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D2A1: Simulation@Salford: Creating an immersive clinical simulation suite

Poster authors
Amanda Miller (Clinical Simulation Lead and Lecturer in Nursing, University of Salford)
Neil Withnell (Associate Dean Academic Enhancement, University of Salford)
Louise Yuill (Lecturer in Midwifery, University of Salford)

Main focus/theme of, or issues addressed by, the poster
Simulation-based education is embedded in numerous undergraduate, postgraduate and post-qualifying modules at the University of Salford (UoS) and is embraced as an innovative method of teaching and learning in health and social care curricula.

In 2015, at the UoS, a project to develop a state-of-the-art clinical simulation suite commenced. The aim of the project was to develop a multi-functional suite to replicate a real hospital environment and provide a supportive learning environment for students. A team of academics in the School of Nursing, Midwifery, Social Work and Social Sciences worked in partnership with architects with experience in creating healthcare settings, with the objective of designing a realistic environment to enable learners to become fully immersed in a clinical scenario. David Gaba, the proponent of simulation, advocates that simulation should replicate significant elements of the real world in a fully interactive manner (Gaba 2004).

Two self-contained, swipe access suites were created: the nursing suite and the midwifery suite. The nursing suite consists of an adult bay, children and young people's bay, two side rooms, bathroom, treatment room, day room and nurse's station. The midwifery suite comprises two ward areas, a delivery room and home birthing area. All the fixtures, fittings and décor are in keeping with those found in modern hospital and include emergency and nurse call buzzers, simulated oxygen and suction ports and bed lights. The nine human patient simulators (HPS) are operated by experienced technicians from spacious control rooms within the suite. The highly advanced audio-visual system enables observation throughout all the areas of the suite and the remote provision for the voice of the HPS.

Implications for healthcare education
The AV system is networked to enable streaming to classrooms which facilitates peer review and scenarios can be recorded and played back, particularly useful during the debriefing process. Debriefing is an essential component of simulation based education and Dreifuerst (2009) suggests that debriefing draws out student thinking and assists in the development of complex decision-making skills. The dedicated debriefing room is also equipped with the AV system and thus allows for facilitators to review the debriefing. In turn, an immersive interactive system in the suite enables any environment to be created by projecting images/videos on to the walls and floor, further enhancing the learning opportunities within the suite.

Nursing students who have used the suite have responded positively to the environment. All simulation sessions are evaluated and students have commented positively about the authenticity of the environment and the positive impact that this has had on the learning experience.

References
**Poster authors**
Fiona Creed  
Alex West Oram  
Dawn Gilkes

**Main focus/theme of, or issues addressed by, the poster**
Oxford University Hospitals Foundation Trust strives towards excellence in healthcare. Our overriding aim is “to provide excellent care with compassion and respect”. Over the past few years National drivers have had a significant impact upon Patient centred Leadership within the Organisation (Francis 2013; O’Neil 2013; Storey and Holti 2013; NHS England 2014). Alongside this the Trust is aiming to gain Magnet accreditation which will provide recognition for and celebrate excellence in Nursing and Midwifery standards (Weir Hughes 2016).

A significant local development within the organisation is “The Oxford Model of Exemplary Nursing and Midwifery Practice” (Weir Hughes 2015). The adaptation of this inspirational nursing and midwifery model clearly requires visionary and expert Nursing and Midwifery Leadership.

To enable the development of new inspirational leaders the Trust began partnership work with Northampton University to develop a post graduate programme in “Leading Compassionate Excellence in Nursing and Midwifery”.

The overarching aim of the programme is to recognise the potential in all of our ward managers to transform care by developing exceptional leadership skills, encouraging others and driving changes in clinical practice (Doody and Doody 2012). The programme is designed to provide the tools that will enable our leaders to develop and lead compassionate and excellent Nursing and Midwifery care.

The programme is taught over one academic year and comprises three modules:
- Quality Improvement and Innovation in Nursing and Midwifery Practice
- Leadership for Nursing and Midwifery
- Organisational Culture and Change management in Nursing and Midwifery

Throughout the programme students are encouraged to actively reflect upon practice within their own clinical area and explore issues pertaining to quality, improvement and innovation, leadership and change.

Assignments are directed to encouraging innovation and excellence in clinical practice, enabling students to transform care utilising effective leadership and change management skills. Partnership working with Northampton has enabled students who successfully complete the programme to be awarded a Post Graduate Certificate in Leading Compassionate Excellence in Nursing and Midwifery.

Two cohorts of students are currently progressing through the course with the aim to evaluate and aim to publish a paper at the end of this year.

**Implications for healthcare education**
Key implications in clinical practice are:
- Working in partnership with Northampton University to enhance care
- Developing and supporting clinically focused leaders
- Transformational leadership
- Patient centred
- Innovations in clinical practice
References

D2A3: Scenario development for primary care simulation: A student nurse experience

Poster authors
Robert Neil: Part 3 Adult Nursing Student, UWS, Hamilton Campus
James Matthews: Part 3 Adult Nursing Student, UWS, Hamilton Campus
Supported by:
Caroline Adam, Lecturer: Adult Nursing, UWS, Hamilton Campus
Winifred McGarry, Lecturer: Adult Nursing, UWS, Hamilton Campus

Main focus/theme of, or issues addressed by, the poster
Within UWS students are learning primary care nursing skills in an environment that gives them a realistic experience of the patient journey. Primary Care simulation in nurse education is a relatively under researched area. UWS, is recognised by the Scottish Clinical Skills Strategy as a Higher Education Institution (HEI) that provides an effective programme of clinical skills training to undergraduate nursing students (NHS Scotland, 2010).
Simulation offers the opportunity for students to replicate the same experience within a controlled environment to validate the student's progression from novice to expert. Students reflect on clinical practice and from this build a structured scenario which is used for teaching and learning in the undergraduate programmes.
With the increasing shift of care from acute hospitals to the community setting, UWS staff have developed ACORN (A Community Orientated Resource for Nursing) Primary Care simulation suite. This immersive simulation suite allows pre and post registration students the opportunity to experience, the importance of delivering safe, timely and quality care within the primary care environment developed from personal experience. Evidence suggests that effective management of patients within the primary care setting helps reduce unnecessary hospital admissions.
Research approaches and underlying evaluation

Evaluation:
- Student scenario development is a natural progression within the primary care suite, which allows the student to learn through reflection and develop knowledge, skills and graduateness
- Student evaluation overwhelmingly positive

Implications for healthcare education

Primary care simulation in HEIs is limited. This primary care development complements existing acute simulation technologies to provide a unique environment for students where they have ownership of their own learning achieved through reflection.

The ability for the student to reflect on personal experience and build a structured scenario allows them to:
- Constructively reflect on practice
- Critically analyse personal performance through reflection and feedback
- Re-enact the scenario and engage in peer review
- Enhance teaching technical, cognitive and non-technical skills of team working and communication (RCN, 2013).
- Develop competent, skilled and safe practitioners
- Develop graduate skills.

References


Poster authors

Claire Roberts, Karen Walker, Catrina Hartle and Pippa Waterman
Senior lecturers at Birmingham City University

Main focus/theme of, or issues addressed by, the poster

How the three elements of a successful community of practice (Lave and Wenger, 2002) were applied in order to unlock individuals’ potential to enhance the education and training of Health Visitors during the Governments “Call to Action” (DH, 2011).

Research approaches and underlying evaluation

Wenger (2007) highlights that a Community of Practice, where a group of people share, learn and interact together must have three essential elements – the domain, the community and the practice. As a team, we have applied this concept and the poster will highlight how each of these three elements were crucial in enhancing working in partnership, whilst overcoming challenges we faced to ensure success for us, our partners and our students.

Implications for healthcare education

Whilst the debate surrounding working within Communities of Practice continues both in education and nursing (Andrew et al. 2007; Barton and Tusting 2005; Li et al. 2009) and is largely positive, whilst
Kerno (2008) Roberts (2006) discusses limitations of working within Communities of Practice. In our experience, this approach led to success and Wenger (2007) highlights that CoPs can be applied in various situations is perhaps one that could be nurtured and fostered in differing health education settings.

References

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**D2A5: Using technology enhanced learning (TEL) and virtual reality to enrich the development of clinical and non-technical skills in healthcare undergraduates**

**Poster authors**
Mrs Claire Ford, Graduate Tutor, Northumbria University
Miss Laura Park, Graduate Tutor, Northumbria University

**Main focus/theme of, or issues addressed by, the poster**
In academic institutions, the use of web-based technologies to support is gaining global momentum (Kirkwood and Price 2014). As technological advances increasingly offer effective, efficient and flexible learning approaches, and as students are becoming more technologically astute, there is a need to further encourage the use of TEL (Walker, Voce and Jenkins 2013). Additionally, by incorporating virtual reality videos into the website, it reinforces practical knowledge and offers real life immersive learning environments for repeated skill development, and gaining experience of situational awareness and human factors, which are essential within healthcare (Minocha 2015; RCN 2016).

Multiple media is utilised to capture, deconstruct and rebuild clinical skills activities, as well as acting as a platform for resources focusing on non-technical skills. The material developed is housed in a central repository, which can be accessed and revisited on any media device at any time or location.

**Research approaches and underlying evaluation**
Eye-catching images have been incorporated into posters and videos, reinforcing the systematic step-by-step approaches used to convey the mechanics of skills activities. Additionally, videos utilising virtual reality technologies have been created for a deeper appreciation of situational awareness and human factors. Evaluations from students highlight the effectiveness and the benefit for repeated practice, especially for clinical skill examinations. The website houses over 100 skills, is embedded within 12 healthcare modules. The website has become a popular learning resource with over 6000 views in the last 12 months.

**Implications for healthcare education**

The WHO (2009) states that when caring for patients, relying solely on memory is dangerous; therefore, this website offers students the opportunity to optimise their performance, reducing the risk of errors by providing a range of up-to-date evidence-based materials on skills prior to carrying them out in practice.

A research project aiming to evaluate the impact of the website on students’ learning is planned. The results of this research will inform the future development of the website, and will be disseminated to inform development and initiatives in the wider TEL community.

**References**


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**D2A6: Using expertise from Norway to improve healthcare education in the UK**

**Poster authors**

Elaine Hill, Senior Lecturer, School of Health Sciences, University of Central Lancashire (UCLan)

**Main focus/theme of, or issues addressed by, the poster**

Simulation has wide applications within healthcare education; its value is centred around three related issues, with the overall aim of improving patient safety:

- Developing and maintaining clinical competencies
- Developing and assessing non-technical skills (NTS) and human factors
- Interdisciplinary education

NTS are the cognitive, social and personal resource skills that complement technical skills and contribute to safe and efficient task performance (Flin, O'Connor and Crichton, 2008). Healthcare students must practice and develop these to become safe and effective practitioners (Brooks, Moriarty...
and Welyczko 2010) but standard teaching approaches do not always facilitate their development (Lapkin et al. 2010).

Patient safety is high on both the NHS and educational agendas. NTS have been integrated into the WHO Patient Safety Curriculum (WHO, 2011) and recent reports from Health Education England (HEE) (CETPS 2016; HEE 2016; Yu, Fontana and Darzi 2016) emphasise the importance of NTS education alongside embedding these principles within healthcare curricula. There will be a need for many healthcare programmes, and delivery methods, to change in order to accommodate these recommendations.

Simulation is already established as an integral part of medical education (BMA, 2008) and it forms the basis of the National Patient Safety Agency (NPSA 2010) programme to improve patient safety and patient care. Both clinical competencies and NTS can be developed more rapidly using simulated learning than through traditional approaches (Dickinson 2011). Simulation is also rated highly by students (e.g. Richardson et al. 2016).

### Research approaches and underlying evaluation

The author visited the Norwegian University of Science and Technology (NTNU), Trondheim, Norway in November 2016. The objective was to learn how NTS education and simulation were used and integrated into undergraduate healthcare programmes and to identify areas of good practice which could be developed within the author’s own institution. Both universities face similar healthcare education challenges, including large student numbers and limited skills/simulation facilities, but these have not proved a barrier to developing simulated learning at NTNU.

### Implications for healthcare education

An academic post in simulated learning has now been created to embed simulation into pre-registration healthcare programmes. This has the potential to improve healthcare education through:

1. More effective use of skills/simulation facilities.
3. More rapid development of students’ clinical competencies and NTS.
4. Developing multi-professional education.
5. Addressing the patient safety agenda.

### References


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**D2A7: “How do pre-registration learning disability nursing students respond to a formal “one page profile” to support the personal tutor relationship”**

**Poster author**
James Ridley – Senior Lecturer (Nurse Education, Learning Disability)

**Main focus/theme of, or issues addressed by, the poster**

There is a demand for nurses who are knowledgeable, confident and able to work independently with complex patients (Davies 2008); alongside this is employers requesting a skilled workforce (NICHE 1997; Collins 2011). This skilled workforce is seen as massively important to the growing demands on health and social care provision; especially with the increasing complexity of an ageing population (Betlehem et al. 2009; Fagerstrom 2009).

Personal tutoring is regarded as a core element within academic and industry related development (Powell 1997), as it can support role modelling for students who are preparing to practice (Ottewill 2001). Student development is much more than just completing learning goals, but also links to how they experience support (Dobinson-Harrington 2006). A successful student who develops skills to offer care is likely to be enhanced where they can recognise how being “cared for” feels (Dobinson-Harrington 2006). The personal tutor role can be less clear for new academic tutors (Ellison 1976; McKellar 1986); therefore they are likely to use skills from practice to develop and maintain this new role (Rhodes and Jinks 2005).

The use of “One page profiles” (Sanderson 2014:19) can offer a simple and concise way of communicating important information, identifying strengths and attributes, as well as identifying support techniques (Sanderson 2014). Bailey (2014) identified that one page profiles offer information richness which can be used to help frame conversations and support the delivery of care. When considering this in relation to the development of the personal tutor role then it can enable both tutor and tutee to identify what information is important to them. Overall these points seem to support the view given by Stephen et al. (2008) who identified that what students and staff wanted in relation to personal tutoring was for contacts to be meaningful.

**Aligned to conference themes:**

- Developing the future healthcare education workforce;
- Humanising healthcare education;
- Partnership working;
- Student experience and engagement.

**Research approaches and underlying evaluation**

Qualitative study involving the use of a focus group with 2nd and 3rd year pre-registration nursing students.

Thematic analysis completed.
Implications for healthcare education

Evans (2012) refers to the fact that if quality support is offered to students then it can improve retention rates, and support a student's transition into higher education. The personal tutor role within higher education has developed from its paternalistic origins (Dobinson–Harrington 2006). The personal tutor for pre-registration nursing students is expected to encompass support around clinical placements, the offering of pastoral care, as well as academic support (Gidman 2001). Dobinson-Harrington (2006) found that students valued access to their tutors, felt it a trusting relationship, and got a feeling of equality; in contrast the things they felt didn't work was when tutors were deemed to be inaccessible. Personal tutors mirrored some of these views; wanting to sustain access for students, offering pastoral support and encouraging empathy being important to them (Dobinson-Harrington 2006), but also identifying that boundaries were needed, and wished for some understanding of work load which therefore impacted on their accessibility (Dobinson-Harrington 2006).

With an increasing demand for nurses to show that they are knowledgeable, confident and able to work independently with an increasingly complex patient population then the ability to maximise their learning experiences and ensure appropriate support continues to be seen as a crucial element, (Davies 2008). Recognising that where students/future nurses feel cared for and valued then they are more likely to transfer this experience into their role as professional care providers (Dobinson-Harrington 2006).

References

Evans, J. (2012) Personal tutor support from the start reduces attrition. Nursing Standard. 27 (2) 6

**D2B1: Trans-Atlantic partnership working in developing a UK physician associate programme: Reflections and lessons learnt**

**Poster authors**
Dr. Fiona Lawrence, Director of CPD and Educational Partnerships, University of the West of England, Bristol, UK
Janice St. John-Matthews, Associate Head of Department- Allied Health Professions, University of the West of England, Bristol, UK
Alex Stevens, Programme Leader, MSc. physician Associate Studies, University of the West of England, Bristol, UK
Associate Professor, Rex Hobbs, Associate Director, Physician Assistant Program, Lincoln Memorial University Tennessee, US

**Main focus/theme of, or issues addressed by, the poster**
The Physician Associate profession is an emergent role in the modern UK healthcare system. There are currently 350 PAs working in the UK in a variety of medical fields across the primary and secondary care sectors. However the profession is set to grow rapidly in the coming years with the Government pledging at least 1000 Physician Associates in primary care by 2020 (Hunt 2015). This has meant growth in UK Physician Associate education providers from three higher education institutes in 2014 to an estimated thirty in 2017 (FPARCP 2017).

The number of qualified UK Physician Associate practitioners contrasts the 105,000 Physician assistants certified to practice in the US. Here the profession has existed for 50 years and there are more than 170 accredited educational programmes. PAs in the US consistently report high job satisfaction and the PA Master’s degree is regarded as the most valuable Master’s degree in the US economy (Piemme et al. 2013).

This poster offers a unique perspective into how partnership working between Lincoln Memorial University, Tennessee and the University of the West of England, Bristol has supported the pedagogical design and delivery of a new curriculum. The poster also explores how links between the two institutes have been maintained including adjunct staffing, social media links and webinars.

It offers insight into how the partnership is evolving and how the “lessons learnt” from a country which has been developing this profession for five decades has supported stakeholder engagement and the cultivation of clinical placement provision for the UWE, Bristol programme.

Finally the poster highlights how the partnership has supported the first cohort of UWE PA learners understanding of the role of the PA within the multi-disciplinary healthcare team. This is important given that many of the other healthcare professions i.e. nursing, medicine, radiography, physiotherapy etc. have a long tradition in practice and subsequently learners have a strong professional identity.
Implications for healthcare education
This poster demonstrates how limited national expertise in the training of an emergent healthcare profession can be supported through international collaboration. It also highlights examples of good practice in developing professional identity.

References

D2B2: Higher education admissions interviews with inclusivity at the heart of their design foster diversity in Physiotherapy cohorts

Poster author
Jill Morgan (Lecturer and Physiotherapy Admissions Tutor, Cardiff University)

Main focus/theme of, or issues addressed by, the poster
Recent scandals relating to care failings within the NHS have led the UK government to recommend that providers examine the recruitment methods for healthcare professional education programmes and initiate better screening of those entering the professions (Francis 2013). The School of Healthcare Sciences at Cardiff University has committed to interviewing all applicants prior to enrolment and has instigated a multiple mini-interview (MMI) structure to do so.

In MMIs candidates have many opportunities to make a first impression, meeting different assessors at each station, suggesting the process is fairer and more consistent when compared to traditional panel interviews (Eva et al. 2004). However, if MMIs are designed to select for specific attributes and personalities, do they result in a homogenous student population and thus reduce the diversity of experiences, thoughts and behaviours within? Is the process which is thought to be ‘fair’ actually fraught with bias?

This project aimed to investigate bias within the MMI structure for Physiotherapy recruitment at Cardiff University. It considers the design and scoring of interview stations and their inclusivity, through the monitoring of performance at each station by applicants with differing characteristics.

Research approaches and underlying evaluation
A retrospective review of 306 applicants interviewed during the 2016 admissions cycle and mapped characteristics against scores at each station, with ethical approval via Cardiff University.

Detailed scrutiny performed using Mann Whitney U, Kruskal-Wallis tests and pairwise comparisons revealed the following key findings:

- 26-29 year olds out-perform 18-21 year olds
- Those with and without a disability performed equally well.
- Applicants who had already attended higher education scored significantly higher than those who had been schooled in further education, comprehensive, independent and academy environments
With the exception of Grammar schools, the male candidates perform consistently less well compared to their female counterparts from the same educational background provider.

### Implications for healthcare education

This study contributes evidence to suggest that the MMI process is not inherently biased however further work is needed to facilitate improved performance from male candidates with regards to the design of MMI stations to promote inclusivity, and allow the physiotherapy profession to explore issues of equality and diversity within its ranks.

Within the Physiotherapy profession there is under-representation of males, black and minority ethnic (BME) backgrounds and those from socially deprived areas (Yeowell 2013). An absence of exposure in the profession itself may lead to a lack of empathy and a failure to meet the needs of those particular groups.

### References


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### D2B3: The value for nurse academics of using learning technologies which promote face-to-face interactions

**Poster author**

Jo Lidster, Principle Lecturer/Research Innovation Lead, Nursing and Midwifery Department, Sheffield Hallam University

**Main focus/theme of, or issues addressed by, the poster**

Studies about engagement with learning technologies usually focus on learner or student engagement. This research involves interviews with a range of nurse academics that varied in their educational experiences and demographics. The findings show that nurse academics increasingly use technologies for many purposes within their work role which often causes conflict with their academic and professional identities. Nurse academics value face to face interaction above other methods of communication. Those learning technologies which support face-to-face interaction are seen as beneficial and worthwhile, and nurse academics are most likely to engage with these. They are also able to create innovative ways and opportunities to use these types of technologies within their working environment.

**Research approaches and underlying evaluation**

This poster presents findings from research undertaken as part of an educational doctorate and adopts a constructivist grounded theory approach where the findings which emerged are co-constructed as opposed to generated (Charmaz 2008). The aim of this study was to explore the experiences of nurse academics using technologies within the workplace, the concerns nurse academics had in relation to technology use in their role and how they managed these concerns. Individual, intense and in-depth interviews were undertaken to get 'up close' to the phenomenon
This approach elicited rich detail from participants as well as providing a safe arena to discuss any issues of particular sensitivity or concern.

**Implications for healthcare education**

These findings mirror some of the wider professional values that nurses commonly identify with. This can help when planning future curriculum and learner support initiatives. It can also help focus staff development activities and provision of resources.

**References**


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**D2B4: Near-peer to peer simulation teaching as an introduction to the clinical environment for undergraduate medical students**

**Poster authors**

Dr Kellie Bateman, Torbay and South Devon NHS Foundation Trust  
Dr Bethannie McIntyre and Sarah Sibley, Bristol Medical Simulation Centre, University Hospitals Bristol NHS Foundation Trust.

**Main focus/theme of, or issues addressed by, the poster**

The use of near-peer teaching and simulation to introduce medical students to the clinical environment and the management of an acutely unwell patient in a safe and controlled environment.

**Research approaches and underlying evaluation**

**Methodology:** A three-hour simulation programme was devised to incorporate introduction to clinical simulation, assessment and management of an unwell patient and communication skills including effective handover. Two asthma simulation scenarios were developed with a more unwell patient in the second scenario. 22 second year medical students were taught over two sessions. Assessment was carried out using pre- and post- simulation confidence with ratings from 1-5, 5 being highly confident.

**Results:** Overall confidence ratings improved from an average score of 2.3 pre-simulation to 3.8 post simulation. Improvement in confidence ratings was seen across all objectives measured particularly in assessing asthma and using SBAR. Constructive feedback from the students focused on the ‘realistic experience’ and the opportunity for ‘use of clinical equipment’.

**Implications for healthcare education**

Simulation is a useful medium for introducing students to acutely unwell patients and the increased confidence ratings demonstrated post-simulation could help improve confidence in clinical placements. Enabling students through near-peer to peer simulation programme provides a non-threatening, realistic learning environment whilst supporting the development of ‘the doctor as a teacher’, as recommended by GMC guidance in ‘Tomorrows Doctors’.1

**References**

General Medical Council (2009) Tomorrows Doctors. London: GMC
**Poster authors**
Kirsty Hyndes, Associate Professor, Director Centre for Interprofessional Education and Learning, Faculty of Medicine and Health Sciences, University of Nottingham
Susan Plows, MPH, Administrator, Centre for Interprofessional Education and Learning

**Main focus/theme of, or issues addressed by, the poster**
The importance of interprofessional education (IPE) for healthcare students is acknowledged (Hammick, Freeth, Koppel et al. 2009; Abu-Rish, Kim, Choe et al. 2012) in order to develop a workforce that can put the patient at the centre and provide optimal care for each person (DoH 2012).
In the early phase of undergraduate education, healthcare students need to learn with, from and about each other in order to improve the quality of care for their patients (Barr, Grey, Helme et al. 2016). At first, this is completed in the safe environment of the university before they commence clinical practice. In the University of Nottingham students from medicine, pharmacy, physiotherapy, midwifery, nursing, dietetics, and sport rehabilitation come together in interprofessional small groups to discuss the development of a management plan for a simulated case study. During this activity it is hoped that they develop skills of teamwork, collaboration, problem solving and communication, and at the same time learn from, with and about each other to improve the management of their future patients.
The poster will describe the ‘flipped’ classroom technique and demonstrate some of the posters developed by the students. Student experiences will be included.

**Research approaches and underlying evaluation**
The aim of the study is to evaluate the effect of IPE on the students’ ability to work as a team using the ‘Interprofessional Socialisation and Valuing Scale’ (ISVS-21) (King, Orchard and Khalili 2016). The hypothesis is that student’s attitudes towards health care teams will be positively affected by the educational activity. However the purpose of the poster will be to describe the development of the educational event and not report the analysis of data, which is in the process of being gathered.

**Implications for healthcare education**
There is emerging evidence that IPE can improve collaboration in practice, improve service delivery and demonstrates a link between IPE and interprofessional working (Darlow, Coleman, McKinlay et al. 2015). In this activity students work in collaboration with professionals that they will work with naturally in clinical practice in the safe environment of the classroom to develop the skills named above.

**References**

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<th><strong>D2C1: Creative teaching to enhance student understanding: Empowerment in nursing</strong></th>
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<tr>
<td><strong>Poster author</strong></td>
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<tr>
<td>Kirsty Henry, Lecturer in Learning Disability Nursing, University of East Anglia</td>
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<tr>
<td><strong>Main focus/theme of, or issues addressed by, the poster</strong></td>
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<tr>
<td>Using interactive drama to enhance conceptual understanding in nursing undergraduates. Higher levels of engagement enhance student enjoyment and deepen theoretical understanding. Creativity inspires creativity, an attribute that enhances problem solving skills in nursing.</td>
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<td><strong>Research approaches and underlying evaluation</strong></td>
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<td>Literature review plus Semi-structured questionnaires: nursing students (all fields) were invited to provide feedback via semi-structured questionnaires at two points in their second year, initially immediately after the drama production, and three months later following submission of their Empowerment Assignment. Quantitative and Qualitative feedback were evaluated. Ethics approval granted.</td>
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<tr>
<td><strong>Implications for healthcare education</strong></td>
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<td>This study advocates that creative approaches to teaching enhance conceptual understanding, application to practice, student engagement and innovation. Many studies illustrate that student nurses often struggle to bridge the theory-practice gap; in giving student nurses a ‘safe place’ to explore the issues that they may come across in practice via the medium of interactive and engaging drama, students are themselves empowered to empower others. The use of creative teaching methods enhances student engagement, leading to an emotional exploration of key nursing issues and a development of deep experiential learning. Students are as such empowered to use their own creativity to develop innovative approaches to problem solving, improving engagement with patients and enhancing overall patient care.</td>
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D2C2: Development of an association to support to those working in pre-registration mental health nurse training

Poster authors
Laura Pisaneschi (RMN. PG Diploma, BA), LAMP Project Lead and Clozapine Clinic Manager, East London Foundation Trust.

Main focus/theme of, or issues addressed by, the poster
The London Association of Mental Health Nursing Practice (LAMP) is an association set up in 2013, to give those working in pre-registration mental health nurse training, a forum to come together, share ideas and work collaboratively across areas where we have a common interest.
LAMP is hosted by the East London NHS Foundation Trust and City University London and supported by HENCEL, the Local education board for North central and East London.
Since its launch, the LAMP association have found collaborative team work, has been more effective when working on a particular theme over a project year, as the association has become better known, the membership and collaborative team work has started to extend beyond the immediate boundaries of London. The conferences have become very popular with delegates and requests to increase delegate capacity have been received, with the last conference seeing an attendance of 200 nursing mentors from across London, coming together to share their experiences and ideas.

Implications for healthcare education
The LAMP team have a bottom up approach, we have found a glass ceiling exists in getting articles published in journals that have an academic focus and whose readership are more based in academic settings, it is therefore difficult to share ideas and good practice across organisations, in order to share the work of LAMP and share the project outcomes, LAMP has developed an online presence through twitter and wordpress site.
The collaborative nature of the work has allowed a number of projects to be completed at low cost, in a short period of time.
The overarching aim of the association is to improve the student nurse experience in clinical practice and to support Mentors and Sign off Mentors in their teaching and assessment of student nurses.
### D2C3: The use of High Fidelity Simulation in undergraduate physiotherapy education.

**Poster authors**  
Louise Henstock – Physiotherapy Lecturer at The University of Salford  
Helen Carruthers – Physiotherapy Lecturer at The University of Salford

**Main focus/theme of, or issues addressed by, the poster**

Newly qualified physiotherapists working within secondary care in the UK are expected to complete respiratory ‘on-call’ duties. Respiratory on-call practice involves assessing, treating and managing deteriorating and/or critically ill patients. The prospect of entering this field of work is a source of anxiety for graduating students as they may have limited opportunity to practice this critical decision making.

High fidelity patient simulation (HFPS) is an innovative teaching method which facilitates a real life learning environment that can provide a unique opportunity in a controlled setting. It promotes skills acquisition, aids development of clinical judgment, and teaches students about complex clinical situations with lifelike examples. HFPS provides an invaluable safety net for learning, allowing students to acquire and develop critical-thinking and decision-making skills without exposing patients to unnecessary risk. It uses life-like manikins which can talk, breath, can be wired to monitors for physiological observations which can be altered as the scenarios unfolds. HFPS is not currently used as a standard component of training in undergraduate physiotherapy in the UK.

Alongside skills required for respiratory assessment, treatment and management of the acutely unwell patient, physiotherapy students are all required to be trained in Cardiopulmonary Resuscitation (CPR). These High Fidelity Patient Simulators (HFPS) can also be made to emulate a ‘real-life’ emergency respiratory arrest and/or cardiac arrest. These aspects give students great experience in a safe and controlled environment with technological feedback through iPads (e.g. to allow knowledge of depth and positioning of hands during CPR), interactive ‘real-life’ learning, live video streaming for critical appraisal and peer reflection.

**Implications for healthcare education**

High Fidelity Patient Simulation is being shown to be a valuable resource for undergraduate physiotherapists to experience the role and responsibility of being in an emergency situation either on-call respiratory practice or a cardiopulmonary training in a safe environment with the aim to improve their confidence levels and ultimately patient safety. This innovative teaching method has implications for future training in areas such as respiratory physiotherapy and CPR, and as such has currently been integrated into the undergraduate Physiotherapy BSc at The University of Salford. Student feedback is overwhelmingly positive and this method of teaching has currently been further developed using the Multidisciplinary team (MDT) teaching approach – including other health professionals such as nurses, occupational therapists and midwives.

### D2C4: Becoming a professional: Supporting students to transition from student to graduate nurse

**Poster authors**  
Maggie N. Carson, Lecturer, Nursing Studies, The University of Edinburgh and Dr Rosie Stenhouse, Lecturer, Nursing Studies, The University of Edinburgh
**Main focus/theme of, or issues addressed by, the poster**

Research: Student experience and engagement.

In conversations, recently graduated nursing students spoke about the stresses they encounter on a daily basis. These include ‘being thrown in at the deep end’, pressure from managers, lack of support and the disparity between their expectations and the reality they encounter. These sentiments are echoed in the literature on reality shock and newly qualified nurses (Ross and Clifford 2002; Duchscher 2009; Castledine 2011; Christensen et al. 2016).

**Research approaches and underlying evaluation**

A participatory action research approach is used. Participants are newly qualified nurses, university and NHS educators and senior students. The project has three distinct phases:

*Phase 1: Investigation of the experience of moving into the workforce*

Written narratives of their experience as newly qualified nurses forms the basis for loosely structured interviews with 4-5 students who graduated in July 2016. Interviews are holistically analysed and themes identified across these analyses.

*Phase 2: Development of a curricular intervention*

A small working group consisting of educators and newly qualified participants will work with findings of phase 1 to develop an online resource to support students in preparing for the transition into the workforce.

*Phase 3: Evaluation of the curricular intervention*

Evaluation of the impact of the online resource on the newly qualified nurses’ expectations will be carried out with senior students graduating in July 2017 and who have entered the workforce.

**Implications for healthcare education**

The project has the potential to make a measurable impact on student transitions as it will directly inform how we support our current exiting students. In addition, it will help to inform our thinking as we revalidate our undergraduate nursing curriculum giving us the opportunity to build in sessions to better support our students as they transition to and from the clinical areas during the programme.

**References**


**Poster authors**
Michela Barisone, PhD Student in Nursing, MSN, RN*
Annamaria Bagnasco, Assistant Professor, PhD, MSN, RN*
Giuseppe Aleo, Research Fellow and Lecturer, PhD, MA*
Milko Zanini, Research Fellow and Lecturer, PhD, MSN, MSc, RN*
Gianluca Catania, Research Fellow and Lecturer, PhD, MSN, RN*
Nicoletta Dasso, Research Assistant, MSN, RN*
Loredana Sasso, Associate Professor, MSN, MEdSc, RN, FAAN*

*Department of Health Sciences, University of Genoa, Italy.

**Main focus/theme of, or issues addressed by, the poster**
The number of patients affected by chronic heart failure is increasing. Heart failure is a disorder that has an enormous impact in terms of mortality, morbidity, and costs for the healthcare organisations and systems of industrialised countries. Indications for implanted heart devices, such as pacemakers or implantable cardioverter defibrillators (ICDs) are constantly increasing, and about 40% of patients affected by heart failure die within 12 months from the diagnosis. With the arrival of Internet and new technology nurses play a very important role with regard to the provision of healthcare and education for the self-management of chronic heart diseases. In fact, nurses require specific competencies to conduct the remote telemonitoring of patients and data, in communicating the most critical cases to physicians, and checking the compliance and benefits of treatment. The main purpose of this new competence performed by nurses is to reduce readmissions to hospital and improve the quality of life in patients affected by heart failure through educational interventions that improve patient self-management.

The purpose of this study was to describe the educational experiences of nurses who deal with remote telemonitoring of patients that have an implanted heart device.

**Research approaches and underlying evaluation**
Our sample consisted of 12 nurses working in six cardiology outpatients' clinics who performed remote telemonitoring of heart failure patients with an implanted heart device, such as a pacemaker or an implantable cardioverter defibrillator. With each of these twelve nurses we conducted a semi-structured interview to understand what type of education and practical training they had received in relation to their current practice in the field of cardiac nursing.

**Implications for healthcare education**
The study is still under way, but from a preliminary analysis we can deduce that currently in Italy there is no standardised and well-defined course for nurses who perform remote telemonitoring activities for heart failure patients that have an implanted heart device. This is a very delicate activity because if wrong or misleading information is sent to patients this can be very destabilizing for the quality of life of these patients who instead need to lead a very calm life.

We found that the nurses included in our sample had different educational curricula and learning experiences. The majority of our sample reported that they gained their competencies directly through their experience in the field and after attending a specific course in electrophysiology and
electrostimulation. Therefore, what emerged from our data was that nurses who perform remote telemonitoring activities do not all receive the same type of education and training. In Italy, to the best of our knowledge, there are no nurses that receive specific education and training in this field. Instead, in many North European countries there is a long-standing educational and cultural tradition with regard to remote telemonitoring, where in fact there are many heart failure clinics that are totally run and led by nurses. Despite the small sample size of this study, it shows how specific education and training in the field of remote telemonitoring is still not implemented, and yet it is instrumental to have appropriate knowledge and training to effectively perform this type of activity and care, especially in the field of cardiac nursing.

References

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**D2C6: Pushing the boundaries of interprofessional education**

**Poster authors**
Nicky Westwood – Principal Lecturer- Head of Learning, Teaching, Assessment and Interprofessional Education - University of Wolverhampton
Sarah Sherwin - Principal Lecturer- Head of Community Nursing – University of Wolverhampton
Sally Strurge - Senior Lecturer – Adult Nursing – University of Wolverhampton
Donna Lewis - Senior Lecturer – Adult Nursing- University of Wolverhampton

**Main focus/theme of, or issues addressed by, the poster**
Pushing the boundaries of Interprofessional Education across Faculty through innovative strategy development supported by a newly devised model of interprofessional education – IPEx (Interprofessional Experience) model (Sherwin, Sturge and Westwood 2016).

Programmes across the Faculty of Education, Health and Wellbeing offer students opportunities for inter-professional learning experiences at both undergraduate and postgraduate level, including full-time, part-time and international students. The IPEx model facilitates the development of interprofessional education (IPE) not only across health and social care but through the identification of common themes to include other professional groups, such as, Pharmacists, Education, Public Health, Allied Healthcare professionals, Physician Associates, Sport and Psychology students.

The aim of our strategy and IPEx model is to support and prepare students with the knowledge, understanding and skills to enhance their development and employability opportunities. Experiences will be meaningful; aligned with curricula and support the application and development of desirable attributes and values in order to help students engage with their communities of practice.

IPEx provides a different, wider and holistic concept to interprofessional learning (IPL), as it is not just about the provision of learning opportunities within our faculty and how students learn, but about what the whole experience provides. This new concept incorporates IPE/IPL learning that then shapes students thinking and ultimately influences and transforms their practice in order to enhance the care and services they provide.
Research approaches and underlying evaluation

Interprofessional Experience (IPEx) – This includes an academic discipline or field of study where a branch of knowledge is taught, researched and facilitated within higher education curricula. Students participate and engage in academic, practice learning and assessment; thus embracing interprofessional relations and communication amongst a variety of professional identities. This will support students to translate their education into meaningful skills and capabilities enhancing their employability, enabling them to be professionally articulate, proactive and innovative to successfully contribute and placing the needs and demands of the communities at the centre of their practice, thus, embracing a holistic approach. (Sherwin, Sturge and Westwood 2016)

Implications for healthcare education

1. To enable our students to develop the knowledge, skills and understanding necessary to become confident in their particular professional identity and to equip them for effective inter-professional working placing the communities they serve at the centre.
2. To provide opportunities for students from differing areas of professional practice to learn together to enhance values and attitudes, developing mutual understanding and respect between professional roles, and hence contribute to the development of a workforce which works together flexibly to enhance the communities they serve.
3. To embed IPEx activity incorporating service user/carer involvement within Institute programmes and assessment ensuring continued sustainability within the Faculty.
4. Develop systems to embed the involvement and development of IPEx in all aspects of curriculum, programme design, delivery and evaluation for programmes across the Faculty where practical.
5. To enhance students’ employability values to proactively and innovatively navigate the world of work, thus challenging the socio and political and economic landscape whilst maintaining and fostering their own professional identity.

References


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D2D1: Implementing academic support for health professional students

Poster author
Dr Patricia Harris, Lecturer in Health Science (academic support), University of East Anglia

Main focus/theme of, or issues addressed by, the poster
Increased participation in Higher Education (University) (OFFA 2016), a diverse and widening attainment gap between level 3 (post-16 education such as 6th form or college) and Higher Education (Jeffery 2012; UCAS 2016), and the potential for incoming (fee paying) students to have different expectations compared to current cohorts (Neves and Hillman 2016) has prompted the School of Health Sciences at University of East Anglia to develop a new lecturing post responsible for academic support development and coordination.

Aim/focus of the innovation
The aims of the new School based academic support post, and interventions implemented by the post holder, are to improve student attainment and retention (McCary et al. 2011) and to bridge the varying
attainment gaps between different level 3 qualifications and Higher Education (particularly those from widening participation backgrounds – those least likely to continue to university) (UCAS, 2016).

### Research approaches and underlying evaluation
The findings to be presented here are reflections on the need for a School based academic support post, embedding of such a post, and identification of academic skill gaps. Once in place, interventions for enhancing education through academic support will be evaluated using a mix methods model which is currently being designed.

### Implications for healthcare education
The School of Health Sciences at University of East Anglia has recently put in place a new lecturing post whose responsibility it will be to identify and fill educational attainment gaps across its health professional disciplines. The post holder has been recently appointed.

### Key findings
Because our students enter health professional degrees from a diverse range of educational backgrounds, the size and nature of the attainment gap between level 3 and Higher Education is wide ranging. The new post implemented by University of East Anglia's School of Health Sciences is identifying these gaps and has begun to develop interventions to address them. The details of which will be of interest to other health schools nationally, if not internationally.

### References


### D2D2: A transformational approach to clinical skills training.

**Poster authors**
Penny Brankin, Senior Nurse Practice Development, NHS Lanarkshire
Karen Hainey, Practice Development Practitioner (Resuscitation and Clinical Skills), NHS Lanarkshire
William Lannigan, Practice Development Practitioner (Resuscitation and Clinical Skills), NHS Lanarkshire

**Main focus/theme of, or issues addressed by, the poster**
NHS Lanarkshire covers a large geographical area encompassing many rural and urban populations. In order to meet a service need identified more effectively, the Resuscitation and Clinical Skills team piloted a project which involved taking the training to the rural areas. Some of these clinical skills are not routinely offered to patients being cared for in this particular clinical setting so the aim was to enhance the combined skills of the team in order to improve access to such skills for this patient group and establish if this has a positive impact on decreasing the need for transfer to an acute hospital. The importance of clinical skills training in relation to patient safety and improved patient outcomes is discussed in the literature (Chappell and Ford 2014). This project was supported by the use of the NHS Education for Scotland Mobile Clinical Skills bus. The programme was developed following a training needs analysis conducted with the staff of two rural community hospitals. A mixture of Registered Nurses, Clinical Support Workers and Allied Health Professionals participated. “Evidence suggests that the dearth of training and development opportunities for Healthcare Clinical Support Workers has a negative effect on patient care” (Lewis and Kelly 2015).

The pilot project consisted of a four day intensive programme covering the following clinical skills: Adult Basic Life Support (BLS), Paediatric BLS, Male Catheterisation, Venepuncture, Cannulation, Do Not Attempt Cardio Pulmonary Resuscitation discussions and a Train the BLS Trainers session. Sessions varied in time from one to two hours.

**Research approaches and underlying evaluation**
Written post-training evaluation was undertaken with planned follow up evaluation of staff's competency attainment, use of the new clinical skills and impact on patient care and transfer in future.

**Implications for healthcare education**
Provision and maintenance of clinical skills in rural community hospitals settings is challenging in terms of time and resources needed to sustain them. Through enhancing the staff’s clinical skills within the local area using a multidisciplinary approach, we hope to impact positively on patient care in the future through reduction in the transfer to acute hospital sites of patients from community hospitals for treatments such as IV fluid therapy and catheterisation. By localising and contextualising the training offered to these particular staff we contend the clinical skills requirements of this rural area were met and will look to evidence the impact on patient care in the near future.

**References**
**D2D3: The value of public partnership: Interpreting the UK Professional Standards Framework (UKPSF) dimensions for service users and carers contributing to health and social care education and training.**

**Poster authors**
Rachel Hawley, SFHEA, Regional Education Manager, The Open University
Dr Kate Cuthbert, Academic Lead in Health and Social Care, Higher Education Academy
Pauline Mountain, MBE, Independent Service User / Carer Consultant

**Main focus/theme of, or issues addressed by, the poster**
The UK Professional Standards Framework (UKPSF) sets out the higher education (HE) sector's professional standards for teaching and supporting learning, traditionally used as a developmental tool to enhance practice and, through the provision of evidence of alignment, to gain professional recognition in terms of Fellowship of the Higher Education Academy (HEA). An exploration into recognition for service users and carers led to a re-interpretation of the UK Professional Standards Framework (UKPSF) dimensions for public contributions to health and social care education and training.

**Research approaches and underlying evaluation**
Following conversations in winter 2015, the HEA commissioned an exploration into recognition for service user and carer contributions to teaching and learning. A collaborative methodology underpinned by principles of appreciative inquiry (Cooperider and Whitney 2005) was adopted. The key stages of the process are outlined below:

- an initial mapping activity based on the report authors previous work to identify the types of learning and teaching activities service users and carers are involved in and how these could be used to meet the descriptors of the UKPSF including – (1) Your voice counts: how patients and the public can influence education and training to improve health and wellbeing; (2) Skills for health (2008); (3) Hawley and Horobin (2014); and (4) East Midlands HEI Challenge for Patient Supported Quality Improvement and Education in Health and Social Care (2016);
- re-interpretation of the ‘areas of activity’, ‘core knowledge’ and ‘professional value’ statements to make them relevant and accessible to service users and carers;
- consideration of how engagement with the UKPSF might be facilitated for service users and carers and the development of resources to support this process.

Findings reveal untapped potential in relation to recognition for public contributions to teaching and learning in higher education. The UKPSF could offer a potential resource to further bridge the gap between the principles for public engagement and how recognition for public contributions might be enhanced in everyday practice. The report on the findings from this work illustrates how the descriptors and dimensions of the UKPSF might be interpreted in terms of public contributions to teaching and learning, valuing professional and lived experience in equal measure (Hawley 2016). In agreement with Bates (2014) we proclaim that ‘context is everything’.

**Implications for healthcare education**
Against the backdrop of these findings, the public (patients, service users, carers) and professionals (academics supporting public engagement in teaching and learning in classroom and practice settings) should, in principle, be able to use the UKPSF as a developmental tool to enhance public recognition. In this way, individual public contributions could be mapped against the UKPSF through everyday interactions in higher education, and these reflections used as evidence in claims for Fellowship of the
Higher Education Academy. This is important – a concept that resonates with equity and fairness. Over the last decade there has been a shift beyond the simple notion of what recognition means; from payment to a wider context that reveals new opportunities and benefits from a range of perspectives.

**References**


HEA (2016) *UKPSF dimensions of the framework – staff in learning support roles.* York: Higher Education Academy


Skills for Health (2008) *Your voice counts, how patients and the public can influence education and training to improve health and wellbeing.* Leeds: Skills for Health

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**D2D4: Don’t believe the hype #TEL**

**Poster author**

Tim Goodchild: Associate Professor in Adult Nursing, University of Suffolk

**Main focus/theme of, or issues addressed by, the poster**

This poster reports from a research project to explore the hegemonic position of technology enhanced learning, and its continued unfulfilled potential. This paper will focus on processes identified as part of a logics of critical explanation approach (Glynos and Howarth 2007) that work to construct and sustain the particular orthodoxy of technology enhanced learning.

**Research approaches and underlying evaluation**

This poster takes a critical perspective and reports from a project exploring the myths of technology enhanced learning. It will demonstrate how a contemporary concept of technology enhanced learning (TEL) is viewed as the norm, an obvious notion to accept as the way to practice education with benefit to all. Yet there are visible cracks in the TEL edifice, and it is possible to view TEL critically standing in contrast to this common sense understanding. TEL has been legitimised and justified through rhetorics...
of enhancement and innovations that ‘put the user’ at the centre of the learning experience, allowing them to choose when they learn, where they learn and indeed what they learn (Njenga and Fourie 2010). Examples will be given of rhetoric from students, academics and organisations, and how the common sense understanding of enhancement due to technology, stands in contrast to experience.

**Implications for healthcare education**

Technology enhanced learning is now a common sense, the norm in healthcare education. This poster argues for a much needed critical attitude towards technology in education. Not to blindly accept it as progress, but rather a project with a variety of actors with vested interests.

**References**

