of character, competence and motivation for compassion, supporting the development of connections with individuals experiencing care and thus, facilitating action for compassion. Didactic approaches are required to cultivate and nurture this further, through strategies to support Compassionate Education within an organisational culture that fosters Compassionate Care Contexts. Potential candidates for nursing therefore need to be selected primarily for their ‘potential’ for compassion. Formal and informal approaches to nurse education within the university and care context subsequently need to build upon this further, cultivating compassion through the development of appropriate knowledge and skills to implement humanising approaches to nursing care, within a culture that enables compassion to flourish.
References
Dewar, B. and Mackay, R. (2010) Appreciating and Developing Compassionate Care in an Acute Hospital Setting Caring for Older People. *International Journal of Older People Nursing*. 5 (4) 299-308


The Patients Association (2009) *Patients...not numbers, People...not statistics.* London: The Patients Association

Van der Cingel, M. (2011) Compassion in Care. A Qualitative Study of Older People with a Chronic Disease and Nurses. *Nursing Ethics.* 18 (5) 672-85


**Keywords**

- Humanising approaches;
- compassion;
- formal/informal education;
- constructivist grounded theory;
- model of compassion.

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

- “The Model of Compassion for Humanising Nursing Care” provides an original and innovative grounded theory, which offers a foundation from which compassion in nursing can ensue.
- *Compassionate Education* is pivotal to the model, supporting nurses to exhibit character, competence, motivation, connecting and action for compassion.
- *Compassionate Education* needs to occur within both the university and care context, cultivating compassion by equipping nurses with the knowledge and skills to implement humanising approaches to nursing care.
Arun Arora, medical student, Manchester Medical School
Charlotte Cliffe, Clinical Teaching Fellow, UCL Medical School
Alex McKeown, Research Associate, UCL Medical School
Ann Griffin, Senior Lecturer in Medical Education, UCL Medical School.

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

Preventing hospital admissions and treatment in the community saves money (Ham 2011) and improves patients’ quality of life (Kodner 2002). Integrated care aims to develop coordination between primary and secondary care, to enhance the patient experience and to increase cost effectiveness. Outside of the UK, there have been successful strategies in developing integrated care (Øvretveit 2010), however, despite an accepted rationale in countries such as the US (Bevan 2011), it has been slow to implement in the UK. The Programme for Integrated Child Health (PICH), the first integrated child health programme within the UK, aims to educate trainees about the concepts of integration as well as support their active engagement in developing integrated services. The PICH project enrolled both general practitioners (GP) and paediatric trainees and provided a comprehensive educational programme including access to clinical data and mentoring.

However, integrated care is not unproblematic. One important consideration is the blurring of traditional boundaries between specialisms and the sharing of knowledge across them. This study used the concepts of ‘third space’ and ‘blended professionals’ (Whitchurch 2008), to explore the implications for the education and establishment of effective integrated care programmes.

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

This research project aimed to:

1. Investigate whether PICH enabled participants to evaluate and establish integrated care services.
2. To investigate the implications of integrated care for professional identity within emerging clinical roles, the concept of a ‘third space’ and blended professionals.
3. To explore how PICH supports shifting professional identities.

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

The design was a qualitative study to allow an in-depth exploration of each participant’s experience of PICH and the delivery of integrated care.

**Sample:** All GP, paediatric trainees and mentors, who were engaged with the first two cohorts of the PICH project, were invited to participate.

**Data collection:** Semi structured interviews, conducted by phone or face to face, between April 2016 and January 2017.

**Data analysis:** Thematic analysis was used to code the data; this was sensitised by the theory of third space professionals as well as being inductive, to fully account for the immerging themes. Initially each researcher independently developed their own framework and following initial data coding and two subsequent discussions, a final framework was developed. All the interviews were then coded using NVivo 11 software and an inter-coder agreement comparison was run to ensure consistency of
Key findings and recommendations

23 participants were included, with interviews lasting between 30-45 minutes. Participants reported the project enabled them to understand the divide between primary and secondary care. It allowed them to experience working with others in a unique environment and encouraged them to be mindful of the barriers to implementing integrated care services on a larger scale. Features of the learning environment that enabled them were ‘enthusiasm’, opportunities for creativity, access to healthcare data and mentorship. The learning environment provided a “third space” bringing together professionals who, through the focus of providing patient-centred and integrated care, shared their knowledge of their own professional boundary. There was an improvement in understanding one another’s roles, and how one constructs an individual’s professional identity. PICH, through the use of this third space, facilitated the development of “blended professionals”. This allowed clinicians to work across traditional boundaries and negotiate aspects of their own practice in order to facilitate more effective, patient-centred care.

Recommendations:

1. Educational interventions focusing on developing integrated care could improve efficiency through enhancing communication between professionals groups.
2. This initiative in integrated care nurtures the development of ‘blended’ professionals who are able to work across boundaries, as they are mindful to other professionals’ roles. More consideration should be given to the provision of third spaces within education and workplaces.

References


Keywords

- Integrated care;
- relationships;
- communication;
- boundaries;
- professional identity.

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

- This study used a theoretical framework, third space and blended professionalism, which has been used very rarely in exploring interprofessional learning in healthcare settings.
This study demonstrated features of the PICH programme that facilitated the development of more fluid professional identities through the use of an effective third space. Within the healthcare setting, understanding other professionals' roles, as a ‘blended’ professional, is crucial to the success of integrated care.

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<td>Dr Susanne Lindqvist, University of East Anglia</td>
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**Background, context and evidence base for the innovation, including, where possible, its international relevance:**

A number of staff members are often involved in the care of patients. Patients’ experiences of their care correlate with the quality of interactions they have had with professionals providing their care (NICE 2012). Staff members who provide the basic aspects of care are particularly aware of the need to demonstrate the right values to their patients. In the UK, these personnel are referred to as Healthcare Assistants (HCAs).

It is clear from historical failures of care that all future healthcare professionals need to show compassion, respect and dignity during all patient contacts (Francis, 2013). By undertaking some time working as a HCA, students’ understanding of what this means in reality may become clearer, and it may also help students develop the necessary attitudes, values and behaviours needed to help shape our future workforce (Frenk et al. 2010; WHO 2010).

Further to developing the desired values base amongst future doctors, we considered that by undertaking time as a HCA, this would help students to more fully understand the roles, responsibilities and pressures placed on care staff, so that in future care staff are better prepared to facilitate healthcare teams, enabling them to function effectively and efficiently. This paper presents the findings of a pilot completed in 2015-2016 and extended in 2016-2017.

**Aim and focus of this innovation:**

To ensure that all medical students at this Medical School demonstrate the desired professional values needed to work together with others as they provide care with compassion, respect and dignity to all patients - at all times.

The learning outcomes of this educational exercise include for students to:

- **Demonstrate** knowledge and skills associated with care delivered by a HCA;
- **Describe** how hospital wards “work” and how different staff members contribute to the care delivery of each patient;
- **Practice** the stresses of shift work patterns;
- **Identify** common challenges associated with the role and responsibilities of a HCA;
- **Describe** interprofessional and professional-patient interactions and communications as a HCA within a real clinical environment;
- **Describe** some differences and similarities between their own future profession and that of a HCA, in providing high quality and safe care;
- **Appraise** what knowledge, skills, attitudes, values and behaviours a doctor needs in order to enhance the contribution of all members of healthcare staff.

**Implementation of the innovation:**
The project comprises of two main elements:

A. Learning about key aspects of the HCA role (~3 days)
B. Completing HCA shifts (~ 3 shifts)

The project involves three main stages:

1. In 2015-2016: pilot for ~30 students, across three hospital sites.
2. In 2016-2017: extended pilot for ~60 students, involving new hospitals and nursing homes.
3. In 2017-2018: roll out to all medical students with no previous HCA experience.

The initial pilot explored: recruitment, preparation, shifts etc.

Methods used to assess the innovation:

Evaluation forms comprised of quantitative and qualitative components. Data were collected from: students; mentors who supervised students during their shifts; and educators who prepared students for the shifts.

Key findings:

Students were asked to score statements saying they had achieved each of the above learning outcomes using a Likert Scale 1-5 (1 = I completely disagree; 3 = I am not sure; 5 = completely agree). Students’ mean scores ranged between 4.2 and 4.8.

Qualitative findings were overwhelmingly positive, but also very informative when it came to finding out about the areas that needed exploration before the project could extend to involve a larger number of students and clinical sites.

Mentors generally regarded students' professional behaviour as excellent and felt that this type of experience was very important in fostering a new generation of doctors.

References


Keywords

• Medical students;
• healthcare assistant;
• education;
• professionalism;
• collaboration;
### Three key points to indicate how your work contributes to knowledge development within the selected theme

- It helps medical students understand the basic and fundamental aspects of care.
- It creates opportunities for mutual respect to develop between medical students and HCAs.
- It actively enhances students' understanding for why patients need professionals to collaborate in order to provide optimal care.

### D2St4S6: Implementation and evaluation of a language task, designed to enhance Diagnostic Imaging and Radiotherapy students' awareness of diversity, and improve cultural competency, language skills and emotional intelligence

**Innovation paper**

Sharon Stewart (DI Lecturer) and Janice Mitchell (Radiotherapy Lecturer), Glasgow Caledonian University

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

In recent years there has been a drive to develop inclusive education within an international and global context in order to prepare 21st century graduates to engage and contribute to a globally interconnected society (Higher education Academy 2014; GCU 2013). An element of this approach seeks to inculcate intra-cultural values and skills so students are prepared for a rapidly changing, diverse and complex world (Killick and Jones 2013).

This coincides with recognition that in the UK, communities have become increasingly diverse. Whilst the education sector, professional bodies, and government policy attempt to promote a high quality, equitable healthcare service, there is evidence that cultural and linguistic barriers between healthcare professionals and their patients may impede the safe and effective delivery of health care (Adeyemi 2013; Ashley and Lawrie 2016; Mathews 2015; Saha et al. 2008). To address these issues requires new approaches to curriculum design and learning and teaching strategies which can enhance health professionals communication and patient-centred skills, and enrich their cultural competency.

**Aim/focus of the innovation**

This paper will outline an intervention (language task) which aims to improve the student's awareness of these issues and foster values and skills which will empower them to deliver equitable healthcare.

**Implementation of the innovation**

Student in both DI and Radiotherapy were provided with an overview of inequalities in health, cultural competency and emotional intelligence and then directed to complete a language task working in assigned groups. Each group subsequently presented their findings to the class.

**Methods used to assess the innovation**

Evaluation was performed using a formative feedback checklist and a pre-test and post-test questionnaire which explored the student's understanding of cultural competency, language knowledge, communication skills and language confidence. (Results will be analysed and presented).

**Key findings**

Students correctly identified relevant words and phrases, and also the mechanism for arranging an interpreter at their local hospital. Examples of key phrases enabled the student radiographer to communicate with patients, for example, to introduce themselves, confirm patient ID, and to gain...
cooperation and consent for imaging and treatment. The students also identified appropriate verbal and non-verbal communication. There was also evidence in presentations of empathy with patients who may not have English as their first language. Class tutors observed synergy between home students and students who spoke a second language, and appreciation of cultural capital that diverse students brought to the task. The task may enrich inter-cultural competence. However it should be viewed as part of an integrated and embedded approach to internationalising the curriculum.

References


Keywords

- Cultural/inter-cultural competence;
- language;
- healthcare student;
- radiographer;
- internationalisation.

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

- An Intervention that provides a platform for radiography students to embrace cultural diversity, develop confidence in communication and language skills, which could be transferred to other health care professionals.
- Through connecting equality and diversity with a global outlook the task may enrich inter-cultural competence.
- Healthcare students can develop skills which may contribute to a more patient centred and holistic approach with the diverse population.
### Background, context and evidence base for the innovation, including, where possible, its international relevance

Interprofessional simulation (IPS) is a method of providing an experiential learning opportunity to increase knowledge and understanding of other professions (Failla and Macauley 2014). The World Health Organisation (WHO 2010) suggests that interprofessional education concerns two or more professions learning about, from and with each other in order to effectively collaborate and improve health outcomes. Gough et al. (2011) recognise that IPS can improve knowledge, confidence, team working and communication, thus a useful approach in undergraduate education. The simulation facilities at UoS have recently expanded and include a variety of environments, such facilities allow students to become immersed within practice based scenarios. Although simulation is embedded in individual programmes within UoS undergraduate health and social care programmes, it was recognised that there was no IPS learning opportunity provided.

### Aim/focus of the innovation

The aim was to provide multi-professional simulations for health professional students and facilitate an opportunity for collaboration with the ultimate aim of developing the student's knowledge and skills in relation to inter-professional working.

### Implementation of the innovation

In July 2016, working with colleagues across health and social care six simulated scenarios were designed and facilitated for UG students of physiotherapy, midwifery, OT and Nursing. The scenarios were as titled as follows:

1. Bedside monitoring in intensive care (Lead – Physiotherapy)
2. Working with parents with Learning Disabilities (Lead Joint Social Work/LD team)
3. Neonatal Respiratory Distress (Lead – Midwifery and children's nursing)
4. The identification and management of a woman presenting with perinatal mental health issues to an A+E department (Lead – Midwifery and mental health nursing)
5. Acute loss of consciousness in an adult (Adult nursing)
6. Meaningful engagement (Occupational therapy)

Students rotated and participated in the six different scenarios followed by a debriefing specific to each of the scenarios.

A further inter-professional day is planned for early 2017.

### Methods used to assess the innovation

An adapted version of the University of Salford module evaluation questionnaire was used to evaluate the student's experiences. It uses a Likert scale of 'strongly agree, agree, neither agree or disagree, disagree and strongly disagree' with 9 statements for the students to answer. There was also a space
at the end of the questionnaire for students to add qualitative comments.

**Key findings**

31 students attended the day and 26 students completed the questionnaire. The results were very positive with almost all of the students responding ‘strongly agree’ or ‘agree’ to the questions. One example of a qualitative comment included, “Today has allowed me to develop my knowledge base on the role of the inter-professional team and put this into practice in a clinical environment. I feel today has been very beneficial and all the scenarios were realistic and enhanced my knowledge with exposure of different fields of practice”.

This was a pilot study and only students from nursing and physiotherapy attended. However, the results indicate that attendees developed skills and gained knowledge in relation to inter-professional working. A further interprofessional simulation day is planned early in 2017 and there are currently undergraduate students from nursing, radiography, physiotherapy, occupational therapy, midwifery and social work enrolled on to the day. Similar evaluations will be carried out for this group to allow further evaluation and ethics approval has been sought for this cohort of students.

**References**


**Keywords**

- Simulation;
- interprofessional;
- undergraduate;
- immersive.

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

- Increased understanding for undergraduates about the role of the inter-professional team.
- Benefits of simulation-based education for inter-professional working.
- The perceived impact of inter-professional simulation on future practice from the perspective of the undergraduate students.

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**D2St5S2: Students as change agents and partners in quality processes: Embedding the student voice in shaping curriculum development**

Innovation paper

Nicky Westwood, Principal Lecturer- Head of Learning, Teaching, Assessment and Interprofessional Education, University of Wolverhampton.

Dr Megan Thomas, Principal Lecturer - Head of Academic Quality, University of Wolverhampton.

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

The focus of this innovation is student engagement as partners and change agents in the development
of a pre-registration nursing curricula.

The University of Wolverhampton Strategic Plan demands that the student voice is embedded in all quality processes including validation of new curricula.

A student nursing pre-validation day was developed to provide an innovative approach to curriculum validation. This ensured the student voice was authentic and shaped the future nursing generation, thus enabling students to be seen as partners, change agents, active collaborators, co-producers and designers. Student engagement is a powerful idea that is pedagogically sound to transform learning and teaching in Higher Education (Healey et al. 2016).

**Aim/focus of the innovation**

The project aim was to explore innovative ideas through partnership and engagement of students in shaping the future nursing curriculum. This ensured that students were active collaborators.

**Implementation of the innovation**

35 student nurses were involved in the process who represented all fields of nursing apart from Learning Disability.

The day utilised focus groups, supported by facilitators who encouraged students to explore and capture their “blue skies thinking” for shaping an innovative nursing curriculum. These have been fed into existing curriculum enhancement and future development plans.

**Methods used to assess the innovation**

Students were asked prior to the day to identify what they hoped to gain from the day and how they thought it would shape the future nursing curriculum.

Student and facilitator feedback was collated through the use of written evaluations at the end of the development day.

The success of this innovative project has led to this process being implemented throughout the University ensuring the empowerment and embedding of the student voice.

**Key findings**

- Students have since been involved in further validation events.
- Highlighted curriculum development themes: Interprofessional learning, practice learning, areas for enhancing teaching and learning e.g.; service user carer involvement, assessment processes and expectations of students and staff.
- Students were keen to be involved and found the day a valuable, enjoyable experience. This resulted in them having a positive impact on future nurse education.
- Students felt this was an innovative approach to curriculum design, which built their confidence and enabled their voice to be heard.
- Engagement, discussion and collaboration with peers from other fields of nursing was found by students to be beneficial and facilitated sharing of experiences and good practice.
- Student-led approach led to students feeling empowered and ownership of the day.
- Day resulted in changes to the current curricula and will have a further impact on the new nursing curriculum development.

**References**


**Keywords**
Validation; student engagement; student voice; partners; curriculum enhancement.

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

- Curriculum enhancement and development through student experiences.
- Embedding of the student voice.
- Student as partners through enhanced engagement.

D2StSS3: Real-time service improvement: Preparing undergraduate healthcare students for the reality of interprofessional team working

Research paper

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Dr Steve Keen, Senior Lecturer, National Centre for Post Qualifying Social Work and Professional Practice, Bournemouth University

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

The purpose of this innovation is to prepare healthcare students for complex team-working that they will encounter as part of their professional career (Gagon and Roberge 2011). The focus of the activity is around improving services (Gage 2013; Bevan and Fairman 2014), developing a product to bring about better and safer practice for the benefit of patients and clients. Students are expected to collaborate with practice partners in the NHS, private or voluntary sector, referred to as stakeholders, to identify an area that needs development. This 20 credit, final year, level 6 unit runs twice a year over approximately five months (n=420– students) and culminates in students being assessed via an individually completed reflective proforma and a group presentation where they are required to present and defend their product to an invited audience.

Aim/focus of the innovation

The focus of the innovation is on the development of a ‘product’, the idea of which is generated from practice in collaboration with practice partners or stakeholders. Therefore, the product must have contemporary relevance to the well-being of individuals and/or communities. It is a mutually beneficial collaboration between external organisations and university students.

As part of their studies, the students get to work on a live project with the potential for real-world impact. The organisation gets the opportunity to benefit from the students’ knowledge, skills and creativity while gaining valuable insights into their specific project area.

Projects have included:

- working with the RNLI to highlight the dangers of ‘tombstoning’ (diving into shallow water from a pier);
- collaborating with a local NHS Trust to produce a dementia calming product (Frampton 2016);
- bereavement resources for students involving the university chaplaincy;
- partnering with a care home provider (Colten Care) to design a ‘food clock’ for residents;
- developing an interprofessional e-learning resource on pain and pain management.
Implementation of the innovation
Within interprofessional groups, normally of 6 students, they are required to undertake a ‘student-led’ group project based upon an agreed topic, supported by a university-based facilitator. Professions represented within the groups are nursing (child health, adult and mental health), occupational therapy, midwifery and physiotherapy. The groups need to:

- analyse the need for change in complex systems to improve the health and wellbeing of people and/or communities;
- synthesise solutions to complex challenges that address the need for change and improvement;
- effectively participate in teams to undertake an innovation or improvement project and to influence organisational behaviour;
- and present a justification of the project and its product and reflect on the skills, values, attribute and knowledge required.

Methods used to assess the innovation
Students are assessed via an individually completed (1000 word equivalent) reflective proforma and a 30 minute group presentation based on the product to improve services, which stakeholders are invited to.

Further feedback is available via analyses of post-unit student evaluation forms (n=54), 'top tip' videos for future students and responses from stakeholders.

Key findings
- It is a challenging unit due to the nature of bringing different professional groups together, as well as students having to cope with other pressures of assessments and working in practice at the same time.
- It prepares the students for the reality of work within a healthcare arena. Employers see the benefits of the unit and how it meets the needs of service.
- The area most attractive to students centre on the autonomy they enjoy in formulating the specifics of their project and the presentation style of the assessment. They have found the facilitative style of unit delivery resonates with their maturation in exposure to higher education learning and the proximity of their professional registration.
- This unit provides an excellent way for the Faculty to engage with service partners for the benefit of patients and families.

References


Keywords
- Interprofessional learning;
- interprofessional collaboration;
- service improvement;
- employability.

Three key points to indicate how your work contributes to knowledge development within the selected theme
- The innovative style of this unit shifts the education of the student from simply imparting information to a much broader consideration of acquiring essential attributes desired by employers on the completion of their programme such as critical thinking, team working and ethical practice.
- Collaborating with external partners in this way ensures benefits for both parties including the potential of a viable product that can improve the well-being of individuals and/or communities
- The hands-on, practical delivery of the unit prepares the student for the reality of work within a multiprofessional healthcare arena.

D2St554: The complex interplay between culture, structures and human agency and their influence on the facilitation of IPL for undergraduate health care students in the practice context

Research paper

Julie Derbyshire, Senior Lecturer Adult Nursing, Northumbria University

Background, including underpinning literature and, wherever possible, the international relevance of the research
The World Health Organisation (WHO 2010) support the notion that interprofessional learning (IPL) improves health care outcomes and contributes to safe, effective and high quality care. Consequently IPL is well embedded into most undergraduate health care programmes internationally, particularly in the university setting. Research studies that have explored experiences of IPL in practice (Pollard 2009; Anderson and Thorpe 2009; Burford et al. 2013; Anderson et al. 2014) all recognise the value of the practice arena in providing a wide range of IPL opportunities. However the development of IPL in practice is not as explicitly articulated as it is more challenging to practitioners who see development and facilitation of IPL as much more complex than uniprofessional learning. There is a need for more qualitative research to help gain an understanding of the systems and processes in place within the practice context to facilitate IPL for undergraduate students (Greenfield et al. 2010; Barr 2013). The neurological practice context was chosen as the focus for this study as it is a highly specialised area with complex patients requiring care from a range of professional groups, who must work collaboratively to meet the diverse care needs of patients. This being the case it lends itself to IPL as a practice context for undergraduate students to 'learn, with, from and about each other' (Centre for Advancement of Interprofessional Education (CAIPE) 2012).

Aim(s) and/or research question(s)/research hypothesis(es)
The aim of this study was to explore how the neurological practice context facilitates interprofessional learning (IPL) for undergraduate health care students.
Research methodology/research design, any ethical issues, and methods of data collection and analysis

The theoretical framework for this study was developed from a critical realist perspective and supported by complexity theory. A case study research design was used, as it is well suited to investigating complex situations and multi-faceted interventions within a real life organisational context (Yin 2009; Easton 2010). A purposive sampling approach was taken to collect data from eighteen individual interviews with practice educators and students from nursing, medicine, physiotherapy and occupational therapy. In addition five non-participatory observations were carried out within the practice context and relevant documentary data collated. A thematic approach to data analysis was used (Miles and Huberman 1994), incorporating data reduction, data display and verification which resulted in five key themes.

Key findings and recommendations

- Those involved in practice based IPL should have an awareness of the use of culture, structures and human agency and their importance to the facilitation of practice based IPL.
- The multi-dimensional assessment tool developed from the findings can be used to assess capability and capacity of practice environments to deliver IPL.
- The patient must be at the centre of all IPL experiences, but more effort and investment is needed to involve patients/carers directly in IPL encounters to inform teaching and learning, but also collaborative decision making.
- Key agents are needed to champion and facilitate practice based IPL, from those who have ‘interprofessional credibility’ within the practice context.
- Development of an IPL strategy that reflects local needs and values informal IPL.

References


**Keywords**
- Interprofessional learning;
- facilitation;
- practice education;
- critical realism;
- case study.

**Three key points to indicate how your work contributes to knowledge development within the selected theme**
- Findings from the study will raise awareness of the complex variable influencing the facilitation of practice based IPL.
- This new theoretical insight and the multi-dimensional assessment tool developed from the study, will inform evidence for the development of undergraduate IPL in practice.
- It is proposed that this new understanding may enhance integration and joint working between higher education institutions and placement providers; to improve the student experience and potential patient care experiences and outcomes.

### D2St5S4: Nurse and midwife prescribers: towards an inter-professional model of prescribing competence

**Innovation paper**

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Anne Trotter, Assistant Director Education and Standards, Nursing and Midwifery Council
Dawn Elliott, Education Policy Manager, Nursing and Midwifery Council

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

Nurse and midwife prescribing continues to develop at a considerable rate and it is well established within many areas of practice across the UK. Clearly the development of prescribing within nursing and midwifery practice will continue to evolve as a direct response the changing health needs of the population and the supporting government policy across the four UK countries. The recommendation for nurses to prescribe originated in the Cumberlege report (DHSS 1986), which recommended that community nurses should be able to prescribe from a Nurse Prescribing Formulary. The legislation to enable nurses to prescribe received the Royal Assent on 16th March 1992 and since then it has evolved with resulting changes in legislation and accompanying educational programmes approved by the UK’s Nursing and Midwifery Council (NMC).

The NMC in 2006 set out Standards of Proficiency for Nurse and Midwife Prescribers (SPNMP). These standards consist of two sections: the educational requirements and the standards for prescribing practice. These standards ensure the educational preparation for nurse and midwife independent prescribing is delivered within approved education institutions. These standards apply to community practitioner nurse prescribers (V100), nurse and midwife independent prescribers (V200), and supplementary and independent prescribers (V300). In 2009 the NMC set additional standards for educational preparation for nurses who do not hold a specialist practice qualification to enable nurses
to prescribe from the Nurse Prescribers Formulary for Community Practitioners (NMC 2009). This prescribing is labelled as V150.

The NMC's current SPNMP are dated and the evidence base for some of the educational requirements is unclear. Additionally since their publication, ten related circulars have been established to clarify points and add additional information. The NMC (2015) revised Code also contains a section on prescribing and medicines management.

Moving forward, the NMC has proposed that educational requirements are removed from Standards of Proficiency of all their documents containing standards, and are contained within a new education framework that is currently under development. Considering this, a review of the current SPNMP is also being undertaken.

The core competencies for prescribing are the same no matter what formulary a professional prescribes from or whether it be as a supplementary prescribing (NMC 2006, 2009; Royal Pharmaceutical Society 2016). Additionally, it is the responsibility of the professional to contextualise their scope of prescribing to reflect different areas of practice and work within the Code (NMC 2015). Therefore it is proposed that the learning outcomes of a prescribing programme should reflect national competency frameworks for all prescribers, for example The Royal Pharmaceutical Society’s Single Competency Framework for All Prescribers (2016).

**Aim/focus of the innovation**

It is proposed that The NMC adopts the Royal Pharmaceutical Society’s Single Competency Framework for All Prescribers published in 2016. In doing so, it is anticipated that nurse and midwife prescribers will lead the way in moving towards an interprofessional approach to both learning and assessment in prescribing. This will be the first time that a regulator has embraced the opportunity to formally adopt the standards of another professional body.

**Implementation of the innovation**

It is anticipated that the Royal Pharmaceutical Society's single competency framework will be adopted in 2018. The principles underpinning this innovation are to support moves towards inter-professional learning, recognising the opportunities for a standardised approach to prescribing education.

**Methods used to assess the innovation**

The potential adoption of the Royal Pharmaceutical Society's Single Competency Framework for All Prescribers will be considered through a widespread consultation exercise during Summer 2017. Early findings from this consultation will be available for discussion as part of this session.

**Key findings**

The key contribution of this paper is to set out an innovative approach to the regulation of prescribing education from an interprofessional perspective, including consideration of the pioneering approach of The Royal Pharmaceutical Society’s Single Competency Framework for All Prescribers (2016).

**References**


Pharmaceutical Society

Keywords
- Prescribing;
- nursing;
- midwifery;
- interprofessional;
- regulation.

Three key points to indicate how your work contributes to knowledge development within the selected theme
- The paper sets out an innovative approach to the regulation of prescribing education.
- The paper contributes to debates regarding inter-professional education.
- The paper contributes from a regulatory perspective to debates surrounding nurse and midwife prescribers.