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# Nurturing the next generation of nurses and midwives through the development of belongingness and professional identity using a STEPP approach: An innovative curriculum framework to enhance pre-registration education

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## SO WHAT IS THE GMSTEPP PLAN?



The GM STEPP plan provides resources and activities that align with curriculum outcomes and proficiencies to support your theoretical knowledge during transition towards registered practice.

The plan is designed to help you develop the skills required for a qualified health professional and gain an understanding of how, with the support of your practice colleagues, to seize learning opportunities.

Achievements help you record less traditional proficiencies required in registered practice in your practice assessment document.

The plan benefits not only learners but also educators, managers, the future workforce, and leaders as it nurtures leadership / management talent by encouraging a culture supporting constructive feedback.



## WHO IS IT FOR?

Anyone on a health and care registered professional programme including the identified disciplines below: -



Art Therapist, Diagnostic Radiographer, Dietician, Drama Therapist, Midwife, Music Therapist, Nurse, Nursing Associate, Occupational Therapist, Operating Department Practitioner, Orthotist, Osteopath, Paramedic, Physiotherapist, Podiatrist, Prosthetist, Speech and Language Therapist, Therapeutic Radiographer

## WHAT STAGE / YEAR OF LEARNER?

This flexible plan can be used at any stage of your current academic program. You can start from the beginning and work through the entire program or join in at your current year of study.



## HOW DO I USE IT?

GM STEPP is a resource that helps you progress towards becoming a qualified professional. It provides five themes of activities to shape your journey from a learner to a registered professional:



Each theme has learning objectives for each year of study. It is for you to decide which theme you want to work on. You can also choose to work on them at the same time or separately. You should discuss this resource with your practice assessor, supervisors, or clinical educators. You can also collaborate with your peers or other people/organisations. Anyone who has an impact on your learning journey may contribute to helping you progress through this resource.

## QUESTIONS THAT YOU MAY WANT TO ASK YOURSELF TO GUIDE YOU THROUGH THIS RESOURCE INCLUDE: -

- Where am I now?
- Where do I need to be?
- Where do I want to be?
- What do I need help with?
- How do I build on my strengths?
- What do I struggle with or find difficult?

Your professional development portfolio is evidence of ongoing competence as a registered professional. This resource can help you begin continuing your professional development, especially if your program doesn't offer portfolio training. This resource will complement your self-reflection on your journey to becoming a registered professional and foster your sense of belonging in your healthcare profession.

## BELONGING TO MY PROFESSION

Belongingness to our health and care communities is a basic need for learners within learning environments as they make their transitional journey towards registered practice.

Use the objectives listed below to help shape your professional development in each year of your programme of study. At the end of your studies the activities you have undertaken will enable you to set goals to promote your sense of belonging to your profession as you transition to your registered professional role.

### GET PREPARED

**YEAR 1**  
Learning Objective:  
Understanding the healthcare community, your role, and the roles of others within it.  
Achieved by:  
The learner understands each role within the learning environment and is aware of the impact if this role were to be removed.

### EMBRACE THE EXPERIENCE

**YEAR 2**  
Learning Objective:  
Being an integral part of the healthcare community and service delivery.  
Achieved by:  
The learner supports other team members in their role.

### MODEL THE FUTURE

**YEAR 3+**  
Learning Objective:  
Working as a professional within the healthcare community.  
Achieved by:  
The learner takes an active role performing duties required of a relevant registered professional.

## BEING AN EFFECTIVE COMMUNICATOR

The art of communication is a skill to that will never stop developing and evolving as you advance through your course and into your career as a healthcare professional.

These essential skills will be enhanced as you learn and grow.

### GET PREPARED

**YEAR 1**  
Learning Objective:  
Understanding the importance of effective communication.  
Achieved by:  
The learners being introduced to a wide range of settings where effective communication is key to care delivery.

### EMBRACE THE EXPERIENCE

**YEAR 2**  
Learning Objective:  
Demonstrating effective communication skills.  
Achieved by:  
Providing opportunity for learners to independently communicate with staff and patients and provide them with feedback.

### MODEL THE FUTURE

**YEAR 3+**  
Learning Objective:  
Managing difficult conversations.  
Achieved by:  
Providing opportunity for learners to engage in communications with patients, teams, and peers.

## BUILDING MY CAREER PATHWAY

It is important that you start to plan for your future once you are on a programme of study. Where do you see yourself in 5 years' time or 5 years from your programme completion and once you are a registered professional. The following information will help you to start thinking about your career plans.

### GET PREPARED

**YEAR 1**  
Learning Objective:  
Choosing a career pathway and how to get there.  
Achieved by:  
Exposure to the four pillars of professional practice:  
• Clinical Practice  
• Leadership and Management  
• Education  
• Research

### EMBRACE THE EXPERIENCE

**YEAR 2**  
Learning Objective:  
Managing expectations and aims for the future of Employability.  
Achieved by:  
Experiencing working within the four pillars of professional practice.

### MODEL THE FUTURE

**YEAR 3+**  
Learning Objective:  
Transition to professional practice.  
Achieved by:  
Consolidating learning and being supported towards transition.

## FEELING VALUED AND SELF CARE

It is important that you look after your health and wellbeing to enable you to live a happy life. There are a variety of ways and approaches in which our health and wellbeing can be affected in response to challenges we experience in our lives. If we can understand how we respond to those challenges and recognise when we need to reach out for help, then we can proactively avoid crisis or reduce the incidence of feeling overwhelmed and stressed.

### GET PREPARED

**YEAR 1**  
Learning Objective:  
Understanding the importance of self-care within professional practice.  
Achieved by:  
The Learner understands the necessity to develop some coping strategies when working in the healthcare community.

### EMBRACE THE EXPERIENCE

**YEAR 2**  
Learning Objective:  
Recognising own health and wellbeing needs and those around them.  
Achieved by:  
The Learner can demonstrate some coping strategies when working in the healthcare community and begins to support others.

### MODEL THE FUTURE

**YEAR 3+**  
Learning Objective:  
Demonstrating own health, wellbeing and resilience strategies and supporting others.  
Achieved by:  
The Learner becomes confident in dealing with stressful situations.

## BEING AN EFFECTIVE LEADER

Leadership is one of the most influential factors in shaping an organisational culture therefore developing the right people with the right skills and the right values is a key priority to enable the sustainable delivery of health and care services. The quality of care that patients receive depends first and foremost on the skill, compassion and dedication of staff. The more engaged staff are, the better the outcomes for patients and the organisation. Ensuring the necessary leadership behaviours, strategies and qualities are developed is fundamental.

There are many different types of individual leaders, each with their own individual leadership style, they come in many different forms and can operate at any level. To enable you to start, develop and embed your leadership in the NHS, over the page are a number of resources to support your journey.

### GET PREPARED

**YEAR 1**  
Learning Objective:  
Understanding levels of leadership. Becoming a role model.  
Achieved by:  
Learners having opportunity to understand how their actions and behaviours can influence professional development.

### EMBRACE THE EXPERIENCE

**YEAR 2**  
Learning Objective:  
Developing self within levels of leadership. Developing self as a role model.  
Achieved by:  
Learners having opportunity to demonstrate how their actions and behaviours can influence professional development.

### MODEL THE FUTURE

**YEAR 3+**  
Learning Objective:  
Being a clinical leader and a role model.  
Achieved by:  
Learners being supported to influence and guide teams within quality care delivery.



# The Hep C U Later Engagement Programme

# HEP C U Later

Using resources, education and marketing to eliminate hepatitis C

Provided by: **NHS**  
**inclusion**

Burch D<sup>1</sup>, Masinuka G<sup>1</sup>, Dudley C<sup>1</sup>, Lincoln C<sup>1</sup>, Taylor E<sup>1</sup>  
<sup>1</sup>Inclusion part of Midlands Partnership University NHS Foundation Trust (MPFT)

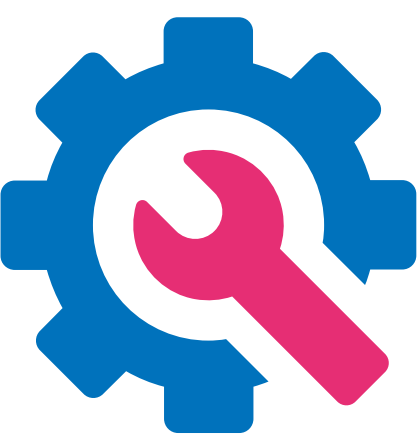
## Background:

The Hep C U Later Engagement Programme (EP) is an NHS England commissioned project, delivering engagement and educational resources to professionals in health and social care services across England.

With an estimated 62,600 people living with hepatitis C (HCV) in England it was recognised a national engagement, education, and communications team would build awareness of HCV amongst professionals. Providing professionals with educational assets supported them to better reach marginalised groups most at risk of HCV. The EP improved awareness of HCV risks, HCV elimination, and the national online HCV testing portal supporting the World Health Organisation’s global elimination ambition.

## Methodology:

Bespoke digital and printed resources were created for professionals, all linking to the HCV testing portal.



Toolkits



Factsheets



Posters



Leaflets



Wallet cards



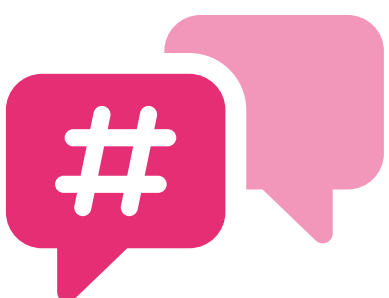
CPD-accredited training was shared across England.

Case studies (written, podcasts and videos) were created, building awareness of HCV innovations in specific professions.



A communications and engagement plan ensured meaningful content was directed across social media, websites, and newsletters, including sharing by external organisations/bodies reaching thousands of professionals.

A social media toolkit was shared with organisations, providing key learning where they lacked resources to create educational content/events themselves.



Stalls/attendance at UK conferences, including the RCN Congress, engaged professionals with educational content and training was delivered at local learning events.

Data analytics assessed progress and supported future focus.



A University Toolkit shared with universities delivered awareness to nursing/midwifery cohorts.

## Conclusion and next steps:

The programme demonstrates national communications, education and engagement initiatives can create vast reach, helping thousands of professionals improve awareness and support the elimination of a deadly virus.

## Effectiveness:

What we have implemented:



Communications and engagement plan



Updated website and resources



LinkedIn page to reach professionals

### Conferences:



250+ students and nurses engaged by the team at one conference, sharing practical resources.

### Training

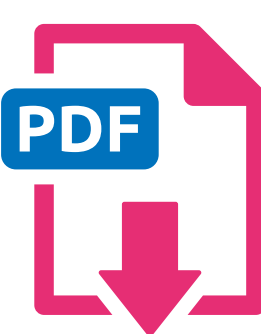


CPD-accredited training completed by 184 health, social care and criminal justice professionals.

### Resources:

Resources were distributed to:

- ICBs
- ODNs
- Over 250 dental practices
- Local dental networks
- Local pharmaceutical committees
- General practices
- Local authorities



Education and resources supported drug treatment services to test 46,000+ people.

### Analytics:



27,457 impressions



9.46% engagement rate



1,302 reposts



1,900 resource downloads



400 QR code scans



76,000 Facebook & LinkedIn post views



93,435 post views on X



2,000+ new followers



1,700+ new website users

## Learning outcomes:

- Underpinning engagement alongside educational materials can help deliver national awareness-raising campaigns effectively.
- Using a variety of educational methods including practical toolkits, CPD-accredited training and podcasts, can engage professionals in education, helping them better reach and support inclusion groups.
- A robust communications and engagement plan can help to plan and deliver educational resources to a national audience.
- To improve the reach of educational resources methods such as marketing, branding, targeted social media, and asking external organisations to share the content can increase impact.



# IV Therapy Pilot

Enabling student nurses, in their final placement prior to qualification, to prepare and administer IV medication, under direct continuous supervision.

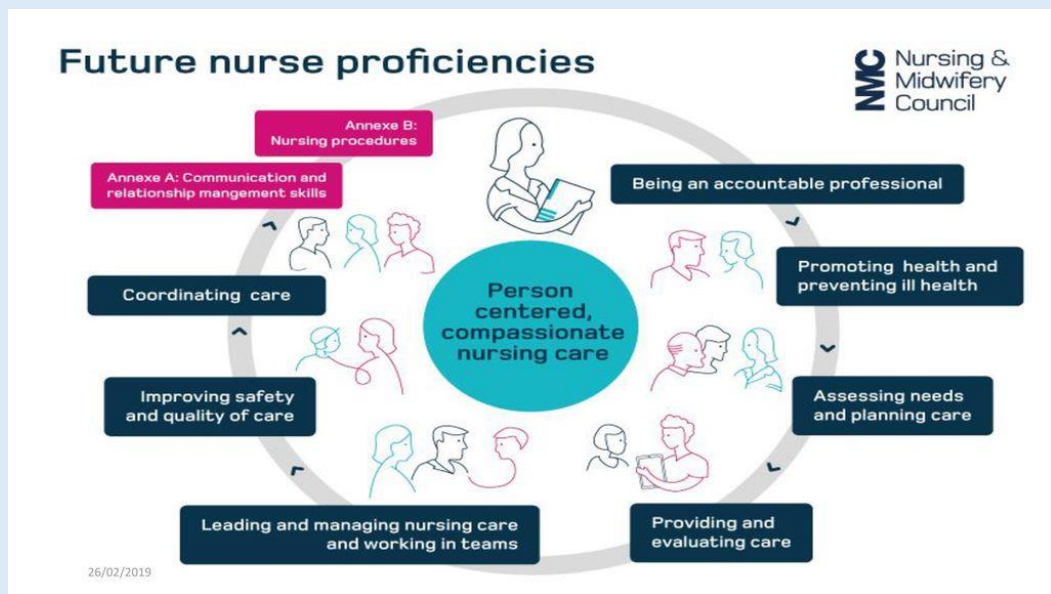
## Project Overview

In partnership with our HEI colleagues, we began to explore the practicalities of providing our **final placement nursing students with the opportunity to prepare and administer IV medication**. In the NMC SSSA standards 2018, administration of medication via the IV route had become a pre-registration proficiency. Many paediatric providers worked with HEI partners to ensure this was achieved via simulation, us included, however after further consideration, we felt there was an opportunity for this to be provided within our organisation.

## Aims

To provide student nurses in the pilot with:

- The opportunity to undertake the complete administration of the IV medication process, in the clinical placement.
- Improved knowledge and understanding of medication safety policies, guidelines, and best practices.
- An IV medication training package, which includes both an online learning platform, in addition to a practical study day, to ensure the required knowledge, skills and competence.
- An enhanced seamless transition from student nurse to newly qualified nurse.



## Method

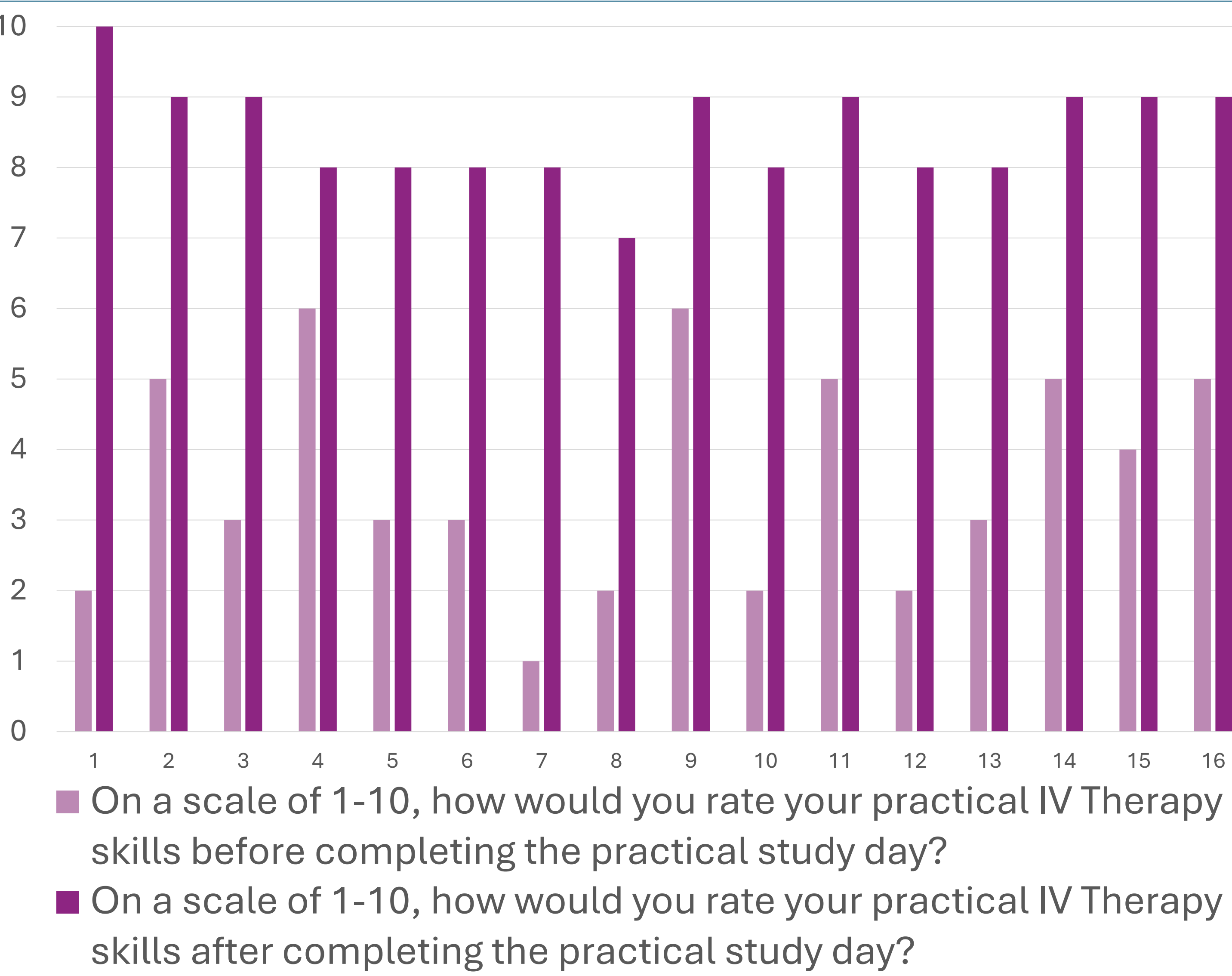
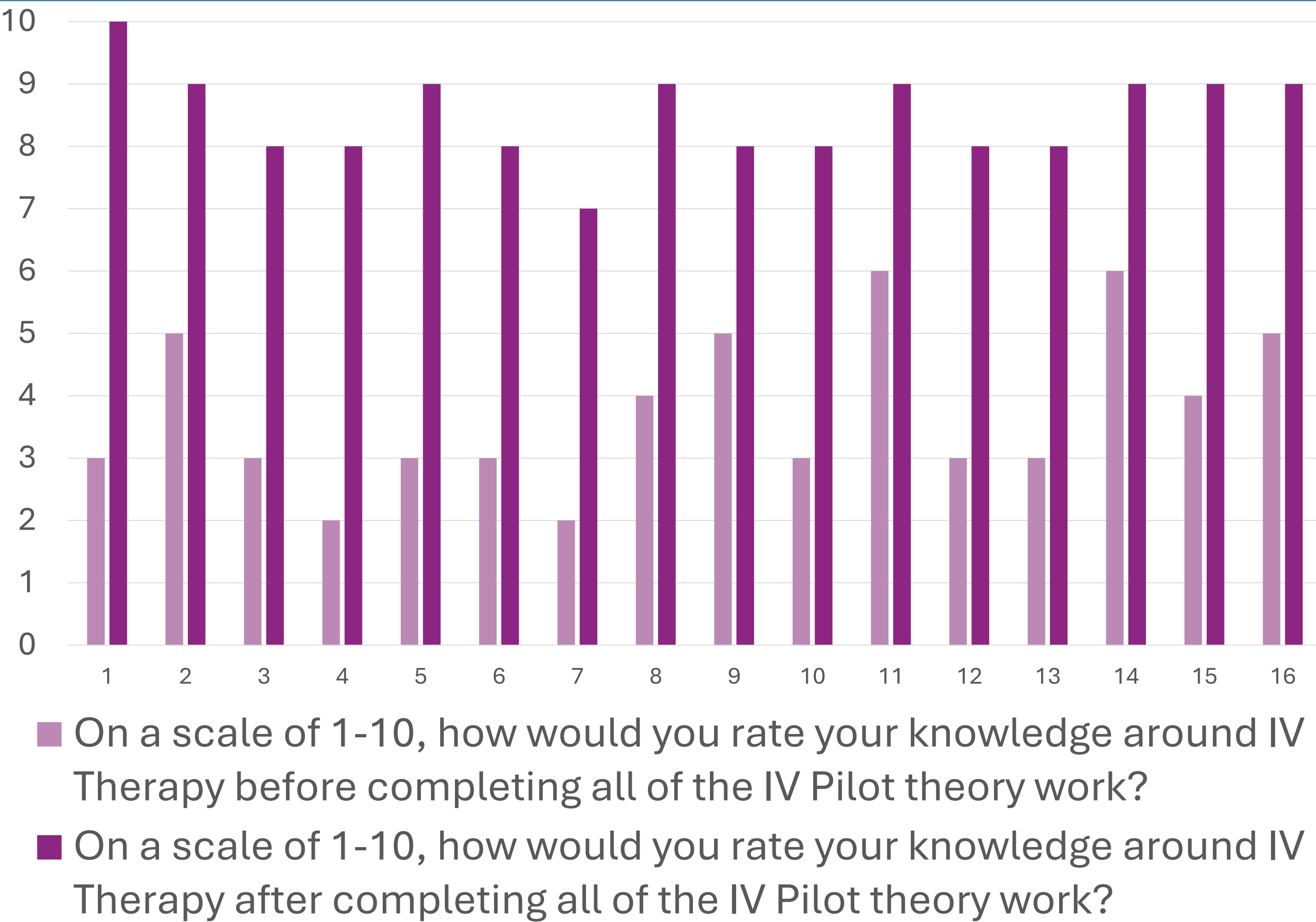
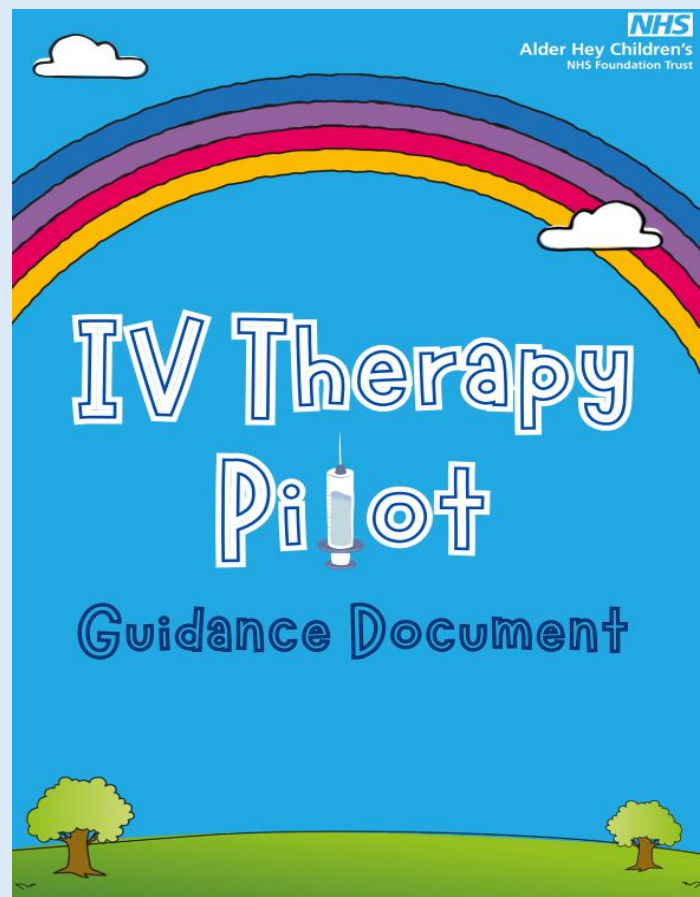
A working group was established to oversee the IV medication administration pilot. The pilot involved 35 final placement student nurses and ran for 4 weeks (June 3–30 2024).

- **Participant Criteria** - Eligible students were those in their final placement, with no action plans or outstanding practice hours. An expression of interest form was distributed to select candidates.
- **IV Medication Criteria** - The pilot focused on peripheral venous access only, excluding controlled drugs and medications requiring further training (e.g., Heparin, Inotropes, TPN).
- **Training** - Students completed the London Region HEE IV Therapy Passport e-learning package, covering topics such as IV medication administration, risks and complications, vascular access devices, fluids and electrolytes, and drug calculations. A score of 80% on eAssessments was required. Additionally, students completed Alder Hey's Medication Management theory and competency booklet.
- **Practical Training** - A study day included practical training stations in ANTT, medication calculations, IV reconstitution, IV pump use, and dressing application. Students were assessed via an OSCE/competency assessment, requiring a score of 100%.
- **Staff Training & Support** - A guidance document and FAQ sheet was distributed to staff. Regular visits from the Associate PEF and Project Lead, along with PNA support, ensured consistent interaction throughout the pilot.
- **Project Governance** - Approval was obtained to amend IV medication policies, allowing student nurses to participate under direct supervision. Risk management strategies were discussed and implemented to mitigate potential challenges.



## Results

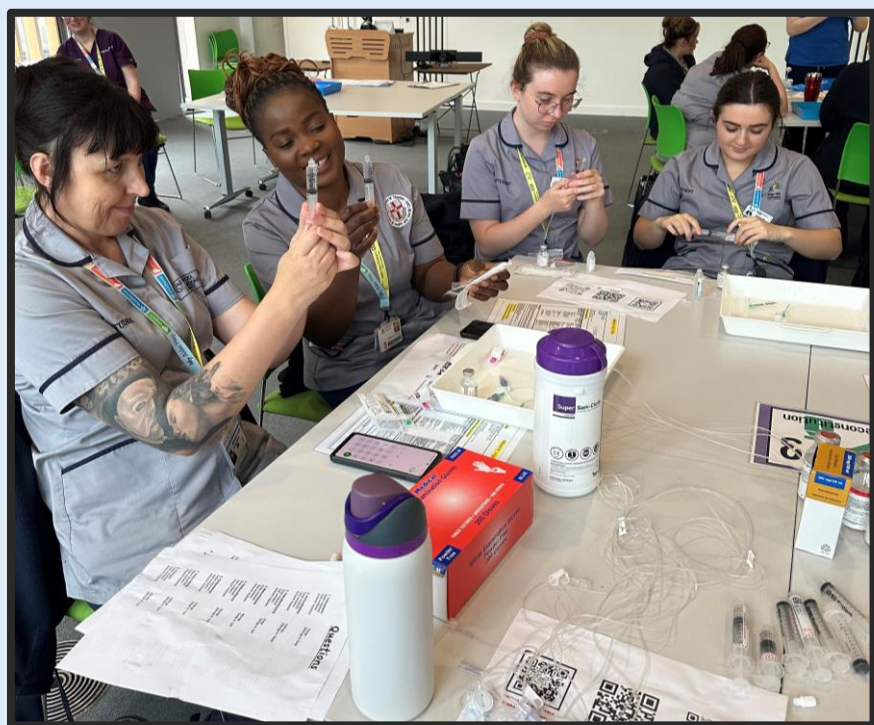
All students completed a pre and post IV pilot evaluation that provided us with details regarding how successful the project was at meeting the learning objectives, how satisfied the candidates were with the pilot and identified any areas for improvement.



## Conclusion

The pilot was very successful, there were no clinical errors/incidents, and all participants and staff involved provided positive feedback. We are currently in the early stages of Phase 2 of the IV pilot, which includes several adjustments based on previous feedback to further enhance student's experience, knowledge and skills. These include;

- Completing Alder Hey's IV Theory training package
- Increased time to complete the theory work (1 month)
- No capped number of students to undertake the pilot
- Full placement experience to complete the pilot
- Central venous access also included



Phase 2 of the IV pilot, will enable us to confirm that this opportunity can be integrated as standard practice in student's education and training during their final placement at Alder Hey.



# Integrating restorative clinical supervision in workshops

## Care for Older People presents both unique challenges and opportunities.

To address these, we integrated the Professional Nurse Advocate A-EQUIP model into our EnCOP (Enhanced Care for Older People) Essential Workshops\*. These workshops provide “thinking spaces” that align with the NHS Safe Learning Environment Charter, to support staff in understanding and improving care for older people, fostering honesty, connection, and motivation among staff.

However, creating and managing these spaces requires active effort. These are key lessons learned through workshops with over 450 participants to create compassion

### Welcome

from the first point of contact. Information provides comfort. Who’ll be there? Where is there? Support for specific learning differences, flexibility (later starts/early finish) Refreshments on arrival where possible.

### Flexibility

workshops have firm ground rules, learning objectives and structure, but flexible delivery. Room for extra breaks, group work techniques to meet staff needs, post-workshop support, differentiated learning methods throughout.

### Active listening

trainers check understanding, feedback common themes to organisation (with consent), recognise and take action when conversations stray out of circles of control and influence. Feedback back to participants during and after workshops

### Sympathy

“I am so sorry you feel this way”



People connect with one another and show concern and care for others. Expressing concern.

### Empathy

“It’s a tough time. How are you coping?”



People connect with others on a deeper level and build stronger relationships. Catalyst for action.

### Compassion

“Let us help you, we understand how you feel”



People engage with others and take steps to alleviate distress. Commit to personal actions.

\*EnCOP follows a transformational learning pedagogy. Within this, participants develop a case study using their experience from practice. This incorporates new learning with reflections on attitudes, values and skills.



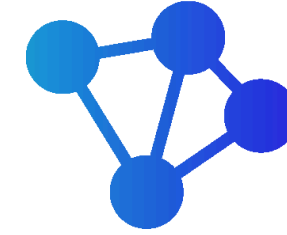
# CARING FOR PAEDIATRIC SURGICAL PATIENTS - EDUCATION FOR NURSING STAFF TO IMPROVE QUALITY AND OUTCOMES

## Authors:

Tanya O'Driscoll  
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**North Thames  
Paediatric Network**  
Connecting paediatric services



**North Thames  
Surgery in  
Children ODN**

## BACKGROUND



The Surgery in Children Paediatric Operational Delivery Networks (ODN) were created to improve care for children and young people undergoing surgery following an NHS England review in 2019 and additional reports including GIRFT (2021).

As part of the development of the North Thames ODN we undertook a **prospective review of current network paediatric surgical provision, including an assessment of skills and knowledge** in relation to the services being provided. We were interested in the types of surgery being carried out and any gaps in knowledge or skills that had been identified by both the staff themselves and the leadership teams.

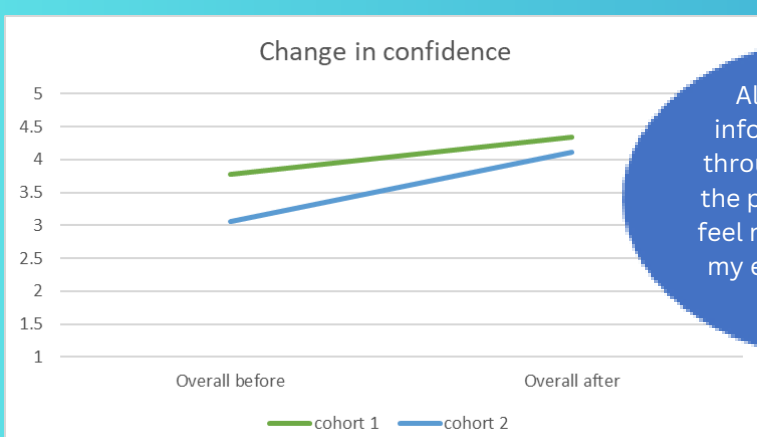
## DEVELOPMENT

The outcome of the review highlighted the impact that Covid has had on the paediatric services across north London. As surgery was stopped completely in some hospitals, there are nurses that have not been exposed to surgical nursing care recently or have a very different experience of providing this care.

The main themes identified were a need for:

- Greater insight into the patient journey when admitted for emergency or elective surgery.
- Knowledge of the surgical procedures and how this may affect patient care post operatively.
- Understanding the different care needs of children with comorbidities such as asthma, diabetes, and haemoglobinopathies.
- Skills including post operative catheter care, wound care and dressings.
- Understanding and responding to surgical pain.

Cohort one was designed over 2 days, cohort 2 was increased to 4 days to cover more content. Cohort 3 (4 days) started in March 2025.



The biggest change in confidence score was noted for day 4 which was face to face and covered practical skills

All the knowledge and information I have gained through out the course and the practical skills made me feel more confident in doing my every day nursing work

I have enjoyed the course as I have learned so much and it has boosted my confidence in caring for surgery patients.

I truly enjoy this course. I've learnt so much from all the sessions since day 1 that are very very beneficial in my every day work which I can also share with my colleagues.

## COURSE OUTLINE

We collated the identified themes into a paediatric surgical nursing course. The course was split into four days with each day having a theme. Days 1 to 3 delivered virtually via Teams and Day 4 in person. All taught by subject matter experts from across the region.

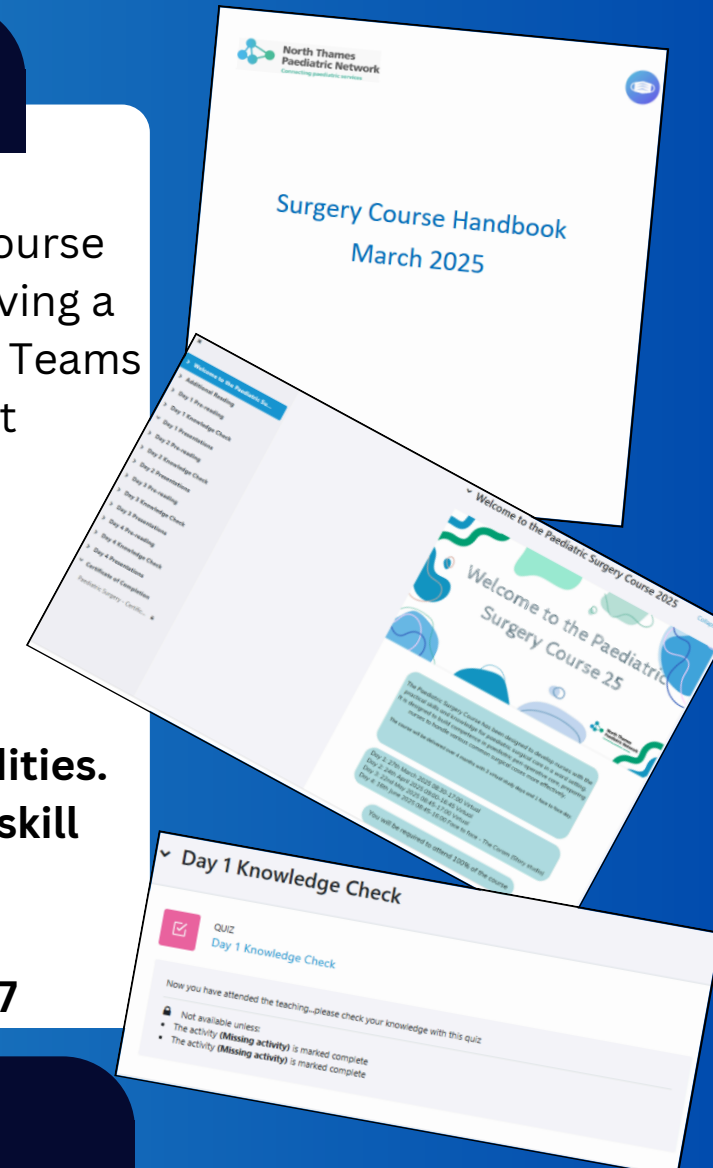
**Day 1 – The patient journey.**

**Day 2 – Common paediatric surgical procedures.**

**Day 3 – Paediatric surgery and comorbidities.**

**Day 4 – Pain management and practical skill stations.**

Candidates ranged from **band 4 to band 7**



## ACCESS

Although there are paid modules available that cover paediatric surgical nursing the aim of this programme was to be inclusive, ensuring that nurses both paediatric registered and adult registered but working in paediatrics would be able to access the learning and take away skills to improve practice in their hospital. Also ensuring resilience in the workforce and reducing variation of standards in education for staff across the region.

To ensure accessibility for all staff across the network we designed the course to be virtual for three days, with the fourth day in person at a central location. We opened the course up to non-registered staff working in paediatric areas and provided this course free of charge to ensure funding is not a barrier to accessing the course.

## EVALUATION

Candidates were asked to provide feedback for each session via an online questionnaire, they were also asked to self assess their level of confidence prior to and post each day.

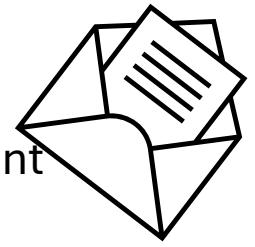
The results demonstrated candidates had gained insight into the patient journey, with greater understanding of the need for good communication and how this can improve the patient experience. The knowledge gained of surgical procedures and how this relates to the post operative care has led to better care provision and improved conversations with children, young people and their carers about the procedure and the aftercare.

Candidates have increased their confidence in caring for children with a range of comorbidities and with additional requirements which enables these children to be **cared for closer to home**.

## RECOMMENDED READING

Paediatric critical care and surgery in children review, NHSE (2019)  
Standards for Children's Surgery, Royal College of Surgeons (2013)  
Paediatric General Surgery and Urology: National Specialty Report, GIRFT (2021)  
Ear, Nose and Throat Surgery: National Specialty Report, GIRFT (2019)





# Addressing the Gaps for Young People (YP) and Healthcare Professionals (HCPs) – A Change Management Project.

## Introduction

- **Sexual ill-health affects all populations**, with YP, minoritised ethnicities and the trans community showing higher needs than most other demographic groups (OHID,2023).
- **Young People have higher rates of sexual partner changes** resulting in the highest rates of sexually shared infections (UK Health Security Agency,2024).
- Despite SH being a component of holistic care, **professionals often feel unprepared to address patients’ sexual health needs** (Varrastro et al. 2020).

## Objectives

- Establish and enhance the current levels of knowledge, skills and confidence of healthcare professionals working in acute hospital settings around young people and their sexual health needs.
- Provide simulated and micro-teaching to support HCPs working with YP and SH matters.
- Provide resources to support current practice to HCPs working in these settings.
- Identify potential gaps regarding multi-professional working, minority cohorts, patient care and future learning opportunities.

## Methods

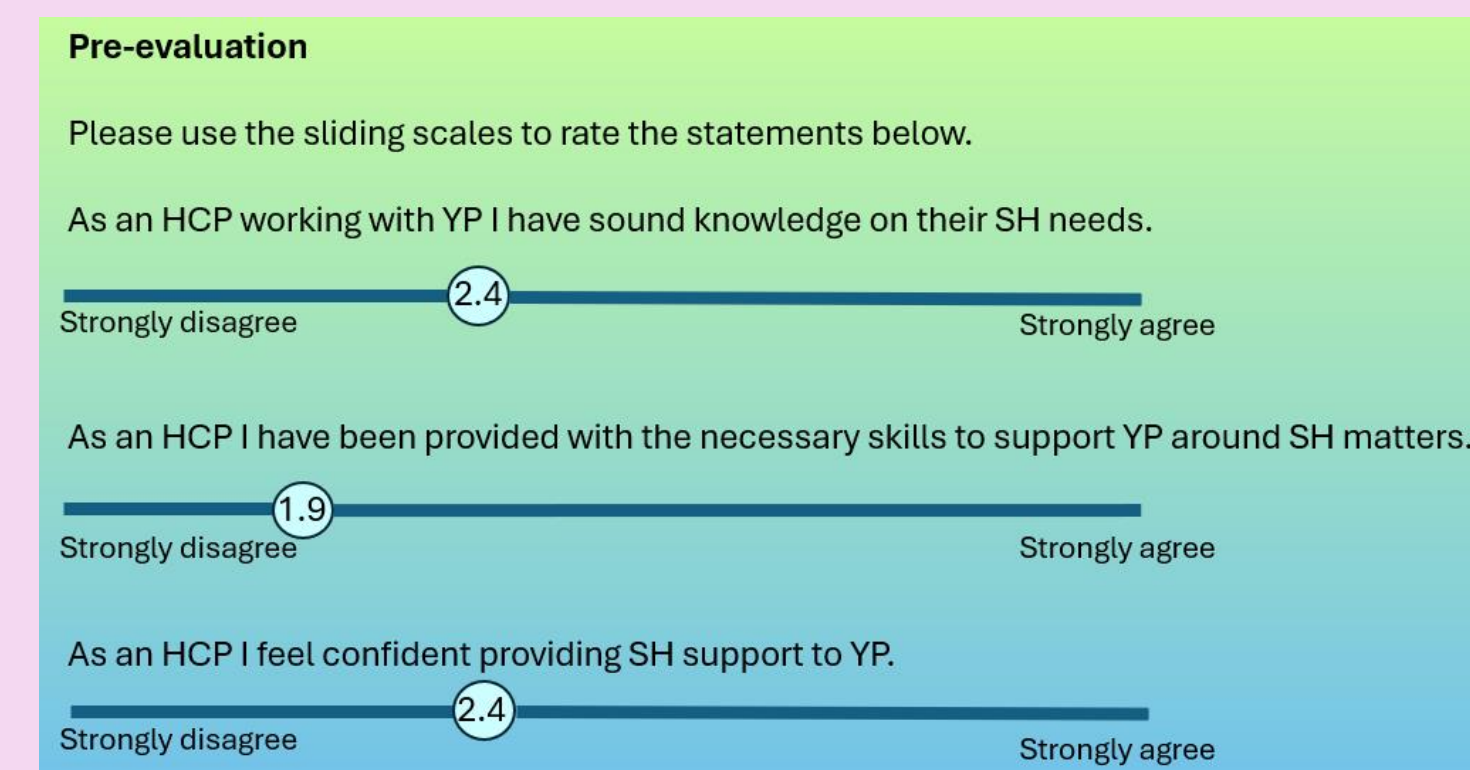
- A training needs analysis within one paediatric department at a district general hospital identified gaps in education for qualified HCPs around SH and YP.
- A literature review was conducted which supported these findings.
- A University and Trust approved study day was developed using interactive software programme Mentimeter to gather both pre and post evaluations anonymously. The study day incorporated both theoretical teaching and immersive simulation.
- Participants included a multiprofessional workforce of varying ages and ethnicities.
- Knowles’s (1980) approach to education was used alongside Kotter’s 8 step change model (Kotters International Inc, 2024) and Mezirow’s learning phrases (Morgan, 2020) to build and develop this mixed method study day within the acute paediatric services.



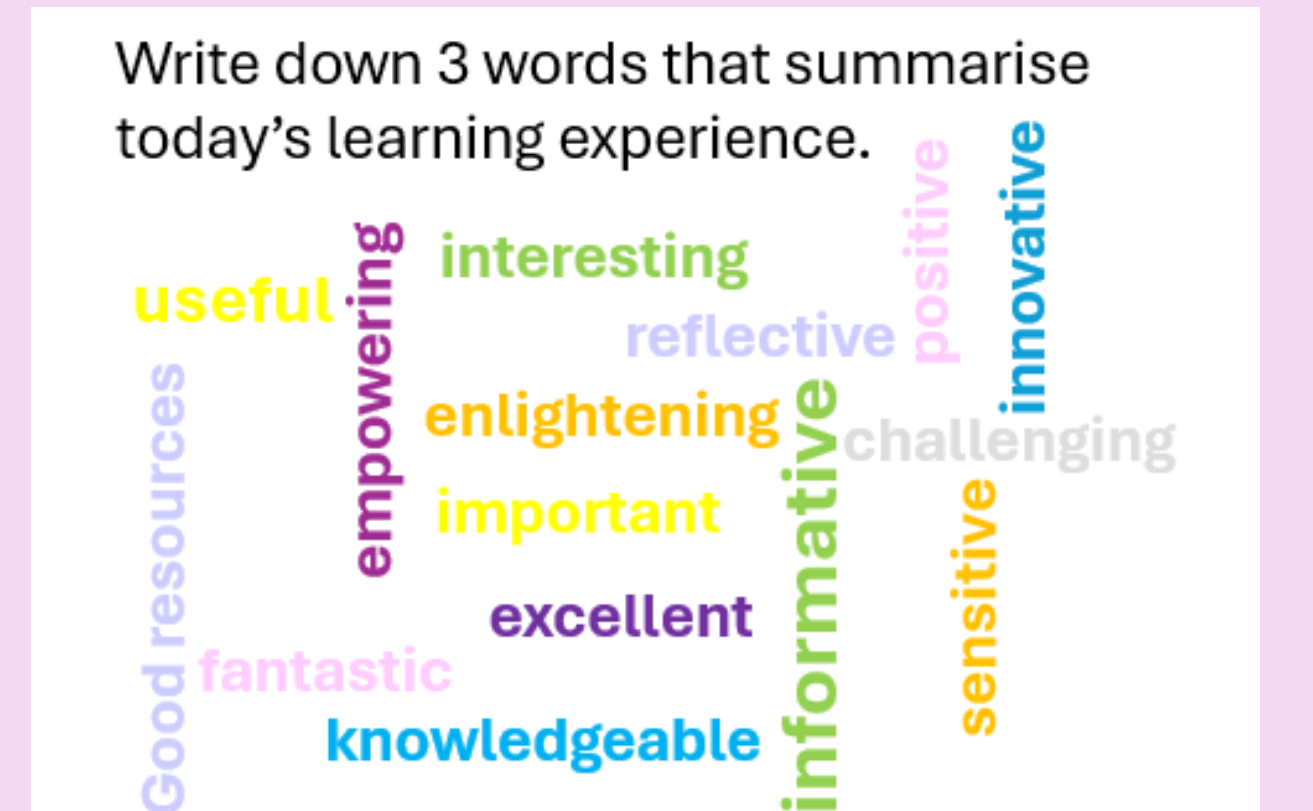
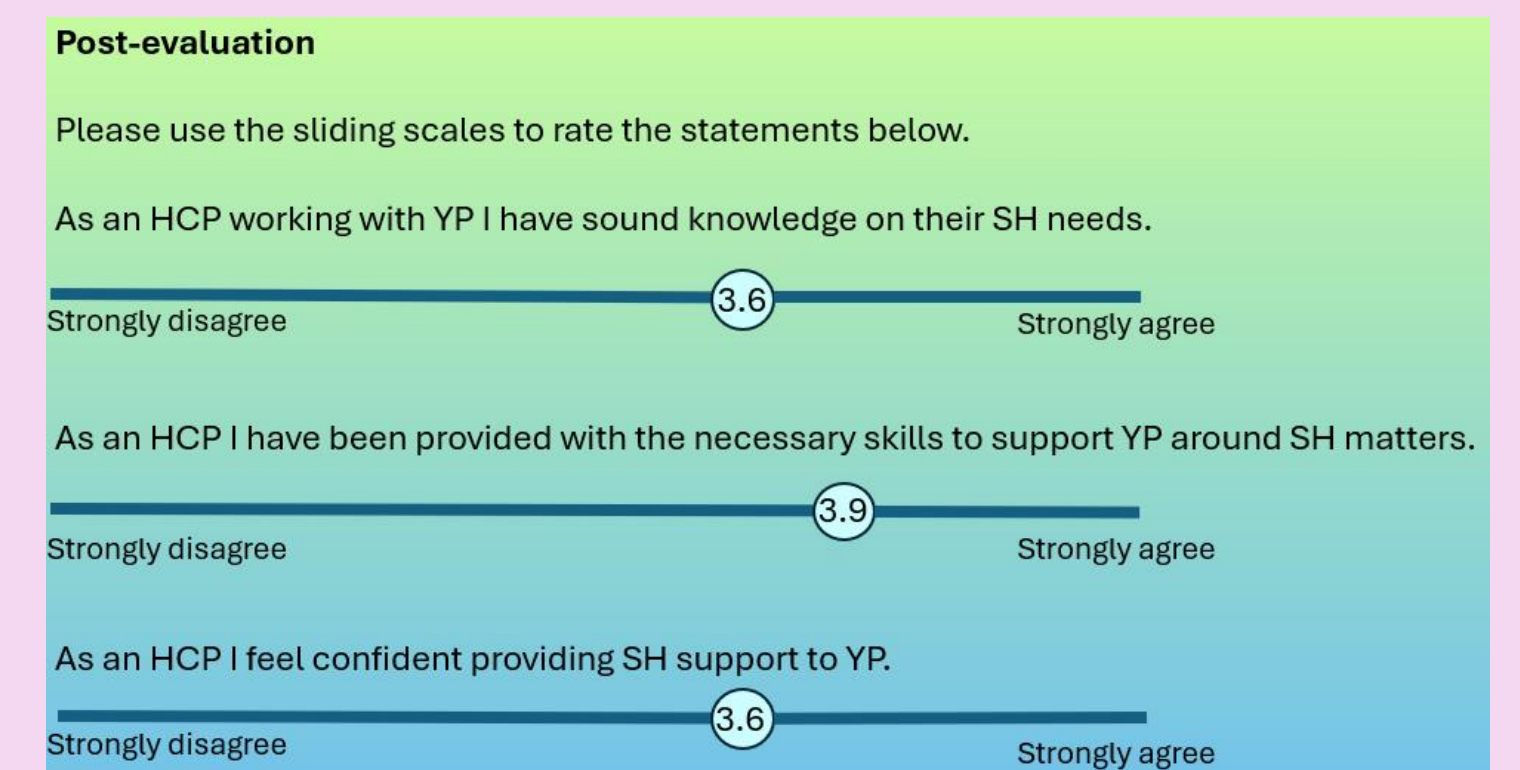
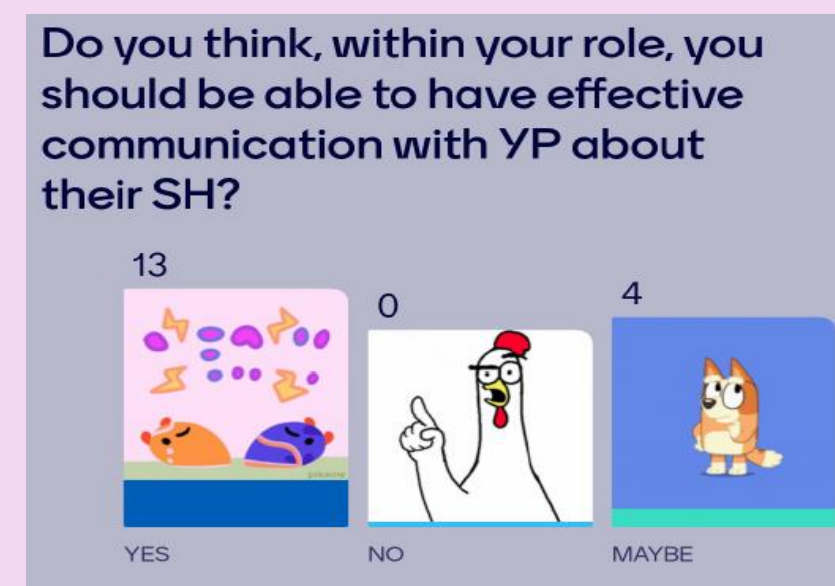
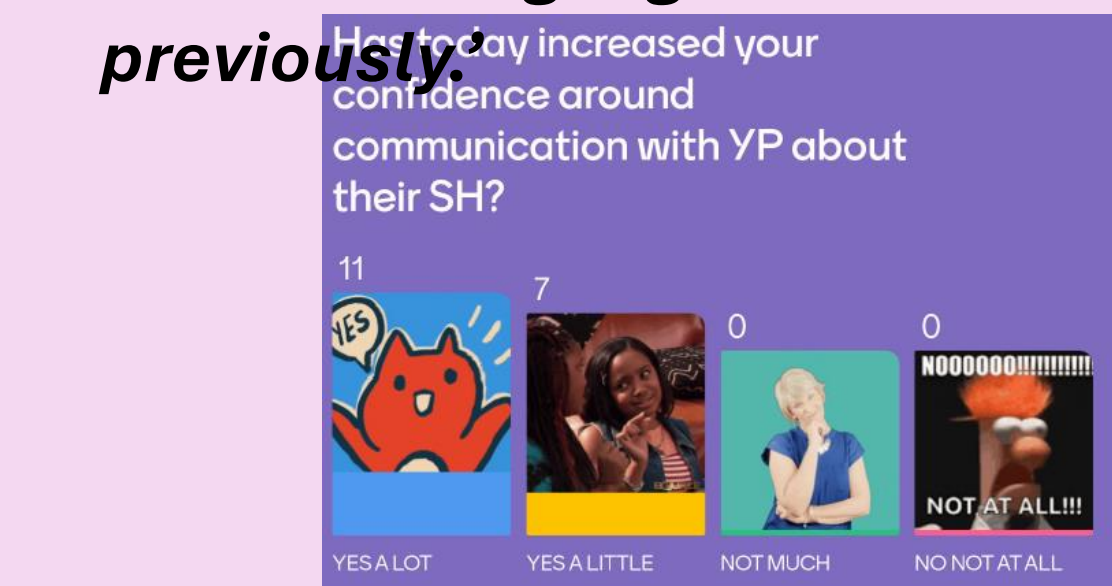
## Structure of Study Day

1. Welcome Introductions/Icebreaker
2. Aims and Objectives
- 3.Introduction to Mentimeter
- 4.Pre-Evaluation Mentimeter
- 5.Simulation 1
- 6.Debrief
7. Teenage Pregnancy Teaching and Resources
8. Sexuality and Genders Teaching and Resources
- BREAK
9. Simulation 2
10. Debrief
11. Sexually Transmitted Infections Teaching and Resources
12. Communication Teaching Resources
13. Post Evaluation Mentimeter
14. Take home Resource Sheet

## Data Analysis



- Participants acknowledged a lack of confidence, knowledge and skills when looking at YP and SH in combination.
- **94% of participants felt either somewhat confident or not confident having these conversations.**
- **Post evaluation findings showed increased levels of knowledge, skills and confidence among participants.**
- Elements found to be the most beneficial from the study day were, resources, simulation and debriefs within safe environments. The themes discussed included communication and languages used.
- **Increased migration, seen within healthcare professions can result in linguistic diversity and subsequent discordance.**
- Linguistic diversity was discussed within the simulation debriefs. Feedback provided was positive and identified the importance of providing these opportunities to multiprofessionals.
- ***‘I am so grateful for this experience. As you know this is not my motherland and hearing these conversations take place as well as being involved personally, I can hear and learn the language used when talking to YP about SH. I have found this difficult previously’***



## Takeaways

- **Despite the research around YP, SH and HCPs in combination lacking, when questioned, HCPS recognise the need for educational opportunities and can identify that difficult conversations are needed in paediatric settings and beyond.**
- **Education and Research must be ongoing, both in the background and throughout clinical practice to embed improved communication and service user feedback.**
- **This project identified the need and implemented change by way of introducing this study day annually, to multiprofessionals working in paediatrics across the Trust.**

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