Royal College of Nursing

Leadership in nursing education: facing challenges, creating opportunities

RCN Education Forum National Conference & Exhibition 2019

BOOK OF ABSTRACTS

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The student experience

1.1.1

Improving the educational experience of Black, Asian and Minority Ethnic student nurses'

Nicky Lambert, Associate Professor, Middlesex University

Laura Foley, Senior Lecturer in Mental Health, Department of Mental Health and Social Work at Middlesex University.

Aim

To stimulate thinking and discussion about how Black and Ethnic Minority (BAME) students could be supported more effectively by Universities

Abstract

The findings that will be presented within the symposium are from a study whose purpose was to stimulate thinking and discussion about how Black and Asian Minority Ethnic (BAME) nursing students felt about their nursing education both in the classroom and in within practice settings and how they could be supported more effectively by Universities.

The overarching aim of the research was to explore the experiences of BAME mental health student nurses leading to more evidence-led approaches tailored to raising the quality and effectiveness of the learning experience for all. Focus groups were held for students and staff, at the same time the mental health nursing curriculum was reviewed for cultural inclusivity and the findings from both strands of the research collated to in order to provide strategies for increasing the inclusion and cultural competence in the mental health nursing curriculum.

During this introductory section of the symposium we aim to provide an overview of the issues necessitated this project, related to concerns around retention and attainment within this group within the broader socio-cultural context.

Intended learning outcomes

1. Attendees will have clarity around the current statistics in terms of retention and achievement for this population in context
2. Attendees will gain insight into the experience of BAME students on a Mental Health nursing course (barriers and strengths)
3. Attendees will receive evidence-based suggestions for good practice in this area.

Recommended reading list

1. Foley, L. and Dadzie, L., 2017. Using cultural dynamics in mental health nursing to improve health disparities. Mental Health Nursing, 37(4).
2. Fairtlough, A., Bernard, C., Fletcher, J. and Ahmet, A., 2014. Black social work students' experiences of practice learning: Understanding differential progression rates. Journal of Social Work, 14(6), pp.605-624.
3. Nazar, M., Kendall, K., Day, L. and Nazar, H., 2015. Decolonising medical curricula through diversity education: lessons from students. Medical teacher, 37(4), pp.385-393

Biography

Nicky Lambert is an Associate Professor (Practice) at Middlesex University, where she is Director of Teaching and Learning for Mental Health and Social Work and a co-director of the Centre for Co-production in Mental Health and Social Care. Nicky has a professional Twitter feed: https://twitter.com/niadla (@niadla) and is keen that all people with and interest in mental health engage together as a community to support good practice and challenge discrimination.

Laura Foley is a Senior Lecturer in Mental Health with research and practice specialisms in trans-cultural practice and perinatal health. All of the presenters work in the Department of Mental Health and Social Work at Middlesex University.

1.1.2

Exploring the experiences of mature, female students from widening participation backgrounds who have considered leaving but remain on the Bachelor of Nursing (Adult) programme. An Interpretative Phenomenological Analysis study.

Simpson Owena, RGN, DipN, BSc (Hons), PGCEd, LLM (LAMP), Academic subject

manager, University of South Wales

Aim

To explore the experiences of mature, female students from widening participation backgrounds who have considered leaving but remain on the Bachelor of Nursing (Adult) programme.

Abstract

There is currently a national nursing shortage which is driven by an ageing population and an increasing demand for health care. Challenges exist in ensuring sufficient numbers of registered nurses are available to provide care in the complex and rapidly changing care environments.

One key initiative introduced in an attempt to increase the number of registered nurses within the system has been to increase the number of students enrolled onto the pre-registration programme. This initiative, coupled with the concurrent expansion of the higher education sector has resulted in a greater diversity of learners entering university and the profession. Nurse education is therefore confronted with a challenge. A greater number of nurses need to register and this requirement, coupled with the widening participation agenda can result in nurse educationalists working within a diverse, complex and demanding context, with pressures from all sectors to increase the retention of the student from enrolment through to registration.

This study has explored the experiences of mature women from a widening participation background undertaking a three year Bachelor of Nursing (Adult) programme and has identified factors related to their successful continuation on the programme. A purposive sample of eight participants were recruited into the study and semi-structured interviews were conducted to gather data. This qualitative research study utilised Interpretative Phenomenological Analysis (IPA) as the chosen approach.

The reasons student leave the course are multi-factorial, complicated and are inter-linked with students experiencing academic, personal and social challenges as they progress through their higher education programme. Key findings of this study are consistent with wider research findings, suggesting academic, clinical and financial pressures are the most challenging. The importance of support and reassurance from a variety of sources – family, friends and University systems significantly influence the students' ability and motivation to continue on the programme.

Developing an understanding of what factors affect students' motivations to stay and complete the course are important in order to ensure that services continue to develop and provide effective support to maximise retention, completion and ultimately increase the number of students entering the Nursing and Midwifery Council register.

Intended learning outcomes

1. To develop an understand of the perceived challenges of undertaking the undergraduate nursing programme as a mature female from a widening participation background
2. To recognise the factors that support and encourage continuation on the programme
3. To use the knowledge attained to influence undergraduate curriculum development and student support systems

Recommended reading list

1. Knight, J. et al. 2012. "What made me stay?" A review of the reasons student nurses enrolled in a Bachelor of Nursing programme completed their studies: A descriptive phenomenological study. Nurse Education Today 32(8), pp. e62-e65.
2. Pryjmachuk, S. et al. 2009. Nurse education: factors associated with attrition. Journal of Advanced Nursing 65(1), pp. 149-160.
3. Wray, J. et al. 2014. Choosing to stay: looking at retention from a different perspective. Studies in Higher Education 39(9), pp. 1700-1714.

Biography

Having qualified in 1993 as a RGN I gained experience as a practitioner in various general adult nursing settings. Enthused by the completion of the PGCEd, I successfully obtained a post at the University as a Senior Lecturer within the General Adult Field. Since working at the University I have managed various modules and my role also involves pastoral care of pre-registration students. I have been the deputy course leader for the undergraduate nursing programme and recently obtained the role of Academic Subject Manager within the school. I am currently completing my Professional Doctorate (Doctor of Advanced Healthcare Practice).

1.1.3

Pre-registration nursing recruitment, retention and attrition – underrepresentation of men, influences and causes.

Dr James Taylor, PhD, Senior Lecturer, School of Health & Life Sciences, University of the West of Scotland

Aim

To better understand why men are underrepresented and have higher levels of attrition in pre-registration nursing programmes in Scotland.

Abstract

Less than 10% of pre-registration nursing students in Scotland are male. Reasons need to be understood if this imbalance is to be addressed. As such two studies have been implemented. The first, to explore the views of male pre-registration students, university and college nursing lecturers and school guidance teachers about the under-representation of male pre-registration nursing students in Scotland (completed). The second, to explore the reasons for higher attrition of men from pre-registration nursing programmes in Scotland and ways of improving retention (findings due February 2019).

Mixed method approaches were used. 1:1 interviews were conducted over the telephone with male students who had withdrawn from pre-registration nursing programmes. Focus groups with students and academic staff took place across Scotland (Tayside, Lothian, Grampian and West of Scotland). An online survey questionnaire was sent to teachers across the whole of Scotland.

Findings to date suggest that nursing was considered by male pre-registration nursing students to be a worthwhile career with career stability and many opportunities, but concern was voiced that it was also viewed as not being a job for men, that assumptions about the profession of nursing and femininity were challenging for men, and use of the term 'male nurse' was felt to be anomalous. Nonetheless, positive encouragement from others, a positive role model or knowledge of nursing from significant others could be helpful in encouraging recruitment, and student maturity and personal resilience were important to cope with being a male student in a mainly female workplace. Further, some more 'technical' specialties in nursing were considered to be more attractive to men; however, in some circumstances the provision of intimate care to some patient groups caused difficulty, and the low earning potential and negative media publicity about the NHS could be a disincentive to attracting men to consider nursing as a career.

In conclusion, having men in the nursing workforce was felt to be positive in terms of communication, workforce dynamics, however the gendered assumptions about nursing need to be challenged if more men are to be attracted to work as nurses.

Intended learning outcomes

1. To provide insight into recruitment retention and attrition figures for males students entering pre-registration nursing programmes in Scotland.

2. To explore barriers and facilitators that impact on the recruitment retention of male students to pre-registration nursing programmes in Scotland.

3. To explore barriers and facilitators that influence retention and attrition of male student on pre-registration nursing programmes in Scotland.

Recommended reading list

1. McKenna, L., Vanderheide, R. & Brooks, I. (2016) Is graduate entry education a solution to increasing numbers of men in nursing? Nurse Education in Practice, 17, 74-7.

2. Sedgwick. M.G. & Kellett, P. (2015) Exploring Masculinity and marginalization of male undergraduate nursing students' experience of belonging during clinical experiences. Journal of Nursing Education, 54, 121-129

3. Harding, T., Jamieson, I., Withington, J., Hudson, D. & Dixon, A. (2017) Attracting men to nursing: Is graduate entry an answer? Nurse Education in Practice, 1, 257-263

Biography

James is a Senior Lecturer and Academic and Professional Lead in Mental Health at the School of Health and Life Sciences, University of the West of Scotland. As well as a research background in mental health and prisoner well-being he has an interest in increasing men into nursing and teaches across the school's undergraduate and postgraduate nursing and health related programmes.

Practice Education

1.2.1

Sponsored Educational Seminar: Pebblepad
The West Yorkshire & Humber electronic Practice Assessment document (e-PAD) project: Partnerships, Pedagogy and Perspectives.

Dr Sarah Burden, PhD, SFHEA, RN, Reader – Learning & Teaching, School of Health & Community Studies, Leeds Beckett University

Melanie A Robbins, MSc, BSc, RGN, RSCN, RHV, DN cert, RNT, FHEA, Professional Lead for Nursing (Child), School of Healthcare, University of Leeds

Aim

The session sets out to demonstrate how collaborative leadership and partnership working can support the development of ePAD assessment across nursing undergraduate programmes in one region of the United Kingdom.

Abstract

This presentation outlines the WY&H approach to development and implementation of an ePAD to support competence assessment of undergraduate pre-registration nursing students across all fields of practice (Learning Disabilities, Mental Health, Child Nursing, Adult Health) existing in the UK. Presenters from the five collaborating universities (Bradford, Huddersfield, Hull, Leeds, Leeds Beckett), will share their experiences and strategies and explore with participants the role of an ePAD in student competence assessment.

Intended learning outcomes

1. To introduce and present findings from the WY&H ePAD project, a large collaborative project in the North of England, focusing on the competence assessment of pre-registration nursing students.
2. To consider pedagogical approaches to support e-portfolio assessment of competence.
3. To stimulate wider debate regarding approaches to competence assessment and the potential role of e-portfolios.

1.2.2

Evaluating the impact of a coaching pilot on mentors, students and clinical practice areas

Stella Underwood, BSc, RGN, Clinical Placement Facilitator, University Hospitals of North Midlands

Aim

Marie Pegg, BSC RGN, Deputy ward manager, UHNM

To evaluate the effectiveness of a coaching pilot implemented on a cardiology ward where mentors were encouraged to act as coaches for a mixed student group that were required to lead the delivery of care to an allocated group of patients.

Abstract

In order to maximise the student experience whilst on clinical placement a coaching pilot was implemented on a cardiology ward. Six students, consisting of two third year and four first year students, participated. The six students were split into two groups with a third year and two first years in each. A dedicated learning zone comprising of seven patients was identified and the students were expected to lead on the delivery of care of the patients within the learning zone. The aim of the pilot was to ascertain whether a coaching model can enhance student performance and satisfaction and to identify whether the model can increase student capacity in placement areas.

In contrast to traditional mentoring, qualified staff were expected to use a coaching approach, which required staff to 'step back' and allow the students to practice autonomously and utilise their problem solving skills. There was an emphasis on peer learning and qualified staff were expected to use questioning skills as opposed to giving instruction and being directive. All ward staff were required to undertake coaching training in preparation for the pilot.

Feedback following the pilot suggested that students benefitted from being able to lead, delegate and manage a group of patients. Findings from the pilot indicate that a coaching model can improve student performance and has the potential to increase student capacity in the placement areas using it. Through use of a dedicated learning zone, students were practicing in a supported environment where their learning was considered paramount.

Intended learning outcomes

1. To ascertain whether coaching can improve students' performance
2. To establish whether a coaching model can replace traditional mentoring effectively
3. To understand the impact of a dedicated learning zone on students and staff

Recommended reading list

1. Kelton M (2014) Clinical Coaching- An innovative role to improve marginal nursing students' clinical practice, Nurse Education in Practice, 14 (6), 709-713
2. Huggins D (2016), Enhancing nursing students' education by coaching mentors, Nursing Management, 23 (1), 30-32
3. Narayanasamy A, Penney V (2014), Coaching to promote professional development in nursing practice, British Journal of Nursing, 23 (11), 568-573

Biography

Stella Underwood is currently a Clinical Placement Facilitator at University Hospitals of North Midlands and is instrumental in ensuring that student nurses work in supportive environments. She is currently undertaking an MSc in Advancing Professional Practice at Keele University. Stella has worked as a senior nurse specialising in Trauma and Orthopaedics at University Hospitals of North Midlands and is an accredited Associate Teaching Fellow of the Higher Education Academy.

1.2.3

Implementing collaborative learning in practice: Changing the culture of nursing students clinical learning

Graham Williamson, Associate Professor, Plymouth University

Adele Kane, lecturer, Plymouth University

Aim

To introduce and contextualize Clinical Learning in Practice models and to introduce our related project work

Abstract

"We recently argued (Clarke et al 2018) that the new NMC (2018) standards indicate a shift practice learning for student nurses away from having a named 'mentor' who is responsible for planning and enabling their development and assessing performance and competence (NMC, 2008), to a new model where all healthcare professionals are enabled to supervise and contribute to the assessment process, reviewed by named assessor at the end of each year (or stage). This could enable capacity increases in clinical areas, widen students' exposure to interprofessional learning, and make sure that students take patient care responsibilities early on in their placements. The RCN (2016) and NMC (2017) have highlighted and endorsed international models of student support using CLIP, or the 'Amsterdam Model', both of which are, broadly speaking, about 'real life learning wards' (Lobo et al, 2014; Health Education England, 2017).

In response to these developments, innovative CLIP models were implemented in 2018, partnerships between University of Plymouth School of Nursing and Midwifery and our placement providers in three counties across the South West Peninsula. Our presentations will focus on what we have learned from implementation of CLIP that can be applied elsewhere, how the project has been effectively led, what the project wider impact is and how it links to innovation and change in nurse education. We will engage in discussion with symposium participants and try to secure collaboration in future work."

Intended learning outcomes

1. Foster understanding of CLIP models.
2. Foster awareness of national and international drivers including potential impact on 'the future nurse'
3. Introduce our project work in the South West.

Recommended reading list

1. Clarke D, Williamson GR, Kane A (2018). Could students' experiences of clinical placements be enhanced by implementing a collaborative learning in practice (CLIP) model? Nurse Education in Practice 06 Mar 2018 https://doi.org/10.1016/j.nepr.2018.03.002.
2. Health Education England (2017). Case Study: Implementing Collaborative Learning in Practice - a New Way of Learning for Nursing Students. Workforce Information Network. https://healthacademy.lancsteachinghospitals.nhs.uk/download/doc/docm93jijm4n4874.pdf?ver=9427

3. Lobo, A. Arthur, V. Lattimer (2014). Collaborative Learning in Practice (CLiP) for Pre-registration Nursing Students. Health Education England/University of East Anglia.

Biography

Associate Professor of Adult Nursing, Dr Graham Williamson has been involved in nurse education since 1995 and in that time has maintained a focus on clinical practice education form a point of view of actively supporting students in work roles delivering partnership working between university, NHS and other placement providers. He has undertaken research studies on capacity issues, recruitment and joint roles including lecturer/practitioners and Placement Development Teams.

Adele Kane is a Lecturer in Adult Nursing at University of Plymouth School of Nursing and Midwifery. Adele is Associate head of School for Placement Learning and is responsible for student support and placement learning across the School. Adele also has a Fellowship with Health Education South West to explore the implementation of the new NMC standards.

Leadership in nursing education and professional development

1.3.1

Supporting the use of clinical storytelling by nursing lecturers: a resource co-created with students

Julie Attenborough, MSc; BSc (Hons); PGCE; RMN, Associate Dean, Director of Undergraduate Studies, City, University of London

Aim

To promote the use of storytelling by educationalists, reporting on an evaluation of a resource to support storytelling

Abstract

From anecdotal experience and research we know that student nurses develop professional identity in a variety of ways, and there is an emerging literature about the importance of 'storytelling' as part of role-modelling by their lecturers (Baldwin et al, 2017). Students value the stories told to them about lecturers' own clinical experiences and report that these instil them with confidence and hope whilst preparing them for difficult situations in practice (Attenborough and Abbott 2018; Olson, 2018). This session will present an online resource co-created by pre-registration nursing students to support lecturers in their use of storytelling; that is when lecturers use their own clinical experience to illustrate theoretical teaching, increase confidence and re-contextualise their experiences in their teaching. The resource contains illustrations of where lecturers have used their own experiences to promote resilience and inspire students and staff.
Students provided their views, examples and top tips for using storytelling with the aim of lecturers gaining insight into the impact of storytelling on the student journey to becoming a registered nurse. The project is a partnership between academic and staff pre-registration nursing students with the overall aim of raising awareness and increasing the meaningful use of storytelling in educational practice.
The practice of storytelling as recontextualisation or reworking knowledge plays an important part in the education of student nurses. Sometimes described as invisible or unplanned and certainly unrecognised learning takes place when lecturers use their experience (in this case clinical experience) to illustrate theory and bring meaning to our educational practice (Evans et al 2010; Evans and Guile, 2012).

The session will also report on research into the project and lecturers' views of storytelling in their own practice.

Intended learning outcomes

1. An appreciation of the importance of storytelling in nurse education
2. Demonstration of a resource to support the use of storytelling by lecturers and educationalists
3. Appraise the evidence for using storytelling in nurse education

Recommended reading list

1. Olson, K. 2018, "Once upon a time: storytelling as a part of healthcare education", British Journal of Cardiac Nursing, vol. 13, no. 8, pp. 370-371.
2. Attenborough, J. and Abbott, S., 2018. Building a professional identity: views of pre-registration students. Nursing Times, 114(8), pp.52-55.
3. Baldwin, A., Mills, J., Birks, M. and Budden, L., 2017. Reconciling professional

identity: A grounded theory of nurse academics' role modelling for undergraduate students. Nurse education today, 59, pp.1-5.

Biography

Julie Attenborough is Associate Dean: Director of Undergraduate Studies at City, University of London. Julie is a registered mental health nurse. Julie joined City, University of London in 1997 and she previously worked as a mental health nurse in community mental health services specializing in substance use problems and homelessness.

She has undertaken research about the relationship between homelessness and mental illness, student preferences in assessment, the use of audio feedback for formative assessment, and health students' use of mobile devices. She has also undertaken research about the impact of professional revalidation on academic staff identity. Her research interests focus on professional identity and the use of recontextualisation in healthcare education. Julie is a Principal Fellow of the Higher Education Academy.

1.3.2

Clinical Leadership Programmes – what learning and development strategies work best for whom, when and why?

Helen Stanley, RCN, RCNT, RNT, PGCEA, MA Nursing Studies, MA Applied Professional Research BED(Hons) Nurse teacher, SFHEA, Associate Consultant , Royal College of Nursing

Aim

The aim of the paper is to critically examine how a realist review of Clinical Leadership Programmes can identify what learning and development strategies work best for whom, when, why and in what circumstances.

Abstract

Background

Clinical Leadership has a key role in both high quality patient care and quality improvement (Anandaciva et al 2018) but health and care services are working at full capacity causing increased pressure on staff at a time of severe financial and staffing challenges.

Strong and effective clinical leadership is one of the most influential factors in transforming organisational culture (West et al 2015). Clinical leadership development in the past has focused on enabling participants to develop their leadership skills through participating in leadership programmes and despite vast investment made in leadership development, there is little understanding or robust evidence of the impact or what learning or practice development strategies are effective in Clinical Leadership Programmes (ibid).

Methodology

A realist review was used for Phase 1 of this PhD study to identify relationships between context, mechanisms and outcomes to identify what impact, and in what ways, specific learning and practice development strategies within a Clinical Leadership Programme have on workplace culture and person-centred practice. This approach underpins the UK

NHS Leadership Development Evaluation Framework (O'Neill 2017).

Results

This review generated an initial programme theory whereby successful programmes were embedded in the organisation, delivered in the workplace, utilised intra- and interprofessional contexts, active reflective experiential learning and creative practice development strategies.

The implications for individuals, teams and the service/organisation in developing Clinical Leadership Programmes will be critically explored to contribute to the theory of impact of practice development, workforce culture and person-centred practice.

Intended learning outcomes

1. Explore a realist review of what works best for whom, when, why and in what circumstances in Clinical Leadership Programmes (CLP) in healthcare
2. Examine the implications for individuals, teams and the service/organisation in developing CLPs, workplace culture and person-centred practice
3. Consider how this contributes to the theory of practice development in CLP

Recommended reading list

1. Anandaciva, S., D. Ward, M. Randhawa and R. Edge. 2018. Leadership in today's NHS - delivering the impossible. Kings Fund, London.
2. O'Neill, P. 2017. The Leadership Development Evaluation Framework:

developing evidence based interventions and creating a learning culture.
http://www.oumef.org/news/evaluation-framework-vf1-2-002.pdf

3. West, M. Armit, K. Loewenthal, L. Eckert, R. West. T. and A. Lee. 2015. Leadership and Leadership Development in Healthcare: The Evidence Base. London, Faculty of Medical Leadership and Management, Kings Fund. https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/leadership-leadership-development-health-care-feb-2015.pdf

Biography

Helen Stanley is an Associate Consultant at the RCN working on the Career Framework Project, an Honorary Senior Lecturer at the University of Brighton teaching leadership and nurse education and a PhD student undertaking a realist evaluation of Clinical Leadership Programmes. She has extensive clinical and academic leadership experience and has designed successful research and practice-development projects to support leadership programmes for workforce development, service reconfigurations and international projects. She is a RCN Education Forum Steering group member, Senior Fellow of the Higher Education Academy and received the University of Brighton Award for Excellence in Facilitating and Empowering Learning.

1.3.3

Reflecting on my Journey with the Student Leadership Programme: Creating the NOW WHAT?

Beryl Mansel, MSc, Senior Lecturer, Swansea University

Aim

Inform delegates of the development of the academy and my reflections of the challenges and solutions to date

Abstract

What?

It is significantly important to develop leadership qualities of future healthcare employees. To identify and foster a leadership mind-set in undergraduate, pre-registration health and social care students. Organisations recognise the fundamental importance of developing leadership qualities of future employees (Day, Fleenor, Atwater, Sturn, & McKee, 2014). In 2017, the Council of Deans of Health (CoDH) in partnership with the Burdett Trust introduced a national project to develop and promote student's leadership abilities. The Students Leadership Programmes (SLP) objectives was to initially support 150 students of nursing, midwifery and allied health professionals with leadership training, networking and mentoring. I have been actively involved with the programme from being a member of the advisory group, facilitating a workshop, chairing a Q&A panel, delivering an interactive session, mentor and part of the #150leaders community.

So what?

According to the new Standards of Proficiency for Registered Nurses (NMC, 2018) the future nurse will collaborate equally in the interdisciplinary team. For me one of the most significant aspect of the SLP was the students' feedback stating what they want is an interdisciplinary approach to leadership training in universities (CoDH, 2018). Within the SLP the students built a network of collaborative, supportive, trusting relationships which can only foster their future professional practice. I recognised the student's development of self-awareness and interpersonal skills. The energy and enthusiasm created by the room full of interprofessional students united in becoming effective leaders was infectious and inspirational.

Now what?

Having reflected upon my journey with the 150leaders I recognised the need to create an opportunity to develop a similar model of leadership programme at Swansea University. Drawing from and building on the success and lessons I have learnt from the SLP, with the CoDH support, I have developed an interprofessional leadership programme - Student Leadership Academy. This academy is designed to encourage and support, initially 30 of our students, in March 2019, to develop and apply leadership qualities to their own personal, professional and organisational context. The focus of my presentation will be the development of the academy and my reflections of the challenges and solutions to date.

Intended learning outcomes

1. Appreciate challenges faced and solutions when developing an innovation

2. Reflect upon own interdisciplinary approach to leadership training
3. Examine own institutions interdisciplinary approach to healthcare leadership training

Recommended reading list

1. Day, D. V., Fleenor, J. W., Atwater, L. E., Sturm, R. E., & McKee, R. A. (2014). Advances in leader and leadership development: A review of 25 years of research and theory. Leadership Quarterly, 25, p. 63-82.
2. Nursing & Midwifery Council, (2018). Future Nurse: Standards of proficiency for registered nurses. Available at: https://www.nmc.org.uk/global assets/sitedocuments/educati on-standards/future-nurse-proficiencies.pdf
3. Rolfe, G., Freshwater, D., Jasper, M. (2001) Critical reflection in nursing and the helping professions: a user's guide. Basingstoke: Palgrave Macmillan.

Biography

Beryl joined the College of Human and Health Science as a mental health lecturer in 2015 teaching both undergraduate and postgraduate students. Beryl is a registered mental health nurse with previous experience of working in acute in-patient, community and primary mental health services. Her educational background is an MSc in Healthcare Management.

Beryl is currently Programme Director for the master's in art: Education for the health professions and module lead for the Advanced Practice: Leadership and Management. Research interest include Mental Status Examination, Leadership Identity and Emotional Intelligence.

She has a great passion in nurturing student's leadership capacity as effective leadership is fundamental in delivering high quality, safe, compassionate patient care. It is significantly important to identify and foster a leadership mind-set in undergraduate, pre-registration healthcare students and is currently leading on the development of an innovation - student leadership academy.

Partnership working and collaboration

1.4.1

Let's work together - West Midlands Universities connect to strategically work towards the complexities of practice learning faced by Universities across the region.

Abbie Fordham Barnes, RGN, BA(HONS), MA, Registered Nurse Teacher, Associate Professor, Birmingham City University

Jenny Pinfield

Tracey Baker

Paul Jackson

Aim

To discuss the importance of sharing practice quality assurance initiatives and strategies for health programmes across the West Midlands Universities.

Abstract

The Universities across the West Midlands have formed a Partnership Steering Group to lead on innovative practices in response to the unprecedented complexities of healthcare education in the practice setting. The Partnership Steering Group recognise a proactive approach and a stronger alliance between Universities can help to unravel the intricacies of the local, regional and national drivers. At the same time acknowledging the growing importance for Universities to consider the impact of the Sustainability and Transformation Partnerships and Local Workforce Advisory Boards. In recent years there has been several high-profile failures of care reported often resulting in the University being faced with assuring the professional regulator and Health Education England of the suitability of learners remaining in the practice learning environment, especially following an external inspection by the Care Quality Commission. In parallel there is increasing expectations of fee paying students to have a good quality practice learning experience. There is a continuous balance of assessing the suitability of students remaining in the practice setting against staff shortages impacting on patient care. Taking these complexities into consideration there is a growing emphasis for the University to increase placement capacity, adopt new models of practice learning and work closer with practice partners. Ultimately this can place pressure on the relationship between the University and practice partners.

The Partnership Steering Group members have explored the value of strong leadership to drive the practice learning requirements of the pre-registration health

programmes across the sector to embrace these challenges. The connection between the West Midlands Universities has a primary focus of practice learning, resulting in sharing good practice, problem solving and proactive decision making. This model of partnership working across the West Midland Universities has formed a substantial alliance and a collective regional voice to raise the profile of practice learning.

The key outcomes from the formation of the Partnership Steering Group is sharing resources, expertise and knowledge when faced with adversity. To discuss initiatives and strategies to enhance the student experience and partnership working with practice partners.

Intended learning outcomes

1. To explore the pressures on the relationship between the University and practice partners
2. To explain the value of strong leadership between Universities to overcome the challenges faced in practice learning environments
3. To discuss initiatives and strategies to enhance the student experience and partnership working with practice partners.

Recommended reading list

1. The Report of the Gosport Independent Panel (2018) Gosport War Memorial Hospital Open Government Licence https://www.gosportpanel.independent.gov.uk/media/documents/070618_CCS207_CCS03183220761_Gosport _Inquiry_Whole_Document.

pdf (Date accessed 12/09/2018)
2. Taylor, C., Angel, L., Nyanga, L. (2017). The process and challenges of obtaining and sustaining clinical placements for nursing and allied health students. Journal of Clinical Nursing http://onlinelibrary.wiley.com/doi/10.1111/jocn.13502/full (Date accessed 20/01/2018)
3. Royal College of Nursing (2017) Safe and Effective Staffing

Biography

Abbie qualified as a registered general nurse in 1993, at the Queen Elizabeth Hospital in Birmingham. Abbie worked for the NHS for several years as a nurse, specialising in emergency medical care, before moving into higher education. Abbie obtained an Honours Bachelor Degree in Health and Community Studies from Sheffield Hallam University in 1999, a Master's Degree in Education from University of Wolverhampton in 2007. Abbie qualified as a NMC Approved Registered Teacher in 2000, her first lectureship post was at the University of Wolverhampton. Currently, Abbie is the Associate Professor, Faculty Lead for Practice Quality at Birmingham City University.

1.4.2

Children's perspectives: challenging practice in adult nurse education

Jane Jervis, RN, MSc, Lecturer in Nursing, Keele University

Prof Sue Read, PhD, Professor of LD Nursing, Keele University

Prof Michael Murray, Professor of Psychology, Keele University

Aim

To discuss how PhD research finding have been used to develop the presenters practice in adult nurse education. To provide an opportunity for delegates to reflect upon the need to encourage student nurses to challenge current clinical practice in relation to the values and assumptions associated with Family Centered Care in an adult environment.

Abstract

Illness occurs in family systems and an adult patient's admission to hospital affects all the family, including children and adolescents (Knutsson, Enskär, Andersson-Gäre and Golsäter, 2017). However, children and young people often have negative experiences of being a visitor or relative of an adult patient due to long held assumptions and actions of healthcare staff. A participatory action research (PAR) PhD study was conducted to critically explore the issues surrounding children visiting adult patient's one large UK hospital and this paper will explore how the findings have been incorporated by the researcher into adult nurse education.

Children's participation in healthcare research is increasingly important (Fleming and Boeck, 2012) and children and young people were engaged in two elements of this PAR. Initially members of a Children's Research Network Young Persons Advisory Group were asked to provide informal consultation to shape the research question and methodology. During Phase 1, registered nurses identified the need for resources and education for both staff and visitors. Students (aged 16-20

years) from a local college requested to participate in the project by designing these resources. They subsequently requested their own focus groups to reflect on their work within the project and to provide a young person's perspective. The consultations and collaborative focus groups with children and young people resulted in illuminating and thought provoking experiences and perceptions being shared.

This paper will discuss how the researcher used the findings to develop their practice in adult nurse education in the classroom and reflection sessions. It will provide an opportunity for delegates to reflect upon the need to encourage student nurses to challenge current clinical practice in relation to the values and assumptions associated with family centered care in an adult environment.

Fleming J and Boeck T (Eds) (2012). Involving Children and Young People in Health and Social Care Research. London: Routledge

Knutsson, S., Enskär, K., Andersson-Gäre, B and Golsäter, M. (2017) Children as Relatives to a Sick Parent: Healthcare Professionals' Approaches. Nordic Journal of Nursing Research, Vol 37(2), 61-69

Intended learning outcomes

1. To debate the need for adult student nurses to challenge current clinical practice relating to Family Centered Care in the adult environment.
2. To critically consider how collaborative research involving children and young people can inform adult nurse education

Recommended reading list

1. Knutsson, S., Enskär, K., Andersson-Gäre, B and Golsäter, M. (2017) Children as Relatives to a Sick Parent: Healthcare Professionals' Approaches. Nordic Journal of Nursing Research, Vol 37(2), 61-69
2. Knutsson, S., Samuelsson, I.P., Helström, A.L. And Bergbom, I. (2008) Children's experiences of visiting a seriously ill/injured relative on an adult intensive care unit. Journal of Advanced Nursing, 61(2), 154-162

Biography

Jane joined Keele University as a Lecturer in Adult Nursing in 2014. With a clinical background in Acute Medicine as a Medical Advanced Nurse Practitioner, her teaching and research interests include all areas of Advanced Practice and Clinical Skills, Resuscitation (including Family Witnessed Resuscitation) End-of-Life Care, Family-Centered Care in the Acute Medical Environment, Experiences of People with a Learning Disability in the Acute Medical Environment, Infectious Diseases, Pre-hospital Care and Participatory Action Research.

1.4.3

Partnership for work-based learning: A review of collaboration between UWE, Bristol and Macmillan Cancer Support to transform service through innovation and change.

Clive Warn, RN, RNT, BSc Hons, PGDE, MSc, Senior Lecturer, University of the West of England

Jill Scott, Macmillan Learning & Development Manager, Macmillan Cancer Support

Aim

To critically explore the collaboration between UWE, Bristol and Macmillan Cancer Support on a work-based learning module. This will explore the ongoing development using experience gained from projects, and from learner and facilitators evaluations.

Abstract

Work-based learning is flexible, experiential learning based in the reality of work experience which requires learner ownership along with critical reflection and purposive actions, to create new learning about work. As Seagraves et al (1996) argued, work-based learning is learning for work, learning through work and learning in work; it is a process that supports the advancement of lifelong learning because the learning arises from practice itself.

For some years now, UWE and Macmillan Cancer Support have facilitated a 9 month long, work-based learning module to create change and improvement in practice. As such, many healthcare staff from assistant to specialist roles, have designed, led and managed practice development projects to make a difference in practice. Alongside changes to practice and improvements in patient experience, the outcomes have been diverse and include publication, organisational change, and recruitment to national groups to further influence wider improvement. Additionally, participants have developed their leadership and critical thinking attributes, and

so the module is seen as a starting point in the development journey and not a conclusion. Evaluation from learners identify the improvements to confidence and competence to influence and direct practice and continue to make a difference.

This collaborative module offers an opportunity to undertake a 9-month long work-based project leading to an improvement and change in cancer service delivery or service re-design. The process is supportive and uses action learning sets, peer learning, and conference presentation. Participants learn about project management and the professional skills required to be effective to both deliver a change in practice and achieve academic success.

This presentation will propose that using a collaborative model of education is essential in the delivery of CPD through work-based learning in nursing and healthcare (Williams 2010). This collaboration includes not only UWE and Macmillan, but also the individual practitioner and their workplace mentor/organisation. This will promote a deeper, active learning through real world discussion, highlighting the credibility of this experience.

Intended learning outcomes

1. Critically evaluate the impact of collaboration in work based learning.
2. Discuss the experiences of participants, learners and facilitators, on the work based learning module.
3. Evaluate the application of action learning and its impact on participant and project outcomes.

Recommended reading list

1. The Higher Education Academy (2008) Work-based learning Workforce development: Connections, frameworks and processes. The Higher Education Academy.
2. Williams, C. (2010) Understanding the essential elements of work-based learning and its relevance to everyday clinical practice. Journal of Nursing Management 18, 624–632.
3. McGill, I., & Beaty, L. (2001). Action Learning: A Guide for Professional, Management & Educational Development. London: Kogan Page.

Biography

Clive is a Senior Lecturer in Nursing and Programme Manager for the Professional Development Awards and Work-Based Learning (WBL) at the University of the West of England, Bristol, UK. He has been involved in the development of WBL for a number of years after completing his MSc through a WBL route. He is a proponent of flexible, work based routes in HE and has an interest in developing opportunities and methods to further embed HE into the workplace for all.

Jill Scott is a Registered Dietician and Learning and Development Manager for Macmillan Cancer Support. Jill has used WBL for her own professional development and has been involved in the development of this collaborative module for a number of years. Jill is a co-facilitator for this WBL module.

1.5.1

The Innovative Future of Nurse Education - Immerse yourself in the world of Virtual Reality

Clinical Nurse Educator, Hannah Russon, BSc (Hons), PGCE, Clinical Nurse Educator, Velindre Cancer Centre

Aim

To explore how the current use of virtual reality in the education of nursing students at a cancer centre can be developed in order to meet the educational needs of the current workforce whilst also incorporating the use of artificial intelligence.

Abstract

Background: Currently at Velindre cancer centre we offer a weekly bespoke teaching programme for student nurses on placement over a 6 week rolling programme. Since the inception of this programme it has generally been successful however issues have been identified around attendance due to shift patterns and tutor availability due to the frequency of the programme. This meant that some students were missing out on teaching opportunities with no equity in the educational experience. In order to overcome this all sessions were filmed in virtual reality (VR), an interactive experience taking place within a simulated environment. Though this does not replace classroom sessions, it enables students to attend sessions in the virtual world if they are unable to attend the classroom or tutors are unavailable. This has proven to be a great success with attendance to all sessions (classroom and VR) increasing from 58% to 88% over a 6 month period.

Owing to its success a VR programme for the nursing workforce is currently under development incorporating all elements of training and education due to a decrease in compliance. This is not due to low enthusiasm but down to resource, staff shortages and time required to release staff from clinical areas. The VR sessions will be available for staff 24/7 so that training can be accessed at a time that is convenient with minimum impact to the clinical areas. The buzz created by virtual reality in the organisation is palpable and the organisation believe that the possibilities are endless. For example, providing educational updates around cancer and its treatments using Alt Space (virtual platform for VR where several people in different geographical areas can all participate in a virtual classroom at the same time) to other health boards in Wales and organising virtual seminars. Within the NHS, training is often repeated across Health Boards/trusts and staff are expected to travel to receive specialist training. The world of VR can open up teaching to staff across the UK and indeed the world, breaking down barriers and limitations to learning along the journey.

I would like the ability to demo if possible.

Intended learning outcomes

- To understand the benefits that the current VR programme adds to the learning experience of the student nurses
- To allow for audience participation through engagement and discussion around the future of VR and the possibilities for innovative nursing education

Recommended reading list

- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5834832/
- https://www.walesdeanery.org/blog/case-study-mark-taubert
- Farra et al (2018) .The Student Experience With Varying Immersion Levels of Virtual Reality Simulation. Nursing Education perspectives. 39(2) pp. 99-101

Biography

I have been a registered nurse for 12 years and apart from 2 years in acute medicine I have specialised in haematology, oncology and chemotherapy. My career path has taken me to varying organisations in Wales allowing me to witness change and progress in oncology and learning from the triumphs and challenges faced in each organisation. I have developed a passion for teaching from mentoring student nurses and recently involvement in specialised training. This has led me to my current role as clinical nurse educator where I continue to look for innovative ideas in nurse education whilst addressing current challenges.

1.5.2

The Big Conversation: Let's talk about death

Julia Tod, RN, RM, RSCN, MSc, BN Psychology, PGCE, Lecturer, School of healthcare sciences, Cardiff University

Graynor Williams, RN, DipN, MSc, PGCE, Lecturer, School of healthcare sciences, Cardiff University

Aim

To evaluate a new educational method to allow nursing students to explore their understanding of resilience and its relation to death and dying

Abstract

Death Anxiety (DA) is a recognised phenomenon in nursing practice often fuelled by a reluctance to talk about death and dying (Peters et al, 2013). Preparing first year students to develop resilience in readiness for the emotional work they will undertake is crucial in educating the workforce as burnout has been linked to DA (Sliter et al 2014). With discussion of advance care planning increasingly within the remit of health professionals it is important that they are introduced to this concept at an early stage of their educational development.

One way of managing DA is through encouraging informal reflexive activity. One author's area of expertise included the experience of running Death Cafés, informal voluntary gatherings for participants to discuss death, to normalise death as part of our experience of living and to give a platform to those who may be reluctant to talk about death elsewhere (Miles and Corr, 2017).

An innovative approach was developed to facilitate learning .A group of lecturers from three different fields of nursing studied at the university collaborated to develop a workshop format and supporting materials for the sessions.

Small group workshops began with 2 lecturers facilitating discussion about resilience and self-care, before focussing on personal and professional experience of death and dying. Students were encouraged to consider their own beliefs and values and those of others. Discussion was woven around prompt questions, devised by the Dying Matters Coalition (https://www.dyingmatters.org/). Sessions concluded in a Death Café format where participants were encouraged to consider pre-prepared questions In line with the Death Café ethos. Biscuits were provided. The workshops ended with a lecturer facilitated debrief. Sessions were facilitated in English and Welsh depending on the students present. An electronic Padlet information resource was developed for pre reading and post session reflection.

On evaluation feedback was overwhelming positive with participants highlighting the positive aspects of the workshops. The themes of sharing thoughts and listening to other people's perspectives was also clear, and several commented that being given the opportunity to think about death and dying in a safe space was valuable.

Intended learning outcomes

1. To gain insight into an innovate method of teaching
2. To develop an understanding of the importance of exploring resilience in relation to death and dying with novice nursing students
3. To consider how innovative methodology allows for high quality educational experience in a bilingual environment

Recommended reading list

1. Miles L & Corr CA (2017) Death Cafe: What Is It and What We Can Learn From It? Journal of Death and Dying 75(2)151–165
2. Peters L et al (2013) How Death Anxiety Impacts Nurses' Caring for Patients at the End of Life: A Review of the Literature Open Nursing Journal 7 14 – 21
3. Sliter M T et al (2014) Don't fear the reaper: Trait death anxiety, mortality salience, and occupational health Journal of Applied Psychology 99(4) 759-769

Biography

The main author's clinical speciality is in Children's nursing and Neonatal care and has been a nurse educator since 2004 in Cardiff University. Research experience with health behaviour of young carers and an on -going interest in childhood bereavement.

Gaynor Williams's clinical speciality is neurosurgical and neurological nursing particularly caring for people living with Multiple Sclerosis. She has been a formal nurse educator since 2013 in Cardiff University.

Coproducing resources to enhance learning in practice as part of the STEP project (Strengthening Team-based Education in Practice)

Kathy Wilson, RN, BSc (Hons) Nursing, PGCHE, MSc Nursing, Head of Practice-based Learning, Middlesex University.

Natasha Simone Gordon, Student Nurse, Middlesex University.

Nora Cooper, Senior Lecturer Practice Learning, Middlesex University

Aim

To share the process of involving students in the development of resources to enhance learning in practice and facilitate debate regarding the potential effectiveness of some of these resources.

Abstract

STEP (Strengthening Team-based Education in Practice) is a HEE funded project and the key purpose is enhancing learning in practice for nursing and midwifery learners. There are five themes representing significant areas of practice learning identified by a large collaborative group of clinical placement facilitators and academics.

Thirty five students participated in a creative workshop as part of STEP and contributed to the development of resources to enhance practice learning. Examples of the student's contributions, captured by a graphic artist, will be presented by two of the students and staff members involved in this workshop. There was a range of student nurses from across the three years and all fields of practice and these resources are being used widely across a number of London HEIs.

The empowerment of learners and building professional knowledge, skills and attributes were seen as integral to the whole process and reflects the 'future nurse' in line with the new NMC proficiencies. The resources are also being utilised to support the preparation and development of practice supervisors, practice assessors and academic assessors (NMC 2018).

Within this ViPER session two of the student nurses will tell their story of how the workshop was facilitated and display some of the graphics which captured their discussions through the use of a Pecha Kucha. Following this 20 x 20 slide presentation examples of the online resources will be presented for discussion and debate.

Intended learning outcomes

1. To demonstrate and acknowledge the positive contribution of student nurses in the co-production of resources to enhance learning in practice
2. To stimulate debate about the development of innovative resources to expand learning.
3. To explore how these STEP resources can benefit students, practice supervisors, practice assessors and academic assessors in promoting expansive learning.

Recommended reading list

1. Morley, D. A. (2016) 'Applying Wenger's communities of practice theory to placement learning', Nurse Education Today, 39(April), pp. 161-162.
2. Fuller, A. and Unwin, L., 2003. Learning as Apprentices in the Contemporary UK Workplace: creating and managing expansive and restrictive participation. Journal of Education & Work, 16 (4), 407-426.
3. NMC (2018) Standards for Nurses: Standards for student supervision and assessment. Last accessed on 21/6/18: https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/

Biography

Kathy Wilson is Head of Practice-based Learning at Middlesex University and is responsible for enhancing and monitoring all aspects related to practice learning for nursing and midwifery programmes. In the past three years Kathy has worked closely with Health Education England in London on a number of projects related to mentorship, placement and practice assessment and is currently leading on the STEP project i.e. Strengthening Team-based Education in Practice. Kathy currently chairs the pan London Practice Learning Group.

Simone Gordon is a year 3 adult student nurse at Middlesex University. Simone is passionate about the delivery of compassionate care and became a dementia ambassador very early on in her programme. Simone was keen to get involved in the STEP project (Strengthening Team-based Education in practice) to enhance learning in practice

and is particularly interested in peer learning and support and the importance of a comprehensive orientation for students on placement. Simone is hoping to work in primary care on qualification and accesses any opportunity to enhance her knowledge and skills to achieve this.

1.5.4

Growing the future of nursing; a grassroots approach to supervision

Stephanie Morris, RMN, BSC, Community Psychiatric Nurse, Somerset Partnership, NHS Foundation Trust

Dr Joanne Williams, Senior Lecturer, University of the West of England

Aim

An exploration of the role of student facilitated peer supervision in clinical placements and the implications for student nurse training and the wider nursing profession

Abstract

During times of austerity, increasing workload and overstretched staff, experiential learning of nursing students are at risk of breeding a negative culture and undermining the progression of the nursing profession. Recruitment and retention is a long-established problem for nursing of all disciplines. Despite several new approaches to nurse training across several government policies, student and qualified nurse attrition rates continue to climb compounding the workforce shortage. 30% of nursing students fail to enter the register, citing a lack of support and mentoring in clinical placements as a predominant factor to leaving nurse training. A growing evidence base calls for student facilitated peer supervision groups, to develop clinical skills, competence and confidence of student nurses, to mitigate against these statistics. Strikingly, the reality of nurse training demonstrates a sparsity of student facilitated peer supervision initiatives, within the practice environment, creating limited clinical competence of providing supervision prior to registration. Current evidence suggests reflective groups do not address this learning need, widening the practice/theory gap. In light of the new education standards produced by the Nursing and Midwifery Council, newly qualified nurses will be able to mentor nursing students. Supervision is a key component to mentoring clinical practice, requiring newly qualified nurses to have some skills at the point of registration, to avoid compounding current student nurse attrition rates. Student facilitated peer supervision provides safe, experiential development of clinical supervision at the grassroots level, prior to the point of registration. Empowering students to be agents of change through supervision, fosters positive practices, improves student learning experiences, promotes positive working cultures and engages the next generation of the workforce in the progression of the nursing profession. This Viper presentation will explore the impact, development, implementation and promulgation of a student-facilitated peer supervision initiative in clinical practice at the University of the West of England and Avon and Wiltshire Mental Health Partnership.

Intended learning outcomes

1. Develop an awareness of the impact of student facilitated peer supervision by creating positive learning experiences for students
2. Develop an understanding of how student supervision provides an opportunity for growth, leadership and promotes students as agents of change.
3. Facilitate an exploration of the future implementation and development of student facilitated peer supervision within the mentoring framework.

Recommended reading list

1. Carver, N. et al. (2014) 'Mental health pre-registration nursing students' experiences of group clinical supervision: A UK longitudinal qualitative study', Nurse Education in Practice. Elsevier Ltd, 14(2), pp. 123–129. doi: 10.1016/j.nepr.2013.08.018.
2. Pålsson, Y. et al. (2017) 'A peer learning intervention for nursing students in clinical practice education: A quasi-experimental study', Nurse Education Today. The Authors, 51, pp. 81–87. doi: 10.1016/j.nedt.2017.01.011.
3. Felton, A., Sheppard, F. and Stacey, G. (2012) 'Exposing the tensions of implementing supervision in pre-registration nurse education', Nurse Education in Practice. doi: 10.1016/j.nepr.2011.05.004.

Biography

Stephanie Morris is a newly qualified Mental Health Nurse, working as a Community Psychiatric Nurse in Somerset. She has recently qualified in August 2018 from the University of the West of England, where

she developed a passion for nurse education and student supervision in practice, starting her first piece of research into this area. Her work has won acclaim at various conferences whilst she was a student and is continuing to develop student supervision initiative in practice. She has a special interest in Trauma-Informed Care, Post-Traumatic Stress Disorder and therapy in the role of mental health nursing. Outside of her love of reading, she enjoys hillwalking, cycling and kayaking.

Dr Jo Williams is a distinguished Registered Mental Health Nurse, academic, nurse educator and qualitative researcher. She has held a variety of posts including serving in the Royal Air Force prior to joining the University of the West of England. She is active within the University, delivering and supporting several programmes of nursing education at all levels. She has written several notable papers in journals including Nurse Education Today. She is an avid conference delegate and enjoys presenting and facilitating discussion. She has a passion for further nurse education and is a champion of promoting research within the nursing profession. Outside of the classroom environment, Jo enjoys walking her dogs and horse riding.

1.6.1

Resilience and its relevance to nursing practice

Dr Patricia Owen, Head of the School of Nursing and Midwifery, Keele University

Aim

Discuss the issues related to resilience and its relevance to nursing education

Abstract

Definitions of resilience centre around someone's ability to move forward positively from a situation of adversity and therefore appear to cope well with difficult situations (McAllister and McKinnon 2009). In developing the concept further Wagnild states that "Most of us are ordinary people. However, every one of us has extraordinary possibilities and strengths. Everyone stumbles and falls from time to time, but each of us has the capability to get back up and carry on. We call this ability to get up and get going resilience" (Wagnild 2014). This paper will explore resilience within a framework of nursing practice and in particular nursing education. The emotional labour of nursing alongside the stresses associated with undertaking academic studies can be challenging for students (Leducq et al 2012) therefore supporting the development of resilient behaviours by student nurses could be seen as an important facet of the nursing curricular. Studies have identified a number of learning and teaching methodologies that support such development which will be explored within the paper.

Intended learning outcomes

1. Critically examine the notion of resilience.
2. Explore the relationship of resilience to clinical practice for student nurses.
3. Outline learning and teaching methodologies that could support the development of resilience.

Recommended reading list

1. McAllister M and McKinnon J (2009) The importance of teaching and learning resilience in the health disciplines: A critical review of the literature. In Nurse Education today 29 371 – 379
2. Leducq, M., Walsh, P., Hinsliff-Smith, K., & McGarry, J. (2012). A key transition for student nurses: The first placement experience. Nurse Education Today, 32(7), 779-781.
3. Wagnild, G. M. (2014). In Guinn P. E. (Ed.), the resilience scale user's guide (3.33rd ed.). Montana: Resilience Center.

Biography

Pauline originally qualified in 1984 specialising in orthopaedic trauma and critical care and moved into nursing education in 1991. She has worked in a range of academic institutions and roles and is currently Prov Vice Chancellor and Executive Dean for the Faculty of Medicine and Health Sciences at Keele University. Prof Walsh's key research focus has been around the student experience and in particular, student attrition, belonging and retention. More recently her research has evolved into exploring the development of resilience within student's but with a particular focus on their resilience in managing challenging issues during clinical placement.

Patricia's career in nursing education has spanned over 35 years and she is currently Head of the School of Nursing and Midwifery at Keele University. Her research and scholarship focuses on transitions in nursing and includes supporting newly qualified nurses; health visiting policy and practice, resilience development, leadership and scholarship in nursing. She also supports the Graduate Entry Nursing International Network in her role as co-chair and lead for research and acts on the Board of Trustees of the IHPE. With HEE and other partners across the Midlands, she has been involved in researching the teaching of leadership in the UG curricula and is the academic lead for a project developing guidelines for educators.

1.6.2

Evaluating the effectiveness of learning and teaching strategies designed to promote resilience in the Pre-Registration Under-Graduate Nursing Curricula.

Professor Pauline Walsh, Prov Vice Chancellor and Executive Dean for the Faculty of Medicine and Health Sciences,

Aim

Explain and discuss a study designed to evaluate teaching and learning strategies which

were designed to promote resilience in the Pre-Registration Under-Graduate Nursing Curricula and to discuss implications for nursing practice and education in light of Future Nurse.

Abstract

It is suggested that resilience can be developed (Wagnild 2014) and that its development is particularly relevant to student nurses during their education and training (Burton et al 2010).The aim of this study was to develop and evaluate the effectiveness of interventions in teaching and learning which may promote resilience in nursing students and to measure any changes in reported resilience using a validated scale following the completion of the interventions. Ethical approval was received from the University ethics committee prior to commencement of the study. The study used a mixed methods approach including focus group interviews with service users, qualified nursing and final year student nurses to identify areas that may be challenging for them, as well as a pre- and post-intervention administration of a resilience scale (Wagnild 2009) and a specifically developed confidence scale (Walsh and Owen 2015). The advice of an expert statistician was sought to discuss sample size. Participants were second year student nurses in group 1 (n=85) and group 2 (n=91). In order to measure the internal consistency of the confidence tool, a Cronbach's alpha was carried out which showed that the confidence scale had good internal consistency with Cronbach's Alpha co-efficient reported of .81. The findings of the study indicated improvement in reporting of resilience and confident in specific areas which will be outlined. Implications for nurse educators developing strategies to promote resilience in the under graduate nursing curricula are suggested following this study.

Intended learning outcomes

1. To outline the background and methods employed in the study
2. To examine the findings of the study and their relation to current pedagogy and nursing practice.
3. To discuss the implications of the study within the framework of the NMC Standards (2018).

Recommended reading list

1. Burton, N. W., Pakenham, K. I., & Brown, W. J. (2010). Feasibility and effectiveness of psychosocial resilience training: A pilot study of the READY program. Psychology, Health & Medicine, 15(3), 266-277.
2. Wagnild, G. M. (2014). In Guinn P. E. (Ed.), The resilience scale user guide (3.33rd ed.). Montana: Resilience Center.
3. Nursing and Midwifery Council. (2018). Standards for Pre-Registration Nursing Programmes. [Online] https://www.nmc.org.uk/standards/standards-for-nurses/standards-for-pre-registration-nursing-programmes/ Accessed 29.09.18.

Biography

Patricia's career has spanned over 35 years and she is currently Head of the School of Nursing and Midwifery at Keele University. Her research focuses on transitions in nursing and includes supporting newly qualified nurses; health visiting policy, resilience development and leadership in nursing. She is co-chair of the Graduate Entry Nursing International Network and lead for research and is a Trustee on the Board of the IHPE. With HEE and other partners, she has been involved in researching the teaching of leadership in the curricula and is the academic lead for a project developing guidelines for educators.

Pauline originally qualified in 1984 specialising in orthopaedic trauma and critical care and moved into nursing education in 1991. She has worked in a range of academic institutions and roles and is currently Prov Vice Chancellor and Executive Dean for the Faculty of Medicine and Health Sciences at Keele University. Prof Walsh's key research focus has been around the student experience and in particular, student attrition, belonging and retention. More recently her research has evolved into exploring the development of resilience within student's but with a particular focus on their resilience in managing challenging issues during clinical placement.

1.6.3

Supporting Transition to Practice through Resilience Based Clinical Supervision

Dr Gemma Stacey, Associate Professor School of Health Sciences, Nottingham University

Aim

To explore the influence of Resilience Based Clinical Supervision (RBCS) on student nurses' ability to maintain and apply resilience during their transition to registered practitioner.

Abstract

Background: Healthcare organisations are increasingly recognising their responsibility to support the well-being of nurses because of the accumulative demands of their role. Resilience Based Clinical Supervision is a newly developed intervention, which encourages the practitioner to pay attention and apply reasoning to behaviours and responses through a process of stress alleviation and prevention.

Aims: For pre-registration nursing students to develop resilience-based competencies that enable them to regulate their response to stress and monitor their own well-being via the application of mindfulness based stress reduction strategies and positive reframing.

Method: Case study methodology was utilised to explore how the characteristics associated with the expression and maintenance of resilience were influenced by the intervention. Data was collected through both pre-validated questionnaires and focus groups at three-time points. Data was analysed by pattern matching to theoretical propositions developed following an in-depth literature review.

Findings: Participants expressed positive experiences of RBCS. Their perception of the importance of self-care increased. They continued to demonstrate competencies of self-care following six months of qualifying as nurses regardless of complexities within the workplace. As qualified nurses, participants recognised the implications of limited time and resources on the expression of compassion towards patients, however they externalised this as an organisation failing as opposed to a personal inadequacy.

Conclusion: RBCS has the potential to support healthcare practitioners in developing resilience based competencies that allow them to recognise and attend to stressors by utilising appropriate and effective alleviation strategies.

Implications for Practice: There is potential to foster resilience and reduce compassion fatigue where practitioners and healthcare organisations commit to a sustained investment in strategies which promote reflection and self-care.

Intended learning outcomes

1. To share an educational approach, which reflects, and attempts to address the complexity of interpersonal, environmental and social issues, which may present barriers to the application of resilience in practice.
2. To critically consider the role of educators in supporting pre-registration nurses to prepare for transition to practice through the framework of resilience.
3. To discuss implications for preceptorship and ongoing staff support structures.

Recommended reading list

1. Stacey, G., Aubeeluck, A., Cook, G. and Dutta, S., 2017. A case study exploring the experience of resilience-based clinical supervision and its influence on care towards self and others among student nurses. International Practice Development Journal, 7(2).

2. Resilience Based Clinical Supervision Facilitator Resources. Available at: https://www.fons.org/learning-zone/clinical-supervision-resources

Biography

Dr Gemma Stacey qualified as a mental health nurse in 2004. She practices in a range of recovery orientated community servicers. Gemma's research programme explores the socialisation of student nurses and the educational factors, which influence the development, maintenance, and expression of person centred values, resilience and compassion. Gemma is an Associate Professor in the School of Health Sciences at the University of Nottingham where she is Program Lead for Graduate Entry Nursing (GEN). She leads the GEN International Network, which joins academics, students and graduates to raise the profile of the challenges and opportunities GEN presents to the profession.

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The student experience

2.1.1

An exploration of the role of the Academic Clinical Tutor (ACT) as a model of supporting nursing students in practice.

Seána Duggan, RGN, RNT, MSc FHEA, Lecturer in Nursing, Ulster University

Stephanie Dunleavy, RGN, MBA, FHEA, Lecturer in Nursing, Ulster University

Aim

The aim of the study was to explore a collaborative model of supporting students in clinical practice and specifically the role of the (ACT).

Abstract

In the United Kingdom nurse education has undergone change over the last 30 years. The integration of nursing students within practice has evolved from apprenticeship style to bespoke mentoring and with the introduction of Standards for Supervision and Assessment (NMC, 2018) supporting nursing students in practice is set to change again.

Despite registered nurses being required to undertake a mentorship programme many barriers remain for mentors such as feelings of inadequacy, lack of educational knowledge, lack of time and lack of support in facilitating learning for students (Sandford, 2012). Students report that these perceived barriers often lead to negative experiences in clinical practice and rather than creating an environment where students are encouraged to think critically and question practice they are more likely to 'just fit in' in order to complete the placement successfully (Jack et al., 2017). In contrast to this, the role of the Academic Clinical Tutor (ACT) in USA is a dedicated and bespoke clinical role focused on facilitating learning for students in practice.

This exploratory study examined a collaborative model of supporting students in clinical practice and specifically the role of the (ACT) and how it is implemented in practice in USA. Objectives of the study included identifying how the ACT influences learning, facilitators and barriers to the role in the future education of nursing students in the UK and to evaluate the effectiveness of the role.

As recipients of a Florence Nightingale Travel Scholarship, we visited the Faculty of Nursing, Kent State University, Cleveland Clinic, and University Hospital Medical centre to observe this collaborative model of student supervision. The visits comprised of observation of the ACT in their role, followed by informal discussions with the ACT, Clinical Directors, nursing staff and nursing students to identify the impact of the ACT on the clinical environment, student learning and clinical experience.

Our observations concluded that the quality of the learning experience and the student's sense of belonging that is fostered by the ACT, are worthy of further examination to enhance the student nurses' learning experience in the clinical setting in the UK.

Intended learning outcomes

1. Identify how An Academic Clinical Tutor influences learning in clinical practice
2. Identify facilitators and barriers to the role in the future education of nursing students in the UK
3. Evaluate effectiveness of the role of Academic Clinical Tutor

Recommended reading list

1. Nursing and Midwifery Council. (2018) Future Nurse: Standards of proficiency for registered nurses. London: NMC.
2. Sandford, G. (2012) What do Critical Care Nurses perceive as barriers to mentorship within the critical care environment? PhD. University of Otago. Christchurch.
3. Jack, K., Hamshire, C., Harris, W., Langan, M., Barrett, N. and Wibberley, C. (2018) "My mentor didn't soeak to me for the first four weeks": Perceived Unfairness experienced by nursing students in clinical practice settings. Journal of Clinical Nursing 27 pp.929-938.

Biography

Seana Duggan is lecturer in nursing within School of Nursing at Ulster University and also Academic Lead for practice learning. Seana plays a significant leadership role in the development of practice based learning for pre-registration nursing students at Ulster University. She is central in

ensuring that changes to the support students receive in Practice learning will be implemented smoothly. Seana is a member of Regional Educational Practice Partnership Forum and Practice Learning Liaison Committee

Stephanie Dunleavy is lecturer in nursing and academic lead at Ulster University. She coordinates all pre -registration nursing programmes with a particular responsibility for BSc (Hons) in Adult and Mental Health Nursing. Stephanie has a significant role in marketing of and recruitment and selection to nursing programmes. Stephanie is currently leading on revalidation of nursing programmes at Ulster University

2.1.2

An Exploration into student nurse and lecturer experiences of using social media (SoMe) activities as a platform for learning within the first module of the Adult nursing Curriculum.

Nicole South, BSc, BA, RNT FHEA, DipHE, Senior Lecturer, Academic Coordinator, Social Media Lead, Canterbury Christ Church University

Aim

The overall aim of this piece of research is to better understand how embedding Social Media (SoMe) activities into the nursing curriculum can promote partnership learning between students and lecturers.

Abstract

Through a non-hierarchical means of communication (Ryan, 2015), the world of SoMe offers the opportunity to interact with others, share ideas, access information and network professionally (Carrigan, 2016, Jackson and Kennedy, 2015, Ressler and Glazer, 2010). It is suggested by Stephens (2016) that Twitter can encourage information seeking and sharing of information. It is a valuable way of communicating and connecting with others (Huby and Smith, 2016) supporting professional networking and developing global connectivity. Twitter is a real-time resource which allows the user to review updates for practice (Waldrop, 2016), current research and literature acting as a discussion platform to highlight professional issues facing the Nursing profession today (Stephens, 2016). Twitter chats can be used to support revalidation activities (RCN, 2017) and sharing research findings on twitter can enhance the impact level for academics (Schnitzier, Davies, Ross and Harris, 2016).

It has been suggested that the use of Twitter in teaching and learning can be of benefit to students (Poore, 2016). Twitter can enhance the student experience through enabling the student voice (Sinclair et al, 2015), sharing crucial course information and in the interests of supporting both professional (Raso, 2010) and social development (Clifton & Mann 2010). In addition, it is perceived as a tool for engagement and an effective way to stimulate further learning, through discussions on challenging issues (Richardson et al, 2016) the enhancement of critiquing skills (Hibbert et al, 2017) and exploration of self. While evidence suggests that Nurses fail to engage due to professional fear (Farrelly, 2014, Davies, 2014), the educational use of social media is growing amongst academics as a powerful tool for teaching and learning (Tower, Latimer and Hewitt, 2014).

This small-scale study will consider the opinions of students and staff members to Social Media (SoMe) activities in the first module of the adult nursing curriculum. Results are presented in a visual piece of art as opposed to an article in order to support student engagement with results.

Intended learning outcomes

1. How did the students engage with the SoMe activities set?
2. How did the lecturers view the use of this type of activity in the teaching and learning of the module?
3. Did SoMe add value to in-class discussion topics?

Recommended reading list

1. Carrigan, M (2016) Social Media for Academics. London: Sage Publications.
2. Chinn, T (2015) 'Twitter triumph: connect, communication, and learn'. British Journal of Community Nursing. 20(5).
3. Richardson, J., Grose. J. N,. Nelmes, P., Parra. G., Linares, M. (2016) Tweet, if you want to be sustainable: a thematic analysis of a twitter chat to discuss sustainability in nurse's education. Journal of Advanced Nursing. 72(5)p. 1086-1096.

Biography

Nicole South is the Social Media Lead for the Canterbury Christ Church University, in addition to this position she is the module leader for the first module of the curriculum and Academic Coordinator for year 3. Nicole has been with the university for over 4 years and prior to this

has held various positions in both acute and community nursing settings.

Leadership in nursing education and professional development

2.2.1

A model for practice development within the care home environment

Beverley Herve, MA, PGDip HE, BSC(hons), RN, Sister/Practice Development Lead, St Johns Residential Home, Guernsey

Aim

To describe the key components of the practice development model and illustrate, through the use of scenarios how this can be implemented in practice.

Abstract

This paper will describe the key components of a model for practice development, utilized within a nursing home environment. It will evaluate how the principles of this model with its focus on person-centred care, core care values and continuous learning to promote cultural change and quality in care has been implemented and could be replicated in other care environments. Scenarios, relating to induction and ongoing professional development, incident management and the use of audit to promote quality improvement will be used to discuss the challenges in practice and illustrate how the model is implemented in the care home environment to promote quality improvement and cultural change.

Care home populations have changed over the last 5-10 years and now include people with severe frailty and multiple co-morbidities. The role of the registered nurse working within a care home environment is both diverse and complex and requires a skill set that includes well-developed leadership and communication skills as well as an in-depth knowledge of long-term conditions associated with ageing and increasing frailty.

The ultimate aim of practice development within this setting is to provide collaborative leadership to monitor and ensure improved outcomes in the care of the individual resident and for the care community as a whole. The model places the resident at the centre, surrounded by care values and takes into account the key components of practice development, which are leadership and accountability, quality improvement and measurement, training and development, maintaining a safe environment, evidence-based practice, teamwork and communication.

This presentation will illustrate how the role of practice development is to create optimal cultures and contexts to promote change and innovation, through enabling the care team as a whole to develop and maintain the relevant knowledge and skills to meet both the clinical needs of their residents and also the requirements for leadership and management in an increasingly complex care environment. Achieving this through facilitation, support and encouragement, collaboration, and joint working with practitioners in order to bring about transformation.

Intended learning outcomes

1. Describe the key components of a practice development model, developed for the care home environment
2. Discuss through the use of scenarios how the challenges and opportunities that the model presents can be managed
3. Evaluate how the principles of this model can be replicated in other care environments

Recommended reading list

1. Transition to Care Home Nursing (2018), Queens Nursing Institute.
2. Care Values Framework (2016) Health and Social Services, Guernsey
3. An Introduction to Excellence in Practice Development in Health and Social Care (2008) - McSherry, Warr

Biography

Beverley Herve qualified as a Registered General Nurse in 1984 and over the course of her career has worked in a number of roles within both hospital and community settings. These have included a clinical nurse specialist role, as a lecturer teaching on both pre-registration and post-registration courses, workforce planning facilitator and leading a Governance department through a period of challenge and change. She has been employed in her current role as a Sister and Practice Development Lead for over 2 years. During this this time she has developed practice development within the care home setting, using the model identified in the presentation.

2.2.2

Maximising Leadership Learning in the Pre-registration Healthcare Curricula

Patricia Owen, PhD, MPH, BSc, Cert Ed (FE), RN, SCPHN (HV), RNT, IHPE, Head of School, School of Nursing and Midwifery, Keele University

Adam Turner, Leadership OD and Talent Programme Lead, Health Education England | West Midlands Leadership Academy | St Chads Court | 213 Hagley Road | Edgbaston | Birmingham | B16 9RG

Clare Price Dowd, PhD, RN. Head of Evaluation and Patient Experience NHS Leadership Academy

Amanda Royston MSc, PGCE (HE) FCIPD Fellow HEA | Lead for Healthcare Workforce and Apprenticeship Development and Principal Lecturer: Leadership and Management in Health Office 221, Richard Crossman Building, Faculty of Health and Life Sciences, Coventry University

Aim

To outline the methods and co-produced guidance developed by a collaborative team of academics, practitioners and leaders in health education.

Abstract

Following calls post Francis (2013) to develop leadership skills, behaviour and knowledge in healthcare practitioners, a group of West Midland academics, supported by Health Education England (HEE), undertook a research study to identify what good leadership was and how it could be taught (HEE 2015). Building on this research, the group worked with a range of stakeholders to develop guidelines for education providers of pre-registration healthcare education, to maximise learning about leadership in the curricula. The guidance supported by HEE and the NHS leadership academy identifies a model for leadership learning. The model incorporates stages of leadership development and phases of delivery in the curriculum. The guidance has been mapped across a range of disciplines in health care including nursing and midwifery. The paper will outline the model, how it was co-produced and launched nationally (November 2018) and next steps in the project.

Intended learning outcomes

1. To discuss the model of maximising leadership learning in the pre-registration health care curricula.
2. To examine the co-production strategies for the development of the guidance for education providers
3. To explore 'next steps' in maximising leadership learning in relation to the launch of this guidance.

Recommended reading list

1. Health Education England. (2015). Understanding and Maximising Leadership in Pre-registration Healthcare Curricula: Research Report. [Online] https://hee.nhs.uk/sites/default/files/documents/Report%20-%20Maximising%20Leadership%20in%20Pre-Reg%20Curricula%20Research%202015_0.pdf.accessed 29.09.18

2. Francis R. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Volume 1. London: The Stationery Office, 2013.

Biography

Patricia's career has spanned over 35 years and she is currently Head of the School of Nursing and Midwifery at Keele University. Her research focuses on transitions in nursing and includes supporting newly qualified nurses; health visiting policy, resilience development and leadership in nursing. She is co-chair of the Graduate Entry Nursing International Network and lead for research and is a Trustee on the Board of the IHPE. With HEE and other partners, she has been involved in researching the teaching of leadership in the curricula and is the academic lead for a project developing guidelines for educators.

Workshop

2.3.1

Introduction to Writing for publication: the journal article

Karen Holland, Editor in Chief, Nurse Education in Practice journal (Elsevier) Oxford UK

Abstract

This Masterclass introduces the participants to the essentials of writing a journal article for publication in an academic peer reviewed journal. It is a journey of discovery.

Issues to be explored will be considered from these three stages:

(i) Getting started on the writing 'journey' (Part 1: Before putting pen to paper).

(ii) Continuing the writing 'journey' (Part 2: Writing the paper).

(iii) Completing the first 'journey' (Part 3: Reviewer feedback and Revision).

This session, although entitled "An Introduction" also offers experienced authors an opportunity to update themselves on new developments in publishing and authorship issues.

Intended learning outcomes

1. Identify unethical practices in writing for publication and how to avoid
2. Identify the main stages of writing an article for different author guidelines
3. Explain to a colleague the role of peer review and importance of author feedback

Recommended reading list

1. Holland K 2018 Ethical writing and publishing: Raising awareness for education and a shared responsibility for the future , Nurse Education in Practice, Volume 32, September 2018, Pages a1-a3
2. Holland K & Watson R 2012 Writing for Publication in Nursing and Healthcare: Getting it Right. Wiley-Blackwell , Oxford

Biography

Karen Holland is Editor in Chief of Nurse Education in Practice. She has written and published both articles and book chapters, as well as edited and co -edited a number of textbooks for

nurses. Two of these are in their 3rd Edition and both have been translated into Japanese. Another co-edited book on Writing for Publication has been translated into Russian in 2018. She has extensive experience in curriculum development and leadership at all academic levels and her main interests are in practice education and learning, cultural awareness and health care, and anthropology in nursing.

Learning, teaching and assessment

2.4.1

Using simulated patients as a learning strategy to support the development of patient teaching skills in an undergraduate nursing curriculum: A formative evaluation.

Dr Deborah Coleman, DNP, Msc in Nursing, PGCE, BSc (Hons) in Health Studies, RGN, Specialist Practitioner (District Nursing), Lecturer (Education), Queen's University, Belfast

Aim

The aim of this study was to formatively evaluate a simulated role play scenario facilitated with third year nursing students' to support the development of patient teaching skills.

Abstract

Background

A global increase in long term conditions has necessitated a greater focus on providing nurse led educational interventions to facilitate knowledge and skill development to enable patients to learn self-management strategies to control their condition (WHO, 2016).

However, Friberg et al (2012) argued that patient education is often taken for granted, and Richard et al (2018) suggested that nurses sometimes believe that their undergraduate training does not prepare them to engage in effective patient teaching.

Aim

The aim of this study was to formatively evaluate a simulated role play scenario facilitated with third year nursing students' to support the development of patient teaching skills.

Methodology

This study used a combination of two approaches to simulation by using high-fidelity and low fidelity simulation scenarios sequentially. This enabled the students (n=20) to apply communication strategies learnt to both a skill based procedural situation and then in a patient teaching simulation. In the first scenario, a high-fidelity manikin was used to simulate an acutely ill patient. In the second scenario a standardised patient was used to simulate the same patient following recovery. It was thought this would allow for increased interaction during the patient teaching session and enable the standardised patient to demonstrate the skill they had been taught. The format of this scenario was similar to the high fidelity problem solving scenarios and was peer-reviewed by the SIM team. A five-item proforma with four open questions and one closed question was used for formative evaluation.

Results

Results indicated that simulation using standardised patients to practice patient teaching skills was perceived by the students

to be a valuable method of learning which they could transfer to clinical practice.

Conclusion

Findings suggested that facilitating learning with a simulated patient is particularly useful in replicating more authentic verbal and practical interactions with a patient. Further research is needed with larger sample sizes, incorporating students from other fields, and with a variety of patient education scenarios.

Intended learning outcomes

1. At the end of the simulated patient teaching scenario students will be able to discuss the need to assess the patient's prior knowledge and learning needs
2. At the end of the simulated patient teaching scenario students will be able to discuss the use of explanation and demonstration skills
3. At the end of the simulated patient teaching scenario students will be able to discuss the use of teach back and the importance of providing written information.

Recommended reading list

1. Nestel, D., Morrison, T and Pritchard, S. (2014) Simulated patient methodology. In Nestel, D., Bearman, M. (Eds), Simulated Patient Methodology: Theory and Practice. Chichester: John Wiley and Sons.
2. Richard, E., Evans, T and Williams, B. (2018) Nursing students' perceptions of preparation to engage in patient education. Nurse Education in Practice 28 1-6.
3. Shin, S., Park, JH, Kim, JH. (2015) Effectiveness of patient simulation in nursing education: meta-analysis. Nurse Education Today 35 (1) 176-182

Biography

Deborah is a lecturer (Education) in the School of Nursing and Midwifery at Queen's University, Belfast. She is a co-ordinator for the year 2 Care Delivery module in the undergraduate programme and is Pathway Leader for the BSc (Hons) /Post Graduate Diploma in Nursing Care of the Older Person. She is a Registered Nurse and Specialist Practitioner (District Nursing), having previously worked in practice as a member of a multi-disciplinary team, to meet the complex health and social needs of older people living at home.

2.4.2

An electronic marking pilot project. The results of a 12 month evaluation.

Dr Rebekah Hill, RN PhD, Lecturer, University of East Anglia

Aim

To advance excellence in the assessment of written assignments within nurse education

Abstract

Background:

Understanding that the assessment of students work has a significant impact on students learning, but also that assessment feedback has the greatest influence on student achievement, developed our aspiration to enhance assessment practices within the school.

We embarked on an electronic marking pilot project within the school. We aimed to advance the consistency, legibility and quality of feedback; increase the transparency of assessment criteria and enhance the student experience of submitting and receiving feedback.

Methods:

Ten modules were selected to participate in the electronic marking project; chosen to reflect a range of health science programmes, levels and both pre and post registration studies. A 12 month pilot project has been undertaken. Written assignments for summative assessment were submitted and marked electronically, using a rubric to display the marking criteria and specific assignment outcomes. The pilot has been rigorously evaluated by considering student achievement data and both student and staff experience.

Findings:

Findings from the pilot project will be shared. Students and staff found the experience of the electronic marking project positive. Students appreciated the ease of submission and how the feedback better enabled them to understand how marks were reached, why comments were made and how to improve their work subsequently. Whilst lecturing staff felt electronic marking better enabled them to provide constructive comments and feed forward advice. The use of a rubric was simple to use, flexible and better reflected the process with which marks were awarded to be objective.

Conclusion:

We conclude the use of a rubric provides transparently of assessment criteria and how the mark is generated; it increases students familiarity with the assessment criteria and it allows students to better assess their own academic strengthens and weaknesses. Consistent with the recommendations of Race (2007), the use of electronic marking with a rubric provides important visibility and clarity of assessment criteria. The electronic marking project has made a contribution to knowledge, transforming assessment practice and improving student experience; advancing the assessment strategy within the school.

Intended learning outcomes

1. To demonstrate how electronic marking can enhance students understanding of feedback
2. To discuss the use of a rubric increases transparency of marking criteria and the ability to improve subsequent submissions
3. To summarise how electronic marking increases student and academic staff satisfaction with marking

Recommended reading list

1. Boud, D. Falchikov, N.2008. Rethinking assessment in higher education. Routledge. London
2. Race, P. 2007 The Lecturers Toolkit. Routledge. London
3. Gibbs, G. 2010 Using assessment to support student leaning. UEA

Biography

Rebekah presently works as a Lecturer within the School of Health Sciences, University of East Anglia. Her role involves both undergraduate and post graduate teaching across a range of professions; student supervision, clinical link work, module organisation as well as being the Course Directors for the Acute Critical and Emergency Care BSc pathway. Rebekah is the Assessment Lead for the School of Health Science. She also currently works across all professions as an Advanced Life Support Instructor, as part of the faculty in the recognition and treatment of critical illness courses and clinically within medical nursing fields.

Partnership working and collaboration

2.5.1

Improving Partnership Working and Community Engagement: Using Forum Nursing Simulation As A Means to Improving Risk Assessment in Honour Based Violence Cases

Diana De, RN Dip HE, BSc (Hons), PGCEd, MSc, SF HEA, Senior Lecturer Adult Nursing, Cardiff University

Michelle Mosely, Lecturer, Undergraduate Education Lead, PhD student, Cardiff University

Kate Phillips, Lecturer in Primary Care & Public Health Nursing, Student Rep Co-ordinator, Cardiff University

Joanne Owen, Senior Simulation and Teaching Assistant, Cardiff University

Aim

To raise awareness of honour based violence

Abstract

Our population demographics are everchanging. Yet, in order for healthcare students to develop cultural awareness and effectively meet the specific needs of patients from diverse ethnic and racial backgrounds, we as nurse educators need to ensure they are better equipped. Starr et al (2011) however, highlighted the multiplexity of cultural barriers and the various tiers where misunderstandings could occur.

Thus, to master the principles of culturally competent care, 'forum theatre' using actors, costume, props and realistically applied moulage was an effective educational tool that was sensitively customized to mimic a family's own cultural values, beliefs, traditions, practices, and lifestyles (Boal, 2008). The authors based their simulated activity on literature reviewed by Ozkara San (2015), which revealed how the use of simulation could support cultural competency in nursing care by providing a safe environment to conduct a cultural assessment, elicit students' attitudes toward cross-cultural situations, improve communication and promote critical thinking. Students had previously attended a blended learning session exploring the concept of culture which introduced them to the ideas behind cultural safety (De and Richardson, 2015).

Prior to entering the simulated scene, where an inexperienced health visitor was attending to a new mother and her domineering mother-in law, the SCPHN students were simply briefed with family structure outline and given a

short background pertaining to the case study. The students were also signposted to the Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Identification Checklist (DASHHBV).

Student skills we desired to develop were cross-cultural barriers to interviewing, injury exploration, escalating safeguarding information and ultimately, developing self-awareness of personal vulnerability. Re-enactment encouraged peer support, group discussion and allowed a number of students to step into leading the role of the health visitor. Important debriefing allowed characters to divorce from their roles and explore further how best to remove those vulnerable from the scenario. This led to students identifying a need for a honour based multi-agency approach (MARAC) to establish a designated agency to then action a safety plan. Free text comments were extremely positive and pertained to innovation, increased confidence, awareness of individual roles, responsibilities and a multi-agency approach.

Intended learning outcomes

1. To showcase a culturally sensitive simulated activity (using actors and moulage) that was implemented and positively evaluated by Specialist Community Public Health Nursing (SCPHN) students.
2. To introduce the idea of 'cultural safety' when implementing risk identification related to safeguarding to better recognise the signs of violence against victims.

3. To raise awareness of escalation processes by signposting attendees to the appropriate services and legislation available to them.

Recommended reading list

1. Ozkara San, E (2015) using Clinical Simulation to Enhance Culturally Competent Nursing Care: A Review of the Literature Clinical Simulation in Nursing 11 (4) 228-243
2. De, D and Richardson J (2015) Ensuring Cultural Safety in Nurse Education Nursing Times 111 (39) 17-1
3. Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 "

Biography

Diana has worked in higher education for the last fifteen years, is a senior fellow of The Higher Education Academy and has been a quality assurance reviewer for the Nursing and Midwifery Council. During this period, changes in population demographics and strategic developments within the University sector has seen a significant rise in the need for Diana's speciality teaching and learning subjects; enhancing inclusivity and culture based care, pedagogy supporting international students, increasing vigilance of modern day slavery in the undergraduate nursing curriculum and enhancing awareness of haemoglobinopathies as a global public health issue across all the nursing pathways.

Michelle has worked within the School of Healthcare Sciences, at Cardiff University for the last five years. Her background is in

children's nursing, health visiting and safeguarding children and young people. She has more recently been programme manager of the Specialist Community Public Health Nursing (SCPHN) programme and is currently Undergraduate education lead. Michelle as recently published within the Community Practitioner and Journal of Health Visiting and is Wales Chair on the Community Practitioner and Health Visitor association (CPHVA) executive committee. Michelle's PhD focuses on the role of health visitors in vulnerable areas, safeguarding supervision and its effectiveness.

Kate has worked at Cardiff University, within the School of Healthcare Sciences for the last three years. She is a registered nurse in both Children's and Adult nursing, but has spent the majority of her professional career as a Health Visitor (HV) and Practice Teacher. Kate works as a member of the lecturing team for the Specialist Community Public Health nursing programme, and teaches subjects related to contemporary HV practice, public health and safeguarding. Kate is also the Student rep co-ordinator for the School of Healthcare Sciences and has recently been awarded an enriching student life award.

Joanne has worked at Cardiff University, within the School of Healthcare Sciences for the last four years. She previously worked as a Health Care Support Worker for Aneurin Bevan Health Board and now runs the Simulation Suite, catering for all the clinical skills needs all the nursing and allied health programmes within the School. Moulage has supplemented mock scenarios and its inclusion has enhanced the realism of simulation based

activities. Joanne regularly gets to showcase her moulage skills at open events and practices her acting skills when assisting with OSCE Examinations. This is Jo's first time as a co-presenter.

2.5.2

Evaluating the Introduction of a Wellness and Recovery Action Plan (WRAP) Training Programme for Undergraduate Mental Health Nursing Students in Ireland

Dr Andrew Hunter, PhD, MSc, RMN Dip CBT, Lecturer, National University of Ireland, Galway

Dr. Louise Murphy, Lecturer, University of Limerick

Aim

Evaluation of the co-delivery of WRAP training to (n=220) 2nd, 3rd and 4th year undergraduate MH nursing students in two Irish 3rd level institutions.

Abstract

Background: A limited but growing body of evidence suggesting that education in the philosophy and principles of recovery can support recovery-oriented mental health care provision. Wellness Recovery Action Planning (WRAP) training is a service user co-created and delivered approach. In spite of the policy emphasis on co-creating new ways of working there are currently no WRAP educational training programmes being delivered to undergraduate mental health nursing students in Ireland.

Objective: To evaluate the co-delivery of WRAP training to (n=220) 2nd, 3rd and 4th year undergraduate MH nursing students in two Irish 3rd level institutions.

Methodology: A longitudinal mixed methods study utilising online questionnaire and focus group interviews will evaluate participants experience of a 2 day WRAP course and measure any change in their recovery knowledge and attitude. All participants will complete an online recovery knowledge inventory questionnaire along with a demographic questionnaire. 6 focus groups (6-8 participants per group) will also be undertaken with participating students from each year.

Results: Questionnaire data will be analysed using SPSS. Descriptive statistics will be applied to the demographic data and the scores of the knowledge inventory questionnaire. The focus groups will be audio-recorded and transcribed. Field notes on the group interactions and processes will also be transcribed. Thematic analysis and coding of the qualitative data from the focus groups will be managed using NVivo.

Conclusions: Preliminary findings indicate that Participants are positive about the experience of WRAP training and do experience positive changes in attitude and knowledge post participation. Recommendations are that such training is made more widely available and that long term evacuation of the impact of such training on mental health nursing practice and patient care/outcomes is undertaken.

Intended learning outcomes

1. To present the principles and provide understanding of The Wellness Recovery Action Planning (WRAP) ethos.
2. Present the research findings and the evidence for the applicability of WRAP to mental health nursing education.
3. Consider the value of co-producing recovery education and potential impact on mental health nursing practice and patient outcomes.

Recommended reading list

1. Cook, et al (2010). Developing the evidence base for peer-led services: Changes among participants following Wellness Recovery Action Planning (WRAP) education in two stateside initiatives. Psychiatric Rehabilitation Journal, 34(2), 113-120.
2. Higgins et al 2010 Recovery and WRAP Evaluation Report
3. Department of Health (2012). A Vision for Psychiatric/Mental Health Nursing. The Stationery Office, Dublin

Biography

Dr Hunter has a background in mental health nursing where he worked in a range of clinical settings, delivering CBT and IPT. His overarching research interest is in psychosocial interventions use in mental health care. He has expertise in qualitative research methodologies, specifically grounded theory and the application of these approaches within clinical trials. He is co-chair of The Qualitative Research in Trials (QUESTS) Centre. The QUESTS Centre has been established promote high quality qualitative research in trials, undertakes primary research of same and provide

education on the use of qualitative research and trials.

Dr. Murphy is a lecturer in the School of Nursing and Midwifery, University of Limerick. She has specific expertise in mixed methods research and quantitative research methodologies. Her research interests include psycho-oncology, breast cancer and wellness and recovery action planning. She has collaborated on research grant applications both nationally and internationally.

Dr Louise Murphy, Lecturer in Mental Health Nursing, University of Limerick

Learning, teaching and assessment

2.6.1

Advancing innovation, civic engagement and dissemination of student-created health promotion resources in pre-registration nurse education

Dr Bernie Reid, PhD MSc. PgCertTHE BSc.(Hons) RGN RM RPHN FHEA, Lecturer in Nursing, Ulster University

Oonagh Carson, MSc RN, Lecturer in Nursing, Ulster University

Breeda Henderson, Nursing Student, Ulster University

Eamonn Curran, Nursing Student, Ulster University

Cheryl Tierney, Nursing Student, Ulster University

Aim

To evaluate the perspectives of students and educators on the learning and teaching approaches that facilitated the development of health promotion resources, and to establish the steps taken towards generating impact for enhancing population health

Abstract

Pedagogic theory supports the engagement of students in active learning in Higher Education (Stefanou et al., 2013; Kolb, 2014). In response to global, workforce and technological demands, there is an increasing trend to underpin nurse education with innovative pedagogies to foster learning experiences that are both stimulating and student-centred (Murphy et al., 2011). It is also important that the curriculum is sufficiently flexible to embrace creativity (Boore and Deeny, 2012). Clarke (2012) suggests that innovation within nurse education is not just about inventing new objects, but is also about the development of new processes and approaches to existing ways of working. Engagement with students in new and exciting educational opportunities has the potential to enhance motivation and ultimately to impact positively on health care quality.

Underpinned by pedagogic theory and the embrace of creativity in pre-registration nursing curricula, students (n = 236) self-allocated to a total of 20 teams. Facilitating innovation, civic engagement and dissemination occurred in three phases:

1. Student-led workshops supported the development of health promotion resources with student teams engaging with relevant local/regional groups and organisations to identify public health priorities, to seek advice about required and appropriate resources, and to obtain feedback during the process resource development.

2. Student teams exhibited and presented their resources at the Annual Student Exhibition. The quality of the resources and presentations were appraised by an independent expert adjudication panel.

3. Student teams prepared a paper for publication detailing the rationale and process of resource development. Papers were developed using communication technologies. Writing for publication offered students a valuable opportunity whereby their knowledge, skills and creativity relating to health promotion may be communicated to a wider global community of nurses/healthcare professionals. Importantly, this phase consolidated the identity of pre-registration nursing students as making a real and tangible difference to health promotion in Northern Ireland and beyond.

A descriptive evaluation approach was utilised with data collection comprising of 1) student module evaluations, 2) adjudication panel appraisal and feedback, 3) regional interest in uptake of the health promotion resources and 'spin off' initiatives, and 4) quality of the student team papers for publications.

Intended learning outcomes

1. To analyse student feedback in evaluations of learning and teaching with respect to innovation, civic engagement and dissemination
2. To ascertain regional interest in student-developed health promotion resources and the

preliminary steps taken towards impact

3. To ascertain the quality of the student team parers for publication

Recommended reading list

1. Stefanou, C., Stolk, J. D., Prince, M., Chen, J.C., Lord, S.M., (2013) Self-regulation and autonomy in problem- and project-based learning environments. Active Learning in Higher Education 14 (2), 109-122.
2. Clarke, E., (2012) Innovation and its contribution to the scholarship of learning and teaching. Nurse Education Today, 32(7), 729–731.
3. Carson, O.M., Laird, E.A., Reid, B., Deeny, P.G., McGarvey, H.E., (2018) Enhancing teamwork using a creativity-focussed learning intervention for undergraduate nursing students - A pilot study. Nurse Education in Practice (30); 20-26. Available online at: https://doi.org/10.1016/j.nepr.2018.02.008

Biography

Carson, O.M., Laird, E.A., Reid, B., Deeny, P.G., McGarvey, H.E., (2018) Enhancing teamwork using a creativity-focussed learning intervention for undergraduate nursing students - A pilot study. Nurse Education in Practice (30); 20-26. Available online at: https://doi.org/10.1016/j.nepr.2018.02.008

Bernie Reid is a registered nurse, midwife and public health nurse. She has worked as a Lecturer in Midwifery at the University of Dundee and more recently as a Lecturer in Nursing at Ulster University. Her research interests and publications relate to topics including public health, women's health, choice experiments, qualitative meta-synthesis, antenatal screening, public health and ethnic minorities. She is currently Associate Course Director for Pre-registration Adult Nursing at Ulster University and continues her nursing practice caring for children with complex needs in community settings.

2.6.2

Our Journey to becoming a Dementia-friendly Campus

Rebecca Dowle, RGN, BSc. PGtCE, FHEA Tutor in Nursing College of Human and Health Science, Swansea University

Lisa Matthews, RN, BSc, PGDip, PGtCE, Lecturer in Nursing, College of Human and Health Science, Swansea University

Aim

To share our experience and encourage others to become dementia-friendly communities.

Abstract

With approximately 850,000 people living with dementia in the UK (Royal College of Nursing (RCN), 2018b) it is apparent that there is a need to ensure that the understanding required is available. Dementia-friendly Communities are being established across the country but, as yet, there are no registered Dementia-friendly university campuses in Wales (Alzheimer's Society, 2018b). As Dementia Champions myself, and my colleague Lisa Matthews, initiated the process to enable the St. David's Park Campus of Swansea University to become a BSI Kite-Marked Dementia-friendly Community; this process will take 3 years and the Kite-mark will be an assurance of quality. The poster which we have created depicts our journey so far; our motivation, the application process, the steps we have taken and the impact on our pre-registration and post registration nurses, the staff and the service users that visit the campus. We have determined to share our innovation with other educators and nurses in the hope of contributing to the Dementia Friends Campaign (Alzheimer's Society, 2018a). Dementia is found in all aspects of the nursing field and touches many people's lives, if small changes can be made to enhance the lives of people living with dementia then we have made a difference. Working in collaboration with the staff of the Alzheimer's Society has helped to generate ideas to develop the staff and the environment of the campus. Our innovation goes beyond the campus though, in-line with the RCN's (2018a) commitment to improve dementia care, the nurses we train and develop are taking the Dementia Friends message into the hospitals and into patients' homes. By working together, we have been able to offer every student nurse and post-graduate nurse attending the campus the opportunity to become a Dementia Friend and sessions are also open to the public to attend.

References

Alzheimer's Society. (2018a). Dementia-friendly Communities. Retrieved from Alzheimer's Society: https://www.alzheimers.org.uk/get-involved/dementia-friendly-communities

Alzheimer's Society. (2018b). List of Dementia Friendly

Communities. Retrieved from Dementia Friends:
https://www.dementiafriends.org.uk/WebArticle?page=dfc-public-listing#.W4Alpc5KjIW

Royal College of Nursing. (2018a). Dementia: Our work. Retrieved from Royal College of Nursing:
https://www.rcn.org.uk/clinical-topics/dementia/current-work

Royal College of Nursing. (2018b). Understanding Dementia. Retrieved from Royal College of Nursing:
https://www.rcn.org.uk/clinical-topics/dementia/understanding-dementia

Intended learning outcomes

1. That other institutions will understand how to create their own Dementia-friendly Communities
2. Other educators will realise the potential to impact on practice by becoming a Dementia-friendly Community.

Recommended reading list

1. Dementia-friendly Communities. Retrieved from Alzheimer's Society: https://www.alzheimers.org.uk/get-involved/dementia-friendly-communities
2. Understanding Dementia. Retrieved from Royal College of Nursing: https://www.rcn.org.uk/clinical-topics/dementia/understanding-dementia

Biography

Rebecca Dowle is a Clinical Skills Tutor working for Swansea University since 2017. Prior to moving into academia Rebecca had a varied career based in Elderly Care and Community but spent the last 14 years of her clinical practice as a Recovery Nurse. With a passion for mentoring and teaching students becoming an academic was a natural progression. Rebecca is a Dementia Friends Champion and also has an interest in Simulation, Leadership and Peri-operative practice. Rebecca teaches both pre and post-registration nursing students.

Following a career in renal medicine, specialising in dialysis and transplantation Lisa moved into education as a Practice Development Nurse and as a service improvement facilitator for the Productive Ward with the NHS Institute for Improvement and Innovation. This was followed by two years as a Medicines Management Lead for GSTT. After relocating to Wales, in 2016 Lisa joined Swansea University as a Clinical Skills Lecturer for pre and post-registration nurses. Presently conducting a small scale study related to the impact on student confidence related to clinical skills education, Lisa is also proud to be a Dementia Friends Champion.

The student experience

3.1.1

Leadership in nursing education: the positive impact of the unique role of Clinical Education Nurses in a hospice setting.

Nikki Walton, BSc (Hons.) Nursing, RN, Clinical Education Nurse, St Oswald's Hospice

Chris Jackson, Clinical Education Nurse, St Oswald's Hospice

Aim

See abstract for more information

Abstract

Challenge

Hospices need to keep abreast of changes in legislation, education and practice. To ensure St Oswald's Hospice has the highest quality standards and continues to provide outstanding care, we need to spend time researching new changes and reacting quickly to implement these.

Solution

Within St Oswald's Hospice Learning and Development team we have two Clinical Education Nurses (CENs).

In a growing organisation, the CEN's support training and education of all clinical and non-clinical staff and volunteers to ensure we continue to deliver outstanding care and can react to any changes in practice with urgency and priority.

Impact/benefit

The CEN's:

- Have specialist clinical palliative care knowledge to support other colleagues. They both have over 10 years' experience working in palliative care.
- Are invested in rather than paying for external bodies to deliver certain training. This increases quality standards and saves money.
- Formalise standards and ensure we have excellence in practice across the organisation.
- To date, have supported 61 staff through revalidation. Because of the tailored training and support, only one nurse decided not to continue with revalidation.
- Have formalised the role of Link Practitioners. They support our specialist staff to develop expertise in particular areas of clinical practice. By facilitating time away from clinical practice, we are encouraging people of all levels to motivate and inspire staff to enhance their skill set.
- Encourage competence in different areas of clinical practice. We are growing areas of expertise so that patients can stay on site for treatment that could previously only been accessed in another setting.
- Support specialist roles e.g. we have specialist dementia, Lymphoedema, dietitian staff.

The future

The CEN's are mapping current palliative care training in the hospice and looking at what we can do in the future to continue to develop staff and volunteers to deliver outstanding care.

We are exploring how we can deliver our specialist palliative care training in to the wider community to raise quality standards across palliative and EOL care. We are developing students' understanding of palliative care, hoping that by increasing their interest in the field will impact positively on future recruitment.

Intended learning outcomes

1. Define the role of the Clinical Education Nurse in the hospice setting
2. Illustrate the benefits of the role to the organisation and its staff
3. Explore the benefits of the role, in relation to improved patient care

Recommended reading list

1. "One Chance to Get it Right" (2014) Leadership Alliance for the Care of Dying People
2. "Ambitions for Palliative and End of Life Care: A National Framework for Local Action 2015-2020" (2015) National Palliative and End of Life Care Partnership
3. "Common Core Principles and Competences for Social

Care and Health Workers Working with Adults at the End of Life" (2014) Skills for Care & Skills for Health

Biography

Nikki graduated in 2000 with a BSc (Hons.) Nursing and worked in oncology for 5 years. She also completed her Oncology Nursing Award. Following a move to Newcastle-upon-Tyne, she transferred to palliative care and developed a wide breadth of experience. Her work with a diverse patient group at a crucial time of their life was incredibly rewarding. Nikki moved into clinical education in 2015 and works in a busy and sometimes challenging department. She now delivers a wide range of training and staff support and is passionate about education, recognising the correlation with excellent standards of specialist care.

Chris qualified at Newcastle General Hospital in 1978 as an Enrolled Nurse and worked in the field of Cardio Thoracic surgical nursing for 8 years. Chris converted to a Registered Sick Children's Nurse and specialised in Paediatric Intensive Care and Anaesthetics of Neonates within the Newcastle NHS Trust. In 1992 Chris moved into Children's Community Nursing for 15 years which proved invaluable experience for her post at St Oswald's Hospice Children and Young Adult Unit as Staff Nurse in 2004 and then Team leader 2009. Chris moved into Clinical Education at St Oswald's in 2016 where she completed a BTEC Award level 3 in Teaching and Education. This has helped her deliver a wide range of training to staff in a safe supportive learning environment to promote holistic clinical care

within a specialist palliative care organisation.

3.1.2

Perceptions and use of a Web-based Interactive Learning Resource in a Part-Time, Blended Learning Non-Medical Prescribing Programme

Dr Deborah Robertson, RGN, BSc (hons), PhD, PDGE, Lecturer, University of Salford

Aim

To elicit students views and use of an online learning resource and present findings of a multi-site study

Abstract

The Non-Medical Prescribing (NMP) Programme is a 4-6 month blended learning course leading to a recordable qualification allowing appropriate healthcare professionals to prescribe medication. Delivery of subject materials is by a regionally developed web-based resource with consolidation of learning and evaluation of key areas in the classroom based sessions. The poster will outline the perceptions and use of this unique collaborative resource. The presentation of data from a study evaluating user perception of the web resource will form the main theme, along with discussion around pedagogical merits of this learning format in the target student group and potential for extending to other areas of healthcare education.

The current environment for delivery of healthcare education is fluid with many

drivers in commissioning of education stemming from changes begun in April 2013 (Department of Health 2013).Pressures on funding sources and release from service issues are often cited as barriers to clinical and professional education. This has resulted in many universities offering a more flexible approach to study, often using technology to enhance learning. NMP education has followed a blended learning approach in the North West of England since 2005. The intention was to standardise NMP education across the region, promote flexibility in delivery and improve student engagement. The collaboration of the universities proved to be innovative and unique in its intent to provide the resource.

The web resource went live in academic year 2012/2013. A formal evaluation of this resource with one university cohort of students was conducted using a mixed methods approach. The outcomes of this were the platform for this multi-site regional evaluation in 2017/18 academic year.

Quantitative data gathered around demographic information was analysed using descriptive statistics to create a profile of respondents. Qualitative date around the ease of use, flexibility of study method and perceptions of the resource was analysed in a thematic manner based on Braun & Clarke (2006) with the phenomenon being the perceptions of usefulness of the web based resource. This framework was used to identify patterns in the qualitative data which may be attributed to a particular

demographic group to understand the lived experience.

Intended learning outcomes

1. To elicit a deeper understanding of the pedagogical challenges in delivery of technology enhance learning to a diverse interprofessional group
2. To give a critical analysis of factors influencing part time students accessing of technology enhanced learning
3. To allow insight into how students prioritise the use of technology enhance learning within a blended programme

Recommended reading list

1. Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. Qualitative Research in Psychology, 3 (2). pp. 77-101. ISSN 1478-0887 Online publication retrieved from https://www.tandfonline.com/doi/abs/10.1191/1478088706qp063oa
2. Department of Health 2013., The Health and Care System Explained retrieved from https://www.gov.uk/government/publications/the-health-and-care-system-explained/the-health-and-care-system-explained

Biography

Dr Robertson is an RGN qualified in 1992. Her nursing experience was in neurosurgery, intensive care, head injury and stroke. She holds a 1st Class Honours Degree and PhD in Pharmacology and has been working in higher education for 16 years.

The consultant editor of Nurse Prescribing Journal she publishes and speaks at National level on NMP. She is co-author of 'Essentials of Pharmacology for Nurses' and sole author of 'Essentials of Medicines Management for Mental Health Nurses' and has published chapters in other textbooks.

Currently she is a lecturer in adult nursing at the University of Salford.

Leadership in nursing education and professional development

3.2.1

A Service Evaluation Report: Developing simulation within the Leadership in Adult Nursing Module.

Gina Ellis, RN, ENP, BSc (Hons), PGDip HE, Senior Lecturer, University of the West of England

Angela Young, RN, RNT, BSc (Hons), DN, PGDipHE, MSc Leadership and Management, Senior Lecturer, University of the West of England

Aim

To discover the impact of using simulation within an Adult nursing pre-registration year 3 leadership module, to enhance learning and bridge the theory practice gap. Clinical leadership and decision making are core requirements for nurses however, the theories that underpin these concepts often appear abstract and disconnected from practice. Newly qualified nurses need to be prepared to undertake this role in practice and developing confidence within this area in year 3 can help in their transition from student to qualified nurse. This paper offers some evidence as to the impact of using simulation in developing clinical leadership and decision making attributes in pre-registration Adult nursing students in preparation for their new role.

Abstract

A service evaluation which assessed the impact of introducing a simulation experience for students within the leadership module was identified as worthy of investigation. To explore the impact of the simulation event on student learning with regard to clinical leadership and determine how further opportunities can be developed in the future two main evaluation questions were developed:

1.   Does simulation, as a pedagogy, impact on student learning in relation to leadership and clinical decision making?

2.   Does simulation develop the students' confidence regarding transition from student to qualified nurse?

The service evaluation was undertaken using a qualitative approach and data collected utilising pre and post simulation questionnaires and individual participant interviews.

A multi-disciplinary major incident simulation was utilised and two groups of third year nursing students (n=18), on the leadership module, volunteered to participate in

the study. Data was collected from the participants before and after the event and the resulting thematic analysis and evaluation concluded that simulation within the leadership module was perceived to be a valuable method of learning. This was consistent with previous studies which identified that; simulation was seen as positive and a safe alternative environment to practice clinical leadership skills (Cant & Cooper 2009).

The simulation enabled students to use their leadership and decision making skills. Furthermore, the participants believed that working with other disciplines within the simulation enhanced their understanding of multi-professional working within the healthcare environment. This learning should therefore positively impact on nursing student's confidence approaching transition to registered nurses.

This evaluation supports the view that simulation can enhance the development of core professional attributes, such as leadership as well as clinical skills in nurse education and should be utilised more widely throughout pre-registration nursing programmes. Introduction of the new NMC education standards in 2019 presents educators with an opportunity to develop curricula that reflects this pedagogical approach. Furthermore, with the introduction of the nursing associate role changing the makeup of the nursing team, a future challenge for new registrants will be ensuring they have the skills to lead the future nursing team.

Intended learning outcomes

1. Further development of simulation to enhance clinical leadership and co-ordination within the new pre-registration nursing curriculum
2. Preparation and debriefing of students to be included as part of the simulation event using appropriately skilled facilitators.
3. Development of multi-professional simulation events within the new curriculum, to include nursing associates.

Recommended reading list

1. Bliss, M. and Aitken, L.M. (2017) Does simulation enhance nurses' ability to assess deteriorating patients? Nursing Education in Practice [online]. 28 (1), pp. 20-26.
2. Gamble, A.S (2017) Simulation in undergraduate paediatric nursing curriculum: Evaluation of a complex 'ward for a day' education program. Nurse Education in Practice. Vol. 23, pp. 40 – 47.
3. Thomas, C.M., & Mraz, M.A. (2017) Exploration into how simulation can effect new graduate transition. Clinical Simulation in Nursing. Accessed from: https://doi.org/10.1016/j.ecns.2017.05.013.

Biography

Lead Submitter: Mrs Gina Ellis

Author: Gina Ellis & Angela Young

Gina is currently Senior Lecturer in Adult Nursing at the University of the West of England. She is a Registered Nurse since 1995, with a wide range of experience working in acute and community practice, within NHS, social enterprise and charitable organisations. Leadership experience has been as an ED team leader, an autonomous ENP, continuing into a clinical education role and then a Matron in a community hospital before a move into higher education in 2016.

Currently co-module leader for the pre-registration leadership module, and teach across the undergraduate and postgraduate nursing programmes. Focus now is developing leadership skills using simulation in line with the NMC (2018) Pre-Registration Education Standards.

Angela qualified as a nurse in 1989 and have extensive experience of leadership in both acute and community organisations as a ward and unit manager and District Nurse team leader. Worked for WDC and PCT as a Practice Education Facilitator and became lead for clinical development, pre-registration nursing and preceptorship before a move into higher education in 2014. Currently co-module leader for the pre-registration leadership module, and teach across the undergraduate nursing programme. Contribute to the development and teaching on a range CPD modules including District Nursing Specialist Practice with a focus on leadership, management and practice education.

3.2.2

Development of a framework to embed equality and diversity within undergraduate nursing and midwifery programmes.

Gail Anderson, RN, RM, MSc, PGCHE, School of Nursing and Midwifery, Midwifery Lecturer (Education), Queen's University, Belfast

Deborah Coleman, DNP, MSc in Nursing, PGCE, BSc (Hons) in Health Studies, RGN, Specialist Practitioner (District Nursing), Lecturer Education, Queen's University, Belfast

Olinda Stantin, BSC, MSC, PGCHET, and PhD, Lecturer Supportive Cancer Care, Queen's University Belfast

Aim

Develop a framework that embeds equality and diversity within undergraduate nursing and midwifery programmes.

Abstract

Background: Whilst equality and diversity (ED) may be considered inherent within the concept of professionalism, educators have a duty to ensure that nursing and midwifery students are educated and inspired in an environment that nurtures and promotes ED. Consideration of ED should be paramount within undergraduate programmes of education that support the development of skills and knowledge to provide individualised care, whilst also reflecting respect and equality, for those undertaking education and practice learning. In response to the increasing need to ensure that ED is embedded in all aspects of nursing and midwifery education a project was initiated that aimed to co-design a framework which enables reflection of ED throughout the student journey.

Aim: Develop a framework that embeds equality and diversity within undergraduate nursing and midwifery programmes.

Methods: Four focus groups with current and previous Leads in ED, Midwifery Lead and Lead for Internationalisation were convened. Discussions focused on previous experience of ED practice, strengths, weaknesses and current gaps in ED provision. Discussions were recorded and thematically analysed to identify essential components of an ED framework. Information gathered was used to develop draft content and structure of an ED framework.

A two hour workshop was subsequently held to gather wider stakeholder views. This allowed the group to share and learn from each other's' perspectives on the identified ED needs and how the suggested components of the framework can meet these needs. These discussions were also recorded and thematically analysed. Information gathered was used to modify the framework.

Results: Five components were identified upon which an ED framework should be developed. These were: Empowering the Educators; Promotion and Advertising of Nursing and Midwifery Education; Selection of Candidates; Embedding Equality and Diversity in Nursing and Midwifery Education and Competence to Practice.

Conclusion: The consultation process concluded that a framework should be developed to guide the embedding of ED practice. The resulting framework has been tailored to reflect the various stages of the student journey and provides practical steps and points of reflection at each stage.

Intended learning outcomes

1. Enhance knowledge of stakeholder perceptions of equality and diversity material in the current nursing and midwifery programme.
2. Identify areas of good ED practice in addition to gaps in ED practice in the current nursing and midwifery programme.
3. Identify the components of a framework that will reflect the stages of the student journey and will guide the embedding of ED practice in future nursing and midwifery programmes

Recommended reading list

1. Nursing and Midwifery Council (2016) The NMC equality diversity and inclusion framework. London: NMC.
2. Podsiadlowski, A., Groschke, D., Kogler, M., Springer, C. and van der Zee, K. (2013) "Managing a culturally diverse workforce: diversity perspectives in organisations" International Journal of Intercultural Relations 37 (20), 159-175.
3. Tallo, D (2016) Diversity in a nursing or healthcare team enables a broad range of opinions. Nursing Times 112 (13), 1.

Biography

Gail Anderson is a Lecturer Education of Midwifery within the School of Nursing and Midwifery at Queen's University Belfast. She is currently the Year One Lead for the Midwifery Sciences Education Programme and module coordinator for Foundation in Midwifery Education and for the shared learning module Health and Well-Being. Gail has previously held the positions of Lead Midwife for Education and Programme Coordinator for Midwifery Sciences. In addition to her pre-registration education role Gail is also coordinator and lecturer for the portfolio of sexual health modules within the School of Nursing and Midwifery at Queen's University Belfast.

Deborah Coleman is a lecturer (education) in the School of Nursing and Midwifery at Queen's University Belfast. She is a co-ordinator for the year 2 Care Delivery module in the undergraduate programme and is Pathway Leader for the BSc (Hons)/Graduate Diploma Specialist Practice in Nursing Care of Older People and also teaches into the postgraduate dementia modules at QUB. She is a Specialist Practitioner (District Nursing), previously working in practice as a member of a multi-disciplinary team, to meet the complex health needs of older people living at home.

Olinda Stantin graduated from Queens University Belfast in 2006 with a BSc Psychology and later in 2010 with a PhD in Epidemiology and Public Health and MSc Health Psychology. She is a lecturer in Supportive Cancer Care within the School of Nursing

and Midwifery Queens University Belfast. Dr Santin's research aims to understanding the health, wellbeing and service needs of both cancer patients and their primary caregivers. Her work aims to understand the psychosocial implications of cancer and how this knowledge can be used to prevent late effects of treatment and how we can best treat and support those affected by cancer.

Facilitated workshop discussion: NMC standards

3.3.1

Standards for Student Supervision and Assessment – Sharing Developments across the UK

Jane Cantrell, Programme Director, NHS Education for Scotland

Pauline Walsh, Pro Vice Chancellor and Executive Dean, Keele University

Abstract

The aim of this session is to create an opportunity to share good practice and innovation in relation to on-going developments in practice based learning for the Future Nurse programmes.

Participants will have a chance to discuss and respond to key questions around the role of practice supervisors, practice assessors and approved education institutions and practice providers. The information gathered at this workshop will feed into the RCN Practice-based Learning Project.

An overview of discussions from previous workshops that have fed into this project will be given at the end of the session.

Intended learning outcomes

1. Identify the key requirements of each role within the standards for student supervision and assessment
2. Give examples of initiatives that are being used to support the development of these roles
3. Explain the importance of collaboration between the partners organisations that need to support these standards.

Recommended reading list

1. Nursing and Midwifery Council (2018), Standards for Pre-registration Nursing Programmes, NMC, London.
2. Nursing and Midwifery Council (2018), Standards for Student Supervision and Assessment, NMC, London
3. Nursing and Midwifery Council (2018), Standards of Proficiency for Registered Nurses, NMC, London

Biography

Jane Cantrell is a Programme Director within the Nursing, Midwifery and AHP (NMAHP) Directorate of NHS Education for Scotland (NES). She has over 30 years' experience within nurse education and has held posts within Colleges of Nursing and Universities. Her of clinical expertise is in community nursing and public health.

Jane currently leads on a programme of work where she

engages with all pre-registration nursing and midwifery programmes across Scotland and supports a national group who research and explore programme enhancement. She also manages a team who are supporting the learning and development of clinical healthcare support workers across Scotland.

Pauline is a professor of nursing who originally specialised in orthopaedic trauma and critical care, moving into nurse education in 1990. Pauline's academic area of teaching is ethics in health care, simulation and adult nursing. Her research focus has been around the student experience and in particular, student attrition, belonging and retention, and more recently has evolved into exploring the development of resilience within student's but with a particular focus on their resilience in managing challenging issues during clinical placement. Pauline is currently Pro Vice Chancellor and Executive Dean for the Faculty of Medicine and Health sciences at Keele University.

Learning Teaching and assessment

3.4.1

Empathic learning: teaching the parent's emotional experience through digital storytelling

Julia Petty, BSc, MSc, MA, RGN, RSCN, SFHEA,Senior Lecturer in Childrens Nursing, University of Hertfordshire

Aim

To present a study that has explored the experiences of parents in neonatal care, how these have informed a digital storytelling learning resource and to explore the value of digital stories for empathic learning.

Abstract

Background: Digital storytelling has the potential to meaningfully capture people's experiences and share them in an engaging manner (Rieger et al, 2018). Combining a mixture of digital media, text, pictures and audio narration blended together, a story is developed that revolves around a specific theme, in this case, the parent's emotional experience within the neonatal unit. Parents articulate powerful emotional accounts when describing their neonatal care trajectory (Turner et al, 2013). Digital stories can be a compelling and moving way to educate others about parents' emotions.

Objectives:

•   To present a study that has explored the experiences of parents in neonatal care and how these have been integrated into the development of a digital storytelling learning resource.

•   To report on views of students and staff on the value of the digital stories for empathic learning and their impact on practice in line with a person-centred approach to education in this field.

Methods: A narrative-based approach was used to interview 20 parents about their experience of having a premature baby. Stories were constructed from their narratives using a process of core-story creation (Petty et al, 2018) to inform web-based digital story development. The digital stories were evaluated using a combination of interview and questionnaire with students, educators and neonatal health professionals to explore their value for empathic learning.

Results: Digital stories based on parent narratives were found to have a valuable potential to enhance understanding of the parent's emotional experience and in turn, contribute to empathic, person-centred understanding and learning.

Conclusion: There is a need to teach nurses and health professionals in neonatal care about parents' emotional experiences so that care is delivered in a person-centred, empathic way. The creative power and potential held by digital stories to educate others to be shared globally, is demonstrated in this study.

Intended learning outcomes

1. To be clear about the significance and need for an understanding of the parent's emotional experience in neonatal care in line with person-centred learning
2. To understand the potential benefits of digital storytelling as a means of representing parents' emotional experiences and to enhance empathic learning.
3. To be able to view an example of an innovative, online digital storytelling learning resource based on parent narratives and experiences.

Recommended reading list

1. Petty, J, Jarvis, J and Thomas, R. (2018). Core Story Creation: Analysing narratives to construct stories for learning. Nurse Researcher. 24(4), 46-50.
2. Rieger, K. L., West, C. H., Kenny, A., Chooniedass, R., Demczuk, L., Mitchell, K. M., ... & Scott, S. D. (2018). Digital storytelling as a method in health research: a systematic review protocol. Systematic Reviews, 7(1), 41.
3. Turner, M., Winefield, H., & Chur-Hansen, A. (2013). The emotional experiences and supports for parents with babies in a neonatal nursery. Advances in Neonatal Care, 13(6), 438-446.

Biography

Julia Petty is a senior lecturer in children's nursing with a specialist interest in neonatal nurse education. She teaches on a range of undergraduate nursing modules in the University setting and is involved in various external activities within the neonatal field as Vice Chair of the Neonatal Nurses Association and Chair of a special interest group in neonatal education and research. She is currently undertaking a Doctorate programme in education focusing on narrative inquiry to explore parents' experiences of having premature neonates in order to create digital stories about their care trajectory.

3.4.2

"Are you listening? Student nurses experiences of formative audio feedback – A qualitative study".

Donna Lewis, RGN DipHE BSc (Hons), MSc, PGCE FHEA, Senior Lecturer Adult Nursing, University of Wolverhampton

Aim

Research aim: To gain insight into, describe and analyze the experiences of pre-registration adult student nurses in relation to formative audio feedback.

Abstract

Linked to conference theme – Learning, teaching and assessment

Research title: "Are you listening? Student nurses experiences of formative audio feedback – A qualitative study".

Effective feedback promotes and consolidates learning, enabling deeper understanding and realignment of concepts (Race, 2001; Watling, 2014), however, overall students remain dissatisfied with feedback (Higher Education Funding Council for England, 2013). Written feedback is widely used within nurse education but different methods which incorporate technology may be more effective (Race, 2005; Tong, 2011).

Audio feedback which is underpinned by social constructivism and can promote and enhance deeper approaches to learning (Vygotsky, 1978) and is flexible, accessible, personalized and easier to understand, but has been predominantly used within educational disciplines (Merry and Orsmond, 2008; Lunt and Curran, 2010). There is a lack of published nursing literature in relation to formative audio feedback (Haxton and McGarvey, 2011; Bourgault, Mundy and Joshua, 2013) and there is justification for this innovative research study.

Research aim: To gain insight into, describe and analyze the experiences of pre-registration adult student nurses in relation to formative audio feedback.

Objectives:

- To explore and analyze student nurses expectations and perceptions of formative audio feedback
- Examine the impact of formative audio feedback on learning and experience
- Explore the advantages and disadvantages of formative audio feedback
- To identify issues that arose from this research study that may potentially be applicable to other contexts and provide the basis for further inquiry.

Methods:

Utilizing a generic qualitative research design, sixteen student nurses participated in two meta-planned focus groups, and were provided with four formative audio files and then participated in individual semi-structured interviews, in order to elicit their experiences. Initial thematic data analysis suggests that formative audio feedback was positively received, deemed to be more personalized and students

were able to relate to and understand the feedback.

Impact

Providing feedback is a complex contemporary issue within nurse education and as key factor which contributes to and underpins successful learning and future practice. In order to support students, feedback should be meaningful and understood (Watling, 2014) and the impact of formative audio feedback can enable consolidation of learning whilst promoting inclusivity.

Intended learning outcomes

1. To disseminate the findings of the research project undertaken as part of the Professional Doctorate in Health and Wellbeing
2. To promote the use of alternative feedback methods in nurse education
3. To gain feedback from peers/colleagues/experts

Recommended reading list

1. Nicol, D. and Macfarlane-Dick, D. (2006) Rethinking formative assessment feedback in HE: A theoretical model and seven principles of good feedback practice. Studies in Higher Education (21) pg 199 – 218
2. Higher Education Academy (2016) Framework for transforming assessment in Higher Education. York. Higher Education Academy
3. Biggs, J. (1999) Teaching for quality learning at University. Buckingham. SRHE

Biography

Donna Lewis is a Senior Lecturer in Adult Nursing and Course Leader at the University of Wolverhampton. Following her initial registration Donna worked within secondary care on a gastroenterology ward and her other professional roles have involved her working within primary care and Third Sector organisations.

Throughout her career, Donna has continued to study and her Masters research centred on the experiences of community nurses as mentors for student nurses. Donna is currently undertaking the Professional Doctorate in Health and Wellbeing and is focussing on the use of formative audio feedback within pre-registration nurse education.

In 2017, Donna won the E-Assessment Inaugural Research Award which is sponsored by NFER and this award acknowledged the contribution made by an individual or team for the innovative research that has, or has the potential to have, a significant impact on e-assessment within a particular stakeholder community.

Donna is passionate about teaching and learning and in May 2018, Donna was nominated for the Vice Chancellor's Awards for Staff Excellence in the innovation in Student Engagement Category and received very positive feedback from students.

Within her current role Donna is actively engaged in supporting students and has been able to organize added value activities for student nurses such as campus based Learning Zones and the Senior Nurse and Student Nurse Forums.

Follow Donna on twitter: @donnasl8888

Practice Education

Creating Time to Care for student nurses through the Care Clox app

Laura   Strumidlo, RGN, Dip N, BSc, MSc, Doctoral student, Principal Lecturer Nursing, Coventry University

Heather Price, RN, BSc, Masters student, Practice Educator, UHCW

Aim

An empirical study to evaluate the effect of using a digital app to measure student nurse activity in clinical practice and compare models of learning in practice.

Abstract

This empirical mixed methods study evaluates the use of the Care Clox tool as a learning resource for student nurses to evidence exposure to patient care and related nursing activity. The results map the development of the student nurse skill set including leadership across the 3 year pre-registration training. The project is timely given the new NMC standards for supervision and assessment (2018) and Health Education England (2017) pilots of new models of learning in practice. The findings will inform future practice supervision as the project compares models of clinical learning environments through the evaluation of data collected in a traditional acute clinical setting versus that in a "Learning Zone" which engages new models of

learning. Within the partner Trust the Care Clox app enables those providing clinical care to self-report the activities that they are performing within a shift. Findings of the data captured through this mobile digital tool in clinical practice has enabled a rebalance of workloads, staffing levels and improved patient safety metrics such as by decreasing patient falls (UHCW, 2017). This project utilises quantitative date collection via the Care Clox app entered by the student nurse as a snapshot (over 8-12 hours) throughout the course of a shift. Qualitative data has been collated via focus groups exploring the student experience of using the app, their interpretation of the report detailing their clinical activities and a reflection on their learning opportunities. To date 14 students have participated in the focus groups evaluating the report generated by the Care Clox app and exploring their learning journey. With more scheduled to participate in October and the Spring.

Findings from thematic data analysis of the transcripts and themes arising from the overall quantitative date regarding student nursing activity will be collated and presented. Early reports indicate a positive difference between the learning in the areas that have adopted new models of learning and supervision versus the traditional mentor/student method of practice education. Which appears to demonstrate empowerment of learning and management/leadership skills within those students.

Intended learning outcomes

1. Evaluation of models of learning in clinical practice.
2. Exploration of the use of digital technology to capture student nurse activity in practice
3. Discussion regarding research methodology in nurse education

Recommended reading list

1. Wright S., and McSherry, W. A systematic literature review of Releasing Time to Care: The Productive Ward. Journal of Clinical Nursing, 22, 1361–1371, doi: 10.1111/jocn.12074
2. LAVANDER P., MERIL€AINEN M. & TURKKI L. (2016) Working time use and division of labour among nurses and health-care workers in hospitals – a systematic review. Journal of Nursing Management .24,1027–1040.
3. WILLIAMS H. , HARRIS R. & TURNER-STOKES L. (2009) Work sampling: a quantitative analysis of nursing activity in a neuro-rehabilitation setting. Journal of Advanced Nursing 65(10), 2097–2107 doi: 10.1111/j.1365-2648.2009.05073.x

Biography

Laura Strumidlo is Principal Lecturer for Nursing at Coventry University leading the pre-registration nursing teams and curriculum development/delivery. She worked in clinical practice for 21 years mainly in Critical Care as a Clincal Educator before transitioning into Higher Education 8 years ago. She has a long standing in Clinical Ethics and has Chaired both Clinical and Research Ethics Committees. Currently studying for her Doctorate in Education her thesis explores educational interventions to promote emotional resilience in student nurses.

Heather Price is a Practice Educator in a large teaching acute hospital which is a major trauma centre. She has been in clinical education for many years and leads on the support of pre-registration student nurses within the Trust. She is currently studying for MSc in Nursing.

Heather has jointly created the Care Clox project and is currently co-leading the project with Laura Strumidlo.

3.5.2

Evaluation of teaching: How can the use of narrative pedagogy influence perioperative practice for a safety culture?

Joanna Holland, RN, DipN, BA (Hons), MSc , Perioperative Practice Development, Senior Sister, Perioperative Directorate, Brighton and Sussex University Hospitals NHS Trust

Aim

This action research project aims to evaluate the use of narrative pedagogy to teach human factors to perioperative personnel in a workplace setting.

Abstract

As the Lead Perioperative Practice Educator within an NHS Trust, I have explored the impact of my teaching and use of narrative to teach human factors for

perioperative staff. This is an exploratory study using action research, which explores how teaching with stories can influence safety culture and my professional development as an educator. This research is innovative because it explores the use of narrative pedagogy from a practice setting.

The teaching of Human Factors is a focus of healthcare education across the NHS, and we have been developing a safety culture through the WHO Surgical Safety Checklist and Five Steps to Safer Surgery. However, accurate measurement of safety culture is limited by the ability to accurately define measureable components of culture, and further exacerbated by the demand for relatively low-cost, quick and easy to use assessments; this has resulted in reliance upon patient safety and climate questionnaires (Morello et al 2013). As an educator, this project aimed to understand whether my work to develop a positive safety culture in my teams, by teaching human factors through stories, is having an impact.

The results of my research show that NP is a powerful tool to help staff reconnect with caring in roles that are typically technical and driven by a medical model of care. Furthermore, this research has relevance for the wider nursing education community because it evaluates the use of NP in a practice setting, as opposed to a purely academic setting. This research has implications for how patient safety and human factors are taught across the NHS, and is replicable in other areas seeking to improve their staff

engagement with patient safety practices.

The learning outcomes for my presentation are:

- Develop an understanding for how narrative pedagogy can be utilised in practice education settings
- Understand the journey through which learning occurred in this teaching session utilising narrative pedagogy
- Appreciate the potential uses of narrative pedagogy in other workplace learning settings, and discuss this application of the Action Research model.

Intended learning outcomes

1. Develop an understanding for how narrative pedagogy can be utilised in practice education settings.
2. Understand the journey through which learning occurred in this teaching session utilising narrative pedagogy
3. Appreciate the potential uses of narrative pedagogy in other workplace learning settings, and discuss this application of the Action Research model

Recommended reading list

1. Ironside, P.M. 2015. Narrative pedagogy: Transforming nursing education through 15 years of research in nursing education. Nursing Education Perspectives (National League for Nursing) 36 (2): 83-88.
2. Hemingway, M.W., C. O'Malley, and S. Silvestri. 2015. Safety culture and care: A program to prevent surgical errors. Association

of Operating Room Nurses. AORN Journal 101 (4): 404-415.
3. Flin, R. 2014. Non-technical skills: Enhancing safety in operating theatres (and drilling rigs). Journal of perioperative practice 24 (3): 59.

Biography

Joanna is the lead nurse for perioperative practice development at Brighton and Sussex University Hospitals Trust. When working clinically, she practices in emergency anaesthetics and scrub in digestive diseases and gynaecology surgery. She is interested in the humanisation of learning and is keen to learn about maintaining energy for continuous improvement. Joanna has two small children and loves theatre (of the acting variety!)

Learning. Teaching and assessment

3.6.1

A regional response to the delivery of training and education to new registrants in paediatric teams.

Alison Meadows, BSc Clinical Practice, DipHE Children's Nursing, Lead Nurse Educator Wessex Paediatric Nursing Preceptorship Programme, University Hospital, Southampton Foundation Trust

Aim

Delivering a regional paediatric preceptorship programme

Abstract

Background

The initiative for this programme followed an acknowledged disparity of training and support offered to preceptees within Wessex and the positive impact preceptorship experiences have upon attrition rates. The immediate goal was to establish a supported structure for transition from student to registered paediatric nurse with education and training, meeting DoH (2010) and Health Education England (2015) recommended standards for preceptorship. Our long term vision is to provide standardised support and education across the region developing high quality paediatric nurses, and improve recruitment and retention throughout Wessex.

Methodology

A pilot programme commenced in November 2017, with participant's from 9 hospitals and 1 hospice. There were a total of 27 preceptees. The programme consisted of 12 topic specific study days over 12 months. Participants were also required to complete a patient safety project for their ward area.

Results

We compared data from the pilot year and the previous year Comparing data from the previous year, attrition rates improved from 21% to 12% and sickness improved from 82%/ 42.6 WTE hrs to 67%/ 25.5 WTE hrs. Overall the programme evaluate well with all participants stating they felt supported or highly supported. Participant's particularly appreciated the protected learning time and the chances to meet with other NQN's and discuss their experiences. Identified issues included a

lack of support at ward based level to complete competency documents and a feeling of being unvalued as a new member of staff.

Conclusion

In October 2018 a second course commenced which, involving all paediatric nursing preceptees within the Wessex region. The cohort for September 2017 is 67. We intend to address the issues around ward based support by providing training and support to all Wessex preceptors providing support to NQN's. Further support is being offered to the NQN's post preceptorship with a 6 months next steps programme covering leadership, safe transfers and more complex patient care.

References

- Department of Health (2010) Preceptorship Framework for Newly Qualified Nurses, Midwives and Allied Health Professionals. The Stationary Office: London
- Health Education England (2015) Health Education England Preceptorship Standards, Available from: https://www.fhft.nhs.uk/media/2601/hee-branded-preceptorship-standards-2015.pdf [Accessed 28 Sept 2018]

Intended learning outcomes

1. Have an understanding of the importance of preceptorship to the newly qualified nurse
2. Understand the merits of a regional preceptorship programme to ensure nurses are educated to the same standard

Recommended reading list

1. Health Education England (2015) Health Education England Preceptorship Standards, Available from: https://www.fhft.nhs.uk/media/2601/hee-branded-preceptorship-standards-2015.pdf [Accessed 28 Sept 2018]
2. Department of Health (2010) Preceptorship Framework for Newly Qualified Nurses, Midwives and Allied Health Professionals. The Stationary Office: London
3.

Biography

A qualified children's nurse for 14 years working in a variety of specialties – general paediatrics, neurology/neurosurgery/orthopaedics and high dependency, before moving to the Paediatric Intensive Care Unit (PICU) at Southampton Children Hospital 8 years ago. Started working within an educational role in 2014 as a fulltime clinical facilitator within PICU, after 12 months in this role it was changed to a 50/50 combine with a band 6 sister's post to ensure continued development both as an educator and clinical nurse.

Currently working in a seconded role as, Lead Nurse Educator Wessex Paediatric Nursing Preceptorship Programme since July 2018. Working with paediatric nursing educators across the Wessex region on this programme to educate all new paediatric NQN's to the same level and help them transition from student to registered nurse.

3.6.2

Delivering Genomics Education to Nursing Associates

Dr Ed Miller, PhD, BSc (Hons), Senior Education and Development Officer, Health Education England, the Genomics Education Programme

Heather Pepper, RN, BSc Biomedical Science, Work-Based Learning Lecturer, University of Lincoln

Aim

To provide a creative and pedagogically sound learning opportunity for nursing associates to explore genomics in health care. Genomics is the study of all an individual's genetic information and is anticipated to revolutionise healthcare.

Abstract

The inclusion of genomics in the NMC standards of proficiency for registered nurses, nursing associates and the nursing associate curriculum framework highlights the impact genomics will have on mainstream healthcare. Moreover, with the launch of the NHS's Genomics Medicine Service it is likely to be encountered more than ever before in routine practice. Health Education England's (HEE) Genomics Education Programme (GEP) has been charged with providing the education and training required to ensure the NHS is ready to deliver a genomics service. Recently the GEP has produced an educational board game designed to introduce genomics and its clinical application to the nursing community. The game was developed with nursing educators, those in practice, students and genomics experts. Since its launch the game has been adopted by educators and students in a variety of learning environments. One such example is presented here where the game has been used as to educate trainee nursing associates as part of a larger session on genomics.

As the majority of learning for nursing associates is undertaken in a practical environment, utilising an active method of pedagogy enhanced their experience, resulting in the student feeling more engaged than they would passively listening. The Genomics Game encouraged deeper learning due to its authenticity and application to practice. Active learning in a social environment stimulates questions, promotes communication and models scenarios that the nursing associate may encounter in clinical practice. Authenticity is essential when providing educational tools and further underpins the reasons for learning. This was formatively assessed in class by the students being able to answer the questions correctly or incorrectly and explain their logic. This was also formally tested in a summative short question assessment at the end of the module. Going forward the Genomics Game has captured not only the attention of the nursing associates but also the attention of the staff delivering the sessions. The deeper engagement in learning, provided by the game, places the players in a safe and supportive learning environment, appeals to a wide variety of learning styles and actively develops knowledge of genomics.

Intended learning outcomes

1. Describe the current landscape of genomics in healthcare and the educational requirements of the workforce
2. Summarise the design and the development of the Genomics Game
3. Demonstrate how the game can be used as part of an educational session for nursing associates.

Recommended reading list

1. Health Education (2017) Nursing Associate Curriculum Framework. London: HEE.
2. Daack-Hirsch S, Dieter C & Quinn-Griffin M (2011) Integrating Genomics into Undergraduate Nursing Education. Journal of Nursing Scholarship. 43 (3) 223-230.
3. Calzone K, Cashion A, Feetham S et al (2010) Nurses Transforming Health Care Using Genetics and Genomics. Nursing Outlook. 58 (1) 26-35.

Biography

Dr Ed Miller is a Senior Education Development Officer for HEE's Genomics Education Programme (GEP). He provides scientific input into the educational resources developed by the GEP for the NHS workforce. Before joining the Genomics Education Programme, Ed researched DNA damage repair and replication and has a PhD from the University Birmingham in this area. During his time as a researcher he gained valuable experience in science communication and public

engagement developing, organising and presenting events to educate a wide range of audiences.

Heather Pepper is a registered nurse and has worked in the NHS since 2005. Initially Heather worked in a hospital setting, undertaking several senior roles, within a dual high dependency and intensive care unit. She was also lead practice nurse for a successful medical centre and continues to support clinical practice and business development in primary care.

Heather is now a lecturer of work-based learning at the University of Lincoln in the School Health and Social Care, where she delivers activity filled lectures that link theory to practice. Her academic work mainly focuses on the development of trainee nursing associates and work-based learners. She works in partnership with students, employers, commissioners and health and social care practitioners, and was one of one of the first work-based learning lecturers to support the test cohort of nursing associates.

Heather is also module lead for essential clinical care skills, and context and principles underpinning health and social care. In addition to being a personal tutor to 20 trainee nursing associates which includes following the student through their clinical practice journey as well as their academic journey.

Her academic passion remains with biomedical science and essential clinical care skills. The inclusion of genomics in the nursing associate curricula frame work has provided Heather with a self-taught opportunity to test and examine different teaching methodologies in order to enhance how professionals deliver deeper understanding and learning which also forms part of her PgC CTPE.

Poster number 1

An Ethnographic Study of Paediatric Nurses Adoption of Aseptic Non Touch Technique (ANTT)

Rachel Isaac, RNC, RT, BSc Hons, MA, Practice Development Nurse, Morrison Hospital Swansea

Aim

To gain insight into the challenges faced by clinical staff in adopting a new aseptic technique in relation to intravenous therapy

Abstract

An Ethnographic Study of Paediatric Nurses

Adoption of Aseptic Non-Touch Technique (ANTT)

Background: In 2017, NHS Wales produced a policy in relation to aseptic non-touch technique, outlining a national standardised approach for raising clinical standards (Public Health Wales, 2017). The researcher is employed as a Practice Development Nurse working within a training framework determined by government, local health policies and organizational objectives in the delivery of ANTT training.

Aim of the study: The aim was to gain insight into the challenges faced by nursing staff (Child Health Services), to changing and adopting practices in relation to ANTT in relation to intravenous therapy.

Methods: Focused ethnography utilising embedded research undertaken across two paediatric NHS Wales wards, where approximately forty hours of overt ethnographic observation were achieved. Data collection methods included participant observation field notes, use of an ANTT audit pro-forma and purposive and stratified semi-structured interviews. Data was analysed according to Wolcott (1994) process and emerging themes were reflected upon against theoretical framework of Kirkpatrick's (1967) model of training evaluation.

Findings: Absence of feedback following training, individual preference of traditional aseptic technique by registered nurses and lack of opportunity to practice ANTT technique. Additionally, lack of clarity, standardisation and expectations of parents/medical staff are all challenges faced by registered nurses within their practice setting. Acknowledgement of organisational culture highlights how implementation of ANTT across the organisation has been challenging.

Evaluation of study:

The study identified the challenges faced by members of the organisation following the introduction of a mandatory training intervention through cultural understanding. The findings may be tentatively generalised to similar clinical settings. Confirmability was established via an audit trail of data analysis. Limitations include, excluding data collection from patients and parents. Implications of this study are that organisational culture is a significant modifier of healthcare worker behaviour. Acknowledging organisational culture should influence infection and prevention control performance significantly (Borg et al, 2015). Good quality care depends upon professions working together with staff needing to be consulted before any change takes place.

Intended learning outcomes

1. To gain an insight of the introduction of ANTT to Wales
2. To appreciate the application of focused ethnography in nursing
3. To comprehend the influence of cultural understanding in relation to infection control practices

Recommended reading list

1. Rowley, S., Clare, S., Macqueen, S., & Molyneux, R. (2010). ANTT v2: An updated practice framework for aseptic technique. British Journal of Nursing, 19(5), 5-11."
2. De Bono, S., Heling, G., & Borg, M. A. (2014). Organizational culture and its implications for infection prevention and control in healthcare institutions. Journal of Hospital Infection, 86(1), 1-6.
3. Cruz, E. V., & Higginbottom, G. (2013). The use of focused ethnography in nursing research. Nurse Researcher, 20(4), 36-43."

Biography

Rachel Isaac began her career in the NHS in 1997 as an Auxiliary Nurse after qualifying as a nursery nurse in 1996. Commencing a paediatric nursing programme with the University of Glamorgan, she qualified with a first class honours degree in 2004. In 2014 Rachel enrolled on a MA Programme with Swansea University and became an NMC registered teacher and graduated in 2018 with an MA in Education for the Health Professions. Rachel is now employed as a Paediatric Practice Development Nurse for Abertawe Bro Morgannwyg University Healthboard.

Poster number 2
Nursing eLearning Videos

Andy Lloyd, BSC (Hons) RGN, Lecturer in Nursing, University of Gloucestershire

Dr Liz Berragan, Senior Lecturer, University of Gloucestershire

Aim

A critical evaluation of student and staff engagement during a nursing eLearning project: an action research qualitative study.

Abstract

There is wide availability of video content online relating to nurse education. However, the educational quality of these resources varies greatly, and often has questionable relevance with respect to local and national policies and practices. Funds were obtained to create nursing eLearning videos as a pilot project at the University of Gloucestershire. These educational videos were designed to explore specialised nursing practices undertaken within local trusts, and associated work among other collaborative partners. The videos were then incorporated into the university's Virtual Learning Environment (VLE). The embedded videos would act as a test-bed for experimenting with various forms of 'blended learning', in an effort to enhance directed, independent study. This paper offers an early appraisal of the project outcomes, with a particular emphasis upon student and academic staff engagement with the resources created. Following a critical evaluation of the issues which emerged, the concept of "informal theory" is considered, alongside a debate about its incorporation into nurse education within H.E. The potential for further action research regarding engagement with the Virtual Learning Environment is discussed.

Intended learning outcomes

1. To understand how the virtual learning environment can be used to promote independent learning in nursing courses
2. To appreciate the role of 'informal theory' within experiential learning
3. To consider ways of incorporating specialist clinical knowledge into blended learning in HE

Recommended reading list

1. Salmon, G. (2002). E-tivities: The key to active online learning. London: Kogan Page
2. Usher, R., Bryant, I. & Johnston, R. (1997). Adult education and the postmodern challenge. London: Routledge
3. McNiff, J., Whitehead, J. & Whitehead, A. (2011). All you need to know about action research. (2nd Ed.) London: SAGE

Biography

Andy Lloyd received a BSc (Hons) in Chemistry from the University of Lancaster in 1989 (1st Class), and subsequent postgraduate studies at the University of California. Qualified as RGN in 1994, he worked at GRH for many years, mostly on acute medical wards. He is currently studying for PGCAP at the University of Gloucestershire, whilst working there as a part-time lecturer in nursing, teaching on the NA and AP programmes. Additionally, Andy is the author of several books in astronomy and astrophysics, and is a semi-professional artist.

Poster number 3
Coaching in Practice for Pre-registration Nursing Students

Louise Vincent , Registered Nurse- Child, BSc Children's Nursing, PgCHPE, Lecturer and Professional Lead- Children's Nursing, Keele University School of Nursing and Midwifery

Helen Jarratt, RGN(Adult), SCPHN-HV, Clinical Placement Facilitator, Midlands Partnership NHS Foundation Trust.

Aim

To evaluate the introduction of a coaching approach in placement learning.

Abstract

The NMC Standards for Supervision and Assessment (NMC, 2018) are indicating a change in the way student nurses are supported in placement learning environments, with a move from mentoring to coaching.

Willis (2012) and Francis (2013) identified that the value of nursing as a profession needed strengthening. A central theme within the reports highlighted the importance of situating practice learning as central to developing a competent and compassionate nursing workforce. Since these reports, a growing body of evidence is emerging which is focusing on the coaching model. The Collaborative Learning in Practice (CLiP) project evaluation (Lobo, Anthony & Lattimer, 2014) was pivotal in driving the coaching approach forward. The RCN Mentorship Project (RCN, 2016) concur that the emerging models for supporting student learning in placement appear to offer a promising means to initiate innovation and are worthy of further evaluation. An evaluation of coaching in practice was undertaken with pre-registration nursing students and stakeholders from clinical and university settings. Results of the evaluation highlighted the benefits of adopting a coaching approach as skills development such a leadership, critical thinking, problem solving, and increase in confidence and readiness for future practice learning. Facilitating factors were identified such as a wholesale change in mind set to coaching and the timing and methods of training delivery were considered important by students and stakeholders

Barriers to the coaching approach included; staff being nervous about the change from mentorship to coaching, getting the learning environment right and the restrictions of the current SLAiP standards.

Results of the evaluation will continue to inform the development of the coaching approach to support placement learning.

Intended learning outcomes

1. Outline the benefits and facilitating factors of adopting a coaching approach to support student learning in practice
2. Identify the barriers to adopting a coaching approach to support student learning in practice
3. Discuss the key elements required in preparing students and stakeholders for the coaching approach"

Recommended reading list

1. Hill, R, Woodward, M & Arthur, A .(2015) Collaborative Learning in Practice (CLiP): Evaluation Report. Available at file://ufs.nur.keele.ac.uk/homes/Downloads/CLiP%20evaluation%20Final.pdf (Accessed 22nd August 2018).
2. Narayanasamy, A & Penney, V. (2014) Coaching to promote professional development in nursing practice. British Journal of Nursing 23(11) 568-573.
3. Whitmore, J. (2017) The GROW model. Available at https://cdn.southampton.ac.uk/assets/imported/transforms/content-block/UsefulDownloads_Download/59CB199C2A5841109BF2EA4EA98017B6/GROW-Model.pdf (Accessed 30th November, 2017)

Biography

Louise Vincent graduated from Keele University in 2008 with a BSc Children's Nursing and is currently in the third year of an MSc in Supporting Learning in Higher Education and Professional Nursing Practice by negotiated learning at Staffordshire University. Louise has worked a Leighton Hospital, Crewe, Cheshire on a general children's ward and also at the University Hospital of North Midlands on a Children's Assessment Unit. Louise is currently Professional Lead in Children's Nursing at the School of Nursing and Midwifery, Keele University. Louise has been nominated on two occasions for a Keele Excellence Award in the Personal Tutor category.

Helen Jarratt graduated from University of Central England in 2000 with a DipHE Project 2000 Adult nursing and graduated from Wolverhampton University in 2009 with First Class Honours Degree in Specialist Community Public Health Nurse. Helen is currently working as a Clinical Placement Facilitator supporting students in practice and is currently studying a PG Certificate in Higher Education. Helen has worked in a variety of settings which include Vascular Surgery, Community Intervention Team and Health Visiting

Poster number 4
Every Breath that You Take: Tracheostomy ventilation in paediatric palliative care.

Elli Rushton, RNA, Lead Practice Educator/Clinical Team Leader, Wessex Children's Hospice Trust

Chris Viney, RNC, Clinical Team Leader - Long term ventilation, Wessex Children's Hospice Trust

Aim

To demonstrate that by working in partnership, with robust education and governance, tracheostomy ventilated children can be safely cared for in a children's hospice environment.

Abstract

Background: Children's palliative care is changing. Medical and technological advances enable an increasing number of children with life limiting conditions to survive on long term ventilation (LTV) via tracheostomy. A specialist hospital identified that children can spend months as inpatients despite being discharge ready, waiting for adaptations to accommodation, and the establishment of a care package. This can have a significant impact on family life, effecting relationships, finances, and daily living.

Aims:

- To set up a unit for tracheostomy ventilated children within a Children's Hospice in partnership with the hospital. This unit would provide accommodation and nursing support for 3 children and families in preparation for discharge home.
- Facilitate care of child outside the hospital environment.
- Establish a programme of staff training and development for the Long Term Ventilation Unit.
- Develop a long term ventilation study day for other children's hospices.

Methods:

October 2016-March 2017:

- Literature review
- Partnership working with the hospital respiratory team
- Agreed practice framework.
- Development of the infrastructure

March 2017 – October 2017:

- Collaboration with the hospital specialist paediatric respiratory team, and hospice palliative care team.
- Workforce planning
- Development of clinical pathways; policies and standard operating procedures; clinical governance, in partnership with hospital Long Term Ventilation Clinical Nurse Specialists.
- Practice Education team develop monthly LTV Study days and Clinical Competency Framework, with ongoing review of clinical knowledge and skills.
- Preparation of child and family for transfer from High Dependency Unit to hospice.

Results:

- November 2017: Admission of first tracheostomy and ventilated child and family from HDU to unit.
- Child resident for 6 months, successful weaning off day time ventilation.
- No complications or significant infections acquired
- Saved hospital bed days: 183.
- Staff competency increased from 47% to 93.5%.
- Maintained good relationship with family

Conclusion: Proved the concept that with robust education and governance, tracheostomy ventilated children can be safely cared for in a hospice environment. The family report that the environment had a positive impact on family dynamics; improved the child's physical health and emotional well-being.

Intended learning outcomes

1. By working in partnership the hospital and hospice were able to facilitate the safe care of a tracheostomy ventilated child in the hospice environment.
2. The Practice Education team in collaboration with CNS developed a robust training programme and competency framework. Staff competency increased from 47% to 93.5%
3. The family reported that transfer to the Hospice had a positive impact on family dynamics, allowing a more normal family life. There was an improvement in the childs physical health and emotional wellbeing.

Recommended reading list

1. National Health Service (2015) Quality Standards: Services providing Long Term Ventilation for Children and Young People. London
2. Callens K, Flanagan J, Carroll D (2016) the trainsitional experience of family caring for their child with a tracheostomy. Journal Pediatric Nursing 31 397-403
3. Hewitt-Taylor J (2003) Children who require long term ventilation: staff education and training. Intensive and critical care nursing 20 93-102

Biography

Elli Rushton

Elli Qualified as an Adult Nurse in 1978, and as a Midwife in 1980. She worked for seventeen years as a Project Manager for a charity specialising in the care of refugee children and families. Worked for Leonard Cheshire running a unit for young adults with various life limiting conditions including acquired brain injury. Spent four years running the Medical centre in a specialist college for young people with disabilities. Currently in sixth year as Lead Practice Educator and Clinical Team Leader at Wessex Children's Hospice Trust. Two hospices providing care for children aged 0-18 years and young adults aged 18-35 years.

Chris Viney

Qualified in 1997 as a children's nurse. Worked in Taunton DGH until 1999. Moved to Southampton Paediatric Intensive care unit where I completed a PICU course. Left in 2013 to become a clinical Team Leader in a Children's

Hospice. I have always had an interest in LTV and have seen the care evolve dramatically over the years. Children spend long periods of time in hospital which has led to my involvement in the formation of a paediatric LTV Unit based in the hospital.

Poster number 5
Does the ADLS course increase nursing students' knowledge of disaster response?

Dr Stephen McGhee, DNP, MSc, PGCE, RNT, RN, VR, Director of Global Affairs, University of South Florida

Alan Finnegan, Phd, Professor of Mental Health, University of Chester

Aim

This pragmatic project was to conduct a quantitative analysis of the Advanced Disaster Life Support (ADLS) course

Abstract

Introduction: Recent global trends have indicated a marked increase in the number of disasters worldwide (World Health Organization, 2011). In the last two decades, over 2.6 billion people have been affected by both natural and technological disasters (WHO, 2011). According to the Federal Emergency Management Agency (FEMA), on average the United States (US) federal government declares a disaster at least once per week (FEMA, 2011). The frequency of the occurrence of these catastrophic events has brought with it a demand for nurses to be equipped to access quality disaster preparedness and response preparation (Alfred et al, 2015). The last twenty years have seen an increase in disaster preparedness and response activities; however, many professional groups remain underprepared (Turale, 2015). Nurse educationalists face a series of different challenges that do not allow for the simple inclusion of disaster response related content at both the Registered Nurse (RN) and Advanced Practice Registered Nurse (APRN) Level. These challenges relate to an already compacted nursing curriculum and non-standardization of the knowledge base of nursing faculty.

Methods: This pragmatic project was to conduct a quantitative analysis of the Advanced Disaster Life Support (ADLS) course. This course is a 2-day educational intervention that utilizes both didactic education and disaster moulage. Pre and post course questionnaires were administered to a group of pre-licensure student nurses (n=14). Statistical analyses were facilitated using SPSS Version 23.

Results: Following paired t test and Cohen's d analyses overall statistical significance was noted at the 0.05 level in all questionnaire categories

Discussion: This project demonstrated that student nurses' knowledge base and confidence in managing disaster related scenarios was improved. Interestingly, the magnitude of improvement was greatest in triage skills and working in teams.

This study demonstrated that standardized disaster related content must be included in the pre-licensure curriculum.

Intended learning outcomes

1. Discuss how disaster nursing education can be added to the US undergraduate curriculum
2. Demonstrate the cognitive and professional benefits to clinical practice as a result of being a student in the ADLS course

Recommended reading list

1. Alfred, D., Chilton, J., Connor, D., Deal, B., Fountain, R., Hensarling, J., & Klotz, L. (2015). Preparing for disasters: Education and management strategies explored. Nurse Education in Practice, 15(1), 82-89. Doi: 10.1016/j.nepr.2014.08.0
2. Alim, S., Kawabata, M., &Nakazawa, M. (2015). Evaluation of disaster preparedness training and disaster drill for nursing students. Nurse Education Today, 35(1), 25-31. doi: http://dx.doi.org/10.1016/j.nedt.2014.04.016

Biography

Dr. Stephen McGhee is Director of Global Programs and a Doctoral student within the College of Nursing (CON) at the University of South Florida in Tampa. Originally from Scotland which is part of the United Kingdom (UK), Stephen moved to the United States (US) with his wife in 2014.

Professor Alan Finnegan is Professor of Mental Health Nursing at the University of Chester

Poster number 6
The Meds Factor

Bev Al-Azzawi, RN, ONC, BSc Professional Development, MSc Practice DevelopmentLead Practice Development Nurse for Surgical Division, Northampton General Hospital Trust

Emily Lambert. RN BSc Professional Development. Practice Development Nurse Surgery. Northampton General Hospital

Aim

To demonstrate how the Meds Factor has introduced fun back into practice education

Abstract

'The Meds Factor' was born as a result of staff who had become demotivated and disengaged with traditional teaching methods. With attendance low on training and incidents not being recognised we sought to improve medications practices whilst creating a safe, open and transparent culture where staff feel it is ok to acknowledge what they don't know and create a platform to learn this information.

The concept was born from studying the 'Mind the Gap' theory which demonstrates the importance of clear development opportunities for staff, the value of team work and spirit as well as the need to embrace generational differences (Jones et al., 2015). We also considered the day in relation to Maslow's Hierarchy of Needs and sought to create a learning environment which met 'lower needs' such as feeling secure, social interaction and the need for personal esteem through celebration of knowledge (Cherry, 2012). By doing so we allowed staff to reach the eventual goal of self-growth and therefore, improve their medications knowledge.

'The Meds Factor' takes on a gameshow approach where staff are split in to teams. Working together staff undertake a series of activities which have been comprised from incidents within the trust. Activities are fully interactive with faculty coaching staff to develop their knowledge to solve the activity. The competitive aspect of the day fuels staff's desire to accelerate their growth and learn more. Activities include a video drug round where staff are required to spot the errors, headbands where staff must guess which drug they are and scenarios where staff must select which medication is safe to omit.

Staff feedback for the day has been overwhelmingly positive with staff citing the day as highly beneficial and inspiring them to further engage in self-development of medication knowledge. Since the introduction of the day staff have more willingly identified poor practice via datix reporting which is subsequently benefitting the division as we are able to further educate through the development of scenarios in future courses. The meds factor has inspired the fun factor back in to staff education within surgery!

Intended learning outcomes

1. Staff are empowered to identify gaps in their knowledge and enables their self-development.
2. Staff utilise each other as a learning resource as well as the activities to further their knowledge and signpost further learning opportunities.
3. Through using activities derived from Datix's within the division staff are able to

identify and develop solutions to patient safety issues through further their knowledge.

Recommended reading list

1. Mind the Gap:Exploring the needs of early career nurses & midwives in the workplace. Jones,K et al (2015)
2. 9 Characteristics of self actualisated people Cherry (2018)
3. Reducing medications errors in nursing practice. Cloete,L (2015)

Biography

Bev Al-Azzawi-Lead Practice Development Nurse for the Surgical Division

I have been a Practice Development nurse for the last 10 years. I have a Masters in Practice Education, and lead two post registration modules which are accredited by the University of Northampton. I also teach clinical skills to the preregistration nursing students.

I have had a varied nursing career in adult health. I am passionate about patient care and safety also the development and education of the workforce. I have used research to be innovative when changing how we educate staff which has increased attendance and improved feedback of courses

Poster number 7
Step up to Leadership – STEP 4 Leadership and Management Competencies

Julie Platten, RN, BSc(Hons), Critical Care Network Manager / Deputy Chair of Critical Care Network National Nurse Leads North of England Critical Care Network

Aim

Promote Critical Care education and competencies in the development of the Critical Care National Competency Framework for Adult Critical Care Nurses.

Abstract

Leadership development and succession planning is a challenging task for any organisation but essential for the development and sustainability of the NHS. Therefore there is an importance to build future leadership capability (NHS, 2016) and there is correlation between good leadership and making a positive difference to patient care, experience and outcomes (HEE, 2015).

Critical Care Network National Nurse (CC3N) Leads Forum recognised this and developed a set of competencies STEP 4 to address this area of practice. Step 4 is the latest addition to the National Competency Framework for Adult Critical Care Nurses. The framework comprises of three steps which help critical care nurses build their skill, knowledge and confidence on their journey to becoming a competent critical care nurse and STEP 2 & 3 been developed to use alongside academic programmes of study to provide an academic accreditation of 60 credits at Level 6 or Level 7 .

Step 4 Competencies have been designed to provide the nurse with the core skills required to take charge in a critical care unit; building management and leadership capability into their professional development, to demonstrate safe and effective coordination and prioritisation
of unit workload, workforce and resources.

This development is an innovative step in supporting a nurse group which are sometimes overlooked as they are part of the established nursing team who are competent to practice in critical care. It helps to develop consistent, transferable leadership and management skills and acts as an exemplar to other specialities.

It is envisaged that educational providers may consider developing educational programmes around these competencies to fulfil the theoretical / educational elements.

Intended learning outcomes

1. To demonstrate the collaborative group CC3N can be fruitful and address common staff needs.
2. Highlight the "gap" of post registration education for specific leadership skills.

Recommended reading list

1. National Competency Framework for Adult Critical Care Nurses. Critical Care Network National Nurse Leads CC3N (2015)
2. National Standards for Adult Critical Care Nurse Education. Critical Care Network National Nurse Leads CC3N (2016)

Biography

Julie Platten is the Network Manager for the North of England Critical Care Network supporting the staff in delivering high quality patient care, their professional development as well as their personal resilience more recently was also

appointed as the Deputy Chair for the Critical Care National Nurse Leads.

Julie has taken the lead and been involved with many service improvement projects such as the development and implementation of the National Competency Framework for Registered Nurses in Adult Critical Care and developing best practice principles for End of Life Care within Critical Care.

Poster number 8
Evolving clinical skills - Rookie to Registrant.

Registered Nurse Catherine Williams, RN, DipN, MSc, PGCE, Director of Undergraduate Nursing Swansea uni

Deborah Rowberry, RN, Dip he MA

Aim

Embracing student collaboration in the advancement of clinical skills drop in session at CHHS Swansea.

Abstract

Teaching and learning of clinical skills invariably occurred at the patients' bedside or other clinical areas, augmented by small and large group teaching in the classroom and lecture theatre. The traditional approach to learning, in which educators continually provided students with information that had to be memorised, is out-dated and we need to offer students creation, innovation and an awareness to ensure learning continues to be stimulating and challenging. Clinical Skills Drop In was started in response to student feedback.

It was initially tutor led which met the needs at that time but it has evolved to incorporate several forms of peer teaching where senior students are able to teach junior students without compromising achievement.

This is in an attempt to make learning personalised and student focused. Sessions are delivered in response to student requests and is appropriate to the student level of experience and knowledge as well as an interest in this area. Using this approach we have seen students identifying their own knowledge gaps and practical skills confidence levels and creates opportunities to address these gaps whether clinically or educationally. The sessions allow low to mid fidelity skills to be practiced as well as a variety of other learning that students want to pass on to their peers to promote the momentum of motivation and innovation in teaching and learning. Students of all years, fields and programmes lead and attend the sessions and enjoy the integration and challenges this provides. The independent nature of a student-led approach provides an excellent opportunity to develop and enhance skills such as; organisation, team work, public speaking, reflectiveness and problem solving outside timetabled teaching. This in turn consolidate, demonstrate and practically apples learning, but on-going monitoring will be necessary to further substantiate these positive results.

Intended learning outcomes

1. Create opportunities for students within the college to engage in inter-professional learning within a multi field/multiyear and multi-disciplinary cohort.
2. Motivate and engage students to recognise their own learning needs and develop their conceptions of teaching and learning within the theory practice continuum.
3. Reflecting openly on strengths and opportunities to become motivational leaders and consider how they could better lead a team or support their peers to achieve within the challenges of today's NHS.

Recommended reading list

1. Peer learning partnerships: exploring the experience of pre-registration nursing students. Angela Christiansen and Amelia Bell
2. Interprofessional simulation in undergraduate nursing program: An integrative review. Leodoro J. Labraguea,□, Denise M. McEnroe – Petitteb, Dennis C. Frondaa, Arwa Atef Obeidata
3. Student nurses experience of learning in the clinical environment. Evridiki Papastavrou a,*, Ekaterini Lambrinou a, Haritini Tsangari b, Mikko Saarikoski c, Helena Leino-Kilpi

Biography

Programme Director for Undergraduate Nursing at the College of Human and Health Sciences, with over 16 years' experience in the practice, theory and education of postgraduate and undergraduate level. Academic and scholarly specialty include non-medical prescribing developing clinical skills education in undergraduate curricula.

Specialist nursing expertise in Burn Care, Reconstructive Surgery and

Critical Care for 19 years Phd research lies within Non-Medical Prescribing and looking at prescriber confidence level. Lecturer in Nursing at Swansea University CHHS-Nursing Department with a specialist interest in clinical skills and simulation. I have a 4 year background in nurse/medical; I'm also a registered nurse with over 20 years' experience in a variety of acute medical settings.

I am passionate about student nurse education and how we can actively work with students to meet their needs, improve their confidence and future proof them for the current profession.

Poster number 9
Implementation of a rotation programme

Caroline Lecky, RN BSc Hons, Assistant Service Manager, Belfast Trust

Vanessa Quinn, RN as above

Aim

To share our experience of introducing a rotation programme to newly qualified nursing staff.

Abstract

Our presentation will discuss the design and implementation of a rotation programme in the Belfast Trust. With widespread issues in recruitment and retention of staff. The Belfast Trust is one of the largest in the UK. It has a staff of over 22,000 and provides care to the local population and tertiary/ regional care to the population of Northern Ireland. It was piloted on one hospital site and gives participants the opportunity for a placement in medicine, surgery, older people and a specialist area, including the option of a community nursing placement. We will discuss the design process and how we made the programme responsive to staff demands. We held focus groups/ surveys and the result is a 16 month rotation with four placements. Central to the design is the recurrent issues with recruitment and our strategic driver is delivering health and wellbeing by 2026. A regional programme to make health care seamless and strip away the boundaries between professionals. Central to the implementation of the programme was a focus on education. Literature searches quickly confirmed rotations fail as participants feel like a pair of hands. At the core of our rotation is 16 clinical education days. These cover the areas outside of preceptorship and induction. They include cardiology days, respiratory days, ALERT training, documentation and care planning days. Each of these are delivered by Ward sisters, consultants and members of the MDT who are involved in delivering hands on care in a daily basis. The benefits are two fold, costs are kept to a minimum and the teachers' clinical experts who understand the reality of the issues on the wards. Nurses on the programme report feeling more able to manage the transition from student to registrant. They feel valued and indicate someone taking an interest in the development is reassuring. In terms of spreadability other service areas have asked can they send staff to the training days. We are in the process of having the days accredited to enable formal recognition of the training.

Intended learning outcomes

1. How to implement a recruitment programme
2. Lessons learnt
3. Importance of collaboration

Recommended reading list

1. Delivering Health and Well Being 2026
2. Delivering for our people 2026

Biography

Caroline works as a Lead Nurse/ Assistant Service Manager in Acute Medicine in a busy inner city hospital. She manages 150 nursing staff and various medical teams. She qualified in 1994 and have worked on the front line of service since then.

Poster number 10
Students Evaluation of Own Physical Assessment Skill following High-Fidelity Simulations at Caribbean School of Nursing, University of Technology, Jamaica

David Udo, MSc., BSc., RN, RGN

Ashley Grange Nursing Home

Aim

To examine the extent to which the use of high-fidelity simulation (HFS) as a teaching method helped nursing students to develop physical assessment skill (PAS) for clinical practice.

Abstract

Title:

Students Evaluation of Own Physical Assessment Skill following High-Fidelity Simulations at Caribbean School of Nursing, University of Technology, Jamaica

Aims/Objectives:

To examine the extent to which the use of high-fidelity simulation (HFS) as a teaching method helped nursing students to develop physical assessment skill (PAS) for clinical practice.

Method:

The study was quantitative. All 59 former nursing students of the University of Technology who in 2015 were registered to write the Regional Examination for Nurse Registration (RENR) of the Caribbean were eligible to participate. Consent was obtained from each participant. Data was collected using a 28-item structured and semi-structured questionnaire with a response rate of 69%. Permission to collect data was sought and clearance given. Data was analyzed using the SPSS version 20.

Results:

Findings show that participants spent a total of 1002 minutes to demonstrate PAS using HFS, and 1247 minutes to demonstrate on their peers. Most (93%) participants stated that laboratory simulations in general enhanced their clinical skills. Fifty-four (54%) of participants agreed that HFS helped them connect pathophysiology done in lower level; 57% agreed that HFS enhanced their PAS in clinical areas and enabled a smooth transfer of the skill to patient care, however, 34% stated that HFS did not enhance their skill. From the study, 62% of the participants agreed that HFS helped them detect abnormal findings with ease. Chi-square χ^2 (8.32) shows a significant relationship between the ability to acquire PAS skill through the HFS and the likelihood to recommend it as a teaching method ($p > .05$). The variability was 58% using the contingency coefficient.

Key words:

High- Fidelity-Simulation, physical assessment skill, clinical skill, nursing students

Intended learning outcomes

1. To highlight the importance of high fidelity simulation in teaching - Learning in nurse training.
2. To highlight the importance of high fidelity simulation in connecting theory to practice.
3. To highlight the weakness inherent in a non-implementation of the method in an appropriate way.

Recommended reading list

1. Chen, R.; Grierson, L. E and Norman, G. R (2015). Evaluating the impact of high- and low-fidelity instruction in the development of auscultation skills Medical Education. https://doi.org/10.1111/medu.12653
2. Harris, J. R., Helyer, R. J., & Lloyd, E. (2011). Using high-fidelity human patient simulators to teach physiology. Medical Education, 45(11), 1159-1160. doi:10.1111/j.1365-2923.2011.04105

3. Wotton, K., Davis, J., Button, D., & Kelton, M. (2010). Third-Year Undergraduate Nursing Students' Perceptions of High-Fidelity Simulation. Journal Of Nursing Education, 49(11), 632-639. doi:10.3928/01484834-20100831-01

Biography

David currently works in a nursing home and has been a registered nurse for over 28 years, with, eight years of teaching in a BScN programme. He is registered with the Nursing Councils of Nigeria, Jamaica and the United Kingdom. He holds the MSc nursing (education), BSc sociology/anthropology and diploma in nursing. He has published an analysis of the active ageing concept. He is a graduate student in the MSc Gerontology (Research) with interest in ageing policy, where he hopes to have his expertise. His other interest is in a study to increase enrolment in the baccalaureate programme in nursing schools.

Author; Sylvia Morgan, MA, BScN, RN, Willis-Knighton Health System, Hospital in Shreveport, Louisiana

Poster number 11
Transforming patient care with the introduction of a Regional Clinical Education Nurse to lead on education across ten independent Hospices in the North East of England.

Tracey Wetherill, Registered General Nurse, Regim stered Sick Children's Nurse, Diploma in Health Studies, BTEC Level 3 award in Education and Training Regional Clinical Education

Nurse St Oswald's Hospice (on behalf of Hospices North East)

Aim

This project aims to bring together expertise that currently exists amongst staff and volunteers working in North East Hospices, reducing duplication and maximising delivery of hospice education. Ultimately, this aims to improve patient and family care by investing in staff, ensuring continuous learning and development.

Abstract

Challenges:
There is a wealth of knowledge and expertise across the ten independent Hospices in the North East; however this knowledge isn't as "joined up" as it could be. Independent Hospices in the North East have:

- Diversity in the quality of care. We want to raise quality of standards together.
- Previously always worked in silos and informal information sharing.
- Been reactive in training needs. Together, our aim is to be more proactive for the future.

Solution:

In September 2017, St Oswald's Hospice appointed a 'Regional Clinical Education Nurse', Tracey, on behalf of the ten regional independent Hospices. By sharing training, expertise, resources and investing in workforce, 'Hospices North East' collaborative aims to improve patient and family care, working towards outstanding hospice care across the region.

This post is:
the first of its kind (that we know of).

- Unique in supporting both clinical and non-clinical workforce.
- Funded by Macmillan Cancer Support.

Impact/benefit

- By collaborating, we aim to:

  ➢ Secure the future of these hospices.
  ➢ Have a stronger voice with funders.
  ➢ Achieve the highest possible CQC ratings.
  In the first 12 months we have:

- Undertaken a training audit of Hospices NE;

  ➢ Identified priorities.
  ➢ Identified internal expertise (External expertise also utilised where needed).
  ➢ Created a prospectus of courses.
  ➢ Created a 'directory of internal expertise'.
  ➢ Saved £000's due to internal experts delivering training instead of external, sharing knowledge and resource, and reducing duplication.
  ➢ Delivered 24 free, bespoke courses to 247 colleagues.

Collaborating has created opportunities to increase staff retention and engagement. It has:

  ➢ Created secondment opportunities, facilitated networking and job shadowing.
  ➢ Developed Link Practitioner roles.
  ➢ Motivated people to deliver training, increased confidence in their training skills.
  ➢ Provided support with revalidation, and more. This aims to give staff improved job satisfaction and ultimately impacts positively on patient care. A happy workforce is a motivated workforce.

We've improved evaluation of training with a new 'distance travel tool' which measures the impact of a course by taking quality of care in to account before and after training.

Looking to the future we want to:

- Deliver training using our expertise and knowledge.
- Share and raise standards external to hospices.
- Create teaching resources that are transferable to other end of life and palliative care settings, and across the wider community.

Intended learning outcomes

1. Identify the role of a Regional Clinical Education Nurse
2. Identify the barriers to collaborative working and how to address them
3. Illustrate the benefits of collaborative working and its impact on patient care.

Recommended reading list

1. Training and education in End of Life Care document
2. Once chance to get it Right publication
3. Widening participation. It Matters- HEE

Biography

Tracey has been nursing for 36 years. Her experiences have been in a variety of paediatric settings until 2003 when she entered the field of oncology nursing. The last ten years have been spent building her expertise in the palliative care setting having completed relevant degree modules. This new post which she started September 2017 gave Tracey the opportunity to embark on a career in education which she has always felt passionate about. Most recently, having completed study in Teaching and Education she embraces the challenge of moving from the clinical setting to promoting excellence in patient care through education.

Poster number 12
Developing a joint strategy to enhance well-being, recruitment and retention

Beverley Cejer, SRN, RSCN, BSC (Hons) PGCE, Lead Nurse Faculty of Children's Nurse Education

Rebekah Overend, RGN, RSCN, BSC (Hons), Educator, Faculty of Children's Nurse Education

Aim

To demonstrate the role of Nurse Educators in a service led well-being, recruitment and retention group

Abstract

Introduction

Within the NHS nursing vacancies are at an all-time high; in June 2018 there were 41,722 WTE vacancies1 representing 9% of the nursing workforce. This coupled with nationally acknowledged high levels of stress and burnout in the NHS2, alongside failure to recruit and retain staff, led Bristol Royal Hospital for Children (BRHC) to set up a nurse focused Recruitment, Retention and Wellbeing (RRWb) group.

The aim of this group is to look holistically at issues relating to RRWb and develop initiatives to improve each.

Educators from the nurse education faculty based within BRHC are part of this group, which leads to the question of "what can educators bring to this service need driven agenda?

This poster will present the background of the RRWb group and answers to the above question

Main body

The RRWb group consists of senior nurses from service side, all of whom have a role/interest in RRWb. The Service side group members report on vacancy and turnover rates alongside retention initiatives such as rotations and wellbeing initiatives.

Two educators, BC and RO are regular attendees of the group. As educators we can bring knowledge around the education and development needs of all nurses. In addition having looked at relevant issues such as generational learning, we have knowledge

around specific areas which relate to the aims of the group.

An example of the above includes the "itchy feet" poster campaign which encourages nurses who are feeling unsettled in their current clinical area to look at alternative clinical areas within BRHC rather than leaving the organisation. This idea came from knowing more about millennials and their need for carer development and new opportunities3. Ongoing work includes; looking at clear and consistent career pathways for all nurses working within BRHC.

Conclusion

Any successful plan to improve retention and wellbeing has to incorporate collaboration between stakeholders. Involving nurse educators brings a different skill set to the table and has enhanced the output from the RRWb group at BRHC.

In addition, educators and service side group members learn from one another what their challenges and drivers are.

Intended learning outcomes

1. Delegates will have increased awareness of current issues relating to well-being, recruitment and retention in nursing.
2. Delegates will understand the contribution nurse educators can make to strategies to address these issues.
3. Delegates will have increased awareness of strategies to address issues relating to well-being, recruitment and retention

Recommended reading list

1. NHS staff survey 2017 http://www.nhsstaffsurveys.com/Page/1064/Latest-Results/2017-Results/
2. NHS Improvement centre; https://improvement.nhs.uk/documents/3209/Performance_of_the_NHS_provider_sector_for_the_month_ended_30_June_18_FINAL.pdf
3. Mind the Gap: exploring the needs of early career nurses and midwives in the workplace, Jones, K et al (2015) http://www.nhsemployers.org/-/media/Employers/Documents/Plan/Mind-the-Gap-Smaller.pdf?la=en&hash=DF2177CE7AD1D6E1B544CE2AF8D09F6576F3D15D

Biography

Beverley is a paediatric nurse with many years' experience in paediatric critical care nursing. For the last five years Beverley has led a team of nurse educators based at Bristol Royal Hospital for Children. As an educator based within a tertiary Children's centre Beverley is very aware of the impact under recruitment high sickness and turnover rates can have on patient care.

Beverley's other professional interest include human factors and critical care education.

Rebekah Overend is an experienced paediatric surgical nurse who is now part of the education Faculty based at Bristol Royal Hospital for Children. Rebekah has a keen interest in all matters relating to staff well-being, mentorship and professional development. Alongside critical care education Rebekah's role includes a nurse retention element.

Poster number 13
Peer Assessment for Professional Practice Learning

Dr Liz Berragan, RN, EdD, MSc, BN (Hons) RNT SFHEA, Academic Course Lead Postgraduate Nursing, University of Gloucestershire

Aim

To share a learning and teaching approach which engages students in assessment for professional practice learning

Abstract

The popularity and appeal of learning and assessment through the medium of simulation is now widespread within undergraduate and postgraduate healthcare education; it has become a ubiquitous pedagogy (Berragan, 2014). However, in programmes where there may be large numbers of students, resource limitations often lead to simulations being conducted as group activities. Evidence suggests that when this happens, learners who take on an observer role instead of being an actual participant in the simulation, can lose interest and disengage from the learning experience (Kettlewell, 2012; Harder et al., 2013). As a new and small team of nurse educators, to engage learners in both learning and assessment and to address resourcing and sustainability, we have developed an innovative approach offering students an engaging and focussed group learning and assessment experience.

A Nursing module focusing upon assessment of

deterioration requires students to demonstrate their knowledge and understanding in peer pairs through an Observed Structured Clinical Experience (OSCE). This approach facilitates support and interactivity between students addressing different learning styles and offering opportunities for the development and use of critiquing, questioning, challenging and reflecting skills as well as nursing assessment skills (Hwang et al., 2014; Gervais, 2006). Using this assessment design feedback is timely following on directly from student activity. Students are introduced to the notion of collaborative working to achieve a common goal. There is a supported opportunity for immediate identification of achievements, engendering a sense of professional identity and achievement as students begin to perform as nurses (Berragan 2013). Students work together to manage the feedback process and identify learning points which will be taken into clinical practice on their next placement.

This approach to assessment offers a reflective opportunity to consider not only what has occurred and what has been learned, but also how this might be transferred to practice both in relation to direct patient care and also in relation to future achievement of learning outcomes. It is our intention to present our work from a faculty and student perspective offering delegates an opportunity to hear from our students about their experience of this approach to learning and assessment.

Intended learning outcomes

1. To consider the role of students as peer assessors.
2. To demonstrate peer learning through assessment activities.
3. To engage students in shared learning experiences for nursing practice.

Recommended reading list

1. Kettlewell, K., Southcott, C., Stevens, E., McCrone, T., 2012. Engaging the Disengaged (NFER Research Programme: From Education to Employment). National Foundation for Educational Research, Slough. Available at: www.nfer.ac.uk/publications/ETDE01/ETDE01_home.cfm
2. Hwang, G.J., Hung, C.M. and Chen, N.S. (2014) Improving learning achievements, motivations and problem-solving skills through a peer assessment-based game development approach Educational Technology Research and Development 62, 2, 129-145.
3. Berragan, E. (2013) Conceptualising Learning through Simulation: An Expansive Approach for Professional and Personal Learning Nurse Education in Practice 13, 4, 250-255.

Biography

Liz has over 30 years' experience in critical care nursing, military nursing and healthcare education working with the NHS, MoD, independent and voluntary healthcare sectors and higher education. Educational achievements include undergraduate, postgraduate and doctoral degrees in nursing and education. Liz is a Churchill Fellow and was awarded her fellowship by the Winston Churchill Memorial Trust to study patient safety and inter-professional education in healthcare curricula and the impact upon care delivery.

Liz has recently joined the nursing team at the University of Gloucestershire delivering undergraduate and postgraduate nursing programmes. Her previous role as an Associate Professor at the University of the West of England focused upon simulation based education and patient safety. Liz is passionate about healthcare and the need to engage and support students in the delivery of safe, effective and person centred care for every patient.

Poster number 14
Developing Leadership Skills from International Placements - Students' Perspective

Catherine Blyth, BMus (Hons), Student Nurse University of South Wales

Peter Griffiths, B. Parm., Cert. Com. Parm., Dip. Com. Parm., LL.B., Dip. Leg. Prac., Queens Commission. Student Nurse. University of South Wales.

Aim

To provide an insight into the range of leadership and transferable skills developed whilst undertaking an International exchange.

Abstract

Context: Many skills are thought to be developed, enhanced and maintained by those who undertake international experiences or placements during their nursing or midwifery courses.

The experiences may be structured through ERASMUS, enabling students to gain experience in both academia and healthcare environments, or they may be part of volunteering for organisations outside of the academic course. The All Party Parliamentary Group on Global Health recognised that those who volunteer abroad often develop strong leadership skills beneficial to the NHS (APPG 2013).

Whilst undertaking an international placement as part of our academic programme, we gained many skills aligned to leadership development, through workplace placements, academic workshops, and utilising our recreational time to gain the greatest array of experiences possible. Decision making, prioritising, time management, and problem-solving skills were part of our planning and undertaking of work and recreation whilst on our international placement (Burges et al 2014; Gower 2017; Browne et al 2015). Additionally, risk awareness and team building skills can be developed and enhanced whilst undertaking these experiences (Ackers et al 2017; Norton and Mark-Maran 2014), and new links with other academic institutions forged.

The international experience offered opportunities to develop leadership skills and the chance to run our own leadership workshops at the University during International Week. This opportunity for international placement has enabled us to further develop our skills in reflection, motivation, altruism, and emotional intelligence as identified as key to leadership

development by a number of studies (Pullen 2003; Foli et al 2014; Browne et al 2015; Goleman 1996). The experience has been further used in our own institution to increase other students' awareness of opportunities for international experience and self-development whilst increasing our own leadership and assertiveness skillsets.

Conclusion: This presentation will offer practitioners an insight into the experiences of 2 students undertaking an 8-week Erasmus experience in Finland, our perceptions of the development of leadership skills and the potential benefits for patient care, utilising concepts and practice gained in both the academic and healthcare environments.

Intended learning outcomes

1. To demonstrate how International exchanges can develop leadership skills.
2. To demonstrate how International exchanges can develop transferable skills applicable to all areas of a student's life.
3. To demonstrate how International exchanges can develop a student's awareness of different cultures and practice in other countries enforcing the importance of evidence based practice.

Recommended reading list

1. Something has shifted: Nursing students' global perspective following international clinical placements. Gower et al., (2017).
2. How do we facilitate international clinical placements for nursing students: A cross-sectional exploration of the structure,

aims and objectives of placements. Browne and Fetherston (2018).

Biography

Catherine is currently a third year student nurse studying Adult Nursing at University of South Wales having previously graduated from the Royal Welsh College of Music and Drama specialising in Vocal Studies.

At the University of South Wales Catherine is currently a Student Voice Representative for the Faculty of Care Sciences and a Student Ambassador. Catherine was chosen to represent the University at the Florence Nightingale Commemoration Service in Westminster Abbey earlier in the year and was privileged to undertake an Erasmus placement in Finland for two months. She has a special interest in Critical Care and is very much looking forward to starting her nursing career in Intensive Care once she has graduated where she hopes to become a member of an Outreach Team one day. Catherine is keen to further her studies by undertaking a Masters in Disaster Healthcare and after a few years' experience, a Masters in Advanced Clinical Practice. Catherine is also in the process of becoming an Army Reserve Nurse which she hopes will provide further leadership and clinical skills which will benefit practice back in the UK.

Undertook my pharmacy degree at the School of Pharmacy in London, before undertaking my pre-registration training at St. Thomas Hospital in London. I have worked for Boots at their industrial site in Nottingham. I worked in community pharmacy for Lloyds pharmacy as a manager of a branch, then as a

district manager. I have worked for them as a relief manager covering West Wales, and now am self-employed, carrying out locum work for Lloyds pharmacy, Well Pharmacy, and some independent contractors.

I joined the Army in 1990 as an infantry soldier and was selected for Officer training. I gained my Queens Commission from the Royal Military Academy Sandhurst in 1993, and then did further training at the Infantry Training establishment at Warminster. I passed my Captains exams in 1996. I retired from active service 1n 1997.

I undertook a law degree, and then progressed to take my Legal Practice Course, gaining my diploma in 2008.

Having nursed both my parents through their terminal illnesses, I applied to become an adult nurse at the University of South Wales.

Peter Griffiths:

Since becoming an undergraduate, I have become a student ambassador for the School of Nursing, a Student Voice Representative for the Faculty of Life Science and Education, and the Mature Students Officer for the University of South Wales. I have also undertaken an ERASMUS exchange to Finland as part of my course.

Poster number 15
Orientation: welcoming, transitioning and belonging

Rebekah Overend, RGN/RSCN BSc(Hons), Nurse Educator, Bristol Royal Hospital for Children

Aim

To highlight the importance of a positive environment for learning during the orientation of new graduate nurses

Abstract

Introduction

The yearly arrival of new graduates to any clinical area often presents challenges during orientation: providing sufficient support; reducing role anxiety; increasing contextual knowledge and acknowledging the extra time needed to complete tasks (Ross & Clifford 2002). Additionally, for preceptors there are challenges in juggling the demands of clinical work alongside effective observation and feedback (Veeramah 2012) alongside offering parity of experience, ensuring all new graduates learn in parallel. One approach to minimise these challenges has been introduced, based on creating a positive environment to make learning 'visible'. Whilst taking some time to implement, its instigation has proved to be increasingly successful for both graduates and clinical areas in making the orientation of new graduates a constructive process.

Main body

The poster outlines recent challenges in using traditional methods in orientating new graduates within a paediatric tertiary hospital, the Bristol Royal Hospital for Children (BRHC) and what is needed to promote positive learning through social interaction, recognising the importance of becoming part of a team and promoting independence (Billett 2001). Many of these areas are cited as important for retention. Examples of how the orientation of new graduates has changed are identified and expanded, including tools to promote coaching. Using the experiences of working practices within different units, the process can be adapted so that engagement is improved. Exploring the challenges, working collaboratively with nurses to create programmes that work for their areas and facilitating changes in practice through curiosity, discussion and sharing of resources has brought innovation and a sense of enjoyment in having new members join the teams.

Conclusion

These approaches offer opportunities for new graduates to begin their professional journey with a focus on the importance of team building, using encouragement and timely feedback in a supportive manner to welcome them. Those who are facilitating using this approach have time to offer coaching, easing competency sign-off which encourages confidence in new graduates. In addition, it has developed leadership and teaching skills for those involved. Wider application of this method is now being trialled in 4 units across BRHC.

Intended learning outcomes

1. To describe the challenges for senior RNs when orientating new graduate nurses
2. To examine how social learning and communities of practice can offer solutions to improving this transition period
3. To illustrate some of the new approaches to minimise the challenges identified

Recommended reading list

1. Ross, H. and Clifford, K. 2002. Research as a Catalyst for Change: the Transition from Student to Registered Nurse. Journal of Clinical Nursing, 11(4): 545-553
2. Veeramah, V. (2012), what are the Barriers to Good Mentoring? Nursing Times; 108(39): 12-15
3. Billett, S. (2001) Learning Through Work: Workplace Affordances and Individual Engagement. Journal of Workplace Learning 13(5/6): 209-214

Biography

Rebekah has worked as a paediatric nurse for over 25 years, specialising in surgery, she has worked in the Bristol Royal Hospital for Children (BRHC) for 22 of them, and Rebekah joined the Faculty of Children's Nurse Education within BRHC in 2014, becoming a full-time member of this dynamic team in 2015. She is currently working towards an MSc in Teaching and Learning for Healthcare Professionals at the University of Bristol. With a focus on post-registration education, Rebekah is passionate about professional development and celebrating the role of nursing, she is also interested in retention and is part of a working group looking at how retention and wellbeing can be improved, recognising the role of education as integral to their success.

Poster number 16
Developing a cross organisational approach to coaching; enhancing a student's confidence and resilience in leading care within the hospice setting.

Lisa Fewkes, Dip HE, Clinical Placement Facilitator, University Hospitals of Leicester

Dominique Shearer, BSc Hons, PG Cert, Clinical Placement Facilitator, University Hospitals of Leicester

Aim

Exploring a cross organisational approach to improve the confidence and resilience of students in a hospice setting.

Abstract

Clinical Placement Facilitators (CPFs) from University Hospitals Leicester (UHL) developed collaborative partnerships with two local hospices, one adult and one child. The collaboration, has allowed innovative idea sharing and exploration of the challenges of supporting learners.

A dedicated programme has been developed within UHL, to provide coaching as an approach to supporting learners in placements. Students are encouraged, during sessions, to manage patient cares autonomously. The coach facilitates their problem solving, promoting leadership and resilience. Coaching has no single definition, however, literature demonstrates strong links between coaching and leadership (Byrne, 2007).

It is well documented that learners experience fear and anxiety when faced with death and dying. Studies report students feel inadequate, anxious and are ill-prepared for the reality (Parry, 2011). Following the success of coaching within UHL, mentors and educators from each organisation joined together to consider how student's confidence, resilience and overall placement experience could be enhanced in hospice settings by the implementation of this approach.

It was recognised by the collaborative that learners are often unsure about taking lead roles in care in hospices due to lack of exposure and pre-judgements of the environment. It was identified that implementing a coaching approach would aid transition as they are likely to have been exposed to this model before in the acute trust. The moral and ethical challenges that arise in palliative and end of life care also offer distinct opportunities for leadership (Emmerich, 2018) which could be enhanced by employing a coaching approach.

Coaching workshops were provided for 9 hospice staff across the 2 sites. The traditional workshops delivered at UHL were adapted for the settings and staff were encouraged to share ideas about how this approach could benefit their learners. It was recognised that both hospices support Trainee Nursing Associates and that they would also benefit from being included in this initiative.

In order to evaluate the approach, learners will be asked to complete pre-placement confidence scores about leading care for hospice patients and the challenges that it brings. Following their placement, learners will be asked to re-rate their confidence after undertaking coaching sessions alongside traditional mentorship.

Intended learning outcomes

1. Recognise and explore the challenges faced by learners in a hospice environment.
2. Consider strategies to develop learners' confidence and resilience in a hospice setting.
3. Have an understanding of how a locally developed project has supported learners to lead hospice care.

Recommended reading list

1. Emmerich N (2018) Leadership in Palliative Medicine, moral, ethical and educational BMC 19 PP 55
2. Whitmore J (2009) Coaching for Performance 4th Ed.
3. Parry M (2011) Student Nurses' experience of their first death in clinical practice. International Journal of Palliative Nursing 9 PP446-451.

Biography

Lisa qualified as an Adult nurse in 2000. She spent 14 years as a staff nurse, most of that time on a Renal Transplant ward. She joined the Practice Learning Team within the University Hospitals of Leicester NHS Trust in 2014, as a Clinical Placement Facilitator. Lisa supports student nurses and mentors in the practice setting ensuring learning environments are conducive to the students learning. She has been involved in some innovative projects including collaborative working across organisations, Trainee

Nursing Associate support and the development of the Third Year Management Programme.

Dominique qualified as a Children's nurse in 2004. She joined the Practice Learning Team within the University Hospitals of Leicester NHS Trust in 2014, as a Clinical Placement Facilitator. Dominque supports student nurses and their mentors to ensure quality placement experiences. She has been involved in the development of various initiatives to enhance student learning and the development of practice.

Poster number 17
Developing Digital Skills ion Nurse Degree Apprentices

Emma Moore RGN RSCN BA(Hons) PG(Dip), Senior Lecturer / Cohort Leader Nurse Degree Apprenticeship, Department of Nursing, Health & Professional Practice, University of Cumbria

Aim

To highlight some of the good practice in developing digital skills of the future nurse.

Abstract

The Nurse Degree Apprenticeship programme with the University of Cumbria and University Hospitals of Morecambe Bay first cohort commenced in Feb 2018. This is one of the first such programmes to start in the UK.

The development of the apprentices' digital skills is an important aspect of their overall development. We planned this development right from the start so that it became a seamless integration of technology and learning for them. This presentation will be of interest to any other educators wanting to develop digital skills of their learners.

We had DADF funding to provide an iPad for the apprentices and so on day one we gave them these devices. The apprentices were all registered and set up with their user accounts within 3 hours of starting the programme. Having IT and Student services support was helpful.

We did not make assumptions about how computer literate people were, or how confident they were in using learning technology. We explained the digital resources in the wider context of all the support, both face-to-face and online that the students would receive.

It was crucial to have a key 'technological mentor' role of the Cohort Leader who was able to show them not just tell them. Staggering the information so that they were not overloaded with information was important, as was telling them what they get free and how it synchronizes to the cloud.

What the students say

Day 1 – Quite scared about the iPad – "Are you sure I won't break it?"

Day 3 - "I couldn't do this without my iPad" and "I am so proud I can now use the iPad and I can see how it will help me, no need to share my family computer with the children, this is mine".

Week 3 – "Is there an app for that?"

Month 3 - "I have all I need in my iPad, no need to buy an expensive laptop" and "With my iPad I can study in the garden whilst the children are playing, and take it wherever I go.

Intended learning outcomes

1. To appreciate the challenges of teaching a diverse student group.
2. To understand the strategies employed in developing digital skills in non-traditional learners.
3. To consider what strategies might be useful in teaching the traditional learner.

Recommended reading list

1. The Nurse Degree Apprenticeship Standard (2017) https://www.instituteforapprenticeships.org/apprenticeship-standards/registered-nurse-degree/
2. Smith, S (2018) Implementing the Nurse Degree Apprenticeship Scheme, Nursing Times 24th September 2018 https://www.nursingtimes.net/roles/nurse-educators/implementing-the-nurse-degree-apprenticeship-scheme/7026093.article?search=https%3a%2f%2fwww.nursingtimes.net%2fsearcharticles%3fqsearch%3d1%26keywords%3dnurse+degree+apprenticeship
3. Cummings, J (2017) Blog Setting an Example as technology leaders https://www.england.nhs.uk/blog/setting-an-example-as-technology-leaders/

Biography

After an extensive career in both the NHS and the Middle East, Emma made the move into education thirteen years ago and is now the cohort leader for the nurse degree apprenticeship group from the University Hospitals of Morecambe Bay NHS Trust. As a dual qualified adult and children's nurse lecturer she is ideally placed to lead this innovative programme and she especially enjoys the close contact she has with the apprentices and their employers as an example of close partnership working and collaboration.

Poster number 18
Partnership in action: Improving access through collaborative working

Sharon Burnside, MSc, PG Cert, BSc (Hons), Dip Nursing, Head of Nursing and Midwifery Education and Workforce Development, Southern Health and Social care Trust

Donna Gallagher, RMN, PGCFHE, PGDipFHE, MEd., Senior Lecturer Nursing, The Open University in Ireland

Aim

To demonstrate how close partnership working and collaboration was pivotal to the development of an innovative and successful strategy to widen access to nurse education for healthcare staff in Southern Health and Social Care Trust (SHSCT).

Abstract

"Collaboration is like carbonation for fresh ideas. Working together bubbles up ideas you would not have come up with solo, which gets you further, faster." (Ghosn, 2017)

This abstract demonstrates how close partnership working and collaboration was pivotal to the development of an innovative and successful strategy to widen access to nurse education for healthcare staff in Southern Health and Social Care Trust (SHSCT).

Since 2004, both the Open University (OU) and Southern Health and Social Care Trust (SHSCT) within Northern Ireland (NI) have worked together collaboratively and in partnership to ensure delivery of work based, part-time, pre-registration nurse education.

In 2017, discussions based on current and projected workforce need within SHSCT identified a particular urgency within Mental Health (MH) to train up more registered nurses. Realizing the value of 'growing your own' workforce, and in line with both local and regional strategic vision (DoH, 2018) around development and retention of staff, the Trust and University together recognized the need to urgently widen access to the 4 year BSc Nursing Mental Health nursing programme.

The Trust and OU worked collaboratively and in partnership to create a bespoke approach, unique to SHSCT, whereby health care staff demonstrating commitment, compassion and individual motivation to gain a career in MH nursing were facilitated to undertake two modules of study, one theoretical and one practical, achieving a Certificate in Health Care Practice, 120 academic credits award at Undergraduate level. This would then enable them to apply to enter directly into stage 2 of the BSc Nursing Mental Health programme,

with only three years part-time study to complete on the programme, Eight staff joined the scheme, with wraparound support of bi-monthly meetings co-produced and facilitated by the SHSCT Practice Education Coordinator and Senior Lecturer Nursing (OU). Feedback from students indicated they felt enabled, supported and most importantly valued, and all eight have now successfully accessed a Commissioned place directly into stage two of the OU BSc Nursing programme, due to qualify in 2021.

"It's about getting the best people, retaining them, nurturing a creative environment and helping to find a way to innovate." (Mayer, 2018)

Intended learning outcomes

1. To highlight the importance of close partnership working and collaboration between Approved Educational Institutions and Health Care Trusts for development and retention of staff.
2. To demonstrate how partnership working can be used to widen access to work based nurse education for existing healthcare staff.

Recommended reading list

1. Manley, K., Titchen, A. and Hardy, S. (2009) Work-based learning in the context of contemporary health care education and practice: A concept analysis. Web address: https://onlinelibrary.wiley.com/action/showCitFormats?doi=10.1002%2Fpdh.284 [Accessed 8/10/18
2. Department of Health (2018) 'Health and Social Care Workforce Strategy 2026:

Delivering for Our People'
Web address:
https://www.health-ni.gov.uk/publications/health-and-social-care-workforce-strategy-2026 [Accessed 8/10/18]

3. McDonagh, L; Draper, J; Davies, G; Mowbray, W and Gallagher, D (2010). Working at the coal face: The contribution of Programme Tutors in supporting practice-based learning in nursing. Nurse Education Today Conference, 07-09 September 2010, Cambridge. Accessed online at: https://core.ac.uk/download/pdf/9543689.pdf [Accessed 8/10/18]

Biography

Sharon Burnside MSc, PGCert, BSc (Hons), Dip. Sharon has worked in various roles since qualifying as a registered Adult nurse, including staff nurse, ward manager, Practice Education Facilitator, and Practice education Co-coordinator, within the Southern Health and Social Care Trust (SHSCT), and Practice Educator for Queen's University, Belfast. Sharon is also currently an Approved Teacher on the Developing Practice in Health Care post-registration programme in the University of Ulster. Sharon's research and teaching interests are in all areas of nurse education, with a particular interest in practice learning and mentorship. Sharon is currently Head of Nursing and midwifery education and workforce development in the SHSCT in Northern Ireland.

Donna Gallagher RMN, PGCFHE, PGDipFHE, MEd. Donna started her career in mental health nursing, working with older service users in both the public and independent sectors. Moving in to community education with an interest in widening participation, Donna worked with adult learners delivering health education, first aid, parenting and supporting and teaching parents of premature babies. Donna then moved in to Higher Education with the Open University in 2004 to bring both my passion for Nursing and love for education together to build the Open University Pre-registration Nursing programme in Northern Ireland. This successful programme is built on partnership, between local trusts, DoH and The Open University.

Poster number 19
Teaching Care Home: Promoting excellence in care and learning

Dr Theresa Shaw, NursD, BA (Hons), RNT, RN, Chief Executive, Foundation of Nursing Studies

Kate Sanders, MSc, BSc (Hons), RHV, RN, Practice Development Facilitator, Foundation of Nursing Studies

Aim

This poster aims to share the concept of Teaching Care Homes as a means of strengthening care excellence and enhancing the learning experiences for and promoting care home nursing to students.

Abstract

The Foundation of Nursing Studies was commissioned by Care England (supported by funding from the Department of Health), to co-ordinate an exciting pilot programme to explore and develop the concept of Teaching Care Homes i.e. centres of excellence in person-centred care where learning and innovation is a continuous process. These centres of excellence are acknowledged as supportive places for staff to work, where they feel valued and confident to take responsibility for care and innovation. The homes offer a positive and meaningful learning environment for students and staff. Most importantly, residents and families experience effective, compassionate and safe care that is centred on their needs.

Using the learning from the pilot programme, and with support from the Burdett Trust for Nursing, FoNS and Care England have continued to work together to extend the programme with a further ten homes (five home in 2018/19 and a further five homes in 2019/20).

The five homes engaged in the programme during 2018/2019 are exploring and developing activity around three interlinked priority areas: inspiring others, cross-sector and interprofessional working, and intergenerational working and engagement. They are working creatively within their homes, but also with partners in the community, education and health to enhance care experiences and learning and development opportunities. Through the programme the care home participants are exemplifying the ways in which nurse-led care home teams can be leaders and facilitators of exciting innovations in care and learning.

Intended learning outcomes

1. Clarifications regarding the concept and vision for the teaching care homes in England
2. Insight into how positive learning experiences for students can be enabled in care homes
3. Understanding the role of teaching care homes in promoting care home nursing as a career for students

Recommended reading list

1. Teaching Care Homes Pilot Programme Reports and Resources - http://www.careengland.org.uk/teaching-care-home-pilot

2. Teaching Care Homes Blogs and Resources - https://www.fons.org/programmes/teaching-care-homes/blogs & https://www.fons.org/programmes/teaching-care-homes/resources

3. Chambers, A. Jack, K. and Tetley, J. (2017) The Education and Development of Nursing Staff in Care Homes: Evaluation Report. Manchester Metropolitan University: Manchester.

Biography

"Dr Theresa Shaw, NursD, BA (Hons), RNT, RN

Chief Executive, Foundation of Nursing Studies (FoNS)

Theresa is passionate about enabling nurses to flourish as caring, knowledgeable and skilled practitioners. As CEO, she is proud of the work FoNS has contributed to this along with advancing nursing and improving the care experienced by people using services. Theresa has been a Registered Nurse for 34 years, her work in the NHS spanned clinical nursing, nurse education and practice development and through FoNS she has been privileged to enable a wide range of nurse-led teams across health and social care practice to innovate and create more person-centred cultures. Theresa is part of editorial team for the International Practice Development Journal and a member of both the RCN Nursing Advisory Group and the RCNi Editorial Advisory Board. She is also an Honorary Senior Research Fellow at the School of Healthcare Sciences, Bangor University, Wales and a Visiting Senior Research Fellow at Christ Church University, England. Theresa is regularly invited to speak locally and nationally on practice development, leadership and culture change, has judged numerous awards and in 2014 was named on the inaugural Nursing Times Leaders List, celebrating the most inspirational role models in nursing.

Poster number 20
The experience of nurses new to the Paediatric Intensive Care environment

Alison Meadows, BSc Clinical Practice, Dip HE Childrens Nursing, Clinical Facilitator PICU, PICU, SOuthampont General Hospital

Donna Austin, BSc Children's Nursing, Trainee ANP, PICU Southampton General Hospital

Rosie Evans, BSc Childrens Nursing, Clinical Facilitator, PICU, Southampton General Hospital

Aim

To look at the experiences of new starters to the Paediatric Intensive care environment

Abstract

Background and Objectives

Working in a PICU for the first time can be a daunting and overwhelming experience as a nurse whether they are experienced or newly qualified. There is a paucity of literature surrounding the needs of new nurses to the PICU environment and although it is possible to draw some inferences from general paediatric wards and adult ICUs, it was essential that the educational and support needs of new starters to PICUs are recognised through research to improve staff satisfaction, retention and identify the educational needs within this early period in a PICU career. The aim of the research is to explore the experience of new staff to PICU during their first 18 months in post.

Methods

A qualitative, narrative methodology was essential to elicit rich data. Semi-structured interviews were conducted within the first two weeks of starting on PICU, at 3 months and 12 months. Focus groups were conducted at 6 months and 18 months. Narrative analysis was performed independently, then collaboratively to generate themes.

Results

11 participants; six newly qualified and five with previous general paediatric experience were recruited to the study. The interviews were transcribed, coded and themed. The final themes of

support, education and confidence will be presented in the poster at conference. Interviews and focus groups focused on gaining information about stress, education and need for support.

Conclusion

New starter nurses, regardless of experience need support, particularly during the transition from student to newly qualified nurse. During their first 18 months the new starters demonstrated an increase in confidence and development of resilience. A support network for PICU staff has been initiated following this study to develop peer support, resilience and coping strategies. This study highlights that there is a clear need for greater support for new staff and further research to explore this on a wider scale.

Intended learning outcomes

1. To understand the stresses that affect new starters to PICU
2. To understand the support required by new starters to PICU

Recommended reading list

1. Muldowney, Y. & McKee, G. (2011) Nurses new to intensive care: perceptions of their clinical learning environment, Nursing in Critical Care, 16 (4), pp 201-209
2. Foglia, DC. Grassley, JS. & Zeigler, VL. (2010) Factors That Influence Pediatric Intensive Care Unit Nurses to Leave Their Jobs. Critical Care Nursing Quarterly:33(4) - p 302–316

Biography

A qualified children's nurse for 14 years working in a variety of specialties before moving to the Paediatric Intensive Care Unit (PICU) at Southampton Children's Hospital 8 years ago. She started working within an educational role in 2014 as a fulltime clinical facilitator within PICU, after 12 months in this role it was changed to a 50/50 job share to combine with a band 6 sister's post to ensure continued development both as an educator and clinical nurse. She is currently working in a seconded role as, Lead Nurse Educator Wessex Paediatric Nursing Preceptorship Programme since July 2018.

Donna Austin works in Paediatric Intensive Care as a trainee Advanced Nurse Practitioner at Southampton Children's Hospital. She has worked in Paediatric Intensive care over the past 11 years in various roles including Sister and Clinical Academic Nurse whilst undertaking research towards her PhD.

Rose Evans started her career in general paediatrics at a district general hospital before moving to PICU at Southampton Children's hospital after 1 year. She has worked in PICU for the past 6 years and has been part of the PICU education team for the past 2 years as a clincal facilitator doing a 50/50 split with her clinical hours.

Author; Donna Austin, Bsc Children's Nursing, Trainee ANP, Southampton Genral Hosptial

Poster number 21
Senior Staff Nurses in action!

Dr Rose Webster, RN, BSc, MSc, DHsci, Education and Practice Development Lead, University Hospitals of Leicester NHS Trust

Claire Agnew van Asch. Qualifications - RN, Dip HE, MA. Job title - Senior Nurse – Clinical Practice Development. Organisation/workplace - University Hospitals of Leicester NHS Trust

Jason Loughran. Qualifications - RN, BSc (Hons) MSc, SPAN, V300. Job title – Deputy Head of Nursing. Organisation/workplace - University Hospitals of Leicester NHS Trust

Aim

1. To understand the drivers for the development of the programme.
2. To share the process of role development through a Listening into Action (LiA) approach.
3. To share lessons learnt from first wave implementation.

Abstract

"The University Hospitals of Leicester NHS Trust is a large acute teaching hospital employing over 4000 nursing staff. In line with the national picture the Trust is facing challenges in retaining its nursing workforce. In January 2016 the results of questionnaire sent to 1,500 RNs at mid-point band 5 coupled with a targeted listening into action (LiA) event highlighted a sense of frustration over a clear development structure

together with desire to be recognised and valued for their clinical contribution.

At the same time one specialist area was piloting a service specific senior band 5 development programme. The course content offered both essential aspects of leadership gathered from relevant person specifications and suggested appraisal objectives but also more informal aspects that developed a wider professional knowledge base such as attending trust briefings.

The course was delivered over 2 full days approximately four months apart to enable the learners to gain the required experiences required for completion. The days were delivered by senior nursing leadership from the learners own clinical management group.

The senior staff nurse course covered the trusts structure, trust values and how they can be incorporated within working practices, models of leadership and scenario's around answering complaints and reported incidents. The course was open to all registered band 5's from both Theatres and Critical Care and as such was attended by Nurses and Operating Departmental Practitioners (ODP's). Additional required learning experiences were recorded within a workbook that each learner was issued.

The findings from the LiA alongside feedback from the service specific programme resulted in the evolution of a Trust wide programme developed jointly by the education team and senior nurses. This programme consisted of study days,

reflection and wider learning through experience opportunities. On completion staff were awarded the title of Senior Staff Nurse or Senior Theatre Practitioner for the registered ODP's.

Intended learning outcomes

1. To understand the drivers for the development of the programme
2. To share the process of role development through a Listening into Action (LiA) approach
3. To share lessons learnt from first wave implementation

Recommended reading list

1. http://www.listeningintoaction.co.uk/
2. NHS Employers (2017) Improving staff retention a guide for employers, London, NHS Employers
3. Willis P, (2015) Raising the bar shape of caring: A review of the future education and training of Registered Nurses and Care Assistants, London, Health Education England

Poster number 22
Human trafficking by numbers. A guide for health professionals

Ingrid Pritchard , MA BSc RNA RNT Cert Ed: PCET, Senior Lecturer , Swansea University

Aim

To raise awareness of the health needs of trafficked victims.

Abstract

Human trafficking has become a global business. It is estimated there are 24.9

million victims worldwide (International Labour Organization, 2017). The profits for traffickers are huge. Sexual exploitation of victims can earn traffickers $99 billion. The number of victims continues to rise despite legislation. This has resulted in numerous health problems for the victims concerned.

Health professionals may often be the first safe person a victim meets. Unfortunately, some health professionals do not recognise the person has been trafficked (Grace, 2014).

Others do but do not know what to do to help. It is estimated that some trafficked victims have been into contact with health professionals 7 times before being helped. NHS England (2015) reports that 1 in 8 health professionals suspected they had nursed trafficked victims but did not escalate concerns.

Adding human trafficking into nursing curriculum is a potential solution. Nursing students can be taught to recognise symptoms. They can then be taught what to do. Knowing how to respond is essential as the victim's life could depend upon it. The trafficked victim is a very valuable commodity and not one traffickers want to lose.

Trafficked victims need the help and support of health professionals. All facets of their health can be affected including physical, sexual, mental and psychosocial. It is vital they receive the necessary support.

Intended learning outcomes

1. Explain what human trafficking/modern slavery

2. Identify up to 5 symptoms a victim may display
3. Explore their role in relation to human trafficking

Recommended reading list

1. Human trafficking and health:a cross-sectional survey of NHS professionals' contact with victims of human trafficking (Ross et al, 2015).
2. NHS England: Healthcare can help identify victims of modern slavery
3. Trafficking and health (Buzza, 2004).

Biography

Ingrid Pritchard is a senior lecturer at Swansea University in Nursing. She also is employed as an associate academic for Coventry University and Derby University. She has a Masters degree in Ethics and Healthcare Law. She teaches ethics to pre-registration and post registration nurses and allied health professionals.

The student experience

4.1.1

Exploring perceptions of stigma and discrimination amongst male nursing students

Ingrid Pritchard, MA, BSc, Dip HE in Nursing, Cert ed:PCET, RN: Adult, RNT, HEA Senior Fellow Senior lecturer in Nursing, Swansea University

Tracy Williams, lecturer, BSc, Dip HE, SCHPN (DN), PGCE, RGN, RNT, SENG NP, Swansea University

Stephanie John, lecturer, MA, BSc, PGCE, HEA fellow, RGN, RNT, Swansea University

Aim

To investigate and explore whether male nursing students do experience stigma and discrimination. The aim of the research is to improve student experience for male nursing students and increase recruitment of male applicants.

Abstract

The number of male nursing students applying and undertaking nursing courses in the UK is around 25%, the number of male nurses in the UK is 11%; this suggests that nursing still remains a female-dominated profession and that not all male nursing students actually qualify. A brief review of the literature suggests one possible reason for this is that male nursing students are subjected to discrimination and stigma.

The aim of this research is to explore whether the male student nurses studying at Swansea University are subjected to stigma and discrimination. The numbers of male student nurses applying and studying at Swansea University remains low in relation to female. It is hoped that this exploratory research will provide some insight as to why this may be, and how it can be resolved to try and increase the number of male student nurses recruited and retained.

It is envisaged the research will highlight whether stigma and discrimination is an issue for the male student nurses at Swansea University. If its presence is established, then the research may highlight avenues to best to support male student nurses and therefore improve outcomes for this student population.

The study is of a triangulation design. There is a working hypothesis that some of the participants will have experienced stigma and/or discrimination. A combination of methods will be used to explore whether this is accurate and the effects this has upon male nursing students.

The study will take place between June and July 2018. The study has been funded by a SALT/SAILS grant.

Intended learning outcomes

1. Explore why there are fewer male applicants entering the nursing profession
2. Identify whether stigma and discrimination against male nursing students exists
3. Evaluate the effects of stigma and discrimination on male nursing students

Recommended reading list

1. Kouta, C & Kaite, C.P. (2011). Gender discrimination and Nursing: A literature review. Journal of professional Nursing, 27(1), 59-63.
2. Leach, (2015). Male Nurses, Increasing in number as stigma subsides. Retrieved June 6th 2017, from file:///C:/Users/Owner/Desktop/Teaching%20and%20module%20info/Teaching%202nd%20years/Module%207/Male%20Nursing%20%E2%80%93%20Increasing%20in%20Numbers%20as%20Stigma%20Subsides.html"
3. Rajacich, D., Kane, D., Williston, C., & Camero, S. (2014). If They Do Call You a Nurse, It Is Always a "Male Nurse": Experiences of Men in the Nursing Profession. Retrieved June 6th 2017, from https://www.researchgate.net/publication/235399415_If_They_Do_Call_You_a_Nurse_It_Is_Always_a_Male_Nurse_Experiences_of_Men_in_the_Nursing_Profession

Biography

Ingrid qualified as a registered adult nurse in 2000. Ingrid has worked in a variety of clinical areas including surgery and critical care. Ingrid enjoyed mentoring students and decided to become a nurse lecturer. She became a nurse lecturer in 2010. Ingrid currently works as a senior

lecturer for Swansea University and is the programme lead for the MSc in pre-registration nursing. The first of its kind in Wales. Ingrid is an adult nursing admissions tutor for Swansea University. Ingrid is also an associate academic for University of Derby and Coventry University. Ingrid is a senior fellow of the HEA.

Stephanie John is a nurse lecturer at Swansea University. Stephanie previously worked in reconstructive plastics. She has a specialist interest in wound care. Stephanie has an MA in education. She successfully runs a longitudinal module for pre-registration nurses. Stephanie is an adult nursing admissions tutor.

Tracy Williams has had a long and varied career. She worked in medical nursing before becoming a district nursing sister. She has specialist interests in wound care and palliative care. She became a nurse lecturer with Swansea University in 2014. She successfully runs nursing modules including the tissue viability module. Tracy is an adult nursing admissions tutor.

4.1.3

Valuing the relationship between HCAs and learners in practice.

Pam Hodge, PG Cert, Fellowship of HEA, BSc Community Nursing (Mental Health), RMN Lecturer in Practice Learning, Middlesex University

Alison Dexter, BSc adult nursing, Practice Development Nurse (pre-reg nursing) Whittington Health

Helen O'Toole

Aim

To share and discuss the findings of the relationship between the HCA and students in practice, in the context of the NMC (2018) standards.

Abstract

The nursing family is expanding with new types of learners and different expectations of the future nursing workforce. In a time of scare resources, the need to utilise all members of the team to their full potential is paramount to meet the diverse needs of service users and ensure safe and effective care (NHS England, 2017). This is reflected in the NMC (2018) Standards for Student Supervision and Assessment which place an emphasis on the team-based approach to learning. Whilst explicitly identifying the role of other registered health care professionals, it risks devaluing the positive contribution available from unregistered healthcare workers.

This HEE funded primary research is part of the Strengthening Team-based Education in Practice (STEP) project. It focusses on the experience of student nurses working and learning with non-registered care workers (HCAs). Clinical skills, knowledge and professionalism are integral to join the nursing community of practice (Lave and Wenger, 1991). To become fully immersed in the culture of the practice area, student nurses also require supportive relationships (emotional, practical, and pastoral), often reportedly provided by the HCAs.

Our research findings offer a deeper insight into how this learning relationship between student and HCAs alters over time. In the first year of training the HCA cohort may be teaching and supervising the students on the fundamentals of care. As the student progresses the value attributed to this group alters as the respective scope of practices diverge. By the final part of the students' journey, they are learning together with the HCAs and developing delegation and management skills which add a different dimension to these relationships. This transition is explored in more detail based on our focus group data and the subsequent thematic analysis.

Our findings conclude that HCAs have a vital role in supporting student nurses to become the leaders of the future and enhance the student experience.

Lave, J. and Wenger, E. (1991). Situated Learning. Legitimate peripheral participation. New York: Cambridge University Press.

NHS England (2017) Next Steps on the NHS Five Year Forward View. Available at: https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf

NMC (2018) Standards for Student Supervision and Assessment. Available at: https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/

Intended learning outcomes

1. To consider the role of the unregistered workforce in supporting learners in practice.
2. To establish how this relationship alters over the duration of the students' training.
3. To share research findings from both the student and HCA perspective

Recommended reading list

1. NMC (2018) Standards for Student Supervision and Assessment. Available at: https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/
2. NHS England (2017) Next Steps on the NHS Five Year Forward View. Available at: https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf
3. Lave, J. and Wenger, E. (1991). Situated Learning. Legitimate peripheral participation. New York: Cambridge University Press.

Biography

Pam is a registered mental health nurse, with over fifteen years of community experience, specializing in working with and supporting people experiencing a first episode of psychosis and their families as a Clinical Nurse Specialist. Since joining Middlesex University in 2016, Pam now works as a Lecturer in Practice Learning, facilitating new and existing practice areas to support nursing learners and promoting professional development, including teaching on the mentoring preparation course. This fits with her role as

co-ordinator on a part of the Strengthening Team-based Education in Practice (STEP) project, with a specific focus on primary care nurses, both in general practice and Care Homes. She also is Link Lecturer to a diverse range of placements in acute and community settings.

After qualifying as a nurse in 2007, Alison Dexter specialized in women's health working as a Ward sister in gynaecology and a specialist nurse in early pregnancy. For the last 5 years I have worked in nursing education, currently as a Practice Development Nurse working with pre-registration student nurses at Whittington Health.

4.2.2

Career Conversations to support employability and inspire nursing and midwifery students in their career choice.

Justin Mc Dermott, BSc Hons Nursing: Mental Health, PGCHE, Senior Lecturer Practice-based Learning, Middlesex University

Helen Kehoe, Lecturer in Mental Health/ MyCare Academy, Middlesex University.

Jennifer Springham, Lecturer in Mental Health/ MyCare Academy, Middlesex University

Gregory Brinsdon, Project co-ordinator, Middlesex University

Aim

To explore the findings of a research project that captured student nurse questions and concerns related to their future careers and present a range of

initiatives and resources developed to support their choices and promote employability skills.

Abstract

This joint My Care Academy (MyCA) /STEP project 'Career Conversations' has explored students perspectives and needs regarding career opportunities and preparation for their careers.

MyCA as a knowledge building community seeking to support the workforce within its partnership and STEP (Strengthening Team-based Education in Practice) seeking to develop approaches and resources to enhance learning in practice, have come together to focus on the employability and career questions of our student group to enhance the student experience and preparation for roles.

A range of year 2 and year 3 student nurses were given the opportunity to identify questions they had regarding their future career and these were categorised under 5 key themes : 1)Opportunities and roles post qualification; 2) Pre employment preparation; 3) Transition and support needs; 4) Post registration professional development; 5) Future promotion / leadership roles

The findings from the focus groups and a broad scoping of available materials has informed the creation of digital resources/stories to support the development of relevant knowledge and skills. The core benefits of the resources and digital stories will encourage and answer the questions of prospective and current students.

The key aims, methodology, and the findings from the student focus groups will be outlined, drawing on some of the work of the CapitalNurse Programme.

Intended learning outcomes

1. To outline the key objectives of this joint MyCa/STEP research project.
2. To present a range of questions that students raised regarding their employability and career questions to stimulate discussion.
3. To outline some of the digital resources/stories that have been created as part of this project.

Recommended reading list

1. HEE (2018) CapitalNurse Digital Career Framework tool last accessed 20.08.18 https://hee.nhs.uk/our-work/capitalnurse/workstreams/career-framework
2. RCN (2017) Career Resources for Student Nurses. Last accessed on 20.08.18 https://www.rcn.org.uk/professional-development/your-career/student.
3. Parker et al (2014) New graduate nurses' experiences in their first year of practice. Nurse Education Today, Volume 34, Issue 1, 2014, pp. 150-156

Biography

Justin Mc Dermott, a senior lecturer at Middlesex University, is a member of the practice based learning team with responsibility for monitoring and enhancing the quality of the learning environment. Justin is a registered mental health nurse, is a committed member of the London Association of Mental Health Practitioners and

continues to work closely with his former mental health Trust. Justin has been working on the STEP (Strengthening Team-based Education in Practice) project for over 18 months and has been undertaking research related to the academic-practice partnership theme and believes partnership working is key to effective learning in practice.

4.2.3.

The construction of professional identity in undergraduate nursing students

Andrew Sargent, PhD candidate, BSc(Hons) PGDip (Education), PGCert (Research), Senior Teaching Fellow, Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care. King's College London

Aim

To report the findings of a qualitative research study exploring how undergraduate student nurses develop professional identity

Abstract

Background-

Recent changes to nurse education, and public scrutiny of the nursing profession, has led to a renewed interest in the preparation of student nurses for professional practice. Central to students' development of professional practice is the acquisition of a professional identity that accurately reflects the role of the nurse, and the function of the profession. Previous research into the socialisation of student nurses is primarily concerned with the student's learning and often focuses on micro-social processes within nurse education.

Methods-

This doctoral study explores the development of professional identity in undergraduate student nurses from a social constructionist perspective. A constructivist grounded theory approach was used to uncover undergraduate student nurses' perceptions of professional identity throughout the pre-registration programme. Data were collected from first, second and third year student nurses from two UK universities using focus groups and individual interviews.

Results-

Students revealed a dualism between the identity of professional nurses, and of the nursing profession. A commitment to caring and compassion was revealed as authenticity with the students' self-concept. Students described the identity of the profession as being passive, powerless and bound to its past. Being part of a ""new generation" of nurses and being bound to outdated stereotypes, were found to create conflict. This study revealed how social influences shape students' Individual Professional Identity (IPI) prior to commencing the programme. Whereas, nursing's Professional Role Identity (PRI) was re-orientated over the 3 years of the programme. This re-orientation occurred as a response to public criticism of nursing as failing in its duty to care for patients and having lost sight of its roots as 'the caring profession'.

Conclusions-

A historical discourse of the nursing profession, that is founded upon nursing's vocational roots and portrays nurses as passive and powerless, conflicts with a contemporary discourse that portrays nurses as highly skilled and knowledgeable professionals, at the forefront of healthcare provision. Social constructionism reveals a new interpretation of professional identity and the discourses that come to bear on student nurses during the pre-registration undergraduate programme.

Intended learning outcomes

1. To understand professional identity from a social constructionist perspective
2. To explore how undergraduate students perceive professional identity of nurses and the nursing profession

Recommended reading list

1. Maben, J., Latter, S. & Clark, J.M. (2007) The sustainability of ideals, values and the nursing mandate: evidence from a longitudinal qualitative study. Nursing Inquiry, 14(2), 99-113.
2. Gillett, K. (2012) A critical discourse analysis of British national newspaper representations of the academic level of nurse education: too clever for our own good? Nursing Inquiry, 19(4), 297-307.
3. Sargent, A. (2012) Reframing caring as discursive practice: a critical review of conceptual analyses of caring in nursing. Nursing Inquiry, 19(2), 134-143.

Biography

Andrew Sargent is a Senior Teaching Fellow in Adult Nursing at the Florence Nightingale Faculty of Nursing, Midwifery and Palliative care, King's College London.

He has been an educator for 18 years and has a clinical background in cardiac intensive care and coronary care nursing. Currently he teaches undergraduate pre-registration nursing students.

For the past 7 years, Andrew has been undertaking a part-time PhD exploring professional identity in undergraduate student nurses.

Previous work in caring discourse and analyses of professional discourse in the nursing press have been presented in the USA and Germany.

Learning, teaching and assessment

4.3.1.

Memento Mori: exploring death and dying through art

Jane Nicol, RGN, BsC, PGCEHE, MAEd, FHEA, Lecturer Adult Nursing, University of Birmingham

Jen Ridding, Learning and Engagement Manager, Barber Institute of Fine Art, University of Birmingham, Edgbaston, Birmingham, B15 2TS

Aim

The aim of this paper is to showcase an innovative way to encourage student nurses to engage in open discussions about death and dying

Abstract

This paper will present the findings of an evaluation of an art based workshop exploring death and dying. The paper will include the following:

Underpinning rationale for the workshop, making reference to the use of art in undergraduate nurse education.

Explanation of the format of the workshop (including images of some of the selected works)

Summary of student evaluation to include comments from the group discussion

Next steps and future developments

Being able to support patients and their families at the end of life is a requirement for all nurses. However, research has shown that student nurses find many aspects of this challenging, for example, interacting with the patient and family and breaking bad news. Therefore, to enable student nurses to deliver effective care at end of life, pre-registration programmes should provide students with opportunities to explore their concerns and personal beliefs about death and dying.

This workshop was part of the learning and teaching strategy for a BNurs Yr3 module, focusing on supportive care, delivered at the University of Birmingham. Using a selection of work from the collection at the Barber Institute of Fine Art the workshop enabled students to discuss death and dying in a supportive and non-threatening environment.

The evaluation demonstrated that students benefited positively from the workshop citing a greater understanding of their own personal beliefs and those of others. They valued the 'time out' of a traditional learning environment to explore these issues and to share with others in their groups. When asked many of them stated they would be able to drawn on this experience in their clinical practice.

Plans are in progress to involve international partners in future workshops in order that students from different institutions can share a wider range of experiences."

Intended learning outcomes

1. To explore how art can be used to prompt discussion about death and dying
2. To share our experience of planning, implementing and evaluating an arts based workshop exploring death and dying

Recommended reading list

1. Edo-Gual, M., Tomás-Sábado, J., Bardallo-Porras, D. & Monforte-Royo, C. (2014) The impact of death and dying on nursing students: an explanatory model. Journal of Clinical Nursing, 23, 3501-3512.
2. Ek, K., Westin, L., Prahl, C., Österland, J., Strang, S., Bergh, I., Henoch, I. & Hammarland, K. (2014) Death and caring for dying patients: exploring first-year nursing students' descriptive experiences. International Journal of Palliative Nursing, 20, 10, 509-515.

Biography

Jane is a Registered General Nurse and an Adult Lecturer in the School of Nursing. She worked within the NHS for 11 years before moving into Higher Education and maintained her clinical practice within the field of palliative and end of life care.

Jane's specialist areas of teaching are long term conditions and palliative and end of life care. Her contribution to student learning was recognised nationally when she was a finalist in the 2018 SNTA Awards in the educator of the year category. She was the winner of the College of Medical and Dental Science Outstanding Teaching Award 2018.

Jen Ridding is Head of Public Engagement at the Barber Institute of Fine Art. Jen completed a BA Fine Art, aPGCE and worked as a secondary school teacher and a community arts facilitator. Since then Jen has developed her practice within a range of gallery and museum settings, delivering on regional and national learning and engagement programmes.

At the Barber Jen overseas Visitor Experience and the Learning and Engagement programme, which facilitates engagement with wide-ranging audiences. Jen leads on the Barber's audience development strategy with a particular focus on developing innovative HE student and academic engagement.

Empowering students through student-led clinical vignettes

Diane Lyttle, MSc, PGDip Ed, BSc Hons Spec Practice, BSc Hons Nursing, RN (Adult), FHEA, FCHERP, Lecturer, Ulster University

Deirdre O'Donnell Sarah Penney, RGN, Dip, BSC (Hons), MSc, FHEA, teaching fellow in School of Nursing at Ulster University.

Gerard Baxter, RGN, MSc, PGCE, BNS, FHEA, FCHERP, teaching fellow in the School of Nursing at Ulster University

Aim

To evaluate lecturers' and students' experiences of student-led clinical vignettes

Abstract

Background: Nursing education continues to evolve in terms of how educators promote active learning experiences for students. Learning through simulation provides the opportunity for students to practice person-centred care including complex psychomotor skills, in a safe yet challenging environment. Moreover, the use of simulation in pre-registration nursing education has been endorsed by the NMC (2018).

Aim: To evaluate lecturers' and students' experiences of student-led clinical vignettes. Objectives included: to design

authentic clinical vignettes to reflect the context of care capturing key clinical skills required in the module and to seek feedback from students and lecturers about their experiences of student-led vignette-based simulated learning.

Methods: The module team crafted a range of vignettes to reflect real-life scenarios relevant to the module learning outcomes. Students worked in small groups to read the vignettes and to work through a range of student-led activities. Narrative feedback responses from staff and students were collected through an online survey.

Findings: All module staff (n=6) provided feedback. They reported that the vignette-based learning generated real engagement and interest among students. They commented on the students' levels of enthusiasm, commitment to the activity and their responsiveness. Staff further noted that students employed problem-solving approaches to develop their competency, used their prior knowledge to seek solutions and had the opportunity to display leadership and support for others in their teams. As learning activities were student-led, lecturers reported being more able to focus on supporting and guiding students; responding with immediate feedback to and from students. A total of 91 (39% response rate) students completed the survey. Student feedback was consistently positive. This was attributed to the fact that the vignettes were authentic, thought-provoking, built on previous knowledge and provided opportunities to rehearse skills in a contextualised way that

developed their knowledge and confidence in meaningful ways.

Conclusion: While this approach demanded considerable preparatory time for the module team, the dividends in terms of student learning made this a worthwhile investment. The use of clinical vignettes encouraged students to problem-solve, think critically, and develop confidence in decision-making, skills necessary for workplace readiness and the transition to practice as a registrant.

Intended learning outcomes

1. Student-led vignettes have the potential to promote student autonomy and responsibility for their learning.
2. Appreciate the value of student-led scenarios in developing student's confidence and leadership skills.
3. Adopting a facilitation role in skills teaching can create space for students to problem solve and make decisions.

Recommended reading list

1. Chambers, D, Thiekotter, A and Chambers, L (2013) Preparing student nurses for contemporary practice: The case for discovery learning. Journal of Nursing Education and Practice 3 (9): 106-113
2. Nursing and Midwifery Council (2018) Realising professionalism: Standards for education and training. Part 3: Standards for pre-registration nursing programmes. London. NMC
3. Tedesco-Schneck, M (2013) Active learning as a path to critical thinking: Are

competencies a roadblock? Nurse Education in Practice 13: 58-60

Biography

Diane qualified as a registered adult nurse at Ulster University in 1996. She practised as a nurse in surgery and acute medicine specialising in stroke care. She continued her career taking up a post in education in the School of Nursing at Ulster University in 2005. During this time as lecturer she has been responsible for module co-ordination, has been course director and participated in curriculum planning, revalidation processes and events. She has taught across a range of subjects and has additional roles as external examiner and journal reviewer.

Ms Deirdre O'Donnell is Senior Lecturer in Nursing at Ulster University and Academic Lead for Global Engagement and Partnerships. She is a registered nurse, holds a specialist practice qualification, a Master's degree in Advanced Nursing and a Fellowship of the Higher Education Academy. Since 2013, Ms O'Donnell has been an independent Professional Member of the Nursing and Midwifery Council's Fitness to Practice Committee. In addition, she has a Public Appointment as a Non-Executive Professional Member of the Northern Ireland Practice and Education Council for Nursing and Midwifery. She has extensive experience of clinical nursing practice, nursing education and professional regulation.

Sarah Penney is currently a Teaching Fellow at Ulster University and project manager for My Home Life, Ulster University. Sarah has a background in surgical nursing

before managing several health and social care projects. She worked as a care home manager and then as a Dementia Lead for a Belfast charity. She has completed her MSc in Dementia care. Sarah is module co-ordinator for the year 2 pre-registration nursing skills module. She has specific interests in supporting students and staff to develop practice as well as dementia design and quality care for older people. She won the RCN Nurse of the Year Learning in Practice award for her work with Northern Ireland care homes in the My Home Life programme.

Gerard Baxter is a Teaching Fellow at Ulster University. He qualified as a registered general nurse in 2004, and has amassed significant experience in all clinical areas, most notably ED and Orthopaedics. He has a keen interest in teaching pedagogy and the students mentorship experience while on clinical placement. He was recently awarded Fellowship status with the Higher Education Academy and with the Centre for Higher Education Research and Practice within the University.

Partnership working and collaboration

4.4.1

An evaluation of a new group safeguarding supervision process for Health Visitors in Wales: A Pilot Study.

Michelle Moseley, MSc, PGCE, BSc, RHV, RSCN, RGN, Director of Learning in Practice, Lecturer, Primary Care and Public Health Nursing Cardiff University

Linda Hughes-Jones

Aim

To explore health visitors and safeguarding nurse advisors perceptions of a new model of group safeguarding supervision.

Abstract

Safeguarding supervision offers a formal process of support to Specialist Community Public Health Nurses (SCPHN's). The SCPHN's included in this pilot study, are health visitors. Its aim is to develop practitioners who are able to critically think and analyse complex situations. A new model of group safeguarding children supervision for health visitors has been piloted within a Welsh Health Board. The aim of this new format of supervision is to improve the support health visitors receive in a group format with the effective use of the resources available. Health visitors' currently access supervision as indicated by specific Health Board and Welsh policy (Public Health Wales 2014). Caseload supervision can occur every four - six months and more frequently if requested by the practitioner. Generally, this is undertaken on a one to one basis. This has become difficult to facilitate for the safeguarding team.
Group supervision was therefore implemented with four groups of health visitors, two from the flying start health visiting service and two from the generic service. The group supervision was facilitated by the Safeguarding Nurse Advisors (SNA) and includes prepared structured prompts for the session with health visitors asked to discuss families that they are concerned about. There is

also an educational element to the supervision. The group supervision has been positively evaluated. Changes have been made based on the study findings. These changes include size of the supervision group, length of the group, record keeping, and content included. A model of safeguarding supervision has been devised.
The pilot study is progressing into a wider ethnographic study at PhD level, the result of which could be used to influence future safeguarding children supervision practice and improved care to this client group. There is potential to change the delivery of safeguarding children supervision within neighbouring health boards and further afield. The child/young person must remain the focus and purpose of safeguarding supervision. The overall aim is to deliver an effective supervisory process with the current resources available. This reflects the current prudent healthcare remit whilst offering a potential service improvement which is effective, locally and potentially, nationally.

Intended learning outcomes

1. To raise awareness of the safeguarding supervision process.
2. To discuss the pilot study findings and its impact on practice.
3. To recommend an effective safeguarding supervision structure based on study results and explore 'best practice' options.

Recommended reading list

1. Botham, J. (2013) What constitutes safeguarding children supervision for health visitors and school

nurses. Community Practitioner 86(3) p28-34.
2. Appleton, JV. Peckover (2015) Protecting Children and Young People: Child Protection, Public Health and Nursing. Edinburgh: London.
3. Warren, L (2018) Role of Leadership behaviours in Safeguarding Supervision: A Literature Review. Primary Health Care 28(1), p 31-36

Biography

Michelle has worked within the School of Healthcare Sciences, at Cardiff University for the last six years. Her background is RGN, RSCN and RHV and safeguarding children lead nurse. She has been programme manager of the Specialist Community Public Health Nursing (SCPHN) programme, is currently Director of Learning in Practice and a PhD student. Michelle as recently published within the Community Practitioner and Journal of Health Visiting and is Wales Chair on the Community Practitioner and Health Visitor association (CPHVA) executive committee. Michelle's PhD focusses on the role of health visitors in safeguarding supervision and its effectiveness.

Linda is Head of Safeguarding for children and adults at risk within Cardiff and vale University Health Board. She undertakes a strategic role on behalf of the organisation to promote regional partnership working with statutory agencies. In 2016, the Health Board successfully launched a multi-agency safeguarding hub with partners in Cardiff, ensuring that safeguarding the public is paramount. Linda is a RGN and RSCN with a Masters degree in child development and childhood studies from Swansea University. Linda has worked in the safeguarding field for 15 years, mainly in child protection. Linda moved to her senior Nurse Safeguarding Adults role in 2014.

4.4.2

Developing cultural competence through an international exchange

Andrew, Southgate, RGN; BSc Hons; PGCHCM; PGCLT (NMC) MSc, Senior Lecturer, Canterbury Christ Church University

Aim

Impact of how an international exchange enhances development of pre-registration students cultural competence

Abstract

Globalisation and the development of an integrated global economy has a major impact on the nursing profession. Socio political and economic drivers such as refugees seeking safety, migration to find work and intercultural marriages require nurses of the future to develop skills in cultural competence to deliver quality care to diverse populations (Anderson and Isaacs 2007; Herdman 2004; Knight, 2006; Kokko, 2011) By participating in overseas exchanges, pre-registration nursing students can potentially improve their understanding of cultural competence which has a positive impact on delivering culturally competent care (Long, 2016; Kratzke and Bertolo, 2013)
Between 2017 and 2018 15 pre-registration students, undertook an exchange to Japan. This provided an opportunity to undertake a study exploring how the students' cultural competence has developed as a result of engaging in classroom sessions with the Japanese, cultural activities and observing care in a range of settings.
Qualitative data was gathered via semi structured written reflective accounts, completed prior to and after the visit. In addition, participants were involved in semi structured 1:1 interviews after the visit. Data analysis was via concurrent triangulation (Cresswell 2009). The qualitative data was subject to inductive thematic analysis (Braun and Clarke 2006), and returned to students for verification.
The presentation will explore some of findings within the context of wider findings related to the development of cultural competence and consider how the information gained could be used to support teaching and learning approaches.

Intended learning outcomes

1. State activities that can enhance development of students cultural competence during an international
2. Describe the cultural competence skills that students have developed as a result of an international exchange

Recommended reading list

1. Long, T (2016) The Influence of International Service Learning on the Development of Cultural competence in undergraduate students Available at: http://www.nursinglibrary.org/vhl/bitstream/10755/620379

/1/1_Long_T_p80806_1.pdf (last accessed 06/10/17)
2. Kokko, R (2011) Future nurses cultural competencies: what are their learning experiences during exchange and studies abroad? A systematic literature review Journal of Nursing Management 19 673-682

Biography

Andrew is a Senior Lecturer, School Lead for Internationalisation, and Faculty Lead for an International Foundation Certificate. His international experience includes writing and delivering a Practice Education Course for Neonatal Nurses in Vietnam; and presenting lectures to students and academics in Belgium, Japan, Taiwan and China. He leads student exchanges to Japan and the U.S.A; and arranges visits for students and staff to the U.K. He has published Overseas Exchange Guidance in the T.H.E. and is a book reviewer for the Nursing Times. He is an External Examiner for the University of Sunderland's BSc Overseas Nursing Degree.

4.4.3

'On the Record' - Legal Scrutiny of Medical Record Keeping

Amanda Andrews, MA, BSc,RN,FHEA Senior Teaching Fellow Birmingham City University

Bernie St.Aubyn. MSc, BSc, RN, RM,RHV, FHEA, PG Cert. Senior Lecturer, Birmingham City University

Aim

To showcase a collaborate project aiming to bridge the knowledge gap of students from law and nursing and midwifery by creating a simulated tribunal experience for students from both professions.

Abstract

Record keeping is an essential part of nursing practice that has both a clinical and legal context. However, the knowledge and skills required to practice in the caring and supportive health care culture do not always resonate with those prevalent in the proof and finality driven legal culture. Still, it is essential that healthcare professionals are aware of their profession's legal obligations, and, equally, that law professionals appreciate the nuances of healthcare practice and its complex social context.

The keeping of good quality records by nursing professionals is linked with improvements in patient care, whilst poor standards of documentation are regarded as contributing to poor quality nursing care. The quality of nursing documentation has consistently been found to be failing to meet recommended standards (NMC 2015). In the event a nurse must account - for example in a Fitness to Practice Tribunal - for the care they provided to a patient, poor records will likely disadvantage their ability to provide meaningful evidence, and, indeed, defend their conduct; consequences that will be brightly illuminated by the adversarial process of the legal system.

This presentation showcases a collaborative 'STEAM' project between the School of Law and the School of Nursing and Midwifery from Birmingham City University. The project aims to bridge the knowledge gap of students from law and nursing and midwifery by creating a simulated tribunal experience for students from both professions. This innovative pedagogical approach facilitates the students to explore cross-disciplinary interests in a safe, protected environment, with law students questioning nursing students in the witness box about their nursing records, which are built around realistic case files.

Our simulation exercise showcases the fictitious case of Patient A, who has died following complications with diabetes. 3 Nursing Students provided care for Patient A during her stay in A&E and the hospital ward. Each Nurse, however, kept different quality records, and following A's death, each must account for their practice in a Fitness to Practice Tribunal before the Nursing and Midwifery Council. At the tribunal, Nurses will be questioned by Counsel, played by 3 Law Students.

Intended learning outcomes

1. To ensure that healthcare professionals are aware of their profession's legal obligations, and, equally, that law professionals appreciate the nuances of healthcare practice and its complex social context.
2. To facilitate the students to explore cross-disciplinary interests in a safe, protected environment.

Recommended reading list

1. St.Aubyn, B and Andrews, A (2012) Documentation in Developing Healthcare through simulation (Aldridge and Wanless Eds). London Sage.
2. Andrews, A., and St Aubyn, B., (2017) Court – Proofing Records – An Innovative Simulation Teaching Resource in Horsted, A et al (2017)

Biography

Amanda Andrews has been a Senior Lecturer in Nursing at Birmingham City University over the last 12 years and has taught at both undergraduate and post qualification levels. Prior to working at the University she worked as a registered nurse in the Community and Primary Care settings. Amanda specialised in District Nursing initially and then went on to become a Multiple Sclerosis Specialist Nurse before joining the teaching team at the university. Amanda is passionate about healthcare education and Record Keeping and has published widely on the topic.

Bernie St Aubyn has been a Senior Lecturer in Nursing at Birmingham City University for the last 14 years and has taught at both undergraduate and LBR levels. Prior to working at the University she worked for 20 years clinically as a registered nurse, a registered midwife and a registered health visitor in the local community. Bernie is passionate about enhancing the student experience by developing and enhancing student engagement. She has developed an innovative education resource for the delivery of record keeping training and published widely on the topic. She is a passionate public speaker and an active member of the ASC

(Association of Speakers' Club) reaching the National Finals in both 2013 and 2016.

4.5

Leadership & Management Workshop: Supporting nurses to lead from day one of registration.

Kate Wells-McCulloch, Healthcare Lecturer, University South Devon College

Callum Allen-Ridge, Assistant Practitioner, Acute Medical Unit, Southmead Hospital, Bristol

Abstract

This Masterclass addresses a fundamental issue for nurses and the provision of high quality health care. That is that nurses from day one of registration are leaders for quality. This has always been an expectation of registrants and it was reinforced in the most recent issue of the Code of Professional Conduct (NMC, 2018a).

Experience and synthesis of the literature and good practice has led to the identification of five key skills and competencies for leadership and management in nursing. It is concluded that the development of these will support the nurse in working effectively as a leader or manager.

This is the section which will be the source of 'topics' for the master class.

It includes key skills in:

- Role modelling
- Emotional Intelligence
- Motivational skills
- Organisational skills

- Courage and ability to voice concerns, and to hold critical conversations.

Intended learning outcomes

1. Identify how the 5 key elements of the Masterclass are interlinked to Leadership.
2. Describe a Leadership Style that represents their personal Leadership Style
3. Explain the importance of being an effective role Model as a Leader

Recommended reading list

1. Anandaciva, S., Ward, D., Randhawa, M. and Edge, R. (2018). Leading in today's NHS: Delivering the Impossible. London: Kings Fund.
2. Cope, V. and Murrey, M. (2017) Leadership Styles in Nursing. Nursing Standard, Vol.31, No.43, pp. 61-70.
3. West, M., Armit, K., Loewenthal, L., Eckert, R., West, T. and Lee, A. (2015). Leadership and Leadership Development in Health Care: The Evidence Base. London: Kings Fund.

Biography

Kate is an accomplished Registered Nurse and CQC Specialist Advisor with Regional experience within the Acute and Independent Sectors. She is currently a Lecturer in Health at the University Centre South Devon College. She maintains a productive, efficient and quality driven environment and she is committed to continuous process improvement in the face of the rapidly evolving workforce.

As a management professional, she seeks to innovate and be creative in solving complex problems. She is invested in her professional development including presenting at national conferences and at the Houses of Parliament and gaining a Diploma in Strategic Management and Leadership.

Callum is a newly qualified assistant practitioner who has been working at Southmead Hospital for almost four years, having worked his way up from a band 2 HCA. At present he the Dementia Lead for his work area and assists in shaping dementia care for the Trust he works in. Callum also teaches on a HCA module run by Bristol University for first year medical students, learning basic team building and nursing skills.

The aim of this paper is to present the synthesis of findings from three major research studies to demonstrate how the Venus model integrates leadership, facilitation, quality improvement, culture change skills and practice development to support front line teams to transform practice using sustainable methods

Abstract

This paper presents a synthesis of the theoretical and practical insights relevant to the focus, processes and impact of inter-professional learning. This synthesis is presented as a theoretical framework – the Venus Model for sustainable person centred transformation, derived from three practice based research studies that focused on using the workplace as the main resource for learning, developing and improving

Intended learning outcomes

1. Gain insight into the sythesis of research findings and development of theoretical framework underpinning the

Continuing Professional Development for Quality Care: Context, Mechanisms, Outcomes and Impact. Final Report ECPD ISBN 978-1-909067-39-4

2. Manley, K; Martin, A; Jackson, C; Wright, T. (2016) Using Systems Thinking to identify workforce enablers for a whole systems approach to urgent and emergency care delivery: A multiple case study BMC Health Services Research 16:368 https://doi.org/10.1186/s12913-016-1616-y

3. Martin, A. & Manley K. (2017). Developing standards for an integrated approach to workplace facilitation for interprofessional teams in health and social care contexts: a Delphi study. Journal of Interprofessional Care 2018 Jan; 32(1):41-51. doi: 10.1080/13561820.2017.1373080.

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SYMPOSIA 1

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4.6.1.

The Venus model for person centred transformation-supporting frontline teams to use the workplace to integrate learning, development, improvement and innovation.

Carolyn Jackson, director of the England Centre Practise Development, Canterbury Christ Church University

Aim

Venus Model

2. Identify the key tenets, theories, principles, tools and evidence base that supports the Venus Model for person centered transformation
3. Be able to consider how to apply the model to one's own workplace and teams or services and to one's own learning and development needs

Recommended reading list

1. Jackson, C. Manley, K., Wright, T., Martin A.(2015)

Biography

Carolyn Jackson is Director of the England Centre for Practice Development, a national centre for applied health research, practice development and innovation hosted by Canterbury Christ Church University. An experienced practice developer and researcher leading international projects in leadership, quality improvement, workforce development and innovation with expertise in mutli-site evaluation studies. Passionate about practice

innovation and participatory research approaches.

Professor Kim Manley CBE is Associate Director of Transformation, Practice Development and Innovation at East Kent Hospitals University Foundation Trust and joint clinical chair with the England Centre for Practice Development where she holds the position of Co-Director. Kim is an internationally recognised practice development researcher with an extensive track record for innovation in practice.

Author; Anne Martin, Research Fellow, England Centre for Practice Development; Dr Toni Wright Principal Research Fellow England Centre for Practice Developmen; Christine McKenzie Facilitator of Professional Learning and Development RCN

4.6.2.

Safety Culture, Quality Improvement, Realist Evaluation (SCQIRE)

Aim

The aim of this paper is to present the findings from the SCQIRE project, which demonstrated, when working with large Acute NHS Trusts, what strategies work best for whom and why, when working with front line teams to embed and sustain innovation in the workplace

Abstract

Safety in healthcare is an international concern with impact on quality of care (Hollnagel, et al, 2015). A Regional Patient Safety Collaborative (PSC), one of 15 nationally set up to place patients, carers and staff at the heart of quality improvements in patient safety, supported four large acute NHS hospital trusts with a PSC model to help facilitators use safety and quality improvement tools with frontline teams and to be mutually supported through action learning. The evaluation used realistic evaluation (Pawson & Tilley, 2004) (and the study and its findings are reported using the RAMESES 11 international standards (Wong et al, 2017). The study took place between June 2016-October 2017. Its aim was to understand what works for whom and why, when: working with frontline teams in large acute hospitals to embed a safety culture, and grow leadership and quality improvement capability. Specifically, to identify which strategies are effective in supporting front line teams to sustain bottom up change and quality improvement driven by the needs of patients and practitioners. The study drew on ethnographic principles across study sites using descriptive case study design. Mixed methods of critical observation of frontline practice, stakeholder evaluation, emotional touch points, self-assessment; qualitative 360 degree feedback; and the Texas safety culture survey tool were used to facilitate the development of a rich picture for each team and each context so as to answer the evaluation questions. In tandem, interrogation of the literature to distilled relationships between context, mechanisms and outcomes generating hypotheses at individual, team and organisational level factors for safety culture.

Key findings identified an interdependence between clinical leadership within frontline teams, safety culture, safety behaviours and teamwork echoed in microcosm through safety huddles; the skills and attributes of facilitators; and the impact of organisations on microsystems. Theories of culture change at the microsystems level are further embellished.

Intended learning outcomes

1. To understand how realist evaluation can be applied to support front line teams to participate in bottom up research and transformation work to support innovation
2. To identify from the key findings what strategies work best for whom and in what circumstances
3. To apply this learning to personal, team and service development across the health economy

Recommended reading list

1. Manley K; Jackson C; McKenzie C; Martin A; Wright T (2017) Safety Culture, Quality Improvement, Realist Evaluation (SCQIRE) Evaluating the impact of the Patient Safety Collaborative initiative developed by Kent Surrey and Sussex Academic Health Science Network (KSSAHSN) on safety culture, leadership, and quality improvement capability. ISBN 978-1-909067-79-0
2. Hollnagel E., Wears R.L. and Braithwaite J. From Safety-I to Safety-II: A White

Paper. The Resilient Health Care Net: Published simultaneously by the University of Southern Denmark, University of Florida, USA, and Macquarie University, Australia.

3. Pawson, R. & Tilley, N. (2004) Realist Evaluation. [Online]. Available at: . Accessed: 14th November 2014.

Biography

Professor Kim Manley CBE is Associate Director for Transformational Research, Practice Development and Innovation with East Kent Hospitals NHS University Foundation Trust and Co Director of the England Centre for Practice Development.

Carolyn Jackson is Director of the England Centre for Practice Development a national centre for applied health research, practice development and innovation hosted by Canterbury Christ Church University

Author; Anne Martin, Research Fellow; Dr Toni Wright Principal Research Fellow England Centre for Practice Development

Christine MacKenzie Professional Learning and Development Facilitator RCN

4.6.3.

Developing integrated facilitation standards to embrace the facilitation of learning in the workplace using e-Delphi

Aim

This paper shares insights into the impact of system wide leadership initiatives that develop the facilitation capacity of the workforce to be effective clinical leaders in a time of increasingly complex system wide change (Manley et al, 2016, Crisp & Wilson 2011)

Abstract

The aim of this Delphi study (2015-16), was to develop a set of standards that could be used to guide an integrated approach to facilitation in and about the workplace. This includes the key qualities and skills required of facilitators who aim to integrate learning, development, improvement, inquiry, knowledge translation and innovation in and about the workplace.

The study influenced by the knowledge base underpinning practice development methodology engaged international facilitation expertise. Three e-Delphi rounds involved participants from ten countries with expertise in facilitating either one or more of the purposes in work and/ or about the workplace. The result, a set of standards builds on the current knowledge base about facilitation. The standards clarify the key components that facilitators need to attend to when supporting individuals, teams, organisations and services to achieve higher order learning in and about the workplace and positively impact on person centred cultures and health outcomes. The contribution of practice development as a discipline that integrates all the agendas was highlighted and needs to be promoted more explicitly at the policy level. The key messages from this work are that:

 Facilitators work within different contexts and help staff appreciate the broader contexts in which they work. These contexts impact on both facilitator and staff purposes within and across each context.

 An integrated approach to facilitation aims to support a number of purposes. Enablers, skills and strategies for achieving these purposes are identified in the set of standards developed.

 Facilitators need to attend to the evaluation of outcome and impact in the given context whilst keeping focus on constantly refining the processes that are effective.

Intended learning outcomes

1. To understand how the international research study was conducted and findings integrated to develop a theoretical framework
2. To explore the facilitation standards and consider their application across the health economy
3. To consider how the facilitation standards can be applied in the workplace for individuals, teams, and services to underpin effective workplace learning, development, innovation and improvement

Recommended reading list

1. Manley K; Buscher A; Jackson C; Stehling, H; O'Connor S (2017) Overcoming synecdoche: why practice development and quality improvement approaches should be better integrated. Commentary Response to Lavery G (2016) Quality improvement – rival or ally of practice development? Critical Commentary International Practice Development

Journal, 6, (1) (15) May. www.fons.org/library/journal/volume6-issue1/article15

2. Crisp, J., & Wilson, V. (2011). How do facilitators of practice development gain the expertise required to support vital transformation of practice and workplace cultures? Nurse Education in Practice, 11(3), 173-178.

3. Manley, K; Martin, A; Jackson, C; Wright, T. (2016) Using Systems Thinking to identify workforce enablers for a whole systems approach to urgent and emergency care delivery: A multiple case study BMC Health Services Research 16:368 https://doi.org/10.1186/s12913-016-1616-y

Biography

Professor Kim Manley CBE as before

Carolyn Jackson Director England Centre for Practice Development as before

Author; Anne Martin, Dr Toni Wright, as before

Karen Evans, Dip HE, BSc, MSc, Practice Educator, NCL Super training hub

Aim

To explore the experiences of attendees and facilitators at a summer school for primary, community and social care nurses.

Abstract

NHS England (2013) identified that there was a strong need to plan for the future workforce in primary care in London as there was a shortage of nurses. The Queens Nursing Institute (2015) surveyed 3426 nurses working in general practice and identified that approximately a third of the will reach retirement age by 2020. Both reports also highlighted training requirements to meet the increasingly complex care needs of their patient groups, with 43.1% of the responding nurses not feeling suitably trained (QNI, 2015). NHS England also reflected that nurses and allied health professionals received a significantly smaller proportion of the training budget compared to their medical colleagues (NHS England,2013). These factors informed the GPN workforce development plan (HEE, 2017), who recommended that there should be training for nurses new to general practice in line with nationally recognised competencies and continual professional development reflecting the population needs.

Health Education England in North Central London offered funding to support a one year training programme for registered nurses new to general practice. This course was based between an HEI and practice area, with additional educational support from the local Community Education Provider Networks. Following discussion and feedback from trainees, a series of education sessions were organised during two summers to supplement the learning of nurses working in primary, community and social care settings in North London. The core aim of these sessions was to provide an opportunity for nurses to reflect on their academic learning and apply this knowledge to practice situations. These sessions were facilitated by nurses who were experts in their specific practice area and could share their knowledge, provide safe places to consider complex care scenarios, and signpost to locality resources.

This work will draw on the evaluations of individual sessions, a survey of the nurses who attended as attendees, facilitators, and incorporating the reflections of the co-ordinators. This evaluation will highlight the benefits and challenges to running such a Summer School from differing perspectives; offering an opportunity to share the learning with those planning similar learning programmes.

CONCURRENT SESSIONS 5

Leadership in nursing education and professional development

5.1.1

The Summer School Experience

Pam Hodge, PG Cert, Fellowship of HEA, BSc Community Nursing (Mental Health), RMN Lecturer in Practice Learning, Middlesex University

Intended learning outcomes

1. To explore the motivations and expectations of attendees and facilitators who participated in the summer school.

2. To evaluate the feedback from attendees, facilitators, and co-ordinators
3. To share the learning and identify top-tips for running a summer school programme

Recommended reading list

1. Health Education England (2017). The General Practice Nursing Workforce Development Plan. HEE: London
2. NHS England (London Region) /Primary Care Transformation Programme (2013).Transforming Primary Care in London: General Practice A Call to Action. NHS England: London
3. Queens Nursing Institute (2015). General Practice Nursing in the 21st Century: A Time of Opportunity. QNI: London

Biography

Pam Hodge is a Lecturer in Practice Learning at Middlesex University and Registered Mental Health Nurse. The role is broad and encompasses supporting learners in practice in social care, community, and acute settings, with a specific focus on developing opportunities in care homes with nursing care, practice nurses and prison settings. As well as pre-registration nurses, from all fields of nursing, this includes supporting trainee nursing associates, qualified nurses, and whole teams, of which teaching on the mentorship module is an integral part. This work is part of the HEE funded Strengthening Team-based Education in Practice (STEP) project.

Karen Evans is Practice Educator for the North Central London, Community Education Provider Networks and a Registered Learning Disability

Nurse. In this role she supports pre and post registration nurse training and development in the primary, community and social care settings for nurses and health care assistants. As well as encouraging nurses into primary and community nursing roles and to give student nurses the opportunity to experience the full range of health care settings.

5.1.2

A Qualification in Specialism for Emergency Nurses: harnessing nursing leadership to bring about collaborative change

Sue Whaley, Emergency Care Lead, CapitalNurse (HEE)

Aim

To share an approach to leading collaborative change for emergency nursing education, including programme development, design and impact.

Abstract

"This paper will present an education initiative, known as Qualification in Specialism (QIS) for emergency nursing in London. This paper will focus on the theme of 'leadership in nursing education and professional development'. The QIS forms part of the CapitalNurse project, a programme of collective action to secure a sustainable nursing workforce for London. The goal of the QIS is to reduce variation in the education and development of emergency nurses, secure a skilled and sustainable emergency nursing workforce and enhance skills transfer and the retention of emergency nurses. Recent cost pressures have seen a significant reduction in funding for post-graduate nurse education in the UK. The QIS aims to meet the challenges of securing a skilled and sustainable workforce using a more affordable approach.

Nursing leadership is at the heart of the QIS approach, where the educational model is based on extensive stakeholder engagement, characterised by a network of educators working collaboratively across traditional boundaries to co-design, deliver, evaluate and quality assure emergency nurse education. The programme has been mapped to the RCN National Curriculum and Competency Framework for Emergency Nursing (RCN 2017) and is designed for both adult and child emergency nurses.

The QIS programme is embedded within the five London Sustainable Transformation Partnerships (STPs). Although this is a London initiative the QIS programme is designed to address common challenges relating to nursing education and workforce, with the concept being easily transferable to other parts of the UK and across the globe.

A background to the initiative will be presented along with an overview of the nursing leadership approach, collaborative design process and delivery as well as early impact findings from qualitative and economic evaluations.

<u>References</u>

Royal College Nursing (2017) 'National Curriculum and Competency Framework for Emergency Nursing'

Available: https://www.rcn.org.uk/professional-development/publications/pub-005883 Accessed: 7th October 2018"

Intended learning outcomes

1. By the end of the session participants should be able to understand the approach to nursing leadership and leading collaborative change and apply learning to their setting.
2. By the end of the session participants should be familiar with the background, design, delivery and impact of the QIS programme.
3. Royal College Nursing (2017) 'National Curriculum and Competency Framework for Emergency Nursing' Available: https://www.rcn.org.uk/professional-development/publications/pub-005883 Accessed: 7th October 2018

Recommended reading list

1. British Association of Perinatal Medicine (2012) 'Matching Knowledge and Skills for Qualified in Specialty (QIS) Neonatal Nurses: A Core Syllabus for Clinical Competency' Available: https://www.bapm.org/resources/matching-knowledge-and-skills-qualified-specialty-qis-neonatal-nurses-core-syllabus Accessed: 7th March 2018

Biography

Natalie has over 20 years' experience as a Registered Nurse, specialising in emergency care. Natalie has held both clinical and academic roles in London hospitals and universities. Natalie was Education Lead for the Major Trauma Directorate at St George's Hospital and co-chaired the Pan-London Major Trauma Nursing Group. Natalie is a NMC Registered Teacher, HEA Fellow and sits on the Editorial Board for International Emergency Nursing journal. Natalie worked as a Darzi Fellow in HEE, North Central and East London and currently holds two roles; Clinical Lead for the CapitalNurse Project and Senior Lecturer Middlesex University, working on a placement learning project (STEP). From November 2018 Natalie will commence a new role as Head of Nurse Education at University College London Hospitals NHS Foundation Trust.

5.1.3

Developing systems leadership capacity across London's health and social care sector.

Natalie Holbery, RN Med, Clinical Lead, CapitalNurse (HEE)

Aim

To share the development, delivery and impact of an approach to systems leadership for older people's nurses

Abstract

This paper will present an overview of an approach to systems leadership development for nurses working with older people in health and social care across London. This paper is submitted under the theme of 'leadership in nursing education and professional development'.

The concept of leadership is well represented in the nursing and wider healthcare literature with many studies finding links between supportive leadership styles and positive patient outcomes (Wong, 2015). Much of the literature, however, focuses on local, transformative approaches rather than leadership across a system. Systems leadership appears extensively in education (teacher) literature and is now gaining traction in nursing and healthcare disciplines.

In recognition of the complexity of healthcare and the emergence of devolution and strategic partnerships a number of development programmes were created for nurses caring for older people working across health and social care in London. This initiative forms part of the CapitalNurse project, a programme of collective action to secure a sustainable nursing workforce for London.

Four systems leadership programmes were co-designed and delivered over a 12 month period. Over 100 nurses have accessed the programmes, resulting in a collective network of engaged and inspired older people's nurses working across strategic partnerships.

This paper will share the development, design and

delivery of the programmes and outline early impact findings.

References
Wong, C.A. (2015) 'Connecting nursing leadership and patient outcomes: state of the science' Journal of Nursing Management, Vol 23(3), pp. 275-278.

Intended learning outcomes

1. By the end of the session participants will understand the concept of systems leadership in healthcare
2. By the end of the session the participants will understand the approach taken to develop systems leadership capacity across health and social care in London

Recommended reading list

1. Wong, C.A. (2015) 'Connecting nursing leadership and patient outcomes: state of the science' Journal of Nursing Management, Vol 23(3), pp. 275-278.
2. Weberg, D (2012) 'Complexity leadership: A healthcare imperative' Nursing Forum Vol 47(4), pp. 268-277.

Biography

Natalie has over 20 years' experience as a Registered Nurse, specialising in emergency care. Natalie has held both clinical and academic roles in London hospitals and universities. Natalie was Education Lead for the Major Trauma Directorate at St George's Hospital and co-chaired the Pan-London Major Trauma Nursing Group. Natalie is a NMC Registered Teacher, HEA Fellow and sits on the Editorial Board for International Emergency Nursing journal. Natalie worked as a Darzi Fellow in HEE, North Central and East London and currently holds two roles; Clinical Lead for the CapitalNurse Project and Senior Lecturer Middlesex University, working on a placement learning project (STEP). From November 2018 Natalie will undertake her role as Head of Nurse Education at University College London Hospitals NHS Foundation Trust.

Leadership in nursing education and professional development

5.2.1

The friendly, the difficult and the dishonest nurse: the factors that precede a decision to refer an early career nurse to the Fitness to Practise Committee

Abbie Fordham Barnes, RGN, BA (Hons), MA, Registered Nurse Teacher, Associate Professor, Birmingham City University

Aim

To explain the factors that precede the referral of nurses to the NMC Fitness to Practise Committee, within their first five years of registration, by healthcare employers across England.

Abstract

The nursing profession needs to understand the nature and causation of impaired fitness to practise and the decision for reporting an early career nurse for lack of competence and misconduct to the professional regulator. The total number of concerns received represent less than one per cent of registered nurses and midwives (NMC, 2016-2017), of these a small percentage are nurses who have been registered for five years or less. Early career referral rates potentially reflect on standards of pre-registration education, early post registration career progression and have implications for public protection. Grounded theory qualitative interviews were conducted with 20 healthcare employers in different regions of England across the fields of nursing practice. Data collection and analysis took place concurrently with the development of codes and categories. The findings highlight four categories: alarm bells; wanted and unwanted characteristics and values; a chain of expectations; and situational stressors and health needs. The core category explains the employer's complex decision of referring an early career nurse to the professional regulator. This research reveals new insight into the employer's responsibility to protect the public leads to the identification of the alarm bells; the wanted and unwanted characteristics and values displayed when a nurse's performance and conduct is under the spotlight; and the employer's disclosure of a long chain of expectations of a nurse whose fitness to practise is being questioned. Yet employers acknowledge the situational stressors and health needs that impact on a nurse's performance in the workplace. This research highlights the educational strategies needed to support early career nurse's resilience and transition into the profession and the workplace. One recommendation of the study is to adopt a predictive

model which can be used by employers and registered professionals to help to identify early career practitioners at risk of referral to the professional regulator.

Intended learning outcomes

1. To examine the educational strategies needed to support early career nurse's resilience and transition into the profession and the workplace.
2. To explore the factors that precede the referral of an early career nurses to the NMC Fitness to Practise Committee
3. To understand the predictive model which can be used by employers and registered professionals to help to identify early career practitioners at risk of referral to the professional regulator.

Recommended reading list

1. Nursing Midwifery Council. (2017). Annual Fitness to Practise Report 2016-2017. London, Nursing Midwifery Council.
2. Charmaz, K. (2014). Constructing Grounded Theory. London: SAGE Publications.
3. Silverman, D. (2013). Qualitative research. London, SAGE Publications.

Biography

Abbie qualified as a registered general nurse in 1993, at the Queen Elizabeth Hospital in Birmingham. Abbie worked for the NHS for several years as a nurse, specialising in emergency medical care, before moving into higher education. Abbie obtained an Honours Bachelor Degree in Health and Community Studies from Sheffield Hallam University in 1999, a Master's Degree in Education from University of Wolverhampton in 2007. Abbie qualified as a NMC Approved Registered Teacher in 2000, her first lectureship post was at the University of Wolverhampton. Currently, Abbie is the Associate Professor, Faculty Lead for Practice Quality at Birmingham City University.

5.2.2

Developing and implementing a Nurse Career Framework within the Welsh Ambulance Services NHS Trust

Helen Rees RGN, Dip Health, LLB (Hons), PGCE, Head of Education, Professional and Clinical Practice (Nursing), Welsh Ambulance Services NHS Trust

Deborah Armstrong, RGN, MSc, PGCE

Aim

To introduce the concept and benefits of defined Nursing careers within Ambulance Services

Abstract

The framework aims to implement a scheme that will improve quality of care, whilst delivering a better understanding of prudent health care delivery for Nurses. It is being developed in collaboration with Health Board partners to avoid diminishing their Nursing workforce, whilst maximising the opportunity to attract and maintain a new Nursing workforce in Wales.
The crisis in out of hour's medical cover suggest that Tele-Health remote assessment practice is likely to increase. Standards of practice vary, parts of this framework, for example, competency and educational components, may be useful as a template for standardising the quality of this type of care delivery. It also focuses a better understanding and recognition of the specialist skills needed to deliver clinically effective remote Tele-Health services.

The framework has been aligned to the Trust's framework for Paramedics, affording a ground-breaking opportunity for professional Nurse Development, in alternative clinical settings.
On the face of it, the developing framework's linear trajectory ('novice' to 'expert'/'practitioner' to 'advanced practitioner') reflects many existing career frameworks. Its innovation lies in the proposal to afford the Trust's Nurses equality of succession opportunity with Paramedics, whilst working collaboratively with Health Board partners.
Each role within the framework is underpinned by competency frameworks and higher education, including a new module, specifically designed to develop clinical excellence in Tele-Health practice.
The introduction of a Band 5 role, broadens the scope for potential recruitment, providing a flexible opportunity to offer rotational roles between Health Board and Trust settings at an earlier stage in Nurse Careers. This may also be an attractive prospect to newly retired nurses, a group whose wealth of experience is unexploited.
At Band 6, those wishing to progress can aim towards developing advanced practice skills, with a particular emphasis on rotational partnerships with Health Board

out of Hours services. A pilot of this model will be tested for twelve months from September 2018.

In the longer term, the focus for the framework is to develop a skilled Nursing workforce, who are able to rotate between 'hear and treat' and 'see and treat' roles within the Trust and the Health Boards.

Intended learning outcomes

1. Explore the concept of Nursing Careers within Ambulance Services
2. Analyse the benefits of defined career frameworks within unscheduled urgent care services
3. Discuss the specialist knowledge and skills required to deliver an effective and quality led remote clinical telephone assessment service

Recommended reading list

1. Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales, National Leadership Agency for Healthcare (2010)
2. Aligning Nursing Skills – Guidelines, An all Wales Governance Framework (2014)
3. Welsh Assembly Government, Post Registration Career Framework for Nurses in Wales (2009)

Biography

Helen Rees has worked for both NHS England and NHS Wales. After a career in emergency nursing, in 2003, Helen embarked on a new chapter, working within remote telephone assessment. In her current role, she is responsible for modernising careers for nurses working within the Welsh

Ambulance Services NHS Trust, as well as leading the development of the supporting clinical decision support software. Helen is passionate and committed to enlightening approaches to delivering nursing care and improving patient experience through innovation and collaborative engagement across traditional healthcare boundaries.

Deborah Armstrong started her nursing career in the RAF, following which she worked in primary care and then remote telephone assessment. Deborah has gone on to develop an expert understanding of the clinical skills and knowledge required to be a professional and skilled nurse advisor, implementing accredited educational programmes for remote telephone assessment. Deborah also participates in delivering education to support the development of professional leadership within the Welsh Ambulance Services Trust and has recently implemented a professional nurse forum within the Trust.

5.2.3

Taking the next step in customised Black, Asian and Minority ethnic (BAME) Leadership Talent

Kiran Jnagal, RMN BSc Hons PGDip,Senior Development Nurse, South West London and St Georges Mental Health Trust

Judith Francois,RN RHV BA MSc PGcert SFHEA, Senior Lecturer Clinical Leadership and Management, Kingston University

Aim

To disseminate strategies use to improve the leaderships skills for BAME nurses. (Retention)

Abstract

Background - The progression of Black Asian and Minority Ethnic nurses into senior position is a national concern. The data for Staff working in a South London Partnership for mental health services indicated similar trends, with the majority of staff from BAME backgrounds located in the lower Bands and a scarcity in the more senior roles.

In 2017/2018 SWLStG, with grant support from the Burdett Trust and evaluation and education support from Kingston University and Springfield Consultancy, a co-produced bespoke skills based BAME leadership programme was devised. This aimed to improve senior role profile and development opportunities for BAME nurses progressing to senior leadership roles.

A number of evaluative approaches were used to assess the impact of the programme including pre and post 100 word statements, focus groups, and quantitative data on progression.

The results indicated that by the end of the programme 50% of the course attendees had applied for new roles. 100% of the applicants had been shortlisted to interviews and 77% of those applicants were successfully appointed.

The findings from the focus groups provide rich and human reflections indicating a strong sense that the programme has been effective in unlocking the individual's belief in his or her ability to achieve goals, to develop greater self-efficacy. These personal stories describe internal, cultural and external

factors that have hitherto inhibited professional growth and ambition.

Intended learning outcomes

1. Describe the importance of BAME specific leadership programme for the organisation and clients.
2. Understand the support BAME staff required to assist them in gaining confidence to undertake leadership roles.
3. Develop an awareness of the educational content that participants deemed beneficial to their success.

Recommended reading list

1. Making the Difference. Diversity and inclusion in the NHS, Micheal West, Jeremy Dawson and Mandip Kaur
2. NHS Workforce Race Equality Standard. 2017 data Anaysis Report for NHS trusts

Biography

Kiran joined South West London and St Georges Mental Health Trust in 2003, working as a health care assistant on a CAMHS Ward; she was then seconded by the Trust in 2009 to do her nurse training at Kings College London. Since then, Kiran has continued to work in the Trust working on Adult Acute inpatient wards, having then worked her way up to becoming a ward manager. She has a keen interest in acute and urgent care, helping to improve services for patients. An opportunity was then presented to develop her career in management; working as a modern matron alongside Nursing Directorate and HR. Kiran gained a detailed understanding of e-rostering

and safe staffing and meeting demands of inpatient services. Currently on a secondment with the Nursing Development team in Springfield Hospital - funded by the Burdett Trust which aims to deliver a bespoke leadership course to Black, Asian and Ethnic Minority (BAME) group within the nursing workforce. The scope of the project is Trust side and will focus on the retention of BAME staff through developing leadership skills.

Judith is a Senior Lecturer in Clinical Leadership and Management. Within the Faculty, Judith holds responsibility for teaching and leading on a range of modules, including Foundation, Pre-registration and MSc programmes. She is an experienced clinician and has worked extensively with a range of families and individuals within the community setting, focusing on improving health. Her creative approach to solutions has led to a number of awards. She has also held a number of strategic roles, working as a lead in public health, informing the commissioning and delivery of services, as well as holding the role of lead nurse at board level. Judith has undertaken a number of consultancy consignments pertaining to leadership interventions. As a result, she has developed a number of bespoke courses for a range of health and social care providers.

Learning, teaching and assessment development

5.3.1

Maximising Space for Ethical Debate

Helen Convey, RN, MA, Lecturer, School of Healthcare, University of Leeds

Kirsten Huby, RN Child, MA, Lecturer, School of Healthcare, University of Leeds

Janet Holt, RGN, MPhil, PhD, Senior Lecturer School of Healthcare, University of Leeds

Aim

To outline how the student experience was enhanced by maximising the time available for ethical debate in an undergraduate healthcare ethics and law nursing module.

Abstract

In the academic year 2017-2018 members of the Healthcare Ethics and Law team sought to enhance the student experience by maximising the time available for ethical debate in an undergraduate nursing module. The emphasis in the module is on learning how to engage in the discussion of ethical issues and on appreciating the origins of law, with a view to understanding legal proceedings related to health care cases. Discussion informs the ideas of learners and helps them to develop rationale for their arguments. Traditionally ethical debate has occurred in tutorial group spaces; these continued and we investigated other spaces which would increase opportunities for discussion.

Our specific goals were to promote engagement in ethical and legal discussion through a variety of media and to encourage independent and shared learning. Our goals were achieved by using a creative approach which replaced large group teaching with technology-enhanced learning spaces; in the form of a Twitter® chat and Blog Posts. We will explain how we

facilitated learning in each of the spaces.

We sought feedback regarding our approach throughout the module and in the module evaluation. The quantitative module evaluation showed an increase in the number of learners who agreed or strongly agreed that; they were satisfied with the module; that teaching was of a high standard; and that the module was intellectually stimulating. Learners enjoyed the Twitter® chat and described using the blogs as 'a clever idea' and 'fun, engaging and something different'. We have adapted our use of the technology-enhanced learning spaces in light of the evaluations by introducing a second Twitter® chat and by refining the activities associated with the Blog Posts.

Our approach could be adapted for use by any discipline where discussion and debate is a key element of learning.

Intended learning outcomes

1. Delegates will discover how to facilitate learning via a Twitter chat.
2. Delegates will explore how to encourage independent and shared learning using group work and blog posts.

Recommended reading list

1. Giesbers, B., Rienties, B., Tempelaar, D. and Gijselaers, W. 2014. A dynamic analysis of the interplay between asynchronous and synchronous communication in online learning: The impact of motivation. Journal of Computer Assisted Learning. 30(1), pp.30-50.

2. Megele, C. 2014. eABLE: embedding social media in academic curriculum as a learning and assessment strategy to enhance students learning and e-professionalism. Innovations in Education and Teaching International. 52(4), pp.414-425.

Biography

Helen Convey:

Helen is a Lecturer and a part-time PhD student and in the School of Healthcare, University of Leeds, England. Her academic interests and research activities focus on ethical practice, decision-making, professional conduct and innovation in learning and teaching. Helen holds a Developmental University Student Education Fellowship, for excellence in learning and teaching. She teaches healthcare ethics and law across a range of professional groups and she's the Chair of the School of Healthcare Research Ethics Committee."

Kirsten Huby:

Kirsten is a lecturer in children's nursing, in the School of Healthcare, University of Leeds, England. Her academic interests and scholarly activities focus on ethical practice, children's rights, and innovation in learning and teaching, in particular the use of blended learning. Kirsten teaches healthcare ethics and law. She chairs the Children's and Young People's Educational Partnership @Leeds group (a partnership of students, practitioners and academics) and she won the University Partnership Award for innovation in teaching and learning in 2017.

Janet Holt:

Dr Janet Holt is a Senior Lecturer in the School of Healthcare at the University of Leeds, England. An established lecturer in Healthcare Ethics and a Fellow of the Higher Education Academy, Janet has led educational initiatives in this field.. She is Chair of the Royal College of Nursing (RCN) Ethics Committee and represents the RCN on the Ethics Committee of the British Medical Association. Janet is a member of the Editorial Board for the journal Nursing Philosophy, a consultant editor for the journal Nursing Ethics and chair of the International Philosophy of Nursing Society. Janet Holt also has an interest in research ethics and chairs the Faculty of Medicine & Health Research Ethics Committee at the University of Leeds and within the UK Health Research Authority, the Bradford Leeds Research Ethics Committee.

5.3.2

Student Nurses' Experience of Transition from FE/6th Form to HEI Undergraduate Nursing Degree Programmes.

Dr Venetia Brown, DProf, MSc, PGCE, BSc, RNT, RN, SFHEA, Director of Programmes (Nursing)/Co-Director of Teaching and Learning, Middlesex University

Dr Sheila Cunningham, DProf, MSc, PGDipEd, BSc (Hons), RNT, RN, OncNCert, PFHEA. Director of Programmes/Co-Director of Teaching and Learning, Middlesex University.

Aim

The aim of this paper is to share the results of a study which highlights student nurses' experience of transition to higher education (HE) from FE/6th form, with a specific focus on understanding how student nurses approach learning in a professional context and what their expectations and needs are in relation to academic support in HE.

Abstract

Team-based learning was introduced into the Middlesex University BSc (Hons) Nursing programme three years ago. Student evaluations of the module over the three years suggest that the use of TBL challenged their concept of learning and teaching, resulting in some resistance to the use of a strategy which required them to autonomously engage with on-line active learning materials. The strategy is based on the principle of student accountability for learning. This raised the question of how well students transition to professional programmes and are prepared for teaching and learning in Higher Education (HE). This presentation shares the results of a study which builds on a literature review that explored nursing and midwifery students' experience of learning strategies adopted in 6th form or Further Education (FE) College when studying courses which enable them to access nursing programmes. The rationale for the study is the need for greater understanding of nursing students' readiness and ability to learn on a professional programme in an HE context.

Nursing students' transition to HE will be discussed in terms of:

- FE/6th form colleagues' approaches to: learning support, managing behaviour and communication and HE transition preparation.

- How students learn: readiness and preparedness; self-learning and independence in learning approaches and strategies, self-regulating and testing knowledge and skills and expectations of academic staff to support their learning.

- Student expectations in relation to others - i.e. communication with other students, academic and practice staff and behaviours in different HE contexts (placement and classroom).

The paper offers insights into the expectations and needs of students commencing pre-registration nursing programmes and will make recommendations about how to support their transition into HE and placement practice contexts. Outputs may include suggestions for supporting students to develop effective approaches to learning, appropriate behaviours and communication skills and for working collaboratively with FE/6th form tutors. This approach will also inform curriculum developments and pedagogical strategies which are transferable across a range of professional contexts to promote confidence and ability to learn as a professional and to develop other attributes of behaving professionally.

Intended learning outcomes

1. Interrogate and appraise teaching and learning strategies used in FE or 6th Form impact on pre-registration student attitudes to learning in an HE context

2. Describe and evaluate the reported perceptions and experience of student nurses transitioning from FE/6th form to HE

3. Reflect on suggested solutions aimed at improving student nurse transition experience and consider applicability/transferability to their organisations.

Recommended reading list

1. Hinsliff-Smith, K., Gates, P. and Leducq, M. (2012) Persistence, how do they do it? A case study of Access to Higher Education learners on a UK Diploma/BSc Nursing programme. Nurse Education Today, 32(1), pp 27-31.
2. McDonald, M., Brown, J., & Knihnitski, C. (2018). Student perception of initial transition into a nursing program: A mixed methods research study. Nurse education today, 64, 85-92.
3. Porteous, D. J., & Machin, A. (2018). The lived experience of first year undergraduate student nurses: A hermeneutic phenomenological study. Nurse education today, 60, 56-61.

Biography

Venetia Brown has a Doctorate in Professional Studies and wrote her doctoral thesis on the experience of healthcare CPD students in HEI. She is Senior Fellow of the HEA. She has a wide portfolio of interests including: the cultural capital of

nursing academics, innovative ways of offering healthcare CPD provision focussing on technology-enhanced learning and the role of CPD academic educator. Current work streams include: recruitment and retention strategies for qualified nurses; the pre-HE teaching and learning experiences of pre-registration student nurses and curriculum development in pre-registration with a focus on diversity and equality in pre-registration curriculum delivery

Sheila Cunningham is an Associate Professor with a role in developing teaching. Her doctoral studies revolved around inclusivity and diversity in learning and teaching for professional programmes. She is also involved in curriculum development and has a particular interest in student learning especially biosciences. She has a role with coordinating and managing Erasmus and International exchanges for nursing students. She is a Principal Fellow of the HEA and currently is Chair of the University Teaching Fellows group.

5.3.3

Embedding Leadership Learning in International Experiences: A co-produced research study.

Dr Nicky Genders, PhD, MA, BA (Hons) DipNurs, Cert Ed RN, Head of School, University of South Wales

Catherine Blythe, BMus Student Nurse, University of South Wales

Peter Griffiths, B. Pharm (Lond) Certificate in Community Pharmacy Management (Queens, Belfast) Diploma in Community Pharmacy (Cardiff) LL. B (OU) Diploma in Legal Practice (College of Law) Student Nurse University of South Wales

Maria Parry, RGN, Master of Palliative Care (MP), BSc, PGCE, RNT Academic Subject Manager (Pre-registration Nursing) University of South Wales

Iwan Dowie MSc, PgD, BSc, LLB, Dip HE, PGCE, RN, SPDN Deputy Course Leader Bachelor Nursing. University of South Wales

Aim

To share a research study jointly designed with students and academic staff to explore the development and enhancement of leadership skills in student nurses and midwives undertaking international experiences as part of their undergraduate programme

Abstract

Context: There are many skills thought to be developed, enhanced and maintained by those who undertake international experiences or placements during their nursing or midwifery courses. These experiences may be structured planned experiences such as placement or ERASMUS experiences or may be part of a student's time outside of the course through volunteering. To some extent, the student nurse or midwife embarking on an international experience may already possess some of these skills by first volunteering and grasping the opportunity of international travel. In many regards, the experience is more beneficial towards enhancing some of the core skills they already possess.

Students undertaking international placements as part of their programmes of study may gain a range of skills aligned to leadership development. Decision-making, prioritising and problem solving skills are thought to be a key element of planning and undertaking work outside of one's own country. Additionally risk awareness and team building skills can be developed and enhanced whilst undertaking these experiences.

International experiences can also offer the opportunity to develop further skills in reflection, emotional intelligence, motivation and altruism, identified as key to leadership development by a number of studies.

The research team from the university of south wales made up of two undergraduate students and three academic staff who undertook a qualitative study exploring the experiences of students who had travelled overseas in relation to the development of their leadership skills. The findings, whilst currently limited to small numbers support the contemporary literature and offer insights into the development of cultural competence and understanding, risk taking, communication skills and enhanced self-confidence.

The findings will be of interest to practitioners and educators focussed on the development of leadership skills in nursing & midwifery.

Intended learning outcomes

1. To understand the outcomes of a small scale research study exploring the perceptions of students undertaking international experiences
2. To understand the potential opportunities for the development of leadership skills through international experiences

Recommended reading list

1. Adamson (2018) Culture, Courage and Compassion: exploring the experince of student nurses on placement abroad. Journal of Compassionate Health Care. 55   Ackers H.L.,
2. Ackers-Johnson J., Chatwin J., Tyler N. (2017) What Do Health Workers Learn on International Placements?. In: Healthcare, Frugal Innovation, and Professional Voluntarism. Palgrave Macmillan, Cham

Biography

Nicky Genders is Head of the school of Care Sciences within the University of South Wales. Nicky has worked in nursing & midwifery education for over 30 years after training as a learning disability nurse. Nicky is a member of the Council of Deans for Health and a lead in Wales for the Education Impact work of the Council. She leads international partnership work in the Faculty of Life scicnes and Education at the University of South Wales and is passionate about leadership and enhancing the student experience across all fields of nursing & midwifery.

Catherine Blythe - Catherine is currently a third year student nurse studying Adult Nursing at University of South Wales where she is a Student Voice Representative for the Faculty

of Care Sciences and a Student Ambassador. Catherine was proud to have been chosen to represent the University at the Florence Nightingale Commemoration Service in Westminster Abbey earlier in the year and privileged to undertake an Erasmus placement in Finland for two months. She has a special interest in Critical Care and is very much looking forward to starting my nursing career in Intensive Care once graduated where she hopes to become a member of an Outreach Team one day. She is keen to further her studies by undertaking a Masters in Disaster Healthcare and after a few years experience, a Masters in Advanced Clinical Practice. She is also in the process of becoming an Army Reserve Nurse which she hopes will provide further leadership and clinical skills which will benefit practice back in the UK.

Peter Griffiths - Peter Undertook his pharmacy degree at the School of Pharmacy in London, before undertaking preregistration Pharmacy training at St. Thomas Hospital in London. He has worked for Boots at their industrial site in Nottingham. He worked in community pharmacy for Lloyds pharmacy as a manager of a branch, then as a district manager. He also has worked for them as a relief manager covering West Wales, and now is self-employed, carrying out locum work for Lloyds pharmacy, Well Pharmacy, and some independent contractors. Peter joined the Army in 1990 as an infantry soldier and was selected for Officer training, gained my Queens Commission from the Royal Military Academy Sandhurst in 1993, and then did further training at the Infantry Training establishment at Warminster. He passed my

Captains exams in 1996. And retired from active service in 1997. He also undertook a law degree, and then progressed to take his Legal Practice Course, gaining his diploma in 2008.

Having nursed both my parents through their terminal illnesses, he applied to become an adult nurse at the University of South Wales. Since becoming an undergraduate, he has become a student ambassador for the School of Nursing, a Student Voice Representative for the Faculty of Life Science and Education, and the Mature Students Officer for the University of South Wales. He has also undertaken an ERASMUS exchange to Finland as part of my course.

Maria Parry - Maria is currently course leader for the BN programme at the University of South Wales. She has worked in the university since 2001, leading on the palliative care education within the university. Currently remain module manager for postgraduate palliative care course, with research interests in student nurses and end of life care, student nurses and leadership and student nurses and social media. She is a reviewer for an international Palliative Care Journal and external examiner for a postgraduate palliative care course. Prior to working in the university, she worked in hospice care and as a Clinical nurse specialist in palliative care.

Iwan Dowie - Iwan is currently the deputy course leader for the Bachelor of Nursing Programme at the University of South Wales. He has been at the university since 2005. Prior to this Iwan has worked in a variety of nursing roles, including district nursing, community nursing and medical

assessment. Iwan currently leads and teaches legal, ethical and professional issues to pre and post registration students. Iwan is also a registrant panel member for Fitness to Practise hearings at the Nursing & Midwifery Council.

Partnership working and collaboration

5.3.1

Coproduction of a nurse retention intervention with students and early career nurses using Evidence Based Codesign: challenges and successes

Judy Brook, MSc, BSc(hons), RGN, RN(Child), RHV, Strategic Head of Practice, City, Univeristy of London

Jennie Brown, PhD, Research Fellow, School of Health Sciences, City, University of London

Aim

The aim of this paper is to report the process and outcome of coproduction with students and early career nurses to develop an intervention to increase early career nurse retention.

Abstract

Background: Coproduction is gaining in popularity in the higher education sector, with evidence that the transition of learners from participants to coproducers enhances their development of life skills outside of education (Athakkakath, et al., 2017). As part of a wider project to develop an intervention to improve retention of nurses at Barts Health NHS Trust hospitals, we chose to use the Evidence based co-design (EBCD) model to support the development of the intervention. EBCD is a well-established method for engaging service users and staff in healthcare service improvement (Bate and Robert, 2006) but the use of this clearly described step-by-step toolkit is innovative in the education sector.

Method: Five stage 3 nursing students from City, University of London and two early career nurses from a Barts Health Trust hospital were recruited to the coproduction group. The group met 6 times in summer 2018 with two project staff members as facilitators. Discussions centred on issues and solutions to difficulties with the transition from being a student to a qualified nurse, which lead to workforce attrition. The overall aim was to co-produce the intervention by consulting and engaging students and nurses.

Core elements of EBCD were retained; a compilation video illustrating national and local retention issues was created and used to initiate discussion, and participants were subsequently asked to present and prioritise issues and solutions to form the basis of the intervention. Discussions were carefully recorded by the group facilitators, to enable reflexivity. The acceptability of the coproduction group to the members was assessed at the start, mid-point and end of the process using a short, self-devised questionnaire following Sekhon, et al's (2017) theoretical framework.

Results: By the final meeting, the participants successfully coproduced an intervention.

Acceptability evaluation indicated participants found the process acceptable, enjoyable and aligned with their personal values. Challenges with implementation of EBCD in an educational context included commitment to the process and power dynamics, echoing those identified in healthcare settings (Dimopoulos-Bick, et al., 2018).

Conclusion: Whilst process fidelity was challenging in an educational setting, EBCD proved a successful way to engage students in research and design an intervention.

Intended learning outcomes

1. Understanding how the EBCD process translates into healthcare education settings
2. Explore the challenges and benefits of coproduction in educational research
3. Analyse the acceptability of coproduction to students and early career nurses"

Recommended reading list

1. Athakkakath, M., Al-Maskari, A. and Kumudha, A. 2017.Coproduction of Knowledge: A Literature Review and Synthesis for a University Paradigm, Quality Approaches in Higher Education, 6(1) pp. 37-46. Available online at: http://asq.org/edu/2015/03/social-responsibility/coproduction-of-knowledge-a-literature-review-and-synthesis-for-a-university-paradigm.html?shl=116546

2. Dimopoulos-Bick, T., Dawda, P., Maher, L., Verma, R. and Palmer, V. 2018. Experience-Based Co-Design: Tackling common challenges, Journal of Health Design, 3(1) pp. 86–93.
3. Sekhon, M., Cartwright, M. and Francis, J.J. 2017. Acceptability of healthcare interventions: an overview of reviews and development of a theoretical framework, BMC Health Services Research 17(88) DOI 10.1186/s12913-017-2031-8

Biography

Judy has a background in health visiting and NHS management. She holds the position of Strategic Head of Practice for the School of Health Sciences and works closely with clinical practice partners to support practice education. Her research interests centre on workforce development and she has been involved in projects to evaluate health visitor, nurse and pharmacist workforce interventions. She joined City University in 2015 and is a senior lecturer in health visiting, supporting the education of health visitors, school nurses and district nurses.

Dr Jennie Brown is a Research Fellow at City, University of London. She is working on a project funded by the Burdett Trust, in collaboration with Barts Health NHS Trust, which aims to increase retention, reduce burnout and improve wellbeing in early career nurses. Previous to this post she was a lecturer in Psychology at Birkbeck, University of London and at the University of East London. Her research interests lie in the fields of health psychology, positive psychology and psychobiology and centre on

interventions to improve mental and physical wellbeing.

Student Champions – Strengthening Student Support in Practice

Barbara Macdonald, RM, PT, PMA, Clinical Placement Facilitator, UHL, Practice Learning Tea

Paula Oram, RGN, RM, BSc, PG Cert, PMA, Practice learning lead University Hospitals Leicester

Aim

A new innovation reinforcing collaborative working and advancing a leadership focus within the team.

Abstract

In practice today, care assistants offer a significant contribution to the student learning experience. Care assistants provide over 60% of patient care, yet often have little access to training or personal development (Willis P, 2015). Our support staff spend a considerable amount of time assisting our learners in practice. They have knowledge, extensive practical skills and the ability to make a positive contribution to students learning, as part of the team. Furthermore, student feedback indicated that this "contribution to learning" was highly valued and they would benefit from more opportunities to work alongside support workers.

The Student Champion Role was introduced within maternity services at UHL, in 2017. This exciting and unique innovation was developed in light of what had been recognised locally and

prior to the expected 2018 Nursing and Midwifery Council (NMC) Education Standards. It was anticipated that the role would contribute to improved working relationships, communication and leadership. We envisaged that the role would provide support to our Student Links. Student Links are identified registered mentors, who assist with ensuring a high quality learning environment and student experience.

Support workers and care assistants self-nominated and were provided with customised training to prepare them for the role. Manager's approval was sought to ensure time and other resources were agreed. Following initial training, opportunities were provided for networking and sharing good practice and they were provided with a distinctive lanyard, to ensure they were recognisable. Within UHL the initiative has been successful and is gaining momentum. The Student Champions have helped to ensure a smooth and welcoming transition to the learning environment and provide on-going support to learners in practice. Early indications have shown improvements in the student's experience, which complement and strengthen the role of the student link. As a result, this model has now been initiated within nursing. Further methods of evaluation are being explored.

This initiative acknowledges that leaders of education can exist at all levels. The Student Champion Role can inspire, motivate and engage non-registered staff in the education of the future workforce.

Intended learning outcomes

1. Encourage individual and creative approaches to implementation of unique forms of quality improvements within the NHS.
2. Develop an awareness of the influence a new initiative may have on the development of leadership within your area.
3. Increase attendees' confidence to share new ideas and implement innovations for quality improvements.

Recommended reading list

1. Fischer, S. A., (2017). Developing Nurses Transformational Leadership Skills. Nursing Standard. 31(51), 54-61.
2. NHS Improvement., (2018) Quality, Service Improvement and Redesign Tools: Plan, Do, Study, Act (PDSA) cycles and the model for improvement. NHS Improvement. [Viewed 29 June 2018]. Available from: https://improvement.nhs.uk/resources/pdsa-cycles/
3. Willis, P. (2015) Raising the bar, Shape of caring: A review of the future education and training of registered nurses and care assistants. London: Health Education England in partnership with the Nursing and Midwifery Council.

Biography

With almost two decades of experience as a registered midwife, Barbara has developed a wealth of skills whilst working in different areas, ranging from community to hospital (within both delivery suite and birth centre). She also spent a number of years working in the field of fetal medicine, alongside pioneers including the world renowned Professor Nicolaides. She regards herself to be a positive, hardworking and innovative individual. Striving to achieve excellence of care for women and their families, fulfilling potential and further developing performance are they drivers behind her work ethic. Currently, she works as a Clinical Placement Facilitator. This involves supporting mentors and students in practice, whilst assuring quality of learning experiences. She is a qualified Newborn Life Support instructor, teaching as part of the faculty on Resuscitation Council courses regularly, as well as assisting with local obstetric emergency training for staff. More recently Barbara has qualified as a Practice Teacher and one last attribute she has to offer, is the role of the Professional Midwifery Advocate. She endeavours to further explore development of interventions, supporting the promotion of resilience within staff and the provision of safeguarding exceptional care for women. Attendance at the RCN Education Forum National Conference & Exhibition in 2019, to present work that has been implemented locally, would demonstrably support the development of key advances in leadership for nursing and midwifery professions. She is keen to take part in the discussions about the potential opportunities and challenges ahead and provide a valuable contribution to the sharing of best practice.

5.3.3

Preparing for practice through inter-professional simulation; partnership working and collaboration for best patient outcomes

Sarah Done, MSc PGCE BSc(Nurs) BSc (Chem) FHEI, Senior Lecturer, Swansea University

Tracy Sandell, ENG, RGN, Cert ed, Clinical skills tutor / facilitator, Hywel Dda University Health Board

Aim

The aims were to develop final year nursing and medical student's patient assessment and clinical decision making skills within the inter-professional team, striving to develop a first class workforce that are fit for practice. This innovative approach was delivered collaboratively between Swansea University academic staff and Hywel Dda Health Board Medical Education Department across two cohorts of students.

Abstract

"Inter-professional education (IPE) is recognised as "occasions when members or students of two or more professions learn with, from and about each other to improve collaboration and the quality of care and services" (Centre for the Advancement of Inter-professional Education, 2016 p.1).

This innovative approach to education has been reported to improve the team working skills essential for healthcare professionals practicing within the multi-disciplinary environment. It is being encouraged globally as an educational approach,

facilitating collaborative working with the aim of improving health outcomes (World Health Organisation, 2010).

The creativity of IPE can generate learning communities within healthcare education and influence non-technical skills or 'human factors'. Establishing this culture in undergraduate students prior to entering clinical practice is beneficial and promotes the development of a workforce that is fit for practice.

Inter-professional simulation sessions were delivered involving Cardiff University medical students and Swansea University nursing students in the final year of their professional training programmes across two cohorts completing in 2017 and 2018. Learning outcomes were mapped to relevant nursing and medical curriculums. The session aims were to develop the student's clinical patient assessment and clinical decision making skills within the inter-professional team. Simulation sessions were delivered collaboratively between Swansea University academic staff and Hywel Dda Health Board Medical Education Team.

The sessions were evaluated using an adapted Kirkpatrick model to assess students' perceived changes in knowledge and the application and effectiveness in relation to their practice.

Across both cohorts, students identified consolidation of previous knowledge of key themes. Team working, particularly the importance of communication was repeatedly highlighted.

Students consistently felt this exposure to inter -professional simulation will improve their personal clinical practice and wanted inter-professional simulation to be routinely incorporated as part of their pre-registration programmes and for increased exposure in general to simulation. Students consistently reported increased levels of confidence.

Centre for the Advancement of Inter-professional Education. (2016) Collaborative practice through learning to work together Retrieved from http://www.caipe.org

World Health Organisation. (2010) The framework for action on interprofessional education and collaborative practice Health Professions Network Nursing & Midwifery Retrieved from http://www/who.int/hrh/nursing_midwifery/en/"

Intended learning outcomes

1. Recognises, interprets and reports the early signs of illness in people of all ages
2. Makes accurate assessments and initiates appropriate and timely management of those who are acutely ill, at risk of deterioration or require emergency care
3. Works in collaboration with other professions to provide seamless care during transfer and transition and promotes shared decision making within and between services

Recommended reading list

1. Centre for the Advancement of Inter-professional Education. (2016) Collaborative practice through learning to work

together Retrieved from http://www.caipe.org
2. World Health Organisation. (2010) The framework for action on interprofessional education and collaborative practice Health Professions Network Nursing & Midwifery Retrieved from http://www/who.int/hrh/nursing_midwifery/en/
3. Wietholter, J, P. Grey, C,. Howard, C,. Johnson, B,. Sween, R,. & Rowlands, A, E,. (2017) Interprofessional collaborative practice through an adult medicine based simulation. Journal of Interprofessional Education & Practice 9 21-26

Biography

Sarah Done is a Senior Lecturer in the College of Human and Health Science, Swansea University, joining the Department of Nursing in 2014. Sarah has a background of 17 years experience within the NHS with a primary focus on cardiac nursing. Sarah remains an accredited Advanced Life Support Instructor with the Resuscitation Council (UK). A Fellow of the Higher Education Academy, Sarah strives to promote excellence and innovation within her undergraduate and post-graduate teaching. Sarah has scholarly interests in simulation; inter-professional education; clinical decision making; critical and acute care

Tracy Sandell is a registered nurse qualifying in 1983. She has worked in many acute areas including surgery, ITU, and A&E. In 2006 she joined the Postgraduate Team in the role of Clinical Skills Tutor and Facilitator. The role is diverse providing clinical skills support and training for Medical Students from Cardiff and Swansea Universities, Doctors

in training and departmental training Tracy has a keen interest in simulation training and with medical colleagues developed a range of scripts which reflect the outcomes for Foundation and Core Medical training. The faculty has been very successful in running inter-professional and in-situ simulations

Practice Education

5.3.1

Acute Care Skills Education - Does it change confidence and performance of Newly Qualified Nurses during OSCEs and in clinical practice?

Alison Dinning, RGN, MMedSci, BSc (hons) Institute Clinical Lead (Education and Development), Nottingham University Hospitals NHS Trust

Aim

The aim of this study is to examine the impact of ACS education and OSCE simulation training on confidence, self-efficacy and performance of NQNs.

Abstract

Background: Newly qualified nurses (NQNs) are anxious about caring for acutely ill, deteriorating patients in ward areas. A seven-day acute care skills education programme (ACS) was designed to train nurses in patient assessment, providing timely care, escalation of care and improved communication. The nurses are summatively assessed using an OSCE. There is a paucity of research in the literature about the impact of acute skills training for NQNs, particularly in the UK.

Methods: A mixed methods pilot study was undertaken between November 2017 and April 2018. A pre-test/post-test design using convenience sampling was utilised with NQNs attending the ACS programme (n=92). NQNs completed a questionnaire on day 1 and then after OSCE assessment on day 5, with descriptive and inferential analysis of data collected. Eight nurses were videoed undertaking the summative OSCE assessment and subsequently re-tested 3 or 5 months later. Videos were reviewed by three inter-raters using a rubric. These nurses were interviewed, and semi-structured interviews thematically analysed to understand their clinical experiences. Full ethical approval was gained for the study.

Results: Main findings identified that attending an ACS programme and undertaking OSCE assessment improved perceived confidence and learning of 92 newly qualified nurses. The difference between pre and post-test total scores was statistically significant t (91) = -12.158, p=<0.000; effect size (Cohen's d= 1.82). Key themes emerged about the effect of the course; impact of OSCE, systematic approach to learning, increased confidence, developing independence, preparedness for practice and application of learning.

Discussion: This pilot study adds to the body of knowledge that ACS education increases perceived confidence and self-efficacy in NQNs. It identified perceived transfer of learning to clinical practice and this was well described by the participants. However, performance deteriorated in a second OSCE assessment after a period of 3-5 months, so further investigation is required to understand skills decay in OSCE assessments over time. Additional ethnographic research is essential to explore whether NQNs are transferring learning effectively into their practice.

Intended learning outcomes

1. To identify whether the acute care skills education programme has successfully developed the participant's confidence, knowledge and skills when caring for acutely ill deteriorating ward patients during a summative OSCE assessment and after the training programme
2. To explore whether knowledge and skills learnt during the programme are perceived to being utilised by the NQNs in clinical practice.
3. To describe measured performance after a period of three months and perceived value of the programme for participants.

Recommended reading list

1. Whitehead, B., Owen, P., Holmes, D., Beddingham, E., Simmons, M., Henshaw, L., Barton, M., and Walker, C. (2013) Supporting newly qualified nurses in the UK: A systematic literature review. Nurse Education Today. Vol. 33. pp370-377.
2. Thomas, C.M., and Mraz, M. (2017) Exploration into how simulation can effect new graduate transition. Clinical Simulation in Nursing. Vol. 13. pp465-470.
3. Franklin, A.E., Gubrud-Howe P., Sideras, S., and Lee,

C,S. (2015) Effectiveness of Simulation Preparation on Novice Nurses' Competence and Self-Efficacy in a Multiple-Patient Simulation. Nurse Education Perspectives. Vol. 36. (5) pp324-5.

Biography

Alison is the Institute Clinical lead for Education and Development at Nottingham University Hospitals NHS Trust. She facilitates education programmes for newly qualified nurses, students and the multi-professional team, and supports them clinically in order to improve their experience when caring for acutely ill patients in non-critical care areas. She regularly works clinically as a Critical Care Outreach nurse. She is the previous chair of the National Outreach Forum Executive Board, currently chairs the Level 1 Competency working group, and is a member of the RCNi Editorial board.

5.3.2

Promoting leadership through collaborative nursing and interprofessional practice learning.

Laura Kingston, Bsc (Hons), PGCE, RN, Practice Education Facilitator, ESNEFT

Liz Numadi, MSc, PG DipEd, RGN, RSCN, Lead Practice Education Facilitator, ESNEFT

Aim

To change organisational culture with increased confidence and leadership abilities amongst pre-registration healthcare students using an interprofessional team based learning strategy in practice, which aims to produce qualified practitioners ready to work collaboratively in leading high quality patient care.

Abstract

Benefits of leadership in improving a range of essential health care outcomes are well established (West et al., 2015). Nurses must demonstrate leadership; advocating, facilitating multidisciplinary working, challenging poor practice and innovating to improve patient outcomes. Leadership skills are not only the remit of experienced nurses, rather a fundamental component of nursing practice. Therefore, acquisition of leadership skills must begin at the earliest stages of nurse training (Taylor & Webster-Henderson, 2017). Facilitating student nurses to lead in patient care has potential to catalyse learning, enabling them to reach the future nurse standards upon qualification (NMC, 2018). Nurse education must be recognised as fundamental to future quality care, this requires strong nurse leadership (RCN, 2015). Review of existing provision at our Trust, via a mixed method student questionnaire, identified that 49% of student nurses felt they rarely or never had opportunity to develop leadership in practice placements. This led our team to develop on existing models of collaborative practice-based learning, aimed at increasing competence, confidence and leadership. Nurse leaders must work across professional boundaries to deliver high quality care (Orchard et al, 2017) therefore, our initiative has championed interprofessional education (IPE). We actively sought support from allied healthcare professionals (AHPs) and the medical team in facilitating development of leadership in nursing students. Additionally, we developed a nurse-led strategy to improve the learning experience of AHP students, using IPE to improve collaboration skills in the future workforce, recognised as vital to mitigating the health workforce crisis (NEE CCG, 2016). This strategy included increasing and improving insight placements mental health student nurses and AHPs, such as Radiography, Paramedic and Pharmacy Students, facilitating nurses to deliver IPE, providing clinical skills training and creating educational resources for learning in practice. The final outcome measure of successful practice learning is the recruitment of newly registered practitioners; therefore pre-registration educators now proactively lead the revised recruitment process for student nurses and midwives.
Initial student and registrant evaluations have demonstrated recognition of increased levels of confidence, increased interprofessional communication, enhanced learning, better role identification across professions and the ability to adapt to new, creative ways of working.

Intended learning outcomes

1. Establish a strategy of learning in practice that supports student nurses and student AHPs to develop leadership skills in order to improve patient care.
2. Identify the benefits of interprofessional education that engenders a culture of team working across specialities and a greater

understanding of the roles of each discipline in providing high quality patient care.

3. Demonstrate improvements in student experience, learning outcomes and recruitment of nursing students on qualification.

Recommended reading list

1. RCN (2015) RCN Mentorship Project 2015: From Today's Support in Practice to Tomorrow's Vision for Excellence. RCN: London.
2. Orchard, C., Sonibare, O., Morse, A., Collins, J. & Al-Hamad, A. (2017) Collaborative Leadership, Part 1: The Nurse Leader's Role within Interprofessional Teams. Nursing Leadership 30 (2): 14-25.
3. Taylor, R. & Webster-Henderson, B. (2017) The Essentials of Nursing Leadership. London: Sage.

Biography

Laura Kingston is a Practice Education Facilitator at ESNEFT, leading on practice-based curriculum development and IPE. Before joining the Practice Education Team, Laura worked as an adult nurse in acute surgical settings. Laura has recently completed her PG Cert Ed in which she focused on supporting student mental health and IPE in pre-registration learning. She is currently working towards an MSc in Medical and Clinical Education.

Liz Numadi is Lead Practice Education Facilitator at ESNEFT. Following a background of paediatric and adult nursing, Liz moved into higher education working as a Senior Nurse Lecturer. Liz has led conference development and published in the field of paediatric gastroenterology. Liz has also worked overseas, providing direct patient care in a variety of settings, before returning to the UK to focus again on education. She now manages an expanding team of PEFs to support pre-registration student learning in practice.

5.3.3

Nursing students becoming Digital Health Champions: Supporting local communities in using the Internet for health.

Toni Page, BSc Psychology PhD Student, University of Plymouth

Rachel Carter, Lead for Child Health Nursing, Lecturer Child Health Nursing, Safeguarding Children Co-ordinator at University of Plymouth

Aim

To discuss how nursing students can become Digital Health Champions within the curriculum, supporting their local community to use the Internet for health.

Abstract

Background: The Royal College of Nursing wants every nurse to become an e-nurse (Royal College of Nursing, 2018). Universities have the chance to support students in their journey to becoming an e-nurse, further enhancing digital literacy and students' understanding of how people live and manage health conditions in non-clinical settings. The University of Plymouth introduced 'Digital Professionalism' into the nursing curriculum in 2014 (Jones et al., 2016). We can build upon that by offering students the chance to become Digital Health Champions, assisting their local community in using the Internet for health, personalising the support provided.

Aim: To develop a feasible model with stakeholders for nursing students to become Digital Health Champions.

Method: A collaborative action research approach has been used. Two iterative cycles have been undertaken. The first cycle investigated the notion of students supporting local communities, and the second cycle trialled a home-visit model with adult nursing students. A third cycle will trial two models concurrently: i) a home-visit model with volunteer child nursing students, and ii) a general practice/drop in model with adult nursing students.

Results: First cycle: Nursing students supporting their local community in using the Internet for health was generally perceived to be a good idea. However, concerns were raised around the recruitment, safeguarding of participants and workloads. First year nursing students have demonstrated a health site to a relative, friend or neighbour as part of a Digital Professionalism assessment. Findings revealed students used and develop a number of skills, including communication, patience and digital. Students reflected on their own abilities and how they might approach the task differently in the future.

Second cycle: Three adult nursing students and five citizen contacts took part in a home-visit model. Collected

data is being analysed.

Discussion: Students benefited from supporting someone they know in using a health site. The revalidation of the nursing curricula offers the chance to develop and embed a feasible model where students can become Digital Health Champions. Nursing students can help lead the adoption of digital health in local communities whilst learning themselves. We aim to share our approach with other universities.

Intended learning outcomes

1. To reflect on the role of nursing students as Digital Health Champions.
2. To consider how to lead in the implementation of change in the nursing curriculum.
3. To consider the ways in which universities/ curriculum can support students in becoming e-nurses.

Recommended reading list

1. Jones, R., Kelsey, J., Nelmes, P., Chinn, N., Chinn, T., Proctor-Childs, T., 2016. Introducing Twitter as an assessed component of the undergraduate nursing curriculum: case study. Journal of Advanced Nursing 72, 1638-1653.
2. Royal College of Nursing, 2018. Every Nurse an E-nurse: Insights from a consultation on the digital future of nursing.
3. Page, T. M., Allman, F., Jones, R. B., Williamson, G. R., Lloyd, H. M., First year nursing students supporting a beneficiary to use the Internet for health as part of the undergraduate nursing curriculum. Manuscript in preparation.

Biography

Toni Page is a PhD student at the University of Plymouth's School of Nursing and Midwifery. She graduated in 2009 from Plymouth with a BSc in Psychology before teaching Spoken English in a Middle School in China. Toni has previously worked as a Research Assistant for the Plymouth Psychology Service, applying theories into practice and gaining experience in both quantitative and qualitative research. She has worked as a Research Assistant for the University of Plymouth across a range of subject areas, education, employment, business, and health. Toni has developed a particular interest towards the delivery of person-centred care and exploring how digital health can support those who are carers or living with a long-term health condition to better understand and/or manage their health conditions. She commenced her PhD in Applied Health Studies in April 2016 and has recently joined team PUNC as a curator, aiming to support students in becoming 'digitally professional' via twitter. Lead for Child Health Nursing, Lecturer Child Health Nursing, Safeguarding Children Co-ordinator.

Educate healthcare professionals in how to communicate with patients who have Complex Communication Needs

Abstract

Through funding that I'm receiving funding from the Celebrating Nursing Practice Project & the RCN foundation I am able to start creating an online toolkit which collates information related to complex communication needs (CCN) of patients with Learning Disabilities as well as physical disabilities. By creating an online resource readily accessible for frontline staff, healthcare professionals can use it to understand different ways of communicating with patients who have different CCN needs. Anxiety of staff is related to common mistakes made when looking after vulnerable patients, this toolkit and subsequent training resource hopes to reduce staffs anxiety, creating a more positive experience for both the patient and the staff members. 3 people with LD die every day in an NHS hospital due to diagnostic overshadowing, staff not knowing, being anxious, unable to find the right information when looking after patients. The CIPOLD (2013) report and the LeDeR (2018) report both raise the important issue for more learning disability trained nurses. This toolkit won't take away the importance of the availability of LD nursing specialists, but when patients with CCN come into hospital these specialists aren't always regularly available, this educational framework hopes to bridge some of the adversities this vulnerable group of patients have to go through to get the right kind of healthcare.

Intended learning outcomes

1. Every person has a voice, even if that voice can't be heard.
2. Anxiety around nursing patients with CCN is normal, but it can lead to crucial patient information being missed. By reducing anxiety, creating opportunities of communication patients nursing outcomes can be improved.
3. Communication comes in many different forms, and every person with CCN has their own personal way. Find out their way of communicating.

Recommended reading list

1. Confidential Inquiry into premature deaths of people with learning disabilities
2. Learning Disabilities Mortality Review (LeDeR) Programme
3. Diagnostic Overshadowing: See Beyond the Diagnosis - Jim Blair

Biography

Ewout is a third year child nursing student with a big passion for patients with

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WEDNESDAY POSTERS

Poster number 1
Complex Communication Needs: an educational framework

Ewout van Sabben, BSc, Student nurse, University of West London

Aim

complex needs. As a qualified healthcare professional he has worked in healthcare for over 15 years, specialising in looking after patients with physical disabilities and learning disabilities with challenging behaviour. As he's about to qualify he has his first job starting on the paediatric ward

at Gloucestershire Royal Hospital and hopes to start his Learning Disability Masters a year post-qualifying to become a paediatric learning disability consultant within acute and general settings.

Poster number 2
The importance of giving and receiving care through the medium of Welsh when Wales has two official languages

Amanda Jones, RN (Child) SCPHN (HV) RNP, PG Cert, RNT, Fellow of HEA, Senior Lecturer, Swansea University

Aim

Raise awareness and understanding of the impact on clients who require care and are first language Welsh speakers

Abstract

Poster Presentation:

Effective communication is an integral part of effective care - but what does this mean for us in Wales, a country with two official languages?

New Welsh laws and standards published by the Welsh Language Commissioner along with research indicates the importance of clients/ service users receiving care through the medium of Welsh, especially in stressful circumstances, the older generation of client such as dementia care, children and young people, and end of life care. Following the death of my mother at the age of 60 years, four years ago from acute renal failure where she reverted to her mother tongue, the importance became more apparent. Unfortunately none of the nurses within that clinical area were able to communicate with her through the medium of Welsh. I felt that raising awareness of this and the importance and benefits of making an effort, even through use of a few words would enhance patient care significantly.

What was done?

Collaborative working with Cardiff University in writing a series of information leaflets for the public and organisations with the emphasis of my Welsh leaflet being 'Giving and receiving care through the medium of Welsh' which was published in January 2016.

I also wrote a module aimed at student nurses to enable them to learn basic Welsh specifically in relation to their nursing practice, and providing them with the confidence and skills in using the Welsh language within clinical and community practice. Successful completion provided students with an additional 10 credits as part of their degree, which could also be used within future employment. Following on from this, it has now been embedded within the pre-registration nursing programme that every cohort now receives a lead lecture in relation to consideration of the Welsh language and its importance and benefits within nursing care, where they are provided with the tools to access support and develop their Welsh language skills further to improve nurse/ client relationship.

Intended learning outcomes

1. Raise awareness of first language preference within healthcare
2. Recognizing the impact of the Welsh language for clients receiving care in Wales
3. Being able to utilize some basic words within healthcare

Recommended reading list

1. More than Words- Welsh Government 2012
2. Welsh Language Standards- Welsh Language Commissioner 2016
3. Roberts, G. W., (2016). Nurse/patient communication within a bilingual health care setting. British Journal of Nursing

Biography

Amanda Jones is a Senior Lecturer within Swansea University based within the adult team. Amanda has a background of specialist Children's nursing within general paediatrics and as a specialist nurse within a disabled children's team. Amanda is also a registered Health visitor and practiced as a Flying start health visitor for over eight years prior to moving into academia four years ago. She predominantly teaches children's nursing and safeguarding for pre-registration nursing students within the adult team and module manages the Certificate in Healthcare studies modules for health care support workers.

Poster number 3
A bedside teaching method for doctors and nurses in Nasogastric feeding tube insertion.

Linda Morgan, Rgn, CNS Nutrition, Hywel Dda university

health board, Linda morgan, CNS Nutrition

Aim

To demonstrate the effectiveness of teaching in the clinical setting

Abstract

CNS Nutrition service undertook a 15month project to implement a competency based framework for Nasogastric Tube (NG) insertion for Nurses and Doctors. At any time in the HB there are likely to be approximately 40 patients receiving NG feeding with a wide variation in NG placement practice observed.

Key aims of the project:

- Establish and implement a NG competency based training program that ensures an appropriate level of competency to undertake NG placement.
- Training based on 'real time' education; making the program as accessible as possible with the aim of optimising the number of staff trained in the project period and creating a self-sustaining education program.

The CNS Nutrition developed a model of NG tube insertion training, delivered at ward level, minimizing disruptions to ward staff, while meeting the learning objectives required. A workbook supported the project: the CNS Nutrition or 'competent mentor' signed off each candidate with evidence of completion of theory and practical competence.

The following measures were recorded to support evaluation of the project.

- Number of nurses and doctors completing competency based training
- Number of Datix incident reports related to NG
- Number of x-rays and repeated NG placement
- Costs related to NG practice: NG tubes / X rays
- Frequency of CNS review required

This project met the principles of Prudent Healthcare including minimised disruption to patient care: feeding, hydration, medications, through timely and safer NG placement and care.

Intended learning outcomes

1. Establish and implement a NG competency based training program that ensures the HB has an appropriate level of nursing and medical workforce competent and confident to undertake NG placement and management.
2. To develop and implement an NG training program based on 'real time' education; making the program as accessible as possible with the aim of optimising the number of nurses trained in the project period.
3. To create a self – sustaining NG competency program; continuation beyond the funded project period enabled by using existing NG competent staff to support the competency based development of other staff in their clinical area.

Recommended reading list

1. National Patient Safety Agency. (2011) Patient safety Alert 2011/PSA002 Reducing the harm caused by misplaced nasogastric feeding tubes in adults, children and infants. NPSA.London.
2. Harm from flushing nasogastric tubes Rapid response report 2012
3. Safe Insertion and Ongoing Care of Nasogastric (NG) Feeding Tubes in Adults (NNNG Guidelines)

Biography

Linda Morgan is Lead nutrition nurse specialist at Hywel Dda University Health Board, caring for all patients with enteral or parenteral feeding tubes in the acute and community setting. With a background in trauma/surgical nursing in the RAF, she has been in the CNS Nutrition role for 9 years, providing expert knowledge and guidance to doctors, nurses and allied health care professionals caring for patient's nutrition and hydration needs.

Poster number 4
Virtual Community Placement

Debbie Cromack, RN/MSc, Quality, Health and Innovation Lead, Bradford District Care, NHS Foundation Trust

Aim

To share the development of a new model of placement provision for 1st year student nurses

Abstract

Facilitating early exposure to mental health, physical health, learning disability, child & maternal health and long

terms conditions as a placement provider is a challenge in terms of parity of provision. The development of the Virtual Community Placement is one vehicle which is affording all 1st year student nurses from the University of Bradford early engagement with their local BDCFT Mental Health/Community Nursing Service provider to attract the future workforce into community services.

Faced with a saturated placement circuit and resulting challenges of disparity of learner experience this new model now ensures ALL 1st year student nurses from the University of Bradford who are allocated a placement with BDCFT come out of their base placement for 1 day each week for bespoke workshops on a total 16 key areas (delivered by a passionate and committed cohort of 44 staff and 7 service users) including those cited in the Shape of Caring 2015 recommendations (Learning disabilities, Mental health and wound care).

Since 2015 over 500 students across all fields now have this equitable access to training which is a massive achievement for the trust and supports exposure to alternative field knowledge and skill requirements.

The model is "virtual" in nature as it meets all of the auditable standards and properties required of a substantive placement matched with the essence of a quality learning environment but is delivered in a community venue – bringing the learning to the student rather than it being in a clinical practice setting.

All students complete a Reflective Account post workshop to share with their base mentor in order to open up discussions on the transferability of learning across the fields of nursing.

The workshops have raised the profile of how community services link and work together to provide high quality and responsive services.

The inclusion of patient stories and service users attending themselves to talk about their experiences has been both thought provoking and inspiring. We have an opportunity to teach the students but also to start a relationship with them at the start of their program to provide early exposure to career opportunities within community nursing.

Intended learning outcomes

1. Share innovative community placement model
2. open discussions on transferability of the model across organisations/ professions
3. how the Virtual Community Placement will support the requirements of the new NMC standards for Education, Supervision and Assessment

Recommended reading list

1. Shape of Caring / Raising the Bar (2015)
2. NMC Standards for Education (2018)

Biography

Debbie qualified as a Registered Nurse in 1998 and commenced her career in Older Adult nursing. Starting on an admissions ward she moved to

continuing care until settling for the next 10 years within Intermediate Care. This afforded developmental opportunities within Practice Development and as Ward Sister.

With a passion for education her current substantive post is as a Practice Education Lead but has been on secondment within the Nursing Development Team as Quality, Health and Education Lead for the last two and a half. Workstreams: Operational Preceptorship Lead, Recruitment and Retention and quality assurance of practice education

Poster number 5
Innovation in capacity building through educational leadership

Tendai Gwenhure, MA Practice Education, Clinical Educator, Moorfields Eye Hospital

Aim

To discuss the role of clinical education as a vehicle for change in capacity building.

Abstract

Innovation in capacity building through educational leadership

Recruitment efforts for ophthalmic trained nurses have been futile due to the global shortage of ophthalmic trained nurse. This has been compounded by the limited number of universities offering ophthalmic nurse training. In London, only two universities offer foundation ophthalmic courses with the third university offering advanced practice modules. Vision 2020 accentuates human resources development as one of its three core strategies. The

RCN (2016) advocate that ophthalmic nurse training can be done in various ways and urge ophthalmic organisations to be innovative and creative in providing appropriate education and training to equip staff with the knowledge and skills required to function as competent practitioners. A bespoke "New to ophthalmology" induction programme was developed and instituted at Moorfields Eye Hospital in April 2015. The aim was to facilitate newly recruited non-ophthalmic trained nurses acquire fundamental knowledge and skills of ophthalmic practice. An exploratory study was conducted to evaluate the role of this programme in facilitating new nurses adapt into ophthalmic clinical roles. The findings of this study will be presented followed by a discussion on the implications for practice. Issues of quality and competence will be discussed. A proposed model for training and professional development will be discussed and potential opportunities and threats conferred.

Intended learning outcomes

1. To discuss demands and challenges in ophthalmic healthcare.
2. To consider innovative ways of attracting, develping and retaining ophthalmic workforce.
3. To consider collaboration with other ophthalmic institutions to develop a framework for capacity building through workforce development.

Recommended reading list

1. RCN (2016) The nature, scope and value of ophthalmic nursing, RCN, London.

2. Antwi (Ophtalmic Nusing: Importance and challenges
3. Vivioan 2020UK and the UK Vion strategy (2016) Available at http://www.visonuk.org.uk

Biography

As an ophthalmic clinical educator, the author holds an MA in practice education and BSC nursing degree. The remit of her role includes planning, delivery and evaluation of various educational and training programmes including the UCL PGCert ophthalmic practice course, in-house clinical and professional teaching as well as facilitating learning for nursing students, Return to Nursing students, support workers and new staff. The author is involved in charity work and community engagement activities including eye health awareness events, African rural eye care programmes and is a Trustee and education adviser for Abalon Trust. She has published 3 ophthalmic practice articles.

Poster number 6
An Exploration of the Experiences of Adult Pre-Registration Nursing Students of Online Learning

Clare Bramer, RGN, BSc, FHEA, NISP, Senior Lecturer, University of Northampton

Aim

To explore third year adult pre-registration nursing students experience of Online Learning encountered throughout their nursing programme.

Abstract

Background: Nurse Education is multifaceted due to professional requirements of both theoretical and practical elements which require effective incorporation. Over the last decade the utilisation of online learning (OL) has been introduced widely in the United Kingdom within adult nurse education programmes. Furthermore, new professional nursing education standards indicate a need for the inclusion of technology within the curriculum. Therefore, there is a need to explore pre-registration adult nursing students' experiences of OL to consider how this teaching and learning strategy supports theory and practice learning. Exploring student experiences may also assist with designing and delivering effective and appropriate OL within future adult nursing programmes.

Objective: To explore third year adult pre-registration nursing students experience of OL.

Design: A qualitative descriptive phenomenological methodology was utilised.

Setting/Participants: The project was conducted within a university in the UK, twelve pre-registration third year adult nursing students were recruited.

Method: Two focus groups were conducted. Data collected was transcribed verbatim and thematic analysis was used.

Results: Three main themes emerged: Student experience of the advantages, disadvantages and preferences of OL. OL's main benefits included time, accessibility and convenience. The ability to revisit OL was

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beneficial, differing varieties of OL were favourable with a preference for the virtual classroom. Participants were able to link theory to practice with several OL tools. Disadvantages of OL included lack of communication, support and interaction. Barriers to OL included age, lack of communication, support and interaction and access participants therefore preferred a balance of OL and traditional approaches. More communication, preparation and support were suggested as ways to enhance OL. Synchronous OL tools were considered as ways of promoting more interaction.

Conclusion: OL is not a new initiative moreover it is being more widely included within Higher Education and nurse education. The evidence indicates OL is a valuable strategy for adult nursing students, its convenience and flexibility suit these students competing with academic and practical programme elements. Despite there being advantages of OL the barriers and preferences considered by exploring adult nursing students' experiences require addressing to ensure future adult nursing programmes are effective and meet student requirements.

Intended learning outcomes

1. To inform the audience of the findings from this primary research project
2. To consider student experience of online learning within adult nursing programmes
3. To identify ways in which to improve online learning within future adult nursing programmes

Recommended reading list

1. Mc Cutcheon, K, Lohan, M, Traynor, M & Martin, D (2015) A systematic review evaluating the impact of online or blended learning vs face to face learning of clinical skills in undergraduate nurse education. Journal of Advanced Nursing. Vol.71, No.2, 255-70.
2. Moule, P, Ward, R & Lockyer, L (2010) Nursing and healthcare students' experiences and use of e-learning in higher education. Journal of Advanced Nursing. Vol.66, No.12, 2785-2795.
3. O'Flaherty, J & Laws, T (2014) Nursing students' evaluation of a virtual classroom experience in support of their learning bioscience. Nurse Education Today. Vol.14, 654-659.

Biography

The researcher has been a qualified nurse for the past 28 years and has been working as a Senior Lecturer within Adult Nursing for the last three years at the University of Northampton. She completed the BSc(Hons) Specialist Practice (District Nursing) in 2011 and is currently in the final stages of completing her MSc in Advanced Professional Practice. As part of her master's academic studies she has successfully completed the NMC Stage 4 teacher practice education modules and is also a fellow of the Higher Education Academy.]

Poster number 7
Facilitating Learning in Practice: Promoting positive partnerships

Sue Chilton, MSc, PGCHE, BNurs, RN, DN, HV, DNT, HEA-SF, Academic Course Leader: Facilitating Learning in Practice programmes / Senior Lecturer, University of Gloucestershire

Aim

To demonstrate how genuine collaboration as part of programme development; implementation and delivery; evaluation; and enhancement results in transformational learning.

Abstract

Two infographics:

Iterative cycle of educational preparation for supervision and assessment in practice

(1st infographic)

Context

The 'Facilitating Learning in Practice' (mentor preparation) programme is a truly collaborative process between the University of Gloucestershire (UoG) and practice colleagues based upon a philosophy of mentoring and coaching – a symbolic analogy of which is provided in the form of a fruit tree (2nd infographic).

The purposeful curriculum is designed to promote optimum learning environments in practice.

Delivery

Partnership working between academic and practice-based personnel is recognised as important in ensuring the success of mentorship (NNRU, 2012:5) - described as the 'glue' that holds the system together.

In support of the pivotal 'tripartite relationship' between the student, mentor and Personal Tutor, a new role of 'Coach in Practice' has been created to support the implementation of the 'Collaborative Learning in Practice' (CLiP) model (Lobo et al, 2014) which has been adopted within a variety of practice placements locally. The Coaches in Practice work closely with nursing students and mentors both in academic and practice settings, offering support to enable the right, evidence-based judgements to be made in practice assessments, thereby addressing the continuing 'failure to fail' some underperforming student nurses (Hunt et al, 2016).

Evaluation

Evaluations by students, External Examiners and colleagues both internally and externally suggest that this programme has real value and results in 'transformative learning', which is currently being explored in a research project.

In addition, regular 'FLiP review' meetings, involving the programme team and practice colleagues, enable continuous programme and practice development and enhancement based on feedback from all involved.

Enhancement

New standards for the supervision and assessment of nursing students in practice (NMC, 2018) state that practice and academic assessors must ensure they have developed interpersonal skills, are able to conduct evidence based assessments of students, provide

constructive feedback and understand the assessment process well (NMC, 2018).

An innovative multidisciplinary approach to such educational preparation of practitioners is currently being considered and will include social workers, paramedics, other allied health professionals and nurses, providing opportunities for interprofessional learning as well as resulting in potential rationalisation of resources.

Intended learning outcomes

1. To explore the opportunities and challenges for collaboration between academic and practice colleagues in relation to practice learning.
2. To raise awareness of the importance of professionalism in practice supervision and assessment practices.
3. To discuss the stages involved in truly transformational learning

Recommended reading list

1. Lobo C, Arthur A, Lattimer V. (2014) Collaborative Learning in Practice (CLiP) for pre-registration nursing students. A background paper for delegates attending the CLiP conference at UEA on Thursday 18th September NHS Health Education East of England, 2014.
2. National Nursing Research Unit (2012) Sustaining and managing the delivery of student nurse mentorship: Roles, resources, standards and debates (Executive Summary), London: NNRU: King's College
3. Nursing & Midwifery Council (2018), Standards for Nursing & Midwifery Education. Realising

Professionalism: Part 2: Standards for Student Support and Assessment, London:NMC

Biography

Qualified in 1981 as a graduate nurse from the University of Manchester . Professional qualifications include MSC (Applications of Psychology) , PGCHE, HEA – Senior Fellow, BNurs, DN, HV, DNT

Wide ranging experience in acute, community and specialist nursing practice as well as holding substantive posts in Higher Education. Currently working towards becoming a National Teaching Fellow.

Academic roles have included course and programme leadership and current interests include promoting the development of multidisciplinary educational preparation programmes for practitioners involved in the supervision and assessment of students in health and social care practice, thereby promoting inter-professional learning.

Poster number 8
Educating Nurses to be a Leading Voice in Major Service Redesign

Kelly Bishop, MSc, Grad Cert, BA(Hons), RN Head of Nursing, NHS Transformation Unit

Aim

Raise awareness of the process of major clinical transformation within nurse education so that the future nursing workforce are equipped for the future

Abstract

The delivery of sustainable Health and Social Care Services is becoming increasingly challenging with growing demand, workforce shortages and financial constraints. The solution that many systems are turning to is Major Service Transformation. In some areas the only way good care can continue is by doing things radically differently.

Unlike service or quality improvement (which implies incremental progress on the same plane) transformation implies a basic change of character with little or no resemblance to the past configuration or structure. When involved in transformation we venture into the unknown, the end picture is unidentified and increasingly nurses need to be skilled in working through an open and transparent process of shared discovery to reach its conclusion.

For major service reconfiguration that effects significant numbers of the local population the NHS England assurance process is quite rightly very rigorous and requires that front-line clinicians affected by the proposed changes are involved. Nurses have a duty to ensure that the voice of the patient and frontline staff do not get lost in the complex process and that the change remains truly meaningful.

Educating nursing and care professionals to navigate the process of major clinical service redesign will support the profession to step forward and be more involved from the outset, not just a representative sat on a reference group to tick an assurance process box or a victim of the change.

Nurses are powerful advocates for the patients and the skills that the profession can bring ensure that future services consider the patient as whole and as an individual. Nurses bring the passion and compassion into process and leaders of education have a powerful contribution to play in equipping the nurses of tomorrow to understand the process of clinical transformation so that they may actively contribute and influence.

Through education, nurses can become more confident to take their place in major service re-design and create future services that are truly patient focused. Only by the term 'clinical leadership' being encompassing of the Nursing and Care Professions can major transformation be truly patient centred.

Intended learning outcomes

1. Awareness of the NHS England process for major clinical service redesign
2. An understanding of the importance of the nursing voice in the design of future service
3. An appreciation that passion and compassion is as valuable as process

Recommended reading list

1. NHS England (2018) Planning, assuring and delivering service change for patients www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf
2. NHS England (2016) Leading Change, Adding Value www.england.nhs.uk/wp-content/uploads/2016/05/nursing-framework.pdf
3. Nurses as change agents for a better future in healthcare: the politics of drift and dilution. Health Economics, Policy and Law (2018) 13, 475-491

Biography

Kelly is Head of Nursing at the NHS Transformation Unit. Working with Clinical Stakeholders from ward to board Kelly supports major service transformation through ensuring wider clinical workforce and patient views are sought, heard and acted upon.

A senior nurse with significant operational and strategic experience from individual patient care to system leadership; Kelly is passionate about raising the profile of nursing in delivering major scale change that really touches those that matter.

Poster number 9
Nuffield Health
Preceptorship Programme

Chris Davis, BSc (Hons) Physiotherapy, MSc Sports & Exercise Medicine, Learning and Education Specialist, Nuffield Health

Ben Davies, Senior Learning and Education Lead, Nuffield Health.

Jay Morris, Clinical Educator/Learning and Education Specialist, Nuffield Health

Aim

How innovation is used to promote the learning experience during a 9-month

learning journey from student to confident clinician.

Abstract

Nuffield Health is one of the leading not-for-profit UK healthcare organisations and is dedicated to helping people live healthily, get better and stay well.

In order to achieve this, we need aspirational and dedicated clinicians to lead and deliver exceptional patient care. To attract, inspire and retain Nurses during a challenging time, we've introduced the Nuffield Health Preceptorship Program (NHPP). NHPP is a 9-month learning journey designed to support newly qualified Staff Nurses and ODP's transition from student to confident clinician. NHPP consists of four, two-day classroom based modules, self-directed learning and support from a designated Preceptor/mentor.

Over 60 preceptees have completed NHPP, with some becoming Preceptors themselves and thus becoming leaders of tomorrow.

Examples of innovation within NHPP include:

1.   Insights Discovery. A British Psychological Society (BPS) accredited psychometric tool based on the work of Carl Jung. It promotes self-awareness by helping people understand their psychological preferences. By understanding these preferences people are able to better adapt and connect with others. It promotes relationship building between Preceptees and clinical colleagues and has a significant effect on communication. Strong relationships with colleagues reduces the likelihood of conflict and improves employee wellbeing and engagement. Strong relationships with patients ultimately leads to improved patient care. We also use Insights Discovery to influence the design of later modules. By understanding our cohort's psychological preferences, through the Insights Discovery model, we are able to design bespoke activities, brief trainers/facilitators and optimize communication channels. The value of Insights Discovery in healthcare settings is well understood. An NHS Trust that identified teamwork as a major development area and introduced Insights Discovery to improve communication and collaboration, were able to reduce absenteeism by 92%.

2.   Collaboration with the Royal College of Nursing (RCN). An RCN led workshop focuses on clinical practice 'as it should be', becoming the patients advocate, building resilience, confidence to speak-out and safeguarding.

3.   Clinical skills lab. An opportunity to develop clinical skills, decision making and patient safety. The lab consists of a bespoke simulation model and monitoring system, break out space, seminar facilities and supplementary learning resources (i.e. anatomical models, IT and library).

Intended learning outcomes

1. Successful recruitment and ongoing support of newly qualified Staff Nurses and ODP's, to help invigorate and energise the workforce.

2. Investment in staff to promote long and thriving careers within Nuffield Health.
3. Promote clinical confidence and therefore promote exceptional patient care.

Recommended reading list

1. Price, B. Successful preceptorship of newly qualified nurses (2013). Nursing Standard. 28, 14,51-56. doi: 10.7748/ns2013.12.28.14.51.e7944
2. Duteau, J. Making a Difference: The Value of Preceptorship Programs in Nursing Education. (2012) The Journal of Continuing Education in Nursing. 43(1):37-43https://doi.org/10.3928/00220124-20110615-01

Biography

Chris Davis is a Learning and Education Specialist working in the Nuffield Health Academy. His clinical background in Physiotherapy (NHS, Private and Charity sectors) and his academic experience (BSc Physiotherapy, MSc Sports and Exercise Medicine) has allowed him to manage the Nuffield Health Preceptorship Programme (NHPP). He has a keen interest in promoting effective communication and relationship building in healthcare, and in part delivers this as an Insights Discovery Practitioner.

Poster number 10
Using team games to overcome resistance to implementing immunisation education in a sexual health clinic.

Ruth Bailey, MSc BSc (Hons) RGN DFSRH Onc Cert, Nurse

Team Leader, Sexual Health and Contraception Brighton

Wendy Gardiner,BSc (Hons) RGN, Advanced Nurse Practitioner, Sexua Health and Contraception Brighton

Aim

To explore how the use of team games in learning was successfully used to challenge resistance to an immunisation education programme in a sexual health clinic.

Abstract

Immunisation against vaccine-preventable disease is an important and routine component of sexual health. The Public Health England (PHE) Patient Group Direction (PGD) template (2017) was launched to support the administration of the hepatitis B vaccine. Although nurses and health advisors were experienced immunisers, many had not undertaken a theoretical education programme or undergone competency assessment, now a national requirement for all immunisers and a prerequisite for using a PGD.

All immunisers were asked to complete the national online learning skills for health module prior to completing the PHE/Royal College of Nursing immunisation knowledge and skills competence assessment tool (2018).

This plan was met with resistance from staff, who felt that this was unnecessary, time consuming and not a clinical priority, despite revised guidance published by PHE 2018. To challenge this, an interactive educational event was devised to illustrate the value of training and to create opportunities for inter-disciplinary team learning.

The sessions focused on the use of team games to create a high energy, fun environment, which was intended to de-escalate the tension around the programme and to ensure that the learning was memorable. Participants were randomly assigned to teams, and invited to create a team identity, selecting a mascot and choosing a name. Participants made collages, explored their views on immunisation, discussed the required training and assessment, played games involving the use of national resources and joined in a "pub quiz" on hepatitis B. Refreshments were served and prizes were awarded to create a sociable atmosphere.

The evaluation of the event showed that participants had moved from a position of resistance to one of recognising the value of training. All participants said that they had enjoyed learning and reported increased understanding of immunisation. They were motivated to undertake e-learning and competence assessment. The use of interactive games had been successfully employed to challenge resistance and create a fruitful learning environment.

Intended learning outcomes

1. To explore the use of team games in challenging resistance.
2. To discuss how the creation of a sociable environment can be used to de-escalate tension.
3. To examine an innovative and practical approach to preparing learners to use the Hepatitis B PGD.

Recommended reading list

1. (2017) Hepatitis B Vaccine: Patient Group Direction template https://www.gov.uk/government/publications/hepatitis-b-vaccine-patient-group-direction-template Accessed 4th Aug 2018
2. (2018) National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners. In: Assets.publishing.service.gov.uk. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679824/Training_standards_and_core_curriculum_immunisation.pdf. Accessed 4 Aug 2018
3. (2018) Immunisation knowledge and skills competence assessment tool. In: Sps.nhs.uk. https://www.sps.nhs.uk/wp-content/uploads/2018/01/RCN-Imms-Tool.pdf. Accessed 4 Aug 2018

Biography

Ruth fell into contraception from her role as a practice nurse and worked in a largely Nurse led CASH clinic before becoming a Nurse Team leader for the Brighton and Hove Sexual Health and Contraception (SHAC) Service three years ago. Ruth has been heavily involved in setting up the integrated Service that delivers a wide range of services for a diverse population in a "one stop shop" model. As a line manager she is actively involved in providing supervision and supporting the nursing team to develop skills to become dual

trained in contraception and sexual health.

Ruth is the SHAC lead for pre-registration Nurse Education and thoroughly enjoys her teaching commitments on the local FSRH Course of Five programme and the 4th year medical students at Brighton and Sussex Medical School.

Prior to this Ruth worked both in organisational and practice development and led the implementation of wide range of multi-professional projects across the Trust including the introduction of clinical supervision. During this time she served as a fitness to practice panellist for the NMC and regularly presented on fitness to practice to a variety of audiences.

Ruth is passionate about Women's health and currently serves as one of the deputy chairs of the RCN Women's Health Forum that works to promote excellence and shape national policy in this area.

Ruth is happiest in a theatre either on or off stage. She sings alto in Hullabaloo community choir and is delighted to chair its steering group. She is a keen runner and loves nothing more than a dip in the sea.

Wendy Gardiner is currently an Advanced Nurse Practitioner at the Brighton and Hove Sexual Health and Contraception Service. Prior to the joining of two separate service to form an integrated sexual health and contraception service, Wendy's work was predominately in contraception and reproductive healthcare. Since integration her role provides specialist contraception care for patients and specialist support for colleagues. She also plays an integral part in ensuring good

clinical governance for the service, with a particular responsibility for medicines management and development of Patient Group Directions. Wendy has an active role in clinical supervision, training and education, especially for the nursing team.

Wendy's journey through her healthcare career has included her working as a Practice Nurse (in West Sussex, London and Brighton), as a Family Planning / Contraception & Reproductive Healthcare Nurse Specialist in Brighton, and as Senior Lecturer providing and developing the specialist contraception post-registration module for nurses at Brighton University.

Wendy's interests outside her work include music, dancing, yoga, reading, films and football – she will often call on these interests in her teaching to provide novel ways to present subjects to students. A recent, well received, workshop at a Leadership Conference used music to help participants understand the dynamics of joint working using the lived experience of creating music together.

Poster number 11
Staff Nurse Challenge Day for Final Year Student Nurses

Julia Enright, RN, Dip HE, BSc(Hons), LLDip, LPC, MA, HEA Fellow, Senior Lecturer (Adult Nursing), University of Wolverhampton

Jane Banks, BSc (Hons), Specialist Practice, PGCert, MSc, DipHE, ENG, RGN, FHEA, Senior Lecturer (Adult Nursing), University of Wolverhampton.

Kerri-Ann Bradley, RN, BNursing (Hons), Professional Development Nurse (Pre-Reg Support), Dudley Group NHS Foundation Trust

Aim

The aim of the Challenge Day is to prepare final year student nurses for the role of the staff nurse, by raising awareness of leadership and organisation skills, in addition to prioritising workload and demonstrating clinical knowledge and skills.

Abstract

Final year student nurses from the University of Wolverhampton are invited to participate in a 'Staff Nurse Challenge Day', developed by Practice Education staff at Dudley Group NHS Foundation Trust.

Student nurses are welcomed to a classroom environment within the Trust, where they are allocated to work as teams in simulated 'Wards'. Throughout the 'shift', a series of timed scenarios are presented to each ward, simulating the fast-paced, ever-changing clinical environment. Additional breakaway activities include CPR, clinical observations, and a 'Mastermind' type quiz. It is the responsibility of the 'nurse-in-charge', to delegate members of their team to undertake breakaway activities, as and when they occur, whilst maintaining safe staffing levels. These activities are facilitated by clinicians and academics.

The success of the Ward teams is measured through a point system, with each activity having a number of points available. Cards are issued for errors and

omissions: 'Dead Patient', 'Serious Harm' and 'Professional Misconduct', and there are also opportunities to 'Phone a Friend' and 'Double your Money'. Detailed feedback is provided to each ward to support learning and develop confidence. Although serious issues are addressed, there is an element of fun to the day.

Prizes are awarded to the students who have achieved the highest points in each breakaway activity; to the 'Winning Ward'; and there is a 'Rising Star' award, for the student who demonstrates significant leadership potential. All participants are awarded with a 'Certificate of Attendance' which is presented to them by the Chief Nurse.

Staff feel that this event is effective and innovative, in that it can be facilitated with minimal resources. Students have evaluated their experience of the event positively, stating "It prepared you and got you thinking about scenarios which actually occur in practice", and "Really good experience for when I become a nurse

Intended learning outcomes

1. Appreciate that effective simulation can take place outside of the skills laboratory.
2. Recognise the opportunity for final year student nurses to prepare for the role of the staff nurse.
3. Consider that serious subject matter can be addressed with an element of fun.

Recommended reading list

1. Cummings, C. L. and Connelly, L. K. (2018) Reflections of Nursing Students Involved in a Simulated 'Very Bad Day'. Teaching and Learning in Nursing, 13, pp.51-54.
2. Pearson, E. and McLafferty, I. (2011) The use of simulation as a learning approach to non-technical skills awareness in final year student nurses. Nurse Education in Practice, 11, pp.399-405.
3. Warland, J. (2011) Using simulation to promote nursing student's learning of work organization and people management skills: A case-study. Nurse Education in Practice, 11, pp.186-191.

Biography

Julia Enright is a Senior Lecturer in Adult Nursing at the University of Wolverhampton. She worked in the NHS for 20 years before moving into Higher Education. Her current role includes Academic Practice Lead (joint) for Dudley Group NHS Foundation Trust. Julia is passionate about high standards of nursing care and nurse education, and particular interests include adult acute care, legal and professional issues, practice development, and continuing personal and professional development.

Jane Banks is a Senior Lecturer in Adult Nursing at the University of Wolverhampton and has been in Higher Education for 18 years. She has previous extensive clinical experience in a variety of settings, and is currently working as Academic Practice Lead (joint) for Dudley Group NHS Foundation Trust. Jane has a keen interest in research, evidence based practice, and clinical skills.

Poster number 12
Increasing psychological fidelity for Learning Disability (LD) Nursing and Social Work students in Basic Life Support through the use of patient simulators.

Sarah Burns, RNLD RSW RNT MSc, Senior Lecturer, Sheffield Hallam University

Mrs Samatha Ashmore, RGN RNT MSc. Senior lecturer Sheffield Hallam University

Aim

To demonstrate the impact of using real life simulation to enable students to develop the knowledge and skills required to perform and leader basic life support across many different clinical/community placements, with a key focus on the importance of human factors and the use of non-technical skills in practice, specifically advanced communication skills, where the service-user experienced communication difficulties.

Abstract

The session was developed after the authors noted that although many Basic Life Support simulations had high technical fidelity within their organisation, there was a limit on psychological fidelity and learners often struggled to link wider learning around human factors into their practical sessions. Human Factors is primarily concerned with exploring the relationship between behaviour, system design, the environment and the outcome (Fortune, 2013). Within this school of thought, there is a clear shift from traditional viewpoints on human error; to one where

rather than being seen as the cause human error is in fact seen as symptomatic of external factors (Dekker, 2015). By examining wider elements which influence human behaviour it becomes apparent that there is a link between factors such as communication, interpersonal relationships, team working, the environment, or Non-Technical skills (White, 2012), and the outcome, which is potentially increased when we consider the needs of people with LD

There are three main learning aims for all students undertaking BLS:

To recognise when service users are in need of emergency care

To Demonstrate and describe key Basic Life support skills and processes including use of A-E Assessment and SBAR.

Be aware of their own responsibilities in practice

It was felt that for Learning Disability students because of the complex needs of their service-user group, methods to draw out and assess their enhanced communication skills in emergency situations needed to be developed. Following research it was felt that the development of two scenarios, using a patient simulator, which related to Learning disability practice, could effectively achieve the aims.

The Presentation will describe how the simulation was developed, exploring factors such as co-production with service users and service providers, it will also evaluate the impact of this on the

students' experience of BLS simulation, as well as their ability to link a wide range of theories knowledge and skills to practice.

Intended learning outcomes

1. To explore the importance of developing psychological fidelity in simulations.
2. To explore how simulation can enhance the application of theory to practice and reduce the impact of human factors on safety.
3. To evaluate the impact of high psychological fidelity simulations on student skill development

Recommended reading list

1. Fortune, P. (2013). Human factors in the healthcare setting : A pocket guide for clinical instructors. Chichester; Oxford: Chichester : Wiley-Blackwell.
2. Tun, Jimmy Kyaw, Alinier, Guillaume, Tang, Jessica, & Kneebone, Roger L. (2015). Redefining Simulation Fidelity for Healthcare Education. Simulation & Gaming, 46(2), 159-174 DOI 10.1177/104687811557610 3
3. White, N. (2012). Understanding the role of non- technical skills in patient safety. Nursing Standard (Royal College of Nursing (Great Britain) : 1987), 26(26), 43-48. "

Biography

Sarah Burns has been qualified as n RNLD and social worker for 8 years. Sarah's clinical experience was in CAMHS supporting children with LD and mental health conditions many of who presented with challenging behaviours. Sarah has been a

lecturer in learning disability nursing and social work for 3 years, recently progressing to Senior lecturer. She plays an active part in BLS education across fields and simulation development, particularly the enhancement of understanding the needs of people with learning disabilities.

Samantha Ashmore is a Senior Lecturer in Adult Nursing. Clinically she worked as a Resus officer, prior to entering Nurse Education for over 4 years ago, Sam leads on the ILS courses run by the university and BLS across pre-registration nursing, and has a keen interest in enhancing the student experience of simulated learning

Poster number 13
Reflections on the development of research capacity in south Africa- a case study

Dr Susan Armstrong, D Cur, MSc, B Ed (hons), BA Cur, Senior Lecturer, University of the Witwatersrand

Nelouise Geyer, PhD, CEO of Nursing Education Association

Gisela van Rensburg, PhD, University of South Africa

Aim

This paper describes the research project undertaken by the most recent group of novice researchers and reflects on the success of the research project.

Abstract

Background

The need for research capacity development has become urgent in South Africa with a move of nursing education into higher education. A novice research programme was designed to build confidence of the nurse educators to register for Master's degree programmes. The success of this ongoing programme is continuously evaluated according to the Cooke integrated framework (2005) for research capacity building in healthcare.

Method

The study was undertaken due to concern about the student's eating habits since being moved onto a bursary system. A quantitative study using the REAPS (Rapid Eating Assessment for Participants) questionnaire was used. Students scored poorly overall irrespective of whether they received financial support or not. Evaluation of the novice researcher experience was done on completion of the project by means of expert qualitative review and a reflections of participants in terms of the six elements of Cooke's integrated framework.

Results

Evaluation of this project showed that success was achieved in skills and confidence; research applicability; linkages, partnerships and collaborations; dissemination and knowledge translation; continuity and sustainability; infrastructure; leadership and empowerment, but not in the element related to infrastructure.

Discussion

Sponsorship was an enabler that boosted results in terms of collaboration, continuity and sustainability as this element had been problematic in previous projects. The group presented the results of their study at an international conference and wrote a proposal for further research indicating success in relation to all the other elements. They found the experience fulfilling and two members of the group have registered for Master's degree studies.

Conclusion

The novice researcher programme adds value to the not only to research utilisation but also add value to the healthcare services as well as developing research skills and motivation to study further.

Intended learning outcomes

1. To identify factors that enable a research capacity building programme for nurse educators.
2. To demonstrate the application of the Cooke framework for evaluating research capacity building.
3. To be aware of eating behaviours of student nurses with a review to facilitating improvement in nutrition of nursing students

Recommended reading list

1. Van Rensburg, GH, Armstrong, SJ and Geyer, N. 2017. A Systems Orientation to Research Capacity Development: A South African Perspective. Africa Journal of Nursing and Midwifery Volume 19, Number 3, 2017, #1733. 14 pages
2. Cooke, J. 2005. A Framework to Evaluate Research Capacity Building

in Health Care. BMC Family Practice 6:44. https://doi.org/10.1186/1471-2296-6-44
3. Edwards, N., D. Kaseje, and E. Kahwa. 2016. Building and Evaluating Research Capacity in Healthcare Systems: Case Studies and Innovative Models. Ottawa: UCT Press.

Biography

Sue Armstrong trained as a nurse at St Thomas' Hospital in London, England. On her return to South Africa she completed her midwifery course and worked as a midwife before commencing her Diploma in Nursing Education and moving into nursing education. After many years in nursing education both at college and provincial level, Sue was appointed the Director of Quality Assurance at the Gauteng Department of Health where she worked for seven years before moving to the University of the Witwatersrand in 2011. Sue has been teaching and supervising post-graduate nursing students in the fields of nursing education and nursing practice. She is an author and reviewer of academic literature in the fields of nursing education, practice and quality assurance.

Poster number 14
The student voice: The effect of peer group supervision on empowering and motivating leadership and change among student groups.

Elizabeth Jefferis, undergraduate student nurse (diploma of higher education with distinction), Student Nurse, clinical placements within west dorset.

Kerry Nel, undergraduate student nurse (diploma of

higher education with distinction), clinical placements within west dorset

Aim

To show the value of peer group supervision in improving the student experience

Abstract

As third year nursing students, passionate about student experience, we recognised that, although students have a regular forum group for education and support, there was no provision for them to discuss challenges encountered whilst on professional placements. We wanted to give students a voice to discuss any challenges they may have within a relaxed environment away from clinical areas. After discussing our ideas with the practice educator team they introduced us to the Peer Group Supervision (PGS) model, developed by Tietze (2015). Topics discussed, using the model, can be either positive or negative and can relate to placement problems, university studies or any social or psychological issues that students believe are affecting their student experience. The format allows students to offer their opinions or reflections in a structured, controlled way in order to offer possible solutions to the issues raised. Knowing that such provision requires solutions to be managed in a productive way, students are actively encouraged towards empowering each other in a constructive, non-judgemental environment. The Nursing and Midwifery Council (NMC, 2018a) requires students to take responsibility and feel proactively empowered in pursuing opportunities to learn. This positively controlled method of reflection enables effective ways to manage and resolve often difficult professional problems and thus helps to reduce stress. This model ensures there is a structured approach which allows a positive attitude towards problem-solving.

By recognising that a provision was needed for students and working with the practice educator team, not only have we shown our own leadership qualities but the implementation of PGS at Dorset County Hospital has also given others an opportunity to guide, motivate and support one another, traits expected from nursing students (NMC, 2018b).

This forum is open to all non-medical undergraduates although to date, the predominant adopters of this supervision have been adult student nurses.

PGS has been incorporated into the preceptorship programme where feedback has also been positive. Incorporating this into the student experience gives students the tools for a self-directed, lifelong career approach. We are pleased that our idea has been recognised and implemented to aid future students.

Intended learning outcomes

1. To explore innovative ways to reflect within practice placements
2. To show students that they too can motivate change

Recommended reading list

1. Tietze, K-O., 2015. Peer Group Supervision [online]. Hamburg. Available from: http://www.peer-supervision.com/index.html [Accessed 06/10/2018].
2. Chadwick, M.M., 2010. Creating Order out of Chaos:A Leadership Approach. AORN Journal [online], 91(1), 154-170.

Biography

Elizabeth is a third year student studying adult nursing at Bournemouth University. Since beginning her degree she has worked hard to pass both first and second years with distinction.

Elizabeth has undertaken clinical placements in acute, medical and surgical areas but her passion is in emergency medicine. This is a passion she will be able to explore further and challenge herself in when she visits Dar es Salaam to work in emergency in October 2018. Elizabeth will be working in Muhimbili National Hospital in the only emergency department of its kind within Tanzania. Here she will be learning alongside Tanzanian students and have the opportunity to explore a completely different way of working.

Elizabeth is creative and innovative and has demonstrated these skills within her local trust by recognising a need for change and working, together with the trust practice educator team, to implement new initiatives that have improved the student experience. Using her leadership skills she has been able to motivate and empower other students to share their own innovative ideas.

Elizabeth is forward thinking and passionate about the contribution she can make to patient care. She continues to deliver high quality patient focussed care and uses her creativity to think outside the box to improve the patient experience.

Upon registration Elizabeth hopes to be able to work within emergency medicine where she will continue to develop her knowledge of complex needs and conditions. She also hopes to be able to continue to engage with nursing students to empower them to be proactive in sharing their ideas and help them to understand that, with the courage to step forward, anyone is able to implement change.

Kerry Lynne Nel is a forty-nine year old mature student, currently studying her final year of the Adult Nursing degree programme at Bournemouth University.

Kerry's achievements to date include gaining a distinction for her Access course to gain entry into university and, since undertaking the programme she has gained progressive distinctions in Years One and Two.

Prior to starting the degree programme, Kerry gained two years' experience as a healthcare assistant working on an acute surgical ward at her local hospital where she developed the passion and drive to become a registered nurse.

Kerry has always been a caring, 'people' person. Before starting work within the hospital environment her jobs were customer service based. Kerry feels that moving into a nursing career, which puts the person at the centre of their own care, is a natural progression from her previous work and a way to offer a more personalised one to one approach with patients and their relatives.

During her time at university, she has been a student representative and advocated for and advised fellow students on a number of issues that they have been unable to resolve themselves. Kerry is keen to search for new and innovative ideas and actively seeks support and guidance from her academic tutors and the hospital's education centre for their thoughts, suggestions and assistance in pursuing ideas through to fruition.

By the time of the conference, Kerry will have undertaken an overseas elective in Tanzania which promises to be both an educational and cultural experience that is very different to what is available in the UK. She anticipates gaining to gain a broad understanding of the issues faced in the country and how people cope with limited resources and hopes to share her experiences with others on her return.

Poster number 15
Improving the simulated clinical experience for critical care by increasing the authenticity.

Anne Marie Ridley, BSc (hons) Nursing, Clinical Skills Nurse Trainer Education, Anne Marie Ridley, BSc (hons) Nursing, Clinical Skills Trainer, USW

Leon Smith, BSc (hons) Nursing, Clinical Skills Trainer, USW

Aim

To provide an overview of how simulated learning environments can enable students to develop critical care skills

Abstract

There is an increase in the number of critically ill patients being cared for in a ward environment within the National Health Service (NHS) (Gallagher et al, 2011). As a result, nurses require the knowledge and skills to effectively manage this patient group.

The fast paced critical care environment can be extremely challenging to the newly qualified nurse, resulting in anxiety, uneasiness, and lack of confidence in the ability to manage patient care (Stefanski et al, 2009). Clinical placements in critical care departments are designed to expose student nurses to the intensive care environment and prepare them to manage acute situations independently. However, student nurses cannot be guaranteed exposure to every clinical situation during their undergraduate training. With the incorporation of simulation technology as a teaching modality into undergraduate nursing training, newly qualified nurses can be guaranteed to have experienced high-risk patient situations and to have obtained hands-on practice with high-tech equipment. Simulation "serves as a medium to provide a wide range of experiences that are either too rare or too risky for student nurses to engage in using actual patients" (Hovancsek, 2007, p. 3). If student nurses are given the

opportunity to experience clinical situations through simulation technology, their self-confidence in their abilities to manage critically ill patients increases as they become adept in their nurse training.

Responding to this challenge the University of South Wales has developed more critical care skills sessions for students from all four fields of practice in each year of their course to enhance their learning and to increase their confidence in caring for a deteriorating patient. Regular team planning, reflection and debriefs take place and all sessions are evaluated by students to ensure they receive an authentic experience. This feedback will be used to inform future curriculum development which requires that students will demonstrate the knowledge and ability to respond proactively and promptly to signs of deterioration or distress mental, physical, cognitive and behavioural health and use this knowledge to make some clinical decisions (NMC, 2018).

Intended learning outcomes

1. To provide an overview of simulation in a critical care environment for pre-registration nurses
2. To describe the development of a simulated 'critical care experience' as a tool to prepare student nurses
3. To consider the implications of this experience for future curriculum development

Recommended reading list

1. An evaluation of a critical care course for undergraduate nursing students (2011) Nursing in Critical Care,Gallagher, Patrick Joseph ; Rice, Billiejoan ; Tierney, Paul ; Page, Karen ; Mckinney, Aidin Nursing in Critical Care, September 2011, Vol.16(5), pp.261-269
2. Preparing the novice critical care nurse: a community-wide collaboration using the benefits of simulation (2009) Journal of continuing education in nursing,Stefanski, Robbie R ; Rossler, Kelly LVol.40(10), pp.443-51
3. Creating Simulation Communities of Practice: An International Perspective (2009) Nursing Education Perspective Hovancsek, R., Marcella ; Jeffries, J., Pamela ; Escudero, Eikeland, Eliana ; Foulds, Eikeland, Barbara ; Husebø, Eikeland, Sissel ; Iwamoto, Eikeland, Yumi ; Kelly, Eikeland, Michelle ; Petrini, Eikeland, Marcia ; Wang, Eikeland, Ailing Vol.30(2), p.121-125

Biography

Anne Marie Ridley is clinical skills trainer at USW. Anne Marie qualified as an adult nurse in 2006 and has worked in an intensive care unit as a criitical care nurse before moving over to education in 2017.

Leon is a nurse lecturer at USW. Leon qualified as an adult nurse in 2004. He worked in the intensive care unit for six years before moving in to critical care outreach in 2010. Leon moved over to education in 2018.

Poster number 16
Using anonymous marking to give fair and unbiased grading and feedback for coursework.

Katie Page, BSc, RN, PgDIPHE, FHEA, Lecturer Adult Nursing, Middlesex University

Georgina Cox, BSc, MA, RN, Senior Lecturer Adult Nursing, Middlesex University

John Koushappas, FHEA, Senior Educational technologist, Middlesex University

Aim

Does anonymous marking facilitate the perception of fair and unbiased grading and feedback of coursework?

Abstract

Introduction

The quality of a University and the degrees it issues to graduates is inextricably tied to the quality of its assessment processes. Any improvements that can be made to assessment processes will result in higher quality outcomes. One such opportunity is the minimisation of bias and, importantly, the perception of bias by students in these processes. By achieving this students will see their work as being marked objectively against the assessment criteria for the assignment.

A way to remove the perception of bias is to use an anonymous marking process. Whilst examination scripts have been marked anonymously for many years, applying the same diligence to

coursework assignments has proved difficult.

Research Question

Does the implementation of an anonymous marking process (AMP) impact on student perception of tutor and process bias?

Secondary Research Questions

What is the impact of an AMP on student performance and student behaviour?

What is the response and perception of educational staff to the AMP?

Methods

The AMP was implemented through the use of the My Learning and Turnitin portals as anonymisation intermediaries between students and assessors. The study cohort includes students undertaking the BSc Nursing degree at Middlesex University, continuing professional development modules and staff associated with these programmes.

Qualitative methodology was used to analyse feedback from student and staff surveys and interviews performed during 2018.

Key Findings

Our principal finding was that the students supported the implementation of the AMP, agreed with the process method and responded positively to its future use. Interestingly there was no clear opinion trend regarding whether the institution of AMP would have influenced grading outcomes.

A consistent staff feedback theme was the recognition for potential bias in the marking process and the feeling that this was addressed through the implementation of the AMP.

Conclusion

Overall the AMP was perceived positively by both students and staff. Student behaviour adapts to recognition that AMP feedback is personalised but not personal. The process of implementing AMP and the findings discussed will be of interest to both the nursing and general educational practitioner and can be readily generalised outside of this scope.

Intended learning outcomes

1. Learn what anonymous marking of coursework is and how it works.
2. Learn why the anonymous marking process provides better quality feedback to students
3. Learn why students value anonymously marked feedback.

Recommended reading list

1. Brennan, D. J. (2008) 'University Student Anonymity in the Summative Assessment of Written Work', Higher Education Research & Development, 27:1
2. Fleming, N. D. (1999) 'Biases in Marking Students' Written Work: Quality?', in Brown, S. and Glasner, A. (Eds.) Assessment Matters in Higher Education. Buckingham: SRHE and Open University Press, pp. 83-92.
3. Malouff, J.M. (2016) 'Bias in Grading: A meta-analysis of

experimental research findings, Australian Journal of Education 2016, Vol. 60(3) 245-256

Biography

Katie Page is a lecturer in Adult Nursing at Middlesex University. Since qualifying from Oxford Brookes University in 2003 with BSc (Hons) in Adult Nursing Katie went on to work in anaesthetics and recovery then as a Sister in general adult intensive care. In 2012 Katie started to work as a critical care practice development Sister at Guy's and St Thomas' Hospital implementing training and support for nursing staff. Key roles included course design, implementation of an in-house critical care introduction module in conjunction with Kings Health Partners and design of an online learning platform.

With a keen interest in mentoring and nurse education Katie moved into lecturing in 2015. Since joining Middlesex University she has taught on the adult nursing BSc programme, nursing associates programme as well as leading the Critical Care postgraduate module.

Katie has successfully completed postgraduate courses in mentorship, intensive care nursing and a certificate in practice education, is a fellow of the Higher education academy and is currently completing her Masters in Higher Education at Middlesex University. Katie's passion lies in blended learning approaches and encouraging student engagement through varied teaching modalities; these include visual approaches, concept mapping and bite-size revision videos. Katie is currently undertaking her Masters dissertation on the use of LEGO serious play to encourage reflection amongst

student nurses. Since joining the Middlesex University Katie has been a champion of the anonymous marking pilot scheme to promote fair and non-biased assessment and feedback.

John Koushappas, FHEA, Senior Educational Technologist, has worked at Middlesex University for 29 years. Having previously taught in Electronic Engineering, he has supported e-learning development at Middlesex for over 18 years. John's interests in e-learning include innovations in learning, teaching and assessment, including assessment design, group collaboration, facilitating active learning, and online examinations. He has supported the take-up of wikis for group assignments, promoted online anonymous discussion forums and has, for the last four years, investigated the application of anonymous marking of coursework as a means of reducing bias, allowing teachers to provide better and fairer feedback to students.

John's current role includes administering multiple e-learning platforms, including Moodle, Turnitin, and Kaltura, providing guidance to academic and support staff on using these technologies appropriately and effectively, running staff development workshops, producing documentation and videos, and inducting students.

John is one of a team of twenty-one members of the Centre of Academic Practice Enhancement, CAPE, at Middlesex University. The department is responsible for taking a lead role in good practice, guidance and innovation in learning, teaching and assessment by developing academic and professional

services staff with the aim of enhancing the students' learning experience.

Georgina Cox, senior Lecturer in Nursing Initial Practice, teaching and module leading on preregistration nursing. A background in acute cardio-pulmonary and general medicine with surgical and night manager experience. Previously BSc Nursing programme leader for years 1 &2, currently leading first legacy cohort of Dip HE trainee Nursing Associate pilot programme. Keenly interested in the student experience and varying methods of feedback used to feed forward [rubrics, audio feedback, anonymous marking]. A member of the editorial board for the Nurse Prescriber Journal and a peer reviewer for the journal as well as specialising in clinical skills training and Diabetes Care.

**Poster number 17
Domestic violence and abuse education is lost under the safeguarding umbrella.**

Rachel Welch, MA, MSc, PGDip, RN, Senior Lecturer, University of Hertfordshire

Aim

An exploration to discover if Domestic Violence and Abuse has a meaningful presence within the BSc Nursing Undergraduate Programme throughout the United Kingdom.

Abstract

Nurses have been identified as being pivotal in care that they provide to the victims of domestic violence.

Many nurses find caring for a victim of domestic abuse, very challenging experience due to lack of knowledge of the complexities of domestic abuse and not knowing how to respond and therefore are failing in their duty of care to the patient. To gain the necessary knowledge and skills necessary to provide adequate care for the patient. Student nurses need to be educated about domestic abuse within the pre-registration programme.

I undertook a mixed methods methodology to discover if domestic abuse education has a meaningful presence on the pre-registration programme throughout England. Sixty universities throughout England were invited to participate and complete an online survey that was used to explore if abuse was taught.

Overall the response rate was extremely poor therefore the presence remains unknown, although assumptions could be made. From the responses received it was evident that the style of teaching and length of delivery was very variable, with some universities mentioning domestic abuse to the student's nurses under the umbrella of safeguarding teaching sessions. Where and when it did have a presence on the curriculum, it tended to be an ad-hoc one off didactic session delivered to second-year student's nurses. While on the other end of the spectrum one university had an optional safeguarding module with domestic abuse at its core.

This study highlighted that domestic abuse education does not have a considerable presence within the pre-

registration programme and there is a need to embed domestic abuse education into the curriculum throughout the three-year programme increasing in its complexity, so the students are empowered to deal with the victims.

Intended learning outcomes

1. Identifying the delivery, delivery and duration of domestic abuse education
2. Identifying the skills and expertise of the lecturers to deliver the education
3. Exploring the barriers for domestic violence and abuse education omission.

Recommended reading list

1. Bradbury-Jones, C., & Broadhurst, K. (2015) Are we failing to prepare nursing and midwifery students to deal with domestic abuse? Findings from a qualitative study. Journal of Advanced Nursing. 71(9) pp. 2062-2072.
2. Doran, F., & Hutchinson, M. (2016) Student nurses' knowledge and attitudes towards domestic violence: Results of survey highlight need for continued attention to undergraduate curriculum. Journal of Clinical Nursing. 26 (15-16) pp.2286-2296.
3. Crombie, N., Hooker, L., & Reisenhofer, S. (2016) Nurse and midwifery education and intimate partner violence: A scoping review. Journal of Clinical Nursing. 26 (15-16) pp. 2100-2115.

Biography

Senior Lecturer in adult nursing for over 12 years across 2 universities, teaching pre and post registration nursing. My clinical nursing range has varied from acute general medicine, elderly care and clinical educator. Recent research focus on domestic violence and abuse within healthcare professional education specially focusing on nurses.

**Poster number 18
Supporting Nurse Apprentices: The Enhanced Personal Tutor**

Karen Alred, MSc, PGDip, PGCert, RN(A),EN, Adult Nurse Lecturer, University of Suffolk

Natalie Mucha, Student Apprentice Nurse, East Suffolk Nother Essex Foundation Trust & University of Suffolk student

Aim

In the absence of published evidence, the aim is to present the experience of the student nurse apprentice and consider this in context of an academic support process, the Enhanced Personal Tutor (EPT).

Abstract

"Apprenticeship nurses commenced NMC approved programmes this year within the University of Suffolk. The role of the EPT evolved following introduction as part of an NMC approved programme to support a Work Based Learning Nurse Route and became established within the institution. The role offers pastoral, academic and practice support to students on a regular basis [up to weekly]. With the university promoting widening participation, in terms of social mobility, the needs of these students are highlighted as they may vary significantly, requiring the EPT to be flexible to meet individual needs (Tinto and Pusser, 2006 cited in Ferrell and DeCrane, 2016).

Natalie Mucha commenced the BSc Apprenticeship Nursing programme in February 2018, she will reflect on the apprentice's experiences to explore:

How students felt before commencement of the programme to identify anxieties or concerns and the potential cause of these.

The student experience of the EPT being introduced and student's first thoughts of the role.

To question whether the EPT role has supported student experience, considering what has supported or hindered and why.

What recommendations students would make to academics about supporting apprentice nurses?

Karen will map these across to data from practice visit records to consider the academics interpretation of student experience for the audience to gain appreciation of the benefits and challenges the role has to offer. To explore future supportive practice and student retention, indicators for potential research to support development of an evidence base will be considered (Davidson and Wilson, 2013; Tinto, 2017).

Intended learning outcomes

1. To gain an insight into the student experience of the Enhanced Personal Tutor role.

2. To explore the interpretation of the student experience by academics.
3. To consider the role of the academic in supporting apprentice student nurses.

Recommended reading list

1. Tinto,V. (2017) 'Through the Eyes of Students', Journal of College Student Retention: Research, Theory and Practice, 19(3), pp. 254-269.
2. Ferrell,D.K. and DeCrane,S.K. (2016) 'S.O.S. (Students' Optimal Success): A Model for Institutional Action to Support Minority Nursing Students, Journal of Cultural Diversity, 23(2), pp. 39-45.
3. Davidson,C. and Wilson,K. (2013) 'Reassessing Tinto's Concepts of Social and Academic Integration in Student Retention', Journal of College Student Retention, 15(3), pp. 329-346.

Biography

After a varied career, completion of the SCPHN (SN) PGDip and MSc Public Health Nursing, Karen worked for 6 years within a specialist role for children with additional needs before heading into higher education, initially leading the school nurse pathway for the SCPHN programme. Currently, Karen works on the FdA Health and Wellbeing Higher Apprenticeships as deputy course lead and BSc Nursing Apprenticeships as an Enhanced Personal Tutor. She seeks to enable non-traditional students to achieve within the higher education environment through a keen interest in how we work to support individuals to consider the role of power relations and communication. Additionally, Karen takes the

Clinical Learning Environment Lead for a local practice partner.

Previous poster presentation at the International School Nurse Conference 2015.

Natalie Mucha Apprentice Nurse, University of Suffolk & East Suffolk North Essex Foundation Trust. Email: N.Mucha@uos.ac.uk

Natalie studied A Level Health and Social Care, started working as a health care assistant in Ipswich Hospital in 2008 and worked on the bank on a range of different specialities including medicine, surgery, care of the elderly and oncology. She completed the FdA Health Care Practice in 2017 and currently works in Trauma and Orthopaedics in the acute sector as an Assistant Practitioner whilst undertaking BSc Nursing Degree Apprenticeship.

Poster number 19
'Talking about sex after prostate cancer': e-learning resource for Health Professionals

Dr Carrie Flannagan, PhD, BSc, RN, Research Assistant Research Assistant, Insititute of Nursing and Health Research, Ulster University

Sean O'Connor, PhD HCPS Reg, Project Lead, Ulster University

Aim

To systematically develop and provide an initial evaluation of a training intervention designed to enable HCPs, including those without formal training in sexual health, to support prostate cancer patients and partners. This is part of an overall programme

of work to develop services which ensure all men will have access to a minimal level of psychosexual support, following diagnosis of prostate cancer.

Abstract

Introduction

There is evidence in the literature that many Healthcare Professionals (HCPs) do not discuss sexual issues with patients for a variety of complex reasons (Kelly et al, 2015). HCPs fear embarrassment for themselves and their patients and often lack the knowledge and skills to 'open up' a conversation and to then offer appropriate support and advice (Forbat et al, 2012; Flynn et al, 2012). As prostate cancer is the most common cancer among men, there is a growing cohort of patients for whom services provided to address sexual health concerns are variable and fragmented; and many men report not receiving adequate care (Baker et al, 2016). Currently, although initiating conversations and providing support around sexual health is an important component of care, HCPs report often feeling unequipped to deal with these issues, and say they lack appropriate resources to offer men and partners (Parahoo et al, 2017).

Objective

To systematically develop and provide an initial evaluation of a training intervention designed to enable HCPs, including those without formal training in sexual health, to support prostate cancer patients and partners. This is part of a programme of work to develop services which ensure

all men will have access to a minimal level of psychosexual support, following diagnosis of prostate cancer.

Methods

An iterative approach was used to develop an e-learning resource for health professionals, designed to provide the structure, language and content to guide basic conversations around sexual wellbeing (Yardley et al, 2015).

Evaluation

The online training module will be evaluated through pre and post-test questionnaires relating to content, user friendliness, time to complete it, what they learnt from it, their satisfaction with it and how it can be improved. Data from the first 100 HCPs who access the module will be analysed and reported. Users will be recruited from a wide variety of sources including, post –grad studies, PCUK website users and clinicians.

Conclusions

The HCP training resource will provide a mechanism whereby a basic level of psychosexual care and support can be provided to all men throughout different phases of care; from diagnosis, treatment and subsequent follow-up.

Intended learning outcomes

1. Introduce sexual wellbeing as a concept
2. Promote routine engagement
3. Provide language, structure and content to guide conversations around sexual wellbeing

Recommended reading list

1. Parahoo K, McKenna S, Prue G, McSorley O, McCaughan E. Facilitators' delivery of a psychosocial intervention in a controlled trial for men with prostate cancer and their partners: a process evaluation. J Adv Nurs. 2017;73(7):1620-1631.
2. Gott M, Galena E, Hinchliff S, Elford H (2004a) "Opening a can of worms": GP and practice nurse barriers to talking about sexual health in primary care. Family Practice, 21, 5:528-36.
3. Kelly D, Forbat L, Marshall-Lucette S, White I. Co-constructing sexual recovery after prostate cancer: a qualitative study with couples. Translational Andrology and Urology 2015; 4 (2) 131-138.

Biography

Eilís McCaughan is a Professor in Cancer Care in the Institute of Nursing and Health Research at the Ulster University and is a leader in cancer care research. Professor McCaughan has extensive clinical and research experience in cancer care. Currently, she leads a programme of work on the needs of men surviving prostate cancer, and her research has led her to focus on developing and evaluating effective psychosexual interventions for men and their partners. Professor McCaughan has successfully supervised several PhD projects to completion, including psychosexual needs of African Caribbean men following a diagnosis of prostate cancer & sexual experiences of partners living with men with prostate cancer. She has been awarded a Florence Nightingale Travel Award to enable clinical observation of current psychosexual care for men post-prostate care in the UK and abroad. She has also completed the University of Michigan Sexual Health Certificate Programme. Professor McCaughan leads the UK TrueNTH (Movember) Maximising Sexual Wellbeing project, working in collaboration with Prostate Cancer UK and the TrueNTH Global Sexual Wellbeing network.

Dr Sean O'Connor is a Registered Physiotherapist, and currently Project Manager for the TrueNTH (Movember) Sexual Wellbeing development team. He has worked in the areas of diabetes and chronic illness, and healthcare interventions. He has experience in using behaviour change techniques and healthcare interventions to support patient self-management. Dr Carrie Flannagan is a qualified Adult Nurse, with experience in surgical nursing. Her PhD work was focused on decision support for women diagnosed with breast cancer contemplating reconstructive surgery following mastectomy. Patient support and provision of information has been a key feature of her post-doctoral work. She is currently part of the TrueNTH (Movember) Sexual Wellbeing development team, working on healthcare professional and patient support interventions.

Poster number 20
Using simulation to support nursing students recognise and assess a deteriorating patient.

Eunice Greene, RGN, RNT, BSc MSc Advanced Nursing,P, Grad Education for NursesLecturer (Education)

Adult Nursing School of
Nursing and Midwifery QUB

Aim

The aim was to design an
interactive lecture using
participatory simulation to help
year 1 nursing students learn
how to recognise and assess
a deteriorating patient.

Abstract

Introduction

The Nurse Educators role is to
provide a rich educational
experience so that all students
can achieve excellence
providing a safe and high
standard of care. Nursing
students come from diverse
educational backgrounds with
varying clinical experience and
are studying different Nursing
fields. These are some of the
factors which the Educator has
to consider when delivery a
lecture. There is an increased
need for innovative teaching
strategies to bridge the gap
between theory and practice.
Simulation can be used to
enrich lectures where large
groups of students are usually
passive recipients.

The Aim:

The aim was to design an
interactive lecture using
participatory simulation to help
year 1 nursing students learn
how to recognise and assess
a deteriorating patient.

Caring for a deteriorating
patient can be a very stressful
and demanding experience for
the novice nursing student. A
scenario on this topic is very
suitable taught by simulation
thus avoiding initial exposure
in an actual situation.
Suboptimal care of the
deteriorating patient has been
linked to failure or delay in the
recognition of cues indicating
that the patient is
deteriorating.

Methods:

169 students (Year 1 all fields)
participated in the simulated
lecture.

A high fidelity simulated
scenario was constructed.
The students were active
participants in the live event,
monitoring and recording vital
signs as the patient's condition
deteriorated. Students used
the Turning point 8 App on
their mobile phones to answer
questions posed at key points
in the scenario.

Findings using student
evaluations:

There was overwhelming
positive reports from all
students. They considered this
a valuable learning strategy
aiding their preparation for
clinical practice.

Conclusion:

Simulation allows for
application of theory to
practice thus improving
outcomes for both the student
and importantly the recipients
of their care. It can be
incorporated into large
lectures at an early stage in
the student's journey enabling
them to learn in a safe,
structured and supported
environment."

Intended learning outcomes

1. Students will be able to
   participate in the recognition
   and assessment of the
   deteriorating patient
2. Students will be able to
   enumerate the steps
required using the ABCDE
approach.

Recommended reading list

1. Kelly, M. Forbes, J., Conlon,
   L., Roche, M. and Stasa, H.
   (2014) empowering the
   registered nurses of
   tomorrow: Students'
   perspectives of a simulation
   experience for recognising
   and managing a
   deteriorating patient. Nurse
   Education Today. (34) 724-
   729)
2. Carson, P. and Harder, N.
   (2016) Simulation use within
   the classroom:
   recommendations from the
   literature. Clinical Simulation
   in Nursing 12(10) 429-437.

Biography

Eunice Greene is a Lecturer
(Education) Adult Nursing. She
has vast experience in Nurse
Education and has established
close links with clinical practice
throughout the province over
many years. Eunice's areas of
interest are cardiac nursing,
medical and surgical nursing.
She is involved in nursing and
interprofessional simulation with
particular interest in skills
development and patient safety
issues.

She teaches on the BSc (Hons)
Nursing Undergraduate
Programme and is co-ordinator
for the Professional Nursing
Values Module. She is well
placed to understand the need
for and develop teaching
strategies which will help link
theory to practice thus
addressing safe, exemplary
nursing care.

Poster number 21
Developing a post graduate e-learning module: a reflective account

Dr Patricia McNeilly, PhD, MSc, RGN, RSCN, CCN Lecturer (children's nursing)

Matt Birch, MSc, Doctoral student, e-learning developer

Aim

The aim of this session is to reflect on the preparation, delivery and evaluation of this module. More specific objectives are: firstly to highlight the importance of partnership working between e-learning developer and lecturer, discuss 'what worked' in addition to the challenges encountered and discuss the implications for nurse education.

Abstract

There has been an increased emphasis on blended approaches to learning within higher education. Benefits include increased student satisfaction and high rates of course completion among others (Nortvig et al. 2018). As an important part of this agenda, e-learning is commanding its own place within healthcare education. The NMC has set out new programme standards for nurses that will enable them to learn using a range of methods, including technology enhanced learning (NMC, 2018). Nurses' educators therefore need to further develop knowledge and skills required to facilitate this type of learning. This session recounts partnership working and collaboration between lecturer and e-learning developer in the course of one (100%) e-learning post graduate module 'Enhancing care and practice for children with complex health needs'. Essentially the aim of this session is to reflect on the preparation, delivery and evaluation of this module. More specific objectives are: firstly to highlight the importance of partnership working between e-learning developer and lecturer, discuss 'what worked' in addition to the challenges encountered and discuss the implications for nurse education. This session will assist lecturers with varying levels of experience (and from all fields) to develop opportunities to advance e-learning within their current and future educational programmes.

Nortvig, A. M., Petersen, A. K., and Balle, S. H., 2018. A Literature Review of the Factors Influencing ELearning and Blended Learning in Relation to Learning Outcome, Student Satisfaction and Engagement. The Electronic Journal of e-Learning, 16(1), pp. 46-55.

Nursing and Midwifery Council (2018) Standards framework for nursing and midwifery education. Available at: https://www.nmc.org.uk/global assets/sitedocuments/educatio n-standards/education-framework.pdf Accessed 8/10/18.

Intended learning outcomes

At the end of this session participants will;

1. Have a better understanding of the benefits of partnership working between nurse educator and e-learning developer

2. Be able to critically discuss 'what works' as well as the challenges within this area of education
3. Be able to critically discuss the implications for nurse education.

Recommended reading list

1. Nortvig, A. M., Petersen, A. K., and Balle, S. H., 2018. A Literature Review of the Factors Influencing ELearning and Blended Learning in Relation to Learning Outcome, Student Satisfaction and Engagement. The Electronic Journal of e-Learning, 16(1), pp. 46-55.
2. Nursing and Midwifery Council (2018) Standards framework for nursing and midwifery education. Available at: https://www.nmc.org.uk/glob alassets/sitedocuments/edu cation-standards/education-framework.pdf Accessed 8/10/18.

Biography

Patricia McNeilly came to Queen's University Belfast in 2003 following many years in children's nursing practice in both hospital and community settings. Since that time Patricia has developed an extensive teaching portfolio, teaching undergraduate and masters level students. Innovative practices include interprofessional education with social work colleagues and more recently e-learning at masters level. Patricia is currently Year 3 Lead for all fields and cohorts of undergraduate nursing students. Patricia's area of research and expertise is children with complex/palliative care needs and their families as evidenced in the dissemination of her work via publications and

conferences and ongoing work with other local and national stakeholders in this area.

Poster number 22
Adding value to the curriculum. Learning on the move, by going the extra mile.

Ann-Marie Dodson, RGN Bsc.M.Ed., Senior Lecturer in Adult and Critical Care Nursing, Birmingham City University

Claire Carmichael, 2nd year Student Nurse

Melissa Heslop, 1st year Student Nurse

Katie Dixon (as above)

Aim

To share learning from extra-curricular activity and experiential learning

Abstract

As nursing bursaries have been abolished, nursing students have become "consumers" whilst Universities are becoming increasingly competitive. Therefore ""added value"" to any nursing course can be a useful recruiting factor and unique selling point, as are high student satisfaction scores. Juxtaposed to this, is the increasing need for undergraduates to develop their employability skills as much as possible. The demands on young people is increasing with a rise in anxiety and depression with decreasing levels of fitness and stamina. It has been well known by huge multi-national corporations such as Banks that by placing their executive teams in challenging situations outdoors, can enhance personal and professional development.

As nursing is a stressful and physically demanding occupation being physically and mentally robust can help prevent burnout, and insight into one's self is imperative to be able to face the challenges of modern nursing.

An opportunity arose whereby three students volunteered to climb Snowdon and trek for 10 miles for a Nursing charity.

To add value to this experience they have been offered a master class and coaching with a Faculty sports and fitness coach, simulated first aid scenarios in the field with a Nurse Lecturer and Surgeon whilst training for the challenge.

They will outline why they chose this challenge and what they have learnt about themselves by doing it. They will describe how it has developed their ability to lead, communicate and work as a team as well as how they see this translating into their clinical placements.

In addition, they will talk about their learning of being first responders in rural and isolated environments and how an enhanced understanding of anatomy and physiology will be applied in clinically.

The aim would be to scale up this project as a cross faculty initiative and offer it to a larger number of students as an extra opportunity to their curriculum and enhance student experience and employability.

Intended learning outcomes

1. To outline employability skills that can be gained outside the curriculum
2. To hear students perspectives on this small project on enhancing the curriculum
3. For students to share what they have individually gained from participating in this project

Recommended reading list

1. Pegg , A. Waldock, J. Hendy-Issac ,S. Lawton, R.(2012) Pedagogy for Employability
2. Rubin, H. Wilkinson, D. Ross, B (2016) A Longitudinal Study of the Relations Among University Students' Subjective Social Status, Social Contact with University Friends, and Mental Health and Well-Being. Journal of social and clinical psychology. 35 (9), 722-737,Nov 2016. New York: Guildford publications"
3. Nordheim, LV. Ekeland, E. Birger Hagen, K, Heian,F (2006) Exercise in prevention and treatment of anxiety and depression among children and young people. Database of Cochrane systematic reviews. Issue 3.Chichester:John Wiley.

Biography

Ann-Marie commenced her career in the NHS as a Nursing Auxiliary and qualified as a General Adult Nurse in 1981 from Selly Oak School of Nursing, Birmingham. She initially specialised in Medicine, Emergency surgery and Intensive Care.

In 1989 she moved to the Queen Elizabeth Hospital, Birmingham, working in Renal, Liver transplant ,Hepatology and Intensive Care before qualifying

as a clinical teacher and tutor to
the Intensive Care Course in

of validations and project, a notable one being taking students to Nepal in 2013 on a study programme, whilst trekking to Everest Base Camp and climbing Kala Pattar, she has been an External Examiner for a professional nursing body and a variety of Universities. She has worked continued to work clinically throughout her career as an agency and bank nurse and undertaken pro-bono work for a CCG, charities and an International NGO in Nepal.

Her research interests include strass and burnout in Nursing and Clinical supervision.

Royal College of Nursing