RCN Education Forum National Conference & Exhibition 2021
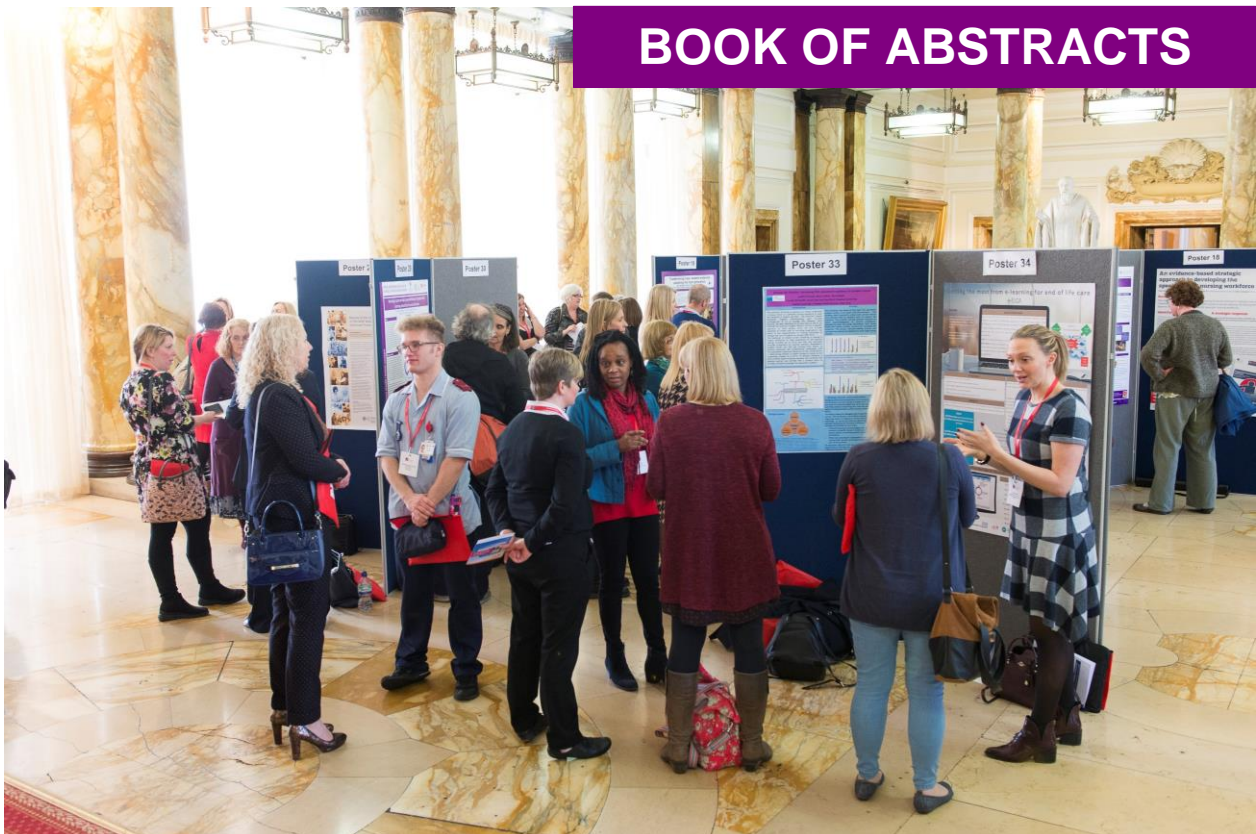
Stepping up: educating the nursing workforce in challenging times

BOOK OF ABSTRACTS

Tuesday 20 April – Wednesday 21 April 2020

Online

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Person centred work through Foundation of Nursing studies

Presenter: Joanne Bosanquet MBE, Chief Executive, The Foundation of Nursing Studies

Joanne started her nursing career journey aged 16 when she decided to leave school and enrol on a pre-nursing course at Mexborough College. At 19, Joanne commenced her nurse training at Sheffield and North Trent College of Nursing and Midwifery and in 1992, once qualified moved to Leicester to work in theatres and recovery at Leicester Royal Infirmary. Joanne's passion for anaesthetics and recovery took her to the Royal Free Hospital, London to undertake the ENB 182 Anaesthetic course in 1994. Joanne stayed in London for the next 8 years and capitalised on the breadth of opportunities the capital had to offer. Eventually, Joanne decided to undertake a degree in Health Studies and this influenced her decision to pursue a career as a Health Visitor, focusing on wellness and health creation and supporting vulnerable families. Joanne then returned to her hometown in Doncaster in 2002 to help set up and co-facilitate a nurse-led service to support dispersed asylum-seeking families. This ignited Joanne's interest in public health even more so Joanne then enrolled onto a Public Health Masters programme at City University. After graduating, Joanne joined the Health Protection Agency as a Specialist Health Protection Nurse, then Nurse Consultant and in 2013 was appointed as the first Deputy Chief Nurse at Public Health England. Joanne stayed in this role for the next 7 years, developing strong system-wide and international networks that are as vibrant as ever. Joanne commenced her first civil society CEO role at the Foundation of Nursing Studies in May 2019.

Awards/professional leadership

Joanne has been a proud and active member of the RCN for 33 years and served as a core member of the Public Health Forum for a number of years.

Joanne was awarded the Queen's Nurse title in 2010 and was the first Health Protection Nurse to hold this title. Joanne was then awarded an MBE for services to nursing and healthcare in June 2013 recognising her work on the 2012 London Olympics and Paralympics, a Fellowship of The Queen's Nursing Institute and an honorary Doctorate from the University of Greenwich in 2016. Joanne is a visiting professor at the University of Surrey, a post she has held since 2017.

Joanne joined the Phi Mu chapter of Sigma Theta Tau in 2018 and is focusing on person-centredness, social determinants of health and wellbeing, health equity and how nurses and midwives can and should be seen as advocates for communities. A joint article with the UK Sigma chapters was published in 2020 on nursing leadership during Covid-19.

Joanne is currently working through her networks on growing our global nursing community and how we can unite as one with the International Council of Nurses.

Joanne is currently being reverse mentored by an early career RN and mentors a number of aspiring nurse leaders at undergraduate and post graduate level.

Social media

Twitter- @MrsBosanquet LinkedIn- Joanne (Ashmore) Bosanquet MBE RN RHV | LinkedIn

The RCN Education Strategy

Presenters: Rachel Hollis, PNC Chair and Dr Nichola Ashby, RCN Head of Professional Learning & Development

Rachel is a children's cancer nurse and retired from her role as Lead Nurse for children's cancer at the Leeds Teaching Hospitals Trust in 2018, remaining there as an Honorary Nurse Adviser. Before retirement Rachel spent almost thirty years working in paediatric oncology and haematology in Leeds and has been involved in developing services for children and young people with cancer at the local and national level. Since she retired, she has remained active in the field of children's cancer care in a number of voluntary, advisory and professional roles.

Rachel has a long history of professional activism within the Royal College of Nursing. She is the Chair of the RCN's Professional Nursing Committee, which is responsible and accountable for the professional work of the Royal College. She is also a Fellow of the RCN.

Rachel has a particular interest in international health care and is a trustee of 'World Child Cancer', a charity which works to support capacity building in paediatric oncology in low- and middle-income countries. She leads a twinning partnership between the Leeds Children's Hospital and a children's cancer service in Cameroon. In 2020 she was awarded a Lifetime Achievement Award by the International Society of Paediatric Oncology (SIOP). She is working alongside international nursing colleagues, to ensure that nursing is integrated into the World Health Organisation's Global Initiative for Childhood Cancer.

Dr Nichola Ashby is the Head of Learning and Practice Development at the Royal College of Nursing. She strategically leads the development and delivery of RCN education,

learning and development across the UK, influencing the development of health policy and representing nursing and nurses from across the entire health and social care provision. She is also an Associate Professor at Nottingham University (hon). Nichola trained at Walsgrave School of Nursing in Coventry and specialised in major trauma, orthopaedics and critical/acute care nursing. She undertook further education to support her developing roles within critical care management and education gaining the ENB100/219/998, BSc, PGCHE, MSc in Health Sciences and Phd. Nichola's PhD explored the stigmatising attitudes values and beliefs of healthcare workers towards iatrogenic infections and she has developed a longitudinal educational model. She is a Senior Fellow of the Higher Education Academy.

Keynote presentation: Leadership in critical care education and workforce support

Presenter: Nicki Credland MMedSci, BSc, PGCE, PFHEA, RNT, RN, Senior Lecturer and Head of Department, Paramedical, Peri-Operative and Advanced Practice, University of Hull, Chair British Association of Critical Care Nurses (BACCN)

Nicki is a Senior Lecturer and Head of Department at the University of Hull. She is a Principal Fellow of the Higher Education Academy and was appointed lead nurse

educator for the NHS Nightingale Hospital Yorkshire and the Humber. As Chair of the British Association of Critical Care Nurses she sits on a number of national work streams and influences strategy and policy nationally. She has been the voice of critical care nursing throughout the pandemic and has a high national media profile. Nicki's clinical background is in critical care and critical care outreach and she is completing a PhD in this area.

Student experience during COVID-19 and NQN network

Presenters: Jess Sainsbury, Community Mental Health Nurse, Older Persons Mental Health, St Marys Community Health Campus and Clare Manley, Community Mental Health Nurse, Pennine Care NHS Foundation Trust

#HelloMyNameIs Jess and I'm a newly registered dual field adult and mental nurse with a passion for continuing professional development and enhancing and broadening the knowledge and experiences of all members of the nursing family. I'm a co-lead of the RCN Newly Qualified Nurses Network, and also hold a governance position on the South East Board as Vice Chair of the Board. I consider myself an activist and will always fight for what is right for the people I represent and my profession. I have encouraged collaborative working across

many groups, forums, and branches within the Royal College of Nursing and beyond – challenging hierarchy and ways of working. In addition to this, I have established networks and working relationships with key nursing stakeholders within the NMC, Health Education England, Florence Nightingale Foundation, and Council of Deans. My first post as a registrant was a split one, working in the Educators in Practice Team and the Older Persons Mental Health Community Team for a fantastic Community Trust on the south coast. In April, I will start a secondment which will lead to stronger student representation, advocacy and empowerment for Student Nurses and AHP's across the whole of the South East region. I have recently commenced a MSc in Global Health with Health Professions Education specialist pathway. I am particularly interested in clinical supervision, professional use of social media, and advocating for the nursing profession on a global scale.

Clare is 45, a mother of four, a wife to one. Hopefully, a friend to many. And now at long last a nurse. Her journey began in 1995 when she attended Oxford Brookes University to study paediatric nursing. Ill health meant she had to leave. What followed was a full and very successful career. But something was always missing.

In 2016, with the announcement that nursing bursaries in England were about to cease, she made the decision to walk out of a well-paid career and begin to study mental health nursing. Clare attended Sheffield Hallam University, where among other things she was course and departmental representative. Clare also represented the university on a trip to China. And was the recipient of Sheffield Hallam University's Inspirational Student of the Year. Clare is an active member of the Royal College of Nursing (RCN). In 2019, she served as the student member of the Trade

Union Committee and ex-officio member of the RCN Students' Committee. She was also awarded the RCN Student Ambassador of the Year 2020. She was delighted, surprised and honoured to be the winner of the Student Nursing Times MH Nurse of the Year 2020.

Now a Community Mental Health Nurse in Stockport Clare's first year of Nursing has been no less busy. Clare is a founder and co-host of the successful and award-winning podcast – Retaining the Passion, Journeys Through Nursing, launched in June 2020. Clare is part of RCN's Newly Qualified Nurses project working group and a Twitter curator. She began engaging with Twitter after being inspired as one of the inaugural Council of Deans' 150 Leaders cohort. Subsequently, Clare curated and led the Student Nurse Project for the majority of her nursing education. She has been actively involved with empowering women projects through her long association with Girl Guiding. Clare was shocked to discover her love for academia and graduated with a First-Class Honours degree. She is continuing to study and is taking a Masters in Perinatal Mental Health. Clare has ambitions to complete a PhD and to be a work in a specialist role with women and families.

Follow Clare on Twitter: www.twitter.com/MannersOfMarple

Leadership in nursing education

1.1.1

Leadership in nurse education to support the diversity of learning within the apprenticeship agenda

Presenter: Marion Taylor, RN, B.Ed, M.Ed, SFHEA, Associate Professor, Director of Programmes, Middlesex University, UK

Co- presenter: Sinead Mehigan, RGN BA (Hons), PGDE, PhD, Head of Department, Adult, Child and Midwifery, Middlesex University, UK

Abstract

This presentation explores the challenges and opportunities addressed by the leadership of nurse education within Middlesex University working in the apprenticeship context. The educational leadership model facilitates inclusive delivery to enhance and support our learners from diverse backgrounds within the apprenticeship programme.

Apprenticeship delivery within the higher education (HE) sector is a growing area of provision. It is welcomed in terms of addressing widening participation, diversity of learners within HE and meeting employer requirements within the National Health Service (NHS), Primary and Social Care. Within nursing at Middlesex University we have embraced this agenda to deliver the Nursing Associate (NA) programme.

The programme builds on our history of working in collaboration with employers and in work-based programmes. Apprenticeship provision requires a new approach to educational leadership which will be explored. It also requires initiatives which facilitate inclusive education and supports the diversity of learners.

As an apprenticeship, a Nursing and Midwifery Council approved programme, and a foundation degree within the scoped of Ofsted there are a number of stakeholder requirements which need to be met and monitored to ensure compliance. The challenge of multiple stakeholders is met by our educational leadership model in collaboration with our employer partners. The model recognises the constraints of working within the HE sector with an 'under-graduate 3 year degree' as the predominant norm. It works with a range of professional services to develop an increased agility as required with this provision.

The opportunity this presents is a positive one, and our educational leadership model is successful as it has grasped this opportunity and developed a model that ensures the diverse range of students are facilitated to attain their NA qualification.

It is hoped that this model will be of interest and applicable to other areas.

Biography

Marion Taylor SFHEA is an Associate Professor and Director of Programmes at Middlesex University. Marion is a RGN and has a wealth of senior academic experience in leading the development and delivery of nursing and nursing associate programmes. Marion has interest and expertise in supporting students who are also employees and working in close partnership with employers to ensure students realise their potential. Sinead Mehigan RGN BA (Hons), PGDE, PhD, Sinead is head of the Adult, Child and Midwifery Department at Middlesex University which

deliver programmes for adult, child and veterinary nurses, midwives and nursing associates. With a clinical background is in perioperative nursing, she has held positions in clinical practice, clinical education, clinical commissioning, project management and in academia. Academic interests include leadership, anaesthetic and perioperative nursing, preceptorship, workforce development, nursing retention and supporting learners in practice.

Learning Outcomes

- Explore the challenges and opportunities the apprenticeship context presents
- Identify the benefits of the educational leadership model presented
- Explore the application of the model or parts of the model for their practice

Recommended Reading

1. Taylor, M. and Flaherty, C. (2020) Nursing associate apprenticeship – a descriptive case study narrative of impact, innovation and quality improvement. Higher Education, Skills and Work-Based Learning. DOI: 10.1108/HESWBL-05-2020-0105
2. Bravenboer D 2016 Why co-design and delivery is "a no brainer" for higher and degree apprenticeship policy, Higher Education, Skills and Work-Based Learning. 6,4
3. Lillis, F. (2018) Best Practice in Work-Integrated Learning for Degree Apprenticeships, Middlesex University.

1.1.2

iProgress Career Development Framework

Presenter: Jane Pollock, Registered Nurse, Registered Midwife, Clinical Educator, Clinical Educator, Marie Stopes UK, UK

Abstract

The aim of this abstract is to demonstrate and explain how the implementation of robust career development pathways can engage and motivate nurses so that they can be retained longer within the clinical area. Currently, we have 51 nurses and midwives enrolled on a wide variety of iProgress pathways which include pathways towards Clinical Team Leader, Clinical Services Matron, Safeguarding Lead, Contraception Lead and Clinical Education. The iProgress pathways have supported the retention and clinical development of our nursing workforce with an attrition rate of 14% (n=7) on the pathways which can be attributed to clinicians gaining promotion, joining a full time external university course or long term absence, such as maternity leave.

The submission will identify the key points from the implementation of this strategy and evidence the successes so far. We will evidence;

- how the introduction of iProgress career pathways has strengthened the leadership skills of our workforce and supported them to gain experience in areas in which they would not have thought possible.
- how partnership working with subject matter experts, to stregthen the learning experiences, is key to career development.
- the number of clinicians who are enrolled on the iProgress career pathways and what their career

outcomes are during and after the period of learning.

- how we engage with nurses and midwives to identify their career aspirations and why this is important to the clinical workforce.
- the impact of iProgress career pathways on nursing education and practice, now and in the future.

Biography

Jane Pollock is a registered Nurse and Midwife who has a wide breadth of clinical experience since registration 13 years ago. Jane is currently studying for her Masters in Midwifery Studies. For the past 2 years, she has been working as a Clinical Educator for Marie Stopes UK, a UK-based charity who specialises in abortion care and she is passionate about developing the clinical workforce to improve their skills and to retain them within nursing practice.

Learning Outcomes

- To describe the importance of career development for nurses.
- To explain how to implement a career development pathway.
- To discuss the importance of motivating nurses through career development.

Recommended Reading

1. Goodyear, C. and Goodyear, M (2018) Career Development for Nurse Manager's. Nursing Management Vol 49(3) p49-53
2. McLemore, M. R ., Levi, A., James, E. A (2015) Recruitment and retention strategies for expert nurses in abortion care provision Contraception, 2015, Vol.91 (6), p.474-479
3. Foster, S. (2016) We must let nurses keep developing British Journal of Nursing, 2016-10, Vol.25 (19), p.1087-1087

1.1.3

Leeds Excellence in Practice programme: education enabling clinical and organisational excellence, compassionate leadership and continuous improvement.

Presenter: Amy Dunmall, RGN, BNurs (HONS), PgCert, Head of Nursing Professional Development, Leeds Teaching Hospitals NHS Trust, UK

Abstract

Leeds Excellence in Practice programme enables demonstration of clinical excellence, whilst developing compassionate leaders who lead continuous improvement in their work. The need for Excellence, increased professional pride and belonging in Nursing and Midwifery is recognised globally (1, 2, 3, 4). Additionally the Trust requires all staff to understand foundational concepts of its Improvement Methodology, developed in partnership with Virginia Mason (5), underpinned by a culture of respectful behaviours (5) and compassionate leadership (8) enabling innovation and improvement to flourish at every level.

Partnership working with local healthcare providers and universities was critical to develop and deliver an inclusive education experience, underpinned by a clinical and organisational excellence systems approach.

Covid-19 halted delivery, challenging group learning and attendance. The programme's value in supporting and developing compassionate leadership during the challenge of the pandemic was agreed and facilitators rapidly adapted to virtual delivery with:-

- Zoom study day- discussions via breakout groups and chat
- Universities facilitated - 'what is excellence?'
- Community Healthcare facilitated - compassionate leadership
- E-learning and resources promoting reflection via editable PDF portfolio using QR codes
- Patient and staff stories embedded emphasising the person in the system (7).
- Virtual 'Study Support' groups, sharing learning and troubleshooting.

230 Nursing, Midwifery and Operating Department Practitioners, Bands 5-9 attended the virtual study day, supporting learning across the organisational hierarchy, valuing all contributions, ideas and perspectives. The presentation will provide an overview of the programme development and evaluation through survey data of initial impact, supported with participant narrative videos demonstrating their experiences of feeling valued, skills acknowledgement, innovative practice development and importance and impact of compassionate leadership on patient care. Further evaluation through focus group interviews will be outlined, along with future plans for wider multi-professional group development and additional coaching and mentoring for a BAME cohort in 2021.

Biography
Amy Dunmall RN, BNurs (Hons), DN, DN Practice Teacher, PGCert, Executive Coach, Advanced Lean Certified, NLP Diploma, Mindfulness Practitioner. Has had a varied 26 year career across the NHS and voluntary sector, working in acute, community and hospice care in Nursing, District Nursing, practice development, service improvement and educational roles. Passionate about improving services to enable high quality patient care, she brings an interest in

cultivating compassion and awareness to the development of person-centred cultures. Fascinated by communication and leadership development she qualified as an Executive Coach and has been coaching since 2017. She developed and led the education and training strategy for the Leeds Improvement Method in 2019 and is currently developing the Nursing and Midwifery strategy at Leeds Teaching Hospitals, alongside leading implementation of the Nursing, Midwifery and ODP Excellence in Practice Programme. Her blog can be accessed here https://amydunmall.com/

Learning Outcomes
1. To outline the development and implementation of an educational programme to enable demonstration of clinical and organisational excellence, compassionate leadership and continuous improvement in a large NHS Trust.
2. To identify and discuss the initial impact of the Excellence in Practice programme for individuals, services and the whole organisation
3. To enable delegates to appreciate and understand the role that educational development can play in supporting service delivery and excellence, particularly during times of challenge and change

Recommended Reading
1. West, M and Bailey, S (2020) Covid-19 -Why compassionate leadership matters in a crisis. https://www.kingsfund.org.uk/blog/2020/03/covid-19-crisis-compassionate-leadership
2. The Courage of Compassion: Supporting Nurses and Midwives to Deliver High Quality Care. Kings Fund (2020)

https://www.kingsfund.org.uk/publications/courage-compassion-supporting-nurses-midwives

3. Kenney, C. (2010). Transforming Healthcare. Virginia Mason Medical Centre's pursuit of the perfect patient experience. CRC Press

Student experience and engagement

1.2.1

Neurodiversity in nursing: challenges and celebrations

Presenter: Rachael Major, RN, EdD, MA, BSc, Senior Lecturer, Institute of Health and Social Care Studies, Guernsey

Abstract

Specific learning differences (SpLD) are a group of conditions which include dyslexia, dyspraxia, dyscalculia, attention deficit (hyperactivity) disorder (ADHD or ADD). autistic spectrum condition (ASC) is sometimes included within this group (British Dyslexia Association, 2019) but is included in the term neurodiversity which is gaining favour in the literature (Griffin and Pollark 2009, Pace 2016). Each of the SpLDs have their own diagnostic criteria with dyslexia affecting reading and spelling, dyscalculia affecting maths ability, dyspraxia coordination, ADHD affecting concentration, hyperactivity and impulsivity and ASD social communication (British Dyslexia Association 2019). However, there is a considerable amount of overlap between the conditions and there is also an increasing recognition that many people have more than one co-occurring SPLD, for example the co-occurrence of dyslexia and dyscalculia can be over 40% (Wilson et al., 2015). Micheva (2018) suggests that co-occurrences are the norm and that 40-45% of children with a diagnosis of dyspraxia would also meet the criteria for ASD, ADHD or dyslexia and that the co-occurrence of dyslexia and dyspraxia is between 60 and 70%. In the general population 10% have dyslexia, 4% severely (British Dyslexia Association, 2012).

This presentation will report on the findings of a pragmatic mixed methods study where an online questionnaire elicited 657 responses from neurodiverse registered nurses, student nurses, nursing associates and trainee nursing associates from across Great Britain and Northern Ireland. This was followed up with 16 in-depth narrative interviews. The results of this study revealed perceived effects on career progression, significant differences in support at University and in practice, as well as areas that the participants found more challenging because of their neurodiversity. However, the participants also reported that they felt they compensated for these challenges in many ways and positive benefits that neurodiversity can bring to nursing.

Biography

Rachael is a Senior Lecturer in Nursing and currently leads on post-registration programmes and disability and inclusion. She has been a lecturer for the past 19 years, teaching across both pre and post-registration programmes and has a passion for supporting students, especially neurodiverse students. she completed a Doctorate in Education entitled "Nurses' personal and professional experiences of dyslexia in lifelong learning: a narrative approach" in 2017. Her current research builds on this, extending the work to include registered nurses, student nurses, nursing associates and trainee nursing associates with ADHD, Autism Spectrum Condition, dyslexia, dyspraxia (DCD) and dyscalculia.

Learning Outcomes

1. To discuss how neurodiversity has affected nurses and nursing associates during their career and training?
2. To identify what strategies are effective in supporting neurodiverse nurses and nursing associates throughout their career?

Recommended Reading

1. Evans, W. (2014) ''I am not a dyslexic person I'm a person with dyslexia': identity constructions of dyslexia among students in nurse education', Journal of Advanced Nursing, Vol 70, No 2 pp 360-72
2. Major, R. and Tetley, J. (2019) 'Recognising, managing and supporting dyslexia beyond registration. The lived experiences of qualified nurses and nurse academics', Nurse Education in Practice, 37, pp. 146-152.
3. Crouch, A. T. (2019) 'Perceptions of the possible impact of dyslexia on nursing and midwifery students and of the coping strategies they develop and/or use to help them cope in clinical practice', Nurse Education in Practice, 35, pp. 90-97

1.2.2

'Striving for perfection': Investigating predictors of stress and anxiety in pre-registration nursing and midwifery students

Presenter: Kayleigh Sheen, BSc, PhD, PGCert, Senior Lecturer, Liverpool John Moores University, UK

Presenter: Clare Maxwell, RM, PhD, Senior Lecturer, Liverpool John Moores University, UK

Author: Rebecca Molyneux, UK

Abstract

Enhancing the emotional wellbeing of nursing and midwifery students is a key priority for HEIs. Students must navigate academic, personal and clinical stressors, often simultaneously and within a relatively short space of time. Entry onto such programmes is often highly competitive, and the pace of the learning environment once enrolled is challenging, swift and complex. Stress and anxiety hold deleterious consequences for students during their course, and understanding factors contributing to this is required.

This study aimed to (1) investigate the association between perfectionism and levels of anxiety and stress in nursing and midwifery students and (2) to explore interactions between perfectionistic traits and self-efficacy with levels of anxiety and stress. An anonymous, cross-sectional correlational survey was conducted with UK nursing and midwifery students (N= 347). An online questionnaire measured sociodemographic and course-specific details, perfectionism, self-efficacy, perceived stress and anxiety symptoms. Associations between perfectionism, self-efficacy, anxiety and stress were computed.

Findings indicated that students with higher levels of perfectionism reported higher levels of anxiety and stress. Those with higher levels of self-efficacy reported lower levels of anxiety and stress. The association between perfectionism and anxiety and stress was partially mediated by self-efficacy, indicating that higher perfectionism may contribute to lower self-efficacy and in turn increase vulnerability to anxiety and stress.

Students who feel more pressure to be 'perfect' may be more likely to experience low

self-esteem and may be more vulnerable to report elevated stress or anxiety symptoms. Development of targeted supportive and pedagogical strategies aimed at promoting adaptation to stressors are recommended. Such strategies are likely to hold beneficial implications for student mental health and the future nursing and midwifery workforce.

Biography

Dr Sheen is a Chartered Psychologist and Senior Lecturer in Psychology at Liverpool John Moores University, with experience of developing interventions aimed at supporting maternity staff and students in the context of work-related trauma experiences. Dr Maxwell is a registered midwife and Senior Lecturer in Midwifery at Liverpool John Moores University. Dr Maxwell is currently the lead for the Masters programme in Advanced Clinical Practice in Midwifery and a WHO Technical Advisor for maternity and Infant care.

Learning Outcomes
1. 1. To develop an understanding of perfectionism and its relevance for understanding emotional wellbeing in the academic and clinical setting
2. 2. To improve recognition of factors that may underpin the development of stress and anxiety in nursing and midwifery students
3. 3. To use the knowledge obtained to stimulate discussion on continuing undergraduate curriculum development and student support systems

Recommended Reading
1. 1. Li, Z.S. and Hasson, F., 2020. Resilience, stress, and psychological well-being in nursing students: A systematic review. Nurse Education Today, p.104440.

2. 2. McCarthy, B., Trace, A., O'Donovan, M., Brady-Nevin, C., Murphy, M., O'Shea, M. and O'Regan, P., 2018. Nursing and midwifery students' stress and coping during their undergraduate education programmes: An integrative review. Nurse Education Today, 61, pp.197-209.
3. 3. Walsh, P., Owen, P.A., Mustafa, N. and Beech, R., 2020. Learning and teaching approaches promoting resilience in student nurses: An integrated review of the literature. Nurse Education in Practice, p.102748.

1.2.3

The use of a live online interactive lecture to provide intercultural learning between nursing students in Scotland and Singapore

Presenter: Jane Cook, MPhil, PGD, PGC TLHE, BA, RGN, FHEA, Lecturer in Nursing & Health Care, University of Glasgow, UK

Co-presenters: David Hunter, UK

Author: Ambelorfam Manikam, Singapore

Abstract
Background/Objectives

The University of Glasgow delivers undergraduate nurse education to students in Scotland. In addition, the University of Glasgow Singapore, offers a two-year top-up degree for Singaporean Registered Nurses who hold a diploma. In normal circumstances, our Singapore students would visit Glasgow for a four-week Overseas Immersion Programme each July. Due to COVID19, this was not possible in 2020. Simultaneously, our 1st year Glasgow students were unable to attend practice placements so were receiving

some of their 2nd year theoretical content early.

Both groups were covering materials relating to diabetes as a long-term condition. The impact of COVID19 provided an opportunity to deliver live joint sessions with students in Glasgow and Singapore.

Method

Both student groups (approx. 130 students) participated in a 'live' interactive lecture online using Zoom. Prior to the lecture, quizzes were posted to ascertain students understanding of diabetes mellitus. An overview was shared on the similarities and differences of diabetes mellitus management in both countries. Videos were shared which engaged students well. During the presentation, a Q&A function was available which students interacted with. Feedback was gathered via a questionnaire, through routine module/course evaluations and informally from students.

Results

The feedback from students was positive with them finding the session both helpful and enjoyable. Students reported the benefits of sharing their experiences with colleagues from each other's location. Issues around small technical problems, initial interaction at the start and the desire for more time for interaction were also highlighted in the feedback.

Conclusions

This session was beneficial to both sets of students. It allowed intercultural exploration of the topic and how the different health care systems manage this patient group. Students enjoyed the social aspect of the interaction as well as the educational benefit. This is

something we will strive to continue in the future.

Biography

As a Registered General Nurse, Jane worked in the NHS for twenty-six years before moving into Higher Education in December 2016 to take up post as Lecturer in Adult Health. As Lead Diabetes Nurse for NHS Ayrshire and Arran she developed and delivered education for people living with diabetes and those delivering diabetes services. Jane's research interest is interprofessional education (IPE) in health and social care. She has recently completed a Focauldian Discourse Analysis of IPE for her doctoral studies.

Learning Outcomes
1. To appreciate the benefits of using live online lectures to encourage intercultural exploration of a health topic.
2. To understand the challenges of delivering the same session to students in two different time zones.
3. To consider potential opportunities within attendees own settings for shared learning between students of different institutions.

Recommended Reading
1. International Diabetes Federation Diabetes Atlas
2. Diabetes - think, check act
3. Injection Technique Matters

Symposia - Learning, teaching and assessment approaches, and technologies symposia

1.3.1

Expansive Learning: online nurse education that is co-produced, creative and critical'

Presenter: Nicky Lambert, RMN, BSC Hons, PGCHSE, MSC (SFHEA), Middlesex University

Presenter: Alfonso Pezzella, MSc, PGcertHE, BSc, MBPsS, FHEA, Middlesex University

Presenter: Jade Willimott, Middlesex University

Presenter: Helen Gleeson, Middlesex University

Author: Antonio Vargas, Middlesex University

Introduction to Expansive Learning

This session sets the context for Expansive Learning - a blended-learning module which can be experienced solely online if a student choses to. We support students to develop applied skills through active enquiry & reflection on their personal and professional identities. It is designed to address the needs of our particular students. Three quarters of our B.Sc. Nursing course students are local. We are a diverse group (66% BAME) almost half are mature students and we seek to add value as many students come to study via atypical routes.

The context for nurse education is increasingly complex - all students are faced with academic stressors, which can be further compounded by factors including separation from their support networks and post-graduation job insecurity. Learners paying for their education have increased financial worries and high expectations of their academic achievement. Widening participation has rightly allowed access to many non-traditional students but it has also led to an increase in people with additional learning needs many of whom are underserved. The number of students experiencing mental health problems has increased significantly and levels of suicide in university settings continues to rise. Students studying to become nurses have added expectations in that they must also develop professional behaviours and navigate emotionally demanding workplaces.

To meet these needs we co-created innovative learning experiences, ensuring dynamic and inclusive learning environments. We worked with service users, students, practitioners, carers and members of the public including artists, musicians, and staff from museums & galleries to offer choice, flexibility, volunteering opportunities, and reflective learning.

Learning objective

To establish the context of this innovative curriculum development

Supporting critical thinking and cultural competence

Nurses must be self-aware, critical thinkers in order to exercise professional judgement. They also need to demonstrate compassion and cultural competence. Appreciating creativity can be nurturing on a personal level and provides opportunities for student nurses to develop applied skills through active enquiry and reflection. In this session we will share our research findings in this area and offer practice guidance.

The module includes input from museums and galleries (British Museum, V&A, and the National Gallery) and colleagues with a range of creative backgrounds. This is a deliberate strategy to draw on art and culture as resources to support student nurses to develop resilience and professional sense of self in order to participate in a profession recognised as challenging (McKie, 2012). One way students are supported is by encouragement to recognise and regulate their emotions, one way we do this is by teaching the skills of 'slow looking'. Art is not a panacea, but appreciating creativity can be

nurturing on a personal level and provides opportunities for student nurses to develop applied skills through active enquiry and reflection (Frei et. al, 2010).

Being able to work positively with diversity is a necessary skill in society and art and culture are used to support student nurses to explore the human condition outside of the biomedical model and develop the knowledge and skills which enable them to flourish as active citizens (Moorman et.al, 2017). To that end we led voluntary field trips to a range of exhibitions and galleries, we opened these up via Eventbrite to our local community and on one occasion a group ranging from 3 months to 72yrs visited Kara Walker's Fons Americanus where we had a free discussion that covered racism to the guidance around tackling modern slavery.

Learning objectives

1. To articulate best practice in supporting student learning around diversity and cultural competence
2. To highlight ways to successfully co-produce and evaluate educational experiences that draw on arts and culture

The student perspective
In this session we will report back on our experience of leading an independent student review of the module as year one students and submitting a report with recommendations for improvements. We will state how we did this, what our learning was and outline our findings and suggestions

We are both in practice at the moment and collaborating on a written piece is challenging so instead here's our video abstract: https://youtu.be/127exH2lhi8

Learning objectives

- To share our experience of leading an independent student review of the module as year one students

- To outline our findings and suggestions for improvements

Social media and online engagement
Social media and online working is part of health and whilst students in the past were advised to avoid a digital footprint, we actively equipped them to work within this field. We collaborated with @WeNurses to deliver an online experience for all students and this session outlines our research findings and offers suggestions to ensure best practice.

The students generally adapted well to the online experience - enjoying its flexibility and the choice it offers. The Social Media component however was the most controversial area of the module with the students who were IT literate very positive and those who found it a challenge, equally vocal in their dislike of it. However it generated some extremely positive learning and the challenge will be how to take that forward whilst reducing the anxiety it provoked for some.

Learning outcomes

- To explore the findings from three surveys into using social media – in particular Twitter to enhance student learning
- To highlight some of the issues that can impact digital literacy and offer some thoughts on best practice in this area.

Partnership working and collaboration

2.1.1

Working in partnership in nursing selection: the practice of service user involvement

Presenter: Michael Klingenberg, RGN, Ed D, Senior Lecturer Adult Nursing, Leeds Beckett University, UK

Abstract

Service user involvement in care is understood by practitioners, governing and research funding bodies as well as service user support groups as an important contribution to patient-centred care and the diversification of the workforce in order to reflect a diverse population. Selection of nursing students is a stage in the process of healthcare education where service user involvement is often seen as counteracting an overly academic or professional view.

Available literature however remains unclear about what constitutes involvement and how such involvement would or should look like in actual practice. Based on an extensive and original ethnographic study of nursing student selection in three higher education institutions in the UK, which included interviews, observations and document analyses, this presentation discusses the tensions that become visible when service user involvement is observed in actual practice.

Policies on service user involvement require service users to be different (reflecting "the human side") and actions during selection events orientated to such policy emphasised this difference. However, guidelines on reliable and fair selection as well as the necessity to actually pick or reject applicants, made it necessary for services users ideas and opinions to be challenged or negated, or for SU to *act* like academics.

Service user involvement in practice appears to be a (constant) negotiation of the positions of "lay person" with judgments based on personal opinion and experience and "proxy-academic" with decisions based on policy frameworks. This is an important observation, not only for selection in nursing but any collaboration (for example research projects) between those who are given the title "service user" and those who are not. In making visible tensions we hope to stimulate a conversation that can help to clarify roles and positions beyond idealised and potentially counterproductive discourses and *reopen* discussions on the nature of collaboration itself.

Biography
Michael Klingenberg is a senior lecturer in adult nursing in the School of Health & Community Studies at Leeds Beckett University. He is admissions tutor for adult nursing and leads a number of modules which promote critical engagement with nursing practice and policy. Research interests focus on applied qualitative methodology, in particular poststructuralist approaches which are underused in nursing research, as well as service user involvement in nursing education. He has conducted studies discursively analysing concepts such as patient-centredness and has just completed a professional doctorate for which he

interrogated selection processes in higher education.

Learning Outcomes

1. To have engaged with data from an ethnographic study and compared these with one's own experience of collaborations with service users
2. To have critically engaged with the supposedly straightforward concepts of "service user" and "involvement"
3. To have considered the importance of ethnography in re-opening seemingly closed debates

Recommended Reading

1. HEE. (2014). Evaluation of Values Based Recruitment (VBR) in the NHS.
2. Bleakley, A., & Bligh, J. (2008). Students learning from patients: Let's get real in medical education. Advances in Health Sciences Education, 13(1), 89-107.
3. NHSE. (2015). Service user involvement.

2.1.2

The CELL Project
- Collaborative Engagement and Learning Lessons

Presenter: Vicky Burnett, Registered Nurse, Practice Educator, NHS Grampian, UK

Co-presenter: Lesley Alexander, Registered nurse, Practice Education Facilitator, NHS Grampian, UK

Abstract

Working in partnership with Robert Gordon University (RGU) and the placement environment, practice education staff developed clear objectives in terms of student experience. Discussions were focused on student safety and risk management versus the benefits of experiencing custodial nursing. It was hoped that by offering student placements in HMP and YOI Grampian, this would help to promote career opportunities in custodial nursing and have a positive impact on the current recruitment issues affecting the healthcare team. This placement offers the opportunity to experience all aspects of custodial nursing, potentially helping to reduce some of the stereotypical views of prison nursing, that can inhibit increased recruitment and long-term retention.

Current studies looking at the benefits of using custodial nurse settings to provide high quality learning and development have demonstrated that "health care is health care" and that students would be exposed to a "plethora of pathological conditions" (Gardenier, Earp & Hersey, 2019) Trial placement experiences for 3rd stage students were agreed.

Collaborative preparation of the supervising and assessment team was undertaken to ensure adequate student support. Setting of specific outcomes has been key to helping meet the initial goals.

Clear parameters around supervision were established however there were times when these high standards were not able to be met. The entire team recognised that in this environment there could be no deviation, so to ensure the safety of all concerned the placement experience was paused until these standards could be achieved.

Formal student evaluation of the experience demonstrated that students valued the learning opportunities available within this unique environment. Feedback from students was extremely positive overall.

RGU now offer this placement to adult and mental health student nurses.

Formal student and staff evaluation will continue on an ongoing basis as this new learning environment continues to develop and grow.

Biography

Vicky Burnett is a Practice Educator in NHS Grampian and is a registered adult nurse. She has 21 years of experience across orthopaedics, primary care settings, both within community nursing teams and within general practice. She has worked as a lecturer within a further education college and latterly with practice education. Vicky has a Teaching Qualification in Further Education and is both a qualified assessor and verifier. Lesley Alexander is a Practice Education Facilitator in NHS Grampian and is a registered adult nurse. She has 26 years of experience across several roles and specialities including critical care, primary care, telephone consultation, heart failure and practice education. Lesley has a Masters (MSc) in Professional Nursing Practice and a Pg Cert in Higher Education Learning and Teaching and Assessment. She is a fellow of the Higher Education Academy and an Associate Lecturer at Robert Gordon University, Aberdeen, Scotland. Twitter handle @lelalexander1

Learning Outcomes

1. To gain insight into the strategies and solutions implemented when facing challenges in this complex environment.
2. To understand the process of working in partnership to create innovative placement opportunities.
3. To understand how exposure to this unique learning environment can help promote career opportunities in custodial nursing

Recommended Reading

1. Should NP Students be Placed in Correctional Settings? Authors: Donald Gardenier, Jaibun K. Earp, D. Trent Hersey
2. Correctional Facilities as Community Health Clinical Placement Sites for RN to BSN Students. Author: Andrea Kovalesky
3. Don't be afraid to give prison nursing a try. Author: Lynne Pearce

2.1.3

The CapitalNurse IV Therapy Passport – a collaborative approach for transformational change in education delivery in London

Presenter: Susie Scott, RN BA (Hons) PGCHE, IV Project Lead and Senior Nurse Apprentice Education, CapitalNurse, Health Education England, UK

Abstract

In 2018, Capital Nurse launched a project with the aim of scoping, designing, and building one common approach to intravenous (IV) therapy training and assessment for nurses and midwives in London. The overarching objective being for nurses and midwives to train once, through a model which is trusted and holds the confidence of stakeholders, and then be able to transfer between organisations with their skills, without the need to retrain.

For as long as can be remembered, nurses have been expected to retrain every time they moved jobs, sometimes if they moved department. Not only has this been costly in time and money, but it has meant newly recruited nurses and midwives have been unable to meet their patient's needs and

unnecessary pressure has been placed of the remaining workforce.

For the first time, we are no longer expecting nurses and midwives to retrain when they transfer between organisations.

There are now over 20 organisations implementing the IV Therapy Passport with others actively planning to do so, all committing to one common approach to IV training and assessment. This was achieved in partnership, through collaborative working and participatory design, involving NHS Trusts, Higher Education Providers, the charitable and independent sector as well as our social care providers from across London.

In the midst of COVID-19, the IV Therapy Passport was launched and implemented; a single standardised blended approach to IV Therapy training for London. Whether you are an adult nurse, a children's nurse, a midwife or an undergraduate student, whichever care setting you work, it is one passport.

The impact of collaboration and shared ownership has been powerful in enabling and inspiring change for the benefit of patients and the profession. Through sharing this model for change, opportunity for the transformation of other system wide educational approaches can be envisaged.

Biography
Susie Scott is the Lead for the IV Project at CapitalNurse and Senior Nurse for Apprentice Education at University College London Hospitals NHS Foundation Trust. Susie has over 20 years' experience as both an adult Critical Care Nurse and a Critical Care Clinical Practice Educator. Susie has an interest in education and specifically clinical education, with wide experience in the design and implementation of education programmes in Critical Care. Previously, Susie was a Clinical Practice Educator at Imperial College

Healthcare NHS Trust and visiting Lecturer for University of West London and is an NMC registered teacher.

Learning Outcomes
1. To understand the power of participatory design in creating a jointly owned change programme
2. To consider ingredients for collective action and informal partnership working

Recommended Reading
1. https://www.hee.nhs.uk/our-work/capitalnurse/our-work/iv-therapy-passport
2. https://www.hee.nhs.uk/about/how-we-work/your-area/london/london-news/capitalnurse-iv-passport-webinar-recording

Practice education

2.2.1

Getting to know you: Supporting transition from student to qualified nurse through pre-employment workplace contact

Presenter: David I Barrett, RN; PhD, Deputy Dean, Faculty of Health Sciences, University of Hull, UK

Co-presenter: Jane Wray, RN; PhD, Director of Research, Faculty of Health Sciences, University of Hull, UK

Abstract
The transition from student nurse to registered practitioner can be a challenging and turbulent time. Newly-qualified nurses (NQNs) often feel pressure as a result of taking on accountability for their own practice and having to move from supervised student

to independent practitioner in what can be an unfamiliar environment.

These factors all lead to some NQNs experiencing what is sometimes labelled 'transition shock' (Duchscher, 2009) or the 'flaky bridge' (Health Education England, 2018). As a result, the risk of nurses leaving employment (or even the profession) is particularly high in the first year following qualification (Brook *et al*, 2019).

The 'Supporting Transition and Retention' (STaR) project works with students, NQNs, academics, and practice partners to identify evidence-based approaches to aid successful transition from student to qualified practitioner. As part of the project, we trialled an intervention in which final-placement students could spend time working in their place of first employment (PFE) ahead of qualification to allow pre-induction processes to commence and training needs to be identified.

The intervention was evaluated post-placement using a real-time digital survey response tool during a face-to-face feedback session. We found that:

- 64% of respondents stated that they spent time in their PFE during their final placement
- Students rated the usefulness of time in the PFE (from 0 – 'no help at all' to 10 'exceptionally helpful') as; Orientation (8.3), Understanding of the RN role (7.7), and Confidence-building (7.9)
- Free text responses related to the usefulness of the initiative revealed key themes of; 'Introductions', 'Orientation', 'Practicalities' and 'Double-checking employment choice'.

The pilot suggests that the opportunity to spend time with their first employer did help students orientate themselves and prepare for the transition from student to employee. As a result, the initiative will become an established element of our final year curriculum.

Biography
David is the Deputy Dean of the Faculty of Health Sciences at the University of Hull. A Registered Adult Nurse with a background in Cardiac Care, David has particular research interests in nurse education, the retention of student nurses, and the use of technology to enhance health and social care. He has numerous peer-reviewed publications, has co-written two textbooks (one on care planning and one on cardiac care) and is Deputy Editor of Evidence-Based Nursing (BMJ Journals). Along with his co-presenter (Dr Jane Wray), he is a co-investigator on the Supporting Transition and Retention (STaR) project, upon which this presentation is based. Dr Jane Wray is Director of Research for the Faculty of Health Sciences and Senior Lecturer in Nursing at the University of Hull. She has worked in the higher education sector in a diverse range of academic and professional roles and has an established track record in research, teaching and learning and public engagement. Jane is Associate Editor for Evidence-Based Nursing (BMJ Journals), a member of the International Advisory Board for Journal of Intellectual Disabilities (Sage Publications), on the Editorial Board of Frontiers of Nursing (Siendo) and has recently co-edited a special edition for Nurse Education in Practice on Learning Diversity. She has published and presented her work nationally and internationally and has an active social media presence. Jane's research interests are focused on education, workforce, professional development and inclusive practice and she currently teaches and supervises students at undergraduate and

post-graduate levels and on the University's Digital Researcher programme.

Learning Outcomes
1. To understand the value of pre-employment workplace contact for final-year student nurses
2. To identify how best to develop processes that support pre-employment workplace contact within nursing curricula

Recommended Reading
1. Brook J et al (2019) Characteristics of successful interventions to reduce turnover and increase retention of early career nurses: A systematic review. International Journal of Nursing Studies 91: 47-59
2. Duchscher JEB (2009) Transition shock: the initial stage of role adaptation for newly graduated Registered Nurses. Journal of Advanced Nursing 65(5), 1103– 1113.
3. Health Education England (2018) RePAIR: Reducing Pre-registration Attrition and Improving Retention Report. Available from: https://www.hee.nhs.uk/our-work/reducing-pre-registration-attrition-improving-retention

2.2.2

The responsiveness and resilience of nursing staff during the COVID -19 pandemic

Presenter: Heather Price, Practice Development Lead, UHCW NHS Trust, UK

Co-presenter: Charlotte Cairns, UK

Abstract
During the COID-19 pandemic a different approach was required which involved responding at pace to meet the changing situation and the requirement for a flexible nursing workforce with the right skills and knowledge base. New knowledge to use in practice are the hallmarks of nursing excellence (Lusardi 2012). This meant that nurses would be re -deployed to support critical care, where a team nursing model approach would be utilised to expand the bed capacity. As a response a skill matrix was developed which involved grading all registered nurses within the organisation from A+ to E dependant on their skill set.

A gap analysis was then applied to determine the skill set of the nursing workforce which allowed for identification of the skill set available across the organisation. A training needs analysis was then developed and the PDT established teaching workshops to meet the demand. These workshops were to build confidence and to refresh or expand skills for staff being re deployed.

Registered staff were also re deployed to ward settings so upskilling these nurses was also an essential requirement. The overall outcome was to provide safe and effective care for patients in the most effective way. The contribution made by nurses can significantly impact on patient experience (Hewitt Taylor 2013). The PDT response enabled an infrastructure of increased critical care capacity across the organisation and an adaptable workforce with the right skills in the right place at the right time to ensure patient safety and to provide quality care.

References

Lusardi P (2012) So you want to change practice: Recognising Practice Issue and

Challenging those ideas, <u>Critical Care Nurse</u> 23 (2) m 55-64.

Hewitt –Taylor J (2013) Planning Successful change incorporating processes and people, <u>Nursing Standard</u> 27 (38) 35-40.

Biography

Heather has held numerous clinical roles before moving into practice development where she now has the role of practice development lead. She has worked within the team for 12 years supporting both pre and post registration nurses and now has many elements within her portfolio including international nurse recruitment, nursing associates and continued professional development as well as preceptorship and pre-registration. She is passionate about supporting and developing the practice environment, the learners experience and education of the nursing workforce. Heather has completed her PGCert and works in collaboration with Coventry University within her role and has recently completed her MSc in Nursing Studies.

Learning Outcomes

1. 1/ To gain an insight into the challenges and response of the nursing workforce due to the COVID -19 pandemic
2. 2/ Discuss the gap analysis and upskilling demands and how it was implemented.
3. 3/ Explore what governance was utilised and outcome.

Recommended Reading

1. Thompson D, Darbyshire P (2020) Nightingale's year of nursing: rising to the challenge of the Covid-19 era, BMJ [online] Available at https://www.bmj.com Accessed on 15th September 2010.

2. Huang L et al (2020) Special Attention to nurses' protection during the Covid -19 epidemic, Critical Care 24 (120

2.2.3

An evaluation of the use of simulation to increase placement capacity

Presenter: Mary Raleigh, RMN RN RNT MSc BSc, Lecturer in Nursing Education, King's College London, UK

Co-presenter: Lisa Smith, UK

Author: Fiona Suthers, Julie Bliss, UK

Abstract

A critical shortage of clinical placements alongside increased demand led to the exploration of simulation as an adjunct with a view to equipping adult nursing students with a range of proficiencies. The primary aim of this study was to establish the feasibility and acceptance of a hospital-based simulation for second- year pre-registration adult nursing students and determine its use in increasing placement capacity.

Sixty second- year adult nursing students participated in five days of hospital-based simulation to gain exposure to skills infrequently encountered in clinical practice. The simulation scenarios were designed by experts within one university. The team provided training and support for practice educators, and clinical subject matter experts who facilitated the simulated learning. A mixed methods approach was used to evaluate the project. Students completed Creighton's Simulation Evaluation Instrument (C-SEI) for each simulation activity. It is a validated simulation tool and consists of 22 items grouped into four categories (assessment, communication, critical thinking, and technical skills). A thematic analysis was

undertaken from data collated from a focus group of those involved in developing and facilitating the simulation scenarios.

The findings demonstrated hospital-based simulation is feasible for student nurses with potential to shape and enhance knowledge and skills infrequently encountered in clinical practice. All the students who completed the simulation training, developed an insight into the competencies required for a 2nd year adult nurse, and a readiness to undertake knowledge and skills learnt in practice post simulation training. Overall students had increased levels of confidence but were less confident making clinical judgements and decisions. There are also resource implications including training requirements for those facilitating the simulated learning.

Results demonstrated that a strategic approach is necessary when developing simulation. Key factors identified were collaborative leadership, standardisation, subject expertise, and facilitator training.

Biography

Dr Mary Raleigh is a registered nurse, registered nurse teacher, healthcare researcher, and worked in the National Health Service for 21 years. She is currently Programme Lead for BSc Nursing with Registration as an Adult Nurse at the Florence Nightingale School of Nursing, Midwifery & Palliative Care Her practice experience was in Critical and Acute Care, and she held posts at clinical, educational and at organisational levels. She has 12 years' experience in nurse education and worked at the University of Surrey, prior to gaining a post as a nurse lecturer at Kings College in June 2017. Her pedagogical and research interests are in advanced practice education, with an interest in in simulation-based education and interprofessional learning.

Learning Outcomes

1. To critically review the development and delivery of a 5-day simulation programme
2. To explore the potential of simulation to increase placement capacity

Recommended Reading

1. Kirkpatrick, D., (1994) Evaluating Training Programmes; The Four Levels, Berrett-Koehler, San Francisco.
2. Hayden, J. K., Keegan, M., Kardong-Edgren, S., & Smiley, R.A. (2014). Reliability and validity testing of the Creighton Competency Evaluation Instrument for use in the NCSBN National Simulation Study. Nursing Education Perspectives, July/September 2014 - Volume 35 - Issue 4 - p 244-252 doi: 10.5480/13-1130.1
3. Adamson, K.A., Kardong -Edgren, S., Willhaus, J (2013) An updated review of published simulation evaluation instruments. Clinical Simulation Nursing Vol (9), e393-e400. http://dx.doi.org/10.1016/j.ecns.2012.09.004.

Learning, teaching and assessment approaches, and technologies

2.3.1

Preparation of operating theatre staff for ITU redeployment in COVID-19

Presenter: Joanna Holland, RN, Dip N, BA Hons, MSc, Nurse lecturer, BSUH/ University of Brighton, UK

Co-presenters: Joanna Holland, Emmie BAKER-LARNER, UK

Abstract

In our role as Practice Development nurses, we were tasked with the preparation of theatre personnel for ITU redeployment. In this presentation, we will discuss:

- The challenges of teaching and learning when learners are under stress
- The challenges of preparing for the unknown, when much of the detail of redeployment was not yet available
- The development of a multi-disciplinary curriculum, devised with ITU practice development nurses and consultants
- Integration of learning technologies to support the curriculum

A collaborative approach to curriculum development was used to ensure that the content of the learning materials and teaching sessions built upon the prior knowledge and experience of the learners, worked towards realistic learning outcomes, and also reassured anxious staff about what they could expect. This included a scoping exercise of the existing knowledge and skills held by the theatre staff and setting of achievable learning outcomes. We utilised the understanding of our respective specialities (ITU nursing & perioperative practice) to build a programme that would meet the demands of nurses and ODPs working in ITU redeployment.

Central to the programme was a sense of reassurance that the staff would be supported and supervised by experienced ITU nurses, and communication of a scope of practice that would feel familiar and achievable. We were keen to link the teaching sessions to the familiar ABCDE assessment of patients, to frame the learning in a context that was understood. In order to teach a large number of staff in a very short period of time, we video recorded teaching sessions, and created an online portal for staff to access learning resources.

Mental health of our staff was also a serious concern, and therefore strategies for recognising signs of stress and seeking help and mindfulness were included in our preparation of staff.

Biography

Previously Practice Development Lead for Perioperative, I am now a nurse lecturer at the university of Brighton.

Learning Outcomes

1. Understand the challenges of teaching and learning when learners are under stress
2. Critically reflect on the creation of a multi-professional curriculum to meet the needs of redeployment
3. Reflect upon the importance of embedding wellness into curriculum for NHS staff

Recommended Reading

1. Pratt, H. et al. (2019) 'Courageous collaboration in co-constructing learning and teaching resources', International Practice Development Journal, 9(1), pp. 1–6
2. Marshall, B. (2020) 'Impact of COVID-19 on Nurses' Mental Health', Issues in Mental Health Nursing, 41(10), pp. 853–854
3. Power, A. (2019) 'Interprofessional education: shared learning for collaborative, high-quality care', British Journal of Midwifery, 27(2), pp. 128–129.

2.3.2

Embedding virtual and augmented reality as an innovative pedagogy within the Nursing Associate Programme

Presenter: Cariona Flaherty, RCN, Hight Dip, BSc(hons), PGCHE, FHEA, Senior Lecturer, Middlesex University, UK

Co-presenters: Joshua Sharman, RGN, BSc (hons), PGCHE, FHEA, Lecturer, Middlesex University, Ed Michael Carbonell, RGN, PGCPSE (Open), Associate Lecturer, Middlesex University, UK

Abstract

Middlesex University procured virtual reality (VR) software from Oxford Medical Simulation (OMS) with a view of providing students with the opportunity to participate in the clinical assessments and management of acutely ill patients in a safe immersive / semi-immersive virtual environment. King et al. (2018, p.7) highlighted '*with careful collaborative co-design these VR healthcare learning environments have the potential for sustained use within face to face, flexible and distance health care programmes*'. Additionally, Taylor and Flaherty (2020, p.2) identified '*with the nursing associate programme stemming from an apprenticeship route, the concept of integrating practice to theory needed to have a greater presence*'.

Pre COVID augmented reality was introduced within the classroom as an adjunct to theory delivery and as a visual learning aid to understanding pathophysiology and patient management. In light of COVID and with the move to online delivery, this virtual reality software has been adapted so that students can access this through screen-based simulation. In order to fully utilise screen based simulation as a teaching, learning and assessment pedagogy and to provide students with the opportunity to truly appreciate the advantages of screen based learning, the team at Middlesex have embedded this within the Nursing Associate curriculum.

Screen based simulation has now been incorporated in students pre and post sessional activities related to pathophysiology and patient management focused theory delivery. This has also been employed as a formative learning activity through utilisation of the reflection feature. OMS also enables lecturers to review individual student analytics which can help identify areas for improvement. Having this analytic data provides an opportunity to develop focused teaching and tutorial support for students. Future planning includes incorporating simulation-based learning as a mode of continuous assessment, refection, and preparation for practice involving practitioners and service users (Nursing and Midwifery Council, 2018).

Biography

Cariona Flaherty, RGN, Higher Dip, BSc (Hons), PGCHE, FHEA, is a senior lecturer in adult nursing and programme leader for Nursing Associates at Middlesex University. Cariona is a specialist trained critical care nurse, who has extensive senior clinical and critical care education experience. In addition to her academic role, Cariona is currently a doctoral student at Middlesex University undertaking research related to critical thinking in undergraduate nurse education. Joshua Sharman, RGN, BSc (hons), PGCHE, FHEA, is a lecturer in clinical skills and simulation at Middlesex University. Josh is an adult registered nurse who has interests and experience with innovative teaching technologies, specifically in how Augmented and Virtual Reality can be used to support learning within the nursing curriculum at Middlesex. Ed Michael Carbonell, RGN,

PGCPSE (Open), associate lecturer for the Nursing Associates at Middlesex University, UK. He is an experienced nurse and has previously worked in the areas of coronary care, recovery, high dependency, clinical research and practice development. His involvement in clinical research covered the areas of inflammatory bowel disease, rheumatology, stroke and cancer. He also once served as vice chair in a quality improvement project in one of the NHS Trusts in the UK.

Learning Outcomes
1. Discuss how virtual and augmented reality can be embedded within the Nursing Associate curriculum
2. Describe how screen-based simulation can be utilised as a teaching, learning, and assessment tool
3. Discuss how screen-based simulation can be utilised to tailor teaching content and tutorial support

Recommended Reading
1. King, D., Tee, S., Angell, C., Holley, D. and Mills, A. (2018), Virtual health education: scaling practice to transform student learning. Nurse Education Today. Vol. 71, pp. 7-9
2. Nursing and Midwifery Council (2018) Standards for pre-registration nursing associate programmes. Available at: https://www.nmc.org.uk/globalassets /sitedocuments/education- standards/nursing-associates- programme-standards.pdf (Accessed 9th October 2020)
3. Taylor, M. and Flaherty, C. (2020) Nursing associate apprenticeship – a descriptive case study narrative of impact, innovation and quality improvement. Higher Education, Skills and Work-Based Learning. DOI: 10.1108/HESWBL-05-2020-0105

2.3.3

Breaking out of Lockdown. A virtual practice placement for first year student nurses

Presenter: Kevin Bayley, RN, DN, DipHE, BSc (Hons), BA (Hons), PGCE, MSc,Lecturer in Adult Nursing, University of Manchester, UK

Co-presenters: Ruth Heffernan, UK

Author: Michael Bird, Susan Ramsdale, UK

Abstract
In response to the NMC Emergency Standards for Nurse Education (2020) which excluded first year student nurses from placements, we developed a virtual community placement to help the students experience some practice learning and accrue practice related hours.

This simulated four-week placement engaged students with an Integrated Community Team at the virtual Jubilee Street Clinic. The students had previously been introduced to the Jubilee Street residents in our earlier Public Health module.

Students were informed that they were working remotely with the community team due to the COVID-19 pandemic. Through practice-based activities, facilitated by our eLearning platform Blackboard, students responded to the diverse needs of the Jubilee Street households. These focused on COVID-19 and its impact on nursing.

To help reflect first year students' practice experiences as closely as possible, they were given topics to research for the weekly scenarios, asked to share their learning and apply it to the situations that were arising. The placement was designed to be accessed flexibly by students wherever they were living during lockdown.

The intended learning was informed by elements of Communities of Practice principles (Wenger et al, 2002) supporting knowledge and skill development within a group through shared learning and experiences. Simulation-Based Learning principles were used to recreate aspects of a real-life task, event or experience so learners could develop, refine and apply knowledge and skills in a safe learning environment. Activities were aligned to practice learning outcomes in order to support the students' return to practice.

To replicate the role of practice supervisors we developed the Supporting Academic role. The Supporting Academics worked with groups of 10 field specific students to facilitate practice-focused online engagement, learning and supervision and reflection. Initial feedback from both students and Supporting Academics has been positive, and a full evaluation is being completed.

Biography
Kevin Bayley is a Lecturer in Adult Nursing in the Division of Nursing Midwifery and Social Work at the University of Manchester. His professional background is in community nursing with specialist interest in practice education. Kevin teaches on the undergraduate nursing programme (BNurs), postgraduate units, supervises undergraduate students and works with practice partners to develop primary and community care learning opportunities for students. He has held a number of clinical and education posts in NHS Trusts in Greater Manchester and with Health Education England working on regional and national projects.

Learning Outcomes
1. To understand the challenges and potential of remote working and communication methods

2. To gain knowledge and insight into the effects of the Covid-19 pandemic.
3. To examine how the pandemic has affected different members of the community, nursing and the delivery of healthcare

Recommended Reading
1. Wenger. E, McDermott. RA, Snyder. W (2002) Cultivating Communities of Practice: A Guide to Managing Knowledge. Boston, Massachusetts: Harvard Business Press.
2. Fanning, R, M, Gaba, D, M. (2007) The role of debriefing in simulation-based learning. Society for simulation in healthcare, 2 (2) 115-125.
3. Johnston, S, Coyer, F, Nash, R. (2017). Simulation debriefing based on principles of transfer of learning: A pilot study. Nurse Education in Practice, 26, 102-108

Partnership working and collaboration

3.1.1

Learning from Covid-19 across the system- A collaborative impact evaluation of the Norfolk and Waveney STP 'We Care Together' Campaign

Presenter: Carolyn Jackson, MSc, PGDEd, RNT, PGDip Coaching and Mentoring, BA, RGN, Director and Associate Professor ImpACT research group, University of East Anglia, UK

Co-presenters: Carolyn Jackson, Emma Wakelin, UK

Abstract
Background

COVID-19 has created a wide range of challenges and opportunities for health and social care systems across the world. In Norfolk and Waveney Sustainable Transformation Partnership (STP), the We Care Together campaign was launched to capture a living history of the pandemic, identifying what has worked and what the key challenges have been for front line staff delivering care and services across the health and social care system. This paper presents the findings of the evaluation of the campaign, showcases media and Instagram initiatives, and identifies key learning and insights for the system to strengthen innovations in policy and practice.

Methods

Using realist review principles an independent research team undertook a first, second and third level thematic analysis of 176 interview transcripts collected by the STP between April and August 2020 to identify what strategies worked well, for whom and in what contexts.

Results

31 overarching themes were distilled in relation to lessons learned from:

1. things that went well compared with those that did not;
2. challenges compared with the celebrations and outcomes;
3. learning and insights gained;
4. impact on role.

Conclusion

Headlines revealed the greatest strength has been the willingness and resilience of the workforce and its teams to be flexible and work together on finding solutions for care that are person centred and safe. Key strategic transformation priorities are:

1. Enabling teams to be empowered to make a difference as interdependent partners across the system.
2. Consistent and clear communication through for example one national capacity tracker system for recording Covid tests.
3. System wide transformation can be achieved through promoting humanitarian values - Valuing every person as a person and their contribution, be that colleague, patient, resident, relative, volunteer, friend, citizen.

Biography

Carolyn Jackson is Director of the ImpACT Research Group and Associate Professor for Practice Transformation in the Faculty of Medicine and Health Sciences at the University of East Anglia. Former founding Director of the England Centre for Practice Development she is an embedded researcher focusing on supporting system wide transformation for health and social care. Carolyn is a nurse by background and has been in integrated leadership roles in nursing practice, research and learning and development for over 30 years. All of her work is interprofessional and she has a passion for citizen led innovations in practice that put the health and wellbeing of citizens at the heart of service redesign using participatory strengths-based approaches.

Learning Outcomes

1. To gain insight into the experiences of practitioners delivering care and services across the health and social care system.
2. To identify what strategies have worked, why and in what contexts and key learning and insights for improvement.
3. To identify system wide innovations that are needed to support workforce transformation in order to deliver person centered safe and effective evidence informed care and services that meet citizen needs for the future.

Recommended Reading

1. Manley, K., Jackson, C. (2020) The Venus model for integrating practitioner-led workforce transformation and complex change across the health care system. Journal of Evaluation in Clinical Practice; 26:622-634.

2. Greenberg N, Tracy D. (2020) What healthcare leaders need to do to protect the psychological well-being of frontline staff in the COVID-19 pandemic BMJ Leader. Published Online First: 18 May 2020. doi: 10.1136/leader-2020-000273
3. Maben J., Bridges, J. (2020) Covid-19: Supporting nurses' psychological and mental health. Journal of Clinical Nursing, 29 (15-16): 2742-2750.

3.1.2

Minding The Gap: Innovation and collaboration in supporting trainee Advanced Clinical Practitioners working in urgent and emergency care

Presenter: Claire Shaw, MSc, RN MH, Consultant Nurse, Tavistock and Portman NHS Foundation Trust, Tavistock and Portman NHS Foundation Trust, UK

Presenter: Robert Pinate, MSc, BSc, RN, Consultant Nurse, University College London Hospitals NHS Foundation Trust, University College London Hospitals NHS Foundation Trust, UK

Abstract

The aim of the North Central London (NCL), Advanced Clinical Practitioner (ACP) group from the outset was to commence a sector wide ACP development strategy for UEC and build on common areas and key challenges faced by emergency departments, mental health and primary care. A key part of the work was to establish a support programme for ACP trainees given the historically high attrition rates. Through working with partners organisations and led by the Tavistock and Portman NHS FT we established a unique programme, bringing together trainees from across NCL.

The programme has provided the trainees with a series of interactive seminars and reflective spaces. Psychodynamic and systemic frameworks are used to explore experiences at work (including the emotional/cognitive/behavioural impact) and there is an opportunity to discuss work experiences with peers in a reflective 'work discussion group'. The programme supports the trainees by developing their understanding of interpersonal and organisational dynamics and by developing their reflective capacities during the transitions of their training. This approach is complementary to their academic and clinical learning.

One strength of the programme is its ability to respond in a timely and flexible way to the trainees' experiences and needs. During the covid-19 pandemic the seminars have explored the impact of the series of sudden service and role changes and provided a framework for understanding traumatic experiences and impact on staff wellbeing.

A core part of the programme is peer support, this is crucial in relation to reducing isolation and providing opportunities for sharing experiences and learning. Trainees report experiencing high levels of pressure, peer discussion mitigates and challenges this in a supportive context.

A service evaluation has explored the impact of the programme on the trainees, identifying their experience of both the sessions and the impact on their experiences at work.

Biography
Claire is a Consultant Nurse working in Adult and Forensic Services. Claire has been involved in developing and providing training to nurses and other health professionals throughout her career, using an applied psychodynamic framework to explore and understand the impact of healthcare work. She has a particular interest in developing reflective spaces and using an applied psychoanalytic model to enable clinicians to better understand their patients, their own experience at work and the impact of work upon them. Claire is a registered mental health nurse, she has a Masters degree in Institutional and Community Care and latterly undertook the Interdisciplinary Training in Psychoanalytic Psychotherapy at the Tavistock. She has been involved in providing reflective learning training for nurses across London and developing and providing psychodynamically informed training for nurses and other professionals, exploring the impact of this on areas such as understanding of patients and satisfaction and wellbeing at work. Rob is a Consultant Nurse in the Emergency Department at University College London Hospitals. Rob's key areas of interest are Major Trauma, Advanced Practice and Rapid Assessment and Treatment (RAT) systems. Rob is a member of the Royal College of Emergency Medicine (RCEM) Advanced Clinical Practitioner (ACP) curriculum development and credentialing groups and has been involved in the development and launch of the RCEM Emergency Care ACP Curriculum in 2015. Rob's own work includes the establishment of ACP services at both King's College Hospital (2012-2017) and at University College London (UCLH) Hospitals where he currently works. Rob also co-chaired the regional urgent and emergency care ACP steering group which is developing a sector wide strategic approach.

Learning Outcomes
1. To identify the need and benefits of creative partnership working in supporting trainees through the transitions of professional development.

2. To identify the benefits of a complementary approach that attends to the inherent complexities and challenges of the trainees experiences

3. To identify the role of education and reflection in supporting trainees during the pandemic.

Recommended Reading

1. Moran, G. and Nairn, S. (2017). How does role transition affect the experience of trainee Advanced Clinical Practitioners: Qualitative evidence synthesis. Journal of Advanced Nursing, 74 (2), pp 251-262

2. Fitzpatrick, S. and Gripshover, J. (2016). Expert Nurse to Novice Nurse Practitioner: The Journey and How to Improve the Process. Journal of Practice Nursing. 12 (10) pp 416 – 421

3. Kinman, G., Teo, K. and Harriss A. (2020) The Mental Health and Wellbeing of Nurses and Midwives in the United Kingdom. London: Society of Occupational Medicine

3.1.3

Ongoing learning and reflections from a collaborative approach to promote compassionate care in nursing

Presenter: Christine McKenzie, Professional Lead Learning & Development South East and London Region, Professional Lead Learning and Development South East and London Region, Royal College of Nursing, UK

Co-presenters: Fiona Cook, Nicola Nation, UK

Abstract
The importance of compassionate care and the impact on patient outcomes and staff experience is well recognised (West, Bailey and Williams 2020). In contrast there is little written on how nurse leaders can engage and encourage their teams to deliver compassionate care, in their day to day practice, through listening to what is important to patients, families and staff.

The trust has a long-standing relationship with the RCN and the initial commission brief was to design and deliver a bespoke programme to enhance compassionate care. A key policy document at this time was the Compassion in Practice which provided a useful framework (2012). The programme, now in its sixth year is underpinned with an Appreciative Inquiry approach (Dewar and Mackay 2010). The success of the collaboration was recognised by the Care Quality Commission as an area of outstanding practice, encouraging clinical and service innovation at all levels.

This paper will share what works well, when a collaboration is effective; how the role of the Trust facilitator has evolved into an equal and invaluable contributor to the programme facilitation team. We will draw on the participant evaluations and facilitator reflections, which consistently show a re-energised workforce, who are equipped to lead sustainable change, that makes a difference to their teams and patients experience.

Biography
As a senior nurse working with the Royal College of Nursing, Christine remains passionate about nursing and working with others to improve the experience of those who use and work within Health and Social care settings. Christine inspires the trust and confidents of those she works with, keeping a clear focus on their goals and sculpts bespoke solutions. She has extensive experience of developing leadership capabilities of individuals, teams and across organisations. Christine supports, inspires and develops others to reach their potential, she cares passionately about the growth and

development of people, and creatively maximises opportunities to broaden their experiences and skills. Her achievements include collaboration with the NHS Leadership Academy and mentoring Mary Seacole awardees. Christine is the Professional Learning and Development Facilitator for London Region and the South East region and has recently completed a MA at the Tavistock London in Consulting and leading in Organisations.

Learning Outcomes
1. Develop a shared understanding of the approach taken to develop the collaboration.
2. Share the impact the collaboration has had on patient care and staff experience.
3. Discuss the transferability and sustainability of this collaboration to other settings.

Recommended Reading
1. Dewar, B., Mackay, R., 2010. Appreciating compassionate care in acute care setting caring for older people. International Journal of Older People Nursing, 5, 299-308.
2. West, M., Bailey, S., and Williams, E. (2020) The Courage of Compassion-supporting Nurses and Midwives to deliver high quality care. London September 2020 available at: https://www.kingsfund.org.uk/sites/default/files/2020-09/The%20courage%20of%20compassion%20full%20report_0.pdf (accessed: October 9th 2020)
3. Department of Health and NHS Commissioning Board (2012) Compassion in Practice. Nursing, Midwifery and Care Staff. Our Vision and Strategy. Available at: https://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf Accessed: 18 September 2020.

Learning, teaching and assessment approaches, and technologies

3.2.1

"Explore, Build and Connect": A person-centred learning framework for nursing and mental health topics within the flipped classroom

Presenter: Camille Cronin, RN, PhD, Senior Lecturer, University of Essex, UK

Author: Wilson Rhonda, Australia

Abstract
Background: The flipped classroom is a popular strategy applied to healthcare education and has provided a student-centred approach to learning, but it has some limitations in that successful implementation relies on the availability of engaged and prepared students. Poor learner preparedness undermines the success of flipped classroom learning design.

Aim: To offer a new insight into flipped classroom learning that can be applied in nursing and mental health education

Method: An "Explore, Build and Connect" framework was developed to support learning about nursing and mental health topics which are embedded within broader health curriculums using face-to-face and/or online learning formats. A person-centred learning design was selected because it aligns with person-centred approaches. Within a real-time workshop context (face-to-face or virtual online) the learning process engages small group learning with the "explore phase", inviting participants' curiosity and promoting

surface learning drawn from a combination of provided stimulus materials and real-time online searches. Collaborative social learning promotes motivation and engagement for, and between, interested learners and reluctant learners. The "build phase" where groups return to the main group provide feedback discussion by guided interrogation of the quality of the information gathered, and a collective analysis of the selected evidence. The "connect phase" challenges learners to consider relevant implications, translating knowledge to practice significance for clinical application.

The "Explore, Build and Connect" framework was designed to mitigate the adverse impacts of inadequate learner preparations prior to classroom arrival, and to maximise motivation for learning during learning workshop delivery episodes. This framework offers a new strategy to engage learners using participant-centred approaches as a modification to the flipped classroom learning design strategies within the social context of learning. This framework accommodates a storytelling and case-based approach to learning and supports learners to reflect on their knowledge development for clinical, innovation and research applicability.

Biography
Dr Camille Cronin is a Senior Lecturer at the School of Health and Social Care, University of Essex based at the Southend on sea Campus. Her research interests include lifelong learning, workplace learning and workforce issues including retention and skill mix, dementia and culture in the healthcare workforce, mouthcare in acute hospitals, socialisation of student nurses in dementia care, pedagogy and curriculum, e-health and qualitative methodologies particular case study research, ethnography and narrative research.

Learning Outcomes
1. To align person-centred learning to person-centred approaches
2. To offer a new strategy to engage learners using participant-centred approach within the social context of learning.
3. An adaptable approach for learners either face to face or virtual online.

Recommended Reading
1. "Explore, Build and Connect": A person-centred learning framework for nursing and mental health topics within the flipped classroom.
2. A person-centred learning framework for nursing and mental health topics within the flipped classroom.

3.2.3

Can the appropriate use of humour and anecdotes from practice improve the retention of information in nursing lectures and would stand-up comedy techniques aid lecturers to deliver content to students

Presenter: Alan Pringle, RGN, RMN, BSc (Hons), PGCHE, PhD. Assistant Professor Mental Health Nursing School of Health Sciences, University of Nottingham, UK

Co-presenter: Michael Smith, UK

Abstract
This presentation promotes the use of humour in education, advocating the use of stand-up comedy techniques to enhance presentation skills. It examines the potential for educators to learn and develop stand-up techniques to enhance the delivery of presentations. We argue that such techniques are adaptable to use both "live" and, in the current Covid restrictions, in online delivery.

Skills needed to engage groups of people and hold their attention whilst delivering material that is memorable, thought provoking and challenging has been the remit of those involved in stand-up comedy for a number of years, using such techniques as storytelling, role play and characterisation to deliver ideas and anecdotes. Those involved in nurse education frequently follow this process, delivering ideas or information employing anecdotes from clinical practice to enhance and develop such ideas. In the delivery of content, we suggest that those involved in nurse education can use some of the techniques of stand-up comedy to enhance their teaching, improving engagement and retention of knowledge. We cannot teach teachers to be "funny", but we can teach technique.

Often our anecdotes contain Gallows Humour facilitating the move from "ha-ha" to "aha!". This transition suggests that humour may increase understanding; facilitating recognition of situations and events in moments of comic insight, utilising areas in the brain associated with attention and decision making which detect incongruity, an essential component of humour comprehension.

During the pandemic, increasing use of technology enhanced learning, Microsoft Teams, pod casts and Adobe Connect may result in students becoming increasingly passive consumers of "an education", rather than active and engaged learners – excluded, rather than included. Utilising stand-up techniques that can intensify the emotional and humorous delivery of important information may increase student engagement, preventing "Death by Power Point" and "Murder by Machine", either "in vivo" or "online".

Biography

Alan joined the University of Nottingham in 2004 and has worked in the area of using football as a vehicle for mental health promotion and interventions in a number of ways in recent years. Alan is a member of the Football and Mental Health Group for Time - to-Change the national anti-stigma organisation and works with Notts County's Football in the Community team to evaluate a number of their programmes. Alan was the keynote speaker at the World Association for Psychosocial Rehabilitation Conference in Bergen in 2018 concerning football and mental health. Alan has always had an interest in the use of humour in education and runs sessions for new lecturers at the University of Nottingham promoting the use of stand-up comedy techniques in lectures.

Learning Outcomes
1. evaluate the evidence supporting the use of stand-up humour in nurse education
2. draw connections between techniques used by stand-up comedians and nurse educators
3. apply stand-up techniques in live and online lectures

Recommended Reading
1. McCarron K and Savin-Baden M (2008). Compering and Comparing: Stand-Up Comedy and Pedagogy Innovations. Education and Teaching International, v45 n4 p355-363
2. Tait, G; Lampert, J; Bahr, N; and Bennett, P(2015) Laughing with the lecturer: the use of humour in shaping university teaching, Journal of University Teaching & Learning Practice, 12(3), Available at: http://ro.uow.edu.au/jutlp/vol12/iss3/7

3. Unteregger, F and Mayer, P (2019). Medical lectures upgraded: 11 hacks from comedy. GMS J Med Educ. 2019; 36(3)

Practice Education

3.3.1

Exploring how international nurses and midwives are supported in the United Kingdom and prepared to take the Objective Structured Clinical Exam

Presenter: Samuel Bond, BA; MSc, Research Associate, Oxford Brookes University, Oxford Brookes University, UK

Author: Clair Merriman, Barry Ricketts, Helen Walthall, UK

Abstract

AIMS AND OBJECTIVES This research explored the support provision for international nurses and midwives (trained outside the European Economic Area) recruited to work in the United Kingdom. The specific focus was how international recruits transitioned to the United Kingdom and prepared to undertake the Objective Structured Clinical Examination.

INTRODUCTION The United Kingdom has recently seen increased numbers of international nurses/midwives recruited to their healthcare system. These recruits require Nursing and Midwifery Council registration, achieved through passing both a Computer Based Test and the Objective Structured Clinical Examination. Little evidence shows how international recruits are supported throughout this registration process.

DESIGN AND METHODS A systematic literature review focussing on the experiences of international nurses/midwives, recently recruited to the United Kingdom, revealed important areas for support during transition. These findings were used to develop an online mixed methods questionnaire directed at recruiting organisations, aiming to understand current support provision. Seventeen organisations completed this questionnaire. This provided rich qualitative data, analysed using thematic analysis, and descriptive quantitative data.

RESULTS Four analytical themes were generated from the qualitative data: Same Ideas Difference Practice; Passing the Objective Structured Clinical Exam; Individualised Support, and; Support Networks. Descriptive quantitative data was organised using the recruiters' reported Objective Structured Clinical Examination success rates (at first and second attempt), and by certain organisational characteristics, like size and location.

CONCLUSION These results will be discussed in the context of recent literature. In particular, this discussion will focus on potential ways to improve the support offered to the growing numbers of international nurses/midwives recruited to the United Kingdom. Importantly a recruit's wider transition will be considered, not just in the workplace, such as integrating into the local community. Suggestions to improve the experiences of international recruits, and for further research on the topic, will be made following this discussion.

Biography

Samuel Bond is a Psychology PhD student and Nursing and Midwifery Research Associate at Oxford Brookes University.

Learning Outcomes

1. There is little recent evidence exploring the experiences of

international recruits working in the UK.

2. This study examines the support offered by recruiting organisations.
3. This is with the aim of finding potential ways to improve international recruits' experiences.

Recommended Reading
1. The experiences of international nurses and midwives transitioning to work in the UK: A qualitative synthesis of the literature from 2010 to 2019. Bond, Merriman & Walthall (2020).
2. NHS England (2019). NHS Long Term Plan. Retrieved from http://www.longtermplan.nhs.uk/
3. The National Institute of Economic and Social Research (2018). Brexit and the Health & Social Care Workforce in the UK. Retrieved from https://www.niesr.ac.uk/publications/brexit-and-health-social-care-workforce-uk

3.3.2

Practice education and development within children's palliative care nursing

Presenter: Lisa Whiting, DHRes, MSc BA Hons, RGN, RSCN, RNT, LTCL, Professional Lead, Children's Nursing, University of Hertfordshire, University of Hertfordshire, UK

Co-presenters: Michele O'Grady, UK

Author: Mark Whiting, Julia Petty, UK

Abstract
In April 2017, Children's Hospices across London were awarded a major grant by the Burdett Trust for Nurses to undertake a project that aimed to: *Identify pathways of development and training for nurses working in children and young people's palliative care environments, facilitating enhancement of both clinical skills and knowledge.* The project ran from September 2018-July 2019 and comprised of:

- Five nurses who undertook an eight-month rotation programme that incorporated both educational and alternative clinical experience components.
- Four senior nurses who undertook a leadership programme and participated in Action Learning Sets.

This paper will provide an overview of the above project as well as the independent examination of it that was undertaken by the University of Hertfordshire [UH]; UH drew on an Appreciative Inquiry approach with data collection involving:

- Pre- and post-rotation interviews and questionnaires with the five nurses.
- Pre- and post-programme focus groups and questionnaires with the four senior nurses.
- Face-to-face individual interviews with the two project managers, prior to, and on conclusion of, the above programmes.

The interviews and focus groups underwent thematic analysis; the questionnaire data was collated and summarised. Although the rotation nurses identified some frustration at having to undertake competency assessments relating to previously acquired skills and felt they were out of their 'comfort zone', all the participants highly recommended the programme; they commented very positively on the support they received, the overall learning as well as the new insight into different aspects of care. In addition, they were able to share their newfound knowledge and expertise with others. The senior nurses felt their programme was very beneficial for shared learning, highlighting the need for

future similar opportunities. The type of programmes highlighted here could promote inclusive education and skill development for nurses across the grade bands, and, in turn, positively influence nurse retention.

Biography

Lisa Whiting is Professional Lead for Children's Nursing at the University of Hertfordshire. Her background is as a nurse who worked within a paediatric critical care setting. Since moving to a University environment, Lisa has been involved in the teaching and assessment of undergraduate and postgraduate students across a range of academic levels, including doctoral studies. Lisa completed a doctorate in 2012, her work used a photo-elicitation approach to gain insight into children's wellbeing; since then, she has led several research projects that have spanned a range of child health issues and that have had a strong focus on the involvement of, and the voice of, children, young people and their families. Other research has had an educational remit and has centred on the enhancement of learning for nurses working within areas of child health and children's nursing. Lisa has published and presented her work in a variety of arenas.

Learning Outcomes

1. To provide insight into a project that aimed to: Identify pathways of development and training for nurses working in children and young people's palliative care environments, facilitating enhancement of both clinical skills and knowledge.
2. To share the findings from an independent Appreciative Inquiry examination of the above project, highlighting the associated strengths and challenges.
3. To provide an opportunity for the audience to reflect on the potential

planning and/or evaluation of similar inclusive nurse education programmes within the context of their own clinical area.

Recommended Reading

1. Together for Short Lives. The state of the UK children's hospice nursing workforce. A report on the demand and supply of nurses to children's hospices. 2017. Bristol: Together for Short Lives. https://www.togetherforshortlives.org.uk/wp-content/uploads/2018/03/PolRes_Together_for_Short_Lives_-_The_state_of_children_s_palliative_care_nursing_in_2017.pdf
2. Francis A and Bulman C (2019). In what ways might group clinical supervision affect the development of resilience in hospice nurses? International Journal of Palliative Nursing. 25(8): 387-396.
3. Cooperrider DL. What is Appreciative Inquiry? 2012. https://www.davidcooperrider.com/ai-process/#

3.3.3

The development of an online Mental Health promotion programme for Nurses in Northern Ireland – A response to COVID-19

Presenter: Maria Gribben, HSC Clinical Education Centre (CEC)

Co-presenter: Arlene Taylor, Author First Time Presenter, HSC Clinical Education Centre (CEC)

Author: Ellen McLaughlin, (Nurse Education consultant, Janet McCusker, (Senior Education Manager), HSC Clinical Education Centre (CEC)

Abstract

The provision of educational programmes relating to mental health has been given a renewed sense of importance.

This is articulated in the 2018 NMC Future Nurse Standards for education which outline competencies on entering the NMC register, such as recognising and responding to the mental health needs of the patients in our care. The Covid-19 pandemic challenges us professionally to recognise and respond to the impact of our work on our own mental health and wellbeing.

The Health and Social Care (HSC) Clinical Education Centre (CEC) delivers programmes of education across Northern Ireland to the Nursing and Midwifery workforce. From March 2020 we were tasked with the development and delivery of COVID related programmes. The Mental health professional group developed 3 new COVID programmes including - The impact and promotion of mental health and wellbeing for health care staff. This was delivered via an online platform and open to all 5 trusts across Northern Ireland. Each session facilitated by two qualified mental health nurses.

To date approximately 262 nurses have applied for the mental health and wellbeing programme: 213 attended and 174 have so far returned evaluations. Qualitative and quantitative evaluations will be reviewed to demonstrate the level of satisfaction with the programme and the chosen method of delivery. Initial review suggests 75% are satisfied with the method of delivery, 99% would recommend the programme and 61% rated the programme as excellent with a further 37% as being very good. 33% have identified further learning they would like to explore.

Further work and discussion is warranted in this area to best consider how educational providers deliver evidence-based training and also help to develop the resilience and wellbeing of nurses in such challenging times. By doing so we are better able to support the patients in our care.

Biography

Maria Gribben is a Nurse Education Consultant in the Mental Health Team at the Clinical Education Centre, Belfast. Maria's primary degree is a BSc in Mental Health Nursing 1st Class (Hons). She later went on to complete a PG Cert in Health and Social Care, a PG Cert in Applied Social Sciences and a PG Cert in Nurse Education. Maria had worked the majority of her career within Child and Adolescent Mental Health and Eating Disorders before taking up her teaching role within the Clinical Education Centre.

Arlene Taylor is an Education Consultant in the Clinical Education Centre in Northern Ireland. She is a qualified Mental health Nurse with over 20 years' experience working mostly in Community Mental Health Services as a practitioner and then as a manager. Arlene achieved a Degree in Health Studies incorporating the community pathway and a Degree in Psychosocial interventions for People with Severe and Enduring Mental Illness. She is currently studying at the University of Ulster a Post Graduate Certificate- Education for Healthcare Professionals

Learning Outcomes
1. Describe the educational challenges encountered during the first wave of the COVID-19 Pandemic in Northern Ireland
2. Discuss the development of a regional mental health and wellbeing online programme for Nurses

3. Review qualitative and quantitative evaluation data in relation to the wellbeing programme.

Recommended Reading
1. Department of Health NI Mental Heatlh Action Plan at https://www.health-ni.gov.uk/publications/mental-health-action-plan
2. Public Health Agency NI Staff Health and Wellbeing at https://www.publichealth.hscni.net/publications/take-5-steps-wellbeing-looking-after-your-mental-health-while-you-stay-home
3. Standards of proficiency for registered nurses NMC 2018, at https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/

MIXED

4.1.1

Can we educate nurses to deliver compassionate care?

Presenter: Nicola Nation, Senior Nurse, Nursing Development, Senior Nurse, Nursing Development, Royal Brompton and Harefield hospitals, part of Guy's and St. Thomas' NHS Foundation Trust, UK

Co-presenters: Christine McKenzie, Fiona Cook, UK

Abstract

The importance of clinical leadership and in particular the vital role played by clinical leaders in ensuring high quality, safe compassionate care is provided to patients and their families is well recognised (West et al 2020, West et al 2017)

This paper reports on a Compassionate Care Leadership Programme at the Royal Brompton and Harefield NHS Foundation Trust (part of Guy's and St. Thomas' NHS Foundation Trust (part of Guy's and St. Thomas' NHS Foundation Trust) in collaboration with the Royal College of Nursing (RCN) to support the ongoing development of nurse leaders across the organisation, specifically those in Band 6 and 7 roles, who are considered key in leading teams and services. The aim of the programme is to enhance nurse's leadership skills to positively impact relationship centred care. This successful collaboration has resulted in the programme being recognised by the Care Quality Commission (CQC) as an area for outstanding practice, encouraging clinical and service innovation at all levels.

The experiential programme utilises the 6 Cs Compassion in Practice framework to underpin the course content and delivery alongside a range of interventions which the participants can put into practice immediately. The use of image cards, emotional touchpoints and quick feedback forms intend to open up dialogue and learning about what is important and are for the participants to use within their clinical areas with their staff, patients and families to formulate ideas for a service improvement project.

The programme provides the safe space and time for participants to consider their role and responsibilities as compassionate leaders, which has proved vital, particularly in these challenging times, sharing their experiences honestly and feeling listened to and connected with other group members.

Evaluation from programme participants has highlighted increased confidence and self-awareness; developed leadership skills and feeling valued and leadership characteristics showing improvement following the programme has included the ability to motivate others; objectivity and experienced individual.

Biography

Nicola Nation is Senior Nurse in Nursing Development at the Royal Brompton and Harefield hospitals, part of Guy's and St. Thomas' NHS Foundation Trust. Nicola is responsible for leading the development, co-ordination and implementation of nursing development programmes for all nursing staff at the Trust in accordance with the aims of the Trust Nursing Strategy, Trust core values and

national requirements for the benefit of patients and the profession, in collaboration with external bodies such as the Royal College of Nursing to ensure continuous development of Trust staff. Nicola has a MSc in Advanced Practice Leadership from Kings College London and a BSc in Nursing Studies from London South Bank University.

Learning Outcomes
1. To enhance nurses leadership skills to positively impact patient relationship centred care
2. For participants to use a range of interventions to open up dialogue and learning about what is important to formulate ideas for a service improvement

Recommended Reading
1. The courage of compassion. Supporting nurses and midwives to deliver high-quality care
2. Caring to change. How compassionate leadership can stimulate innovation in health care

4.1.2

An Interactive Programme of Leadership and Management

Presenter: Diane Palmer, Deputy Director of Nursing, Patient Safety and Quality. South Tyneside and Sunderland NHS Foundation Trust, UK

Co-presenters: Lisa Pinkney, UK

Author: Brian Dolan, UK

Abstract
RCN education conference abstract:
Leadership in nursing education

As part of a drive to further enhance nursing leadership within the South Tyneside and Sunderland NHS Foundation Trust (STSFT) and following concerns about recruitment and retention of staff within Care of the Elderly wards, The Older People's Improvement Collaborative (TOPIC) was created. Part of this Collaborative was an inclusive programme of education in Leadership and Management.

This was a 12-month programme of online, recorded, interactive learning. As well as overcoming the challenges of face to face learning sessions during Covid-19, recorded sessions meant people could access them any time, and they were designed to include issues relevant to nurses from overseas. The skills acquired through the programme are designed to be transferrable to all clinical areas.

Baseline measures were collected around education, training and knowledge, and mapped against the culture at ward level. This included conducting a survey to assess organisational culture, and a training needs analysis.

Method

- Monthly lectures with additional coaching in Leadership and Management, using online webinars.
- Curriculum relevant to the participants, incorporating applied learning, including:
  - Patient and carer engagement - including valuing patient time and prevention of bed immobility related deconditioning
  - Essential leadership
  - Effective communication
  - Change management – including quality improvement
  - Well-being and resilience.

- Real-time Electronic Dashboards have been created to enable participants to develop data analytical skills at ward management level, and help leaders understand how continuous improvement can be used in daily practice.

Results

The programme has aimed to improve leadership skills and knowledge of staff at all levels. A quantitative and qualitative evaluation from the first six months of the programme will be available at the time of the conference.

Biography

Diane Palmer (RN, BSc (Hons), MSc, PGCE) has extensive experience within the NHS in senior management and leadership roles. Her background is mainly in acute care. She has also previously worked in higher education as a lecturer in nursing education.

Learning Outcomes
1. To enhance leadership skills in Band 6 and 7 nursing staff
2. To enhance ward management skills in Band 6 and 7 nursing staff

Recommended Reading
1. Dolan, B and Overend, A (2018) A Nurse's Survival Guide to Leadership and Management on the Ward (3rd Edition); Elsevier Health Sciences: London
2. Barr, J and Dowding, L (2019) Leadership in Health Care 4th Edition: London, Sage
3. Taylor, R, Webster-Henderson, B (2016) The Essentials of Nursing Leadership. London: Sage

4.1.3

The student practicum: an innovative approach to practice learning during the Covid 19 pandemic

Presenter: Andrea Cockett, EdD, MA BSc (Hons) RN, Associate Dean Assessment and Teaching, King's College London, UK

Abstract

Providing practice experience for nursing students during the Covid 19 pandemic was challenging for a number of reasons: first year students were not allowed to be in practice as part of the emergency legislation and some second and final year students were not able to be deployed due to their risk profile. At King's College London we developed an innovative approach to practice learning called the Student Led Practicum.
The practicum enabled students to undertake 75 or 150 hours of practice learning.

Four different learning activity pathways were offered: volunteering, an educational enhancement placement, a research placement and an e-learning placement. The student undertook one pathway and linked their learning activities, through an activity log, to the professional values and proficiencies in the Pan London Practice Assessment Document. They also completed a reflective account that identified how the activities had developed their knowledge and understanding and how this could be utilised in practice.

The practicum was evaluated by students using a survey and focus groups and the feedback was positive. Students felt that it offered an opportunity to complete practice learning and removed some of the stressors of

the outstanding practice hours from their programme. It has provided an innovative solution to managing some of the effects of the pandemic.

Biography

Andrea Cockett is Associate Dean for Assessment and Teaching at the Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care. Andrea's research focuses on students' perceptions and experiences of assessment in Higher Education. Andrea completed her doctoral studies at the UCL Institute of Education. Andrea's clinical experience is in children's nursing with a particular focus on palliative care.

Learning Outcomes
1. Explore an innovative solution to managing practice hours during the Covid 19 pandemic
2. Explore how links can be made between different learning activities and practice outcomes

Recommended Reading
1. Maranon, A. and Pera, M. (2015). 'Theory and practice in the construction of professional identity in nursing students: A qualitative study'. Nurse Education Today, 35, 859-863.
2. Larsen, D. (2019). 'Expanding the definition of learning: from self to social to system'. Medical Education, 53, 534-544.

MIXED

4.2.1

Finalist student nurse experiences working as Aspirants in the clinical setting during the COVID pandemic.

Presenter: Caroline Wordsworth, registered adult nurse, Clinical placement facilitator, University Hospitals of Leicester, UK

Co-presenters: Felicity hunter, Sue Lawrence, Karen Lowe, UK

Abstract
Background:

Responding to the COVID–19 pandemic, The Nursing and Midwifery Council developed a set of emergency standards (NMC 2020) and the role of the Aspirant nurse. The concept was to enable students to make a valuable contribution whilst completing their studies. As a part of these revised standards, selected students were able to opt-in to undertake placement opportunities allowing them to remain on their programs while undertaking paid work supporting the NHS at this crucial time (HEE 2020). The practice learning team set out to capture their experiences whilst in this role

Method:

74 student nurses in the Trust "opted in". All were sent an on-line survey, returning a 60% response rate. There were 10 questions comprising of rated and multiple-choice answers-exploring their experience with regards to support in practice, transition onto the register and challenges/benefits of an aspirant.

Results:

65% of students recommend this style of training for future learners, those that didn't recommend it, suggested this was due to the lack of understanding of the role.

70% of respondents agreed that this role has positively influenced their transition to the nursing register with 87% percent stating they felt more part of the team. The survey concludes the benefits of the new role were that the learners had increased knowledge, independence, confidence and autonomy.

Conclusion:

Having more confident staff nurses that are fit for purpose at point of registration is too good an opportunity to be missed, and with lessons learnt, we hopefully can adopt this method of learning for future students in their final six months of training without providing employment contracts.

References

Nursing and Midwifery Council (NMC), 2020. Emergency standards for nursing and midwifery education. Retrieved from https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/emergency-standards-for-nursing-and-midwifery-education.pdf

Health Education England, 2020. HEE COVID-19 student data collections to support paid placement deployment. Published on *https://www.hee.nhs.uk*

Biography
Caroline Wordsworth has supported pre-registration nursing students and clinical staff for many years as a clinical placement facilitator in clinical area covering Critical Care, Theatres, Anaesthesia, Pain and Sleep. Caroline works closely with the higher education institutes to ensure quality of placements and has specialist interest in simulation.

Learning Outcomes
1. Attendees will be exposed to the positive experiences of pre-registration student nurses during the COVID period
2. Attendees will be able to apply the results of our survey to their own practice areas.

Recommended Reading
1. Nursing and Midwifery Council (NMC), 2020. Emergency standards for nursing and midwifery education. Retrieved from https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/emergency-standards-for-nursing-and-midwifery-education.pdf
2. Health Education England, 2020. HEE COVID-19 student data collections to support paid placement deployment. Published on Health Education England (https://www.hee.nhs.uk)

4.2.2

Can simulation of primary care replace primary care placements?

Presenter: Catherine Hughes, RGN, BSc, MSc, RNT., Project Manager for Clinical Simulation, University of Roehampton UK

Co-presenters: Paul Newcombe, RN, MSc, SFHEA, Head of Nurse Education, University of Roehampton; Sandra Parish, RGN, RMN, MSc Psychiatric Research, Simulation Nurse Tutor , Maudsley Simulation, UK

Author: Anita Bignell, UK

Abstract

Background: Primary care is the bedrock of the NHS, providing 90% of all patient contacts. The General Practice Nurse (GPN) is an essential member of the primary care team. Retirement of significant numbers of GPN's, and many unfilled posts, is leaving England short of experienced GPN's. Several factors contribute to a lack of recruitment, including no awareness of the GPN role and a shortage of primary care placements for nursing students. Findings suggest students who experience a primary care placement, go on to consider taking up a GPN role after qualifying. To ensure nursing, as a profession, continues to provide primary care, students need to gain knowledge and experience. Health Education England commissioned the University of Roehampton to explore if simulation could fill the placement gap.

Method: A cohort of 26, first-year, BSc Adult Nursing Students took part in simulated experiences of nursing practice in primary care. Data were gathered by questionnaire of the cohort's knowledge of primary care, and the GPN role, before and after the simulations. Eight students, who had participated in the simulation and had a primary care placement were asked to compare their experiences. Student's consideration of taking up a GPN post on qualifying was also explored.

Findings: Student's knowledge of the GPN role and primary care was increased by participation in simulation, including those students who had experienced a primary care placement. Simulation attracted students to the GPN role. Students considered simulation to be an essential enhancement of their primary care placements but not a replacement for their experience.

Discussion: Simulation, with effective design, could provide students with a broader range of care setting experiences than placements alone, an understanding of care settings and the nursing role where there are placement shortages, and skills needed for workforce development.

Biography

Catherine Hughes was the Project Manager for Clinical Simulation at the University of Roehampton to lead an investigation into replacing primary care placements with simulation based education. She started her nurse career in Vascular Surgery, then went on to work in Intensive Care, Critical Care Outreach and Emergency Care. Catherine joined Plymouth University teaching undergraduate and postgraduate healthcare professionals while completing an MSc in Health and Social Care Education. Catherine became Lead for Clinical Skills and Simulation in the School of Nursing and Midwifery at Plymouth University. She practised and promoted innovative and evidence-based simulation based education and designed a Simulation Centre to enable interprofessional learning in all care settings. Catherine currently works as an Emergency Nurse Practitioner, Visiting Lecturer for the University of Roehampton and Plymouth University, and Resuscitation Council (UK) instructor. Catherine is committed to practising and teaching sustainable health and social care. Paul Newcombe is Head of Nurse Education at the University of Roehampton, London. He was appointed in 2019 to establish Roehampton's new nursing provision. Paul was previously Associate Professor in the School of Nursing at the joint healthcare faculty of Kingston University and St George's, University of London. Over 15 years with KUSGUL, Paul undertook a variety of roles including Course Director for the BSc Nursing programmes, lead for adult acute

nursing and workforce development. Paul is passionate about guaranteeing a sustainable healthcare workforce for the future and ensuring students get a fantastic educational experience. Sandra has worked as a simulation practitioner at Maudsley Learning for 6 years. The simulation team has been in the forefront of developing mental health simulation bringing mental health simulation into a variety of healthcare settings. Sandra has been involved in developing training programmes for Nurse Associates, Administration and Clerical Staff as well as Care Navigators in Primary Care both in-situ and in centre. She has also co facilitated simulation training courses with third year Mental health undergraduates from Florence Nightingale School of Nursing and Midwifery - Kings College London. Clinically she has worked in a variety of settings including Primary Care and has a special interest in Dementia Care.

Learning Outcomes
1. Gain an understanding of effective simulation design to facilitate learning about a care setting and the role of the nurse in that care setting.
2. Gain insight into how simulation and placement based learning can be enhanced by priming, briefing and debriefing.

Recommended Reading
1. Nursing and Midwifery Council. (2018) Future nurse: Standards of proficiency for registered nurses. London: Nursing and Midwifery Council
2. Decker S, Fey M, Sideras S, Caballero S, Rockstraw L, Boese T, et al. (2013) Standards of Best Practice: Simulation Standard VI: The debriefing process. Clinical Simulation in Nursing. 9:S27-S29
3. Bogossian FE, Cant, R.P., Ballard, E.L., Cooper, S.J., Levett-Jones, T.L.,

McKenna, L.G., Ng, L.C., Seaton, P.C. (2019) Locating "gold standard" evidence for simulation as a substitute for clinical practice in prelicensure health professional education: A systematic review. Journal of Clinical Nursing. 28:3759–75

Student Experience

5.1.1

The perceptions and experiences of midcareer nurses participating in masters level programmes

Presenter: F. J. Raymond Duffy, MN BSc PGCE RMN RGN RNT, Nurse Lecturer, University of the West of Scotland, UK

Abstract
Midcareer nurses and midwives (aged 45 and over) are an important group to consider because they are the largest group of registered professionals (NMC,2019). As the nursing and midwifery workforce ages, the number of midcareer nurses and midwives participating in Masters Level study has been increasing. Despite this very little is known about their motivations to take up masters level studies and very few studies have explored their views or their experiences once they start. There is anecdotal evidence though that many drop out and many midcareer nurses and midwives are reluctant to start.

The aim of this descriptive phenomenological study, which was undertaken as part of a doctoral study, was to reveal the personal, social and cultural factors that may have a bearing on their experiences with a view to identifying actions that can be taken forward to add to debates about the participation of midcareer professionals in higher education.

Twelve midcareer professionals were interviewed in depth about their experiences. Utilising Braun and Clarke's (2006,2013) framework for thematic analysis an overarching theme 'Becoming a confident contributor' and two subthemes 'Seeking recognition as a skilled practitioner' and 'The price of recognition' emerged.

Viewing their experiences using Honneth's (1995) Recognition Theory as a lens provided the richest insight into their lived experience. A number of other theories were also used to illuminate further the participants perceptions and experiences as part-time students in Masters Level programmes.

The study recommends that universities and employers improve the support mechanisms available for such students and that more effort needs to be expended on making midcareer part-time students feel part of the university community.

Biography
F. J. Raymond Duffy is a lecturer with over 20 years experience currently working in the Division of Mental Health and Integrated Care at the University of the West of Scotland. He is the Programme Leader for their MSc in Dementia Care. He works with the team at the Alzheimer Scotland Centre for Policy and Practice and was closely involved in the delivery of their successful NES/SSSC National Dementia Champions programme. He also currently leads a Burdett Trust funded project looking at developing a teaching and coaching leadership programme to improve frailty management in the community. Raymond recently completed a Doctorate in Education at the University of Strathclyde which looked at mature (Aged 45+) nursing and midwifery masters level students experiences of higher education.

Learning Outcomes

1. To describe the lived experience of midcareer nurses and midwives participating in masters level study
2. To recognise the important contribution that masters level midcareer nurses and midwives can make to their professions
3. To justify the need for better support mechanisms in universities and workplaces to improve their likelihood of success

Recommended Reading

1. Honneth, A., 1996. The struggle for recognition: The moral grammar of social conflicts. Cambridge, Polity Press.
2. Braun, V. and Clarke, V., 2006. Using thematic analysis in psychology. Qualitative research in psychology, 3(2), pp.77-101.
3. Friedrich, L.A., Prasun, M.A., Henderson, L. and Taft, L., 2011. Being a seasoned nurse in active practice. Journal of nursing management, 19(7), pp.897-905.

5.1.2

The RCN Group Education, Learning and Development Strategy

Presenter: Gill Coverdale, MPhil, MPH, BSc (Hons), Cert.Ed., RSCPHN, RGN, Professional Lead for Education, learning and development, Royal College of Nursing, UK

Co-presenters: Nichola Ashby, UK

Abstract
The Royal College of Nursing has a respected reputation for leading the UK wide education, learning and development (ELD) of the profession and its members. From 2017, the College has been engaged in enhancing its ELD programme offer. This programme was the basis for developing the RCN Group ELD Strategy for 2021 to 2024; the first ever Group Strategy for the RCN throughout 2020.

The RCN recognised that health service delivery experiences unprecedented levels of pressure through a pandemic, minimal finances and low staffing levels in nursing across the UK. Within this pressurised environment professional development of staff is often unsupported, leaving staff unable to access programmes which would support their evidence based and quality delivery of care and practice. New ways of delivering education and learning have developed from these significant pressures with online learning taking over from face to face and blended learning to online learning and development opportunities.

These challenges offer an opportunity for new approaches to CPD and lifelong learning across the health and social care workforce. The development of the RCN Group Strategy for ELD aimed to consider how ELD can be translated into a successful member and non-member offer. The Group engaged extensively with members and stakeholders throughout the summer of 2020. We will be ready to share with delegates at the Education forum Conference the outcomes of that engagement and the Council agreed ELD Strategy as it begins its formative journey into 2021. As a Strategy in motion we are open to discussion and debate and this presentation will allow that professional debate to contribute to the Strategy's first impact evaluation.

This presentation will enable the RCN Education team to share the 2021-2024 RCN ELD Group Strategy and how it's vision and themes will be implemented.

Biography

Gill is the Royal College of Nursing Professional Lead for Education, Learning and Development. She is highly passionate about nursing and the delivery of good quality patient centred care. She is also determined that nurse education and CPD is recognised and vital to safe and effective care. Gill has a background in community and primary care nursing and started her academic career in 2000. She has experienced working for the UK regulator, the Nursing and Midwifery Council as Education Advisor. Gill has also worked with the four UK governments and with a range of international governments. She has spoken widely at national and international conferences. Gill has been project lead for the RCN Group ELD Strategy which she undertook on a half time basis while covering her other roles.

Learning Outcomes

1. Gain knowledge of the RCN Group ELD Strategy
2. Understand how to access learning and development opportunities
3. Reflect on how to influence the impact evaluation.

Recommended Reading

1. RCN Group Education, Learning and Development Strategy 2021-2024
2. Principles for CPD and Lifelong learning

5.1.3

Scenario Based Physiology: Putting physiological theory into clinical practice

Presenter: Helen Davis, Postgraduate Certificate in Teaching and Learning in Higher Education, NMC Teacher, BSc Nursing, Lecturer, Birmingham City University, UK

Presenter: Kelvin McMillan, Postgraduate Certificate for Teaching and Learning in Higher Education, NMC Teacher, BSc Nursing (Child), Lecturer, Birmingham City University, UK

Co-presenter: Sophie Adams, UK

Abstract

Physiology is a necessary component of pre-registration nurse education that improves evidence-based practice, encouraging nurses to maintain patient safety through an effective knowledge base. Our oral presentation is designed to demonstrate to educators how successful teaching physiology in practice is. This is achieved through an innovative method called Scenario Based Physiology (SBP).

SBP is a core component of the 2019 award winning Theory into Practice collaborative innovation of Birmingham City University and Birmingham Children's and Women's Hospital. Delivered onsite as a cross field method of learning during clinical placements, SBP challenges physiology knowledge based on theory learnt in the university and placement experience. It is the most popular session offered by Theory into Practice, with pre-registration students regularly describing SBP as 'interactive' and 'rewarding'. They also love 'how a real-life situation was linked to the physiology behind it'.

SBP encourages the use of realistic paediatric based scenarios which covers a wide range of medical specialities, exploring altered physiology that can occur during these scenarios.

Bringing physiology into practice is an innovative way to show students how they can use physiology when making clinical decisions. Being an all-inclusive approach, the benefits of delivering the learning to all 3 years promotes effective peer learning. Pre-registration nurses value the gamification

approach and mixing with other others in different years of study.

During these challenging times, SBP has proven to be an adaptable method of learning as it has now become an online method of learning but remains a safe environment for pre-registration nurses to practice their decision making process outside the clinical setting that does not impede on patient safety. The adaptability of SBP allows students to still have the opportunity to explore specialities that BWCH offers such as cardiology, neonatal care and oncology amongst others.

Biography

Helen qualified from the University of Birmingham in 2011 with a 1:1 and began her career at Great Ormond Street Hospital in the Haematology/Oncology unit. In 2013 moved to Birmingham Women's and Children's Hospital and progressed to a junior sister role and most recently clinical educator. During the last year of being a Clinical Educator she led the team to be Finalists at the 'Student Nurse Times Award Placement of the Year: Hospital'. On a personal level she was awarded 'Trust nominated Practice Award' at the BCU Health and Social Care Awards 2018. She regularly writes blogs for the Nursing Times and is a regular panel on the Student Nurse Times Awards. Helen has been at Birmingham City University since January 2019 and teaches across the curriculum to all 3 years of the undergraduate nursing course. She is also a core member of the Award winning 'Theory into Practice' initiative. Kelvin McMillan qualified as a nurse in 2011 at Birmingham City University. His first job was in PICU at Birmingham Children's Hospital, where he worked for 6 years. Kelvin managed to become a Band 5 Team Leader and worked with PICU's Education Team to teach newly

qualified staff nurses and student nurses. He then moved to the Neurosurgical Ward at Birmingham Children's Hospital and worked there for a year. Kelvin taught on the hospital's High Dependency Course where he supported nurses with neurological observations and seizure management. Kelvin teaches across the curriculum to all three years of the undergraduate course at Birmingham City University. He is part of the award-winning programme known as TiP and is the lead for Scenario Based Physiology Kelvin has been awarded "Inspirational Teacher of the Year" in the BCU Health, Education and Life Sciences faculty at the Extra Mile Awards in 2019.

Learning Outcomes

1. To promote an effective method of bridging physiological theory and clinical decision making in practice, promoting patient safety.
2. To share the experiences of paediatric pre-registration nurses of engaging in Scenario Based Physiology
3. To share how partnership working with the practice provider promotes effective student engagement and experience

Recommended Reading

1. Paget S, Britten L (2020) A programme to smooth the transition from student to newly qualified nurse. Nursing Times [online]; 116: 4, 60-62.
2. bcu.ac.uk/nursing-and-midwifery/about-us/school-blog/child-nursing-students-put-theory-into-practice

Learning, teaching and assessment approaches, and technologies

5.2.2

Assessment as Learning: Embedding assessment as learning in pre-registration nursing and midwifery programmes

Presenter: Andrea Cockett, EdD, MA BSc (Hons) RN, Associate Dean Assessment and Teaching, King's College London, UK

Abstract
Current literature suggests that assessment is the most powerful influence on student learning and should therefore be a central feature of curriculum design (Carless 2015, Medland 2016).

Assessment for/as learning is an approach in which assessment is seen as being central to the learning process for students and should be a powerful tool in the development of not only substantive knowledge but other cognitive skills such as self-regulation (Carless 2015). This paper discusses how assessment for/as learning was embedded into pre-registration nursing and midwifery curricula at one university.

Assessment for/as learning student activities were situated within the curricula at key points supported by an extensive range of staff development workshops and quality assurance processes. The activities were designed to develop evaluative judgement (Ajjawi et al 2018) and feedback literacy (Carless and Boud 2018).

The project was evaluated using several processes:

- Quality assurance activities including a comprehensive review of the organisation and management of assessment at a module level
- Student feedback for the activities they were involved in
- Staff feedback about the staff development activities

Student agentic engagement with assessment and feedback was fostered by programme and module level activities that provided a range of skill development. This enabled them to develop both their skills in evaluative judgement and feedback literacy. These activities were all available digitally and delivered using a range of modalities.

Presenting this project facilitates an exploration of how using a whole programme approach to assessment for/as learning can contribute to the understanding of how student academic literacy can be supported and developed.

Biography
Andrea Cockett is Associate Dean for Assessment and Teaching at the Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care. Andrea's research focuses on students' perceptions and experiences of assessment in Higher Education. Andrea completed her doctoral studies at the UCL Institute of Education. Andrea's clinical experience is in children's nursing with a particular focus on palliative care.

Learning Outcomes
1. Explore current conceptions of assessment and feedback in Higher Education
2. Explore how assessment as learning can be implemented at a programme level
3. Explore how student agentic involvement in assessment and feedback can be fostered

Recommended Reading
1. Sambell, K. (2016). 'Assessment and feedback in higher education: considerable room for improvement.' Student Engagement in Higher Education Journal, 1 (1)
2. Carless, D. and Boud, D. (2018). 'The development of feedback literacy: enabling uptake of feedback'. Assessment & Evaluation in Higher Education, 43 (8), 1315-1325.
3. Winstone, N. and Carless, D. (2019). Designing Effective Feedback Processes in Higher Education. London: Routledge

5.2.3

A virtual placement: An innovative initiative during a global pandemic

Presenter: Emma Bockle, RN BN (Hons) MA, Lecturer in Adult Nursing, Bournemouth University, UK

Co-presenters: Desi Tait , Lucy Stainer, Amanda Watson, UK

Abstract
During the emergency period of the Covid-19 pandemic many student nurses were unable to continue their practice placements. A virtual placement was created as an innovative response to enable students from two nursing programmes and across three fields of nursing from all three years to continue their practice learning.

Students in small groups worked remotely for four weeks to identify and explore a geographical area. The placement aim was to gain an understanding of the challenges that face individuals, families and groups in their achievement of health and well-being while living with the Covid-19 restrictions. Students completed an assessment and identification of biopsychosocial and environmental stressors impacting the community and presented their findings in a group report. The Community as Partner Model and Windshield Survey were used as frameworks to guide their practice (Anderson and McFarlane, 2015).

The virtual placement supports the aims presented in the NHS long term plan and Public Health England initiatives to support a place -based approach to tackling health inequalities (NHS, 2019).

Students were able to practice safely whilst gaining insight into how an environment impacts on a person's health and wellbeing during a period of a global pandemic. Standard placement evaluations reported positive student feedback and identified that the experience enabled students to think differently and more holistically about the people they care for.

The development, implementation and evaluation of the virtual placement will continue to be reviewed as we move from the pilot phase to full implementation.

Anderson, E and McFarlane, J. 2015. *Community as Partner: Theory and Practice in Nursing,* 7th edition. Philadelphia: Wolters Kluwer

NHS, 2019. *NHS Long Term Plan* accessed at https://www.longtermplan.nhs.uk/online-version/ on 08/10/20

Biography
The last four years have been spent working at Bournemouth University as a Lecturer in Adult Nursing with a special interest in Practice Based Learning. Leadership responsibilities involve being Joint Unit Lead for the Year one practice unit which includes three fields of nursing across the academic year. Previous to this appointment 16 years was spent working as a joint appointment with the University of

Southampton as an Academic Practitioner along with a position as Mentorship Development Advisor for the Hampshire & Isle of Wight Strategic Health Authority. A passion for practice-based learning was developed during a clinical career in Surgical Nursing within the Surgical Directorate at University Hospitals Southampton NHS Foundations Trust.

Learning Outcomes
1. To explore the practicalities of implementing a virtual placement for practice learning
2. To identify the benefits for practice learning of a virtual placement
3. To discuss the use of a virtual placement in future nursing education provision

Recommended Reading
1. Anderson, E and McFarlane, J. 2015. Community as Partner: Theory and Practice in Nursing, 7th edition. Philadelphia: Wolters Kluwer
2. NHS, 2019. NHS Long Term Plan accessed at https://www.longtermplan.nhs.uk/online-version/ on 08/10/20
3. Nursing and Midwifery Council 2020 Emergency Standards for Nursing and Midwifery Education. London: Nursing and Midwifery Council https://www.nmc.org.uk/standards-for-education-and-training/emergency-education-standards

Practice Education Symposia

5.3.1

Factors that optimise the impact of continuing professional development learning in, from and through the workplace

Presenter: Carolyn Jackson, MSc, PGDEd, RNT, PG Dip Coaching and Mentoring, BA, RGN, University of East Anglia

Presenter: Rachel King, PhD, University of Sheffiled

Author: Kim Manley

A rapid evidence review of the factors that optimise CPD impact in the workplace
Background

Continuing professional development (CPD) is essential for nurses to maintain and acquire the necessary knowledge and skills to provide person-centred, safe and effective care. There is recognition of its importance through the minimum required hours for re-validation in the United Kingdom, however investment has been small compared to other countries. The aim of this review was to understand the factors that optimise CPD impact for learning, development and improvement in the workplace.

Methods

We undertook a rapid evidence review using Arksey and O'Malley's (2005) six-step framework; identifying a research question, developing a search strategy, extracting, collating and summarising the findings, and a consultation exercise with key stakeholders.

The databases searched for key terms were the British Nursing Index, the Cochrane Library, CINAHL, HTA database, King's Fund Library, and Medline. A total of 3790 papers were retrieved and 39 were included.

Results

Factors identified as important in optimising the impact of nursing and inter-professional continuing development were; self-motivation, relevance to practice, preference for workplace learning, strong enabling leadership and a positive workplace culture. These factors are interdependent in optimising the impact of CPD on person-centred care and outcomes.

The consultation exercise suggested three areas for future research: understanding how CPD can be effectively resourced to meet both service needs and facilitate individual nurse's personal development; exploring the relationship between nursing CPD and inter and multi-disciplinary learning; understanding more about how the impact of CPD can be effectively evidenced.

Conclusion

In our rapidly changing healthcare context, it is important for educators, clinical managers, and nurses themselves to understand and give attention to all of the factors that enhance and optimise the impact of CPD. We will discuss our plans to undertake empirical work following on from this review.

Learning objective

Explore the current context of CPD in the UK

Using the Venus model to develop the capacity and capability for person centred sustainable transformation and the metrics for measuring CPD impact

Background

Developing hte capacity and capability of the health and social care system to develop strategies that enable person centred sustainable transformation is a challenge. Very little research to date has identified holistic models of frameworks that identify how to measure the impact of CPD across the system from micro-to macro levels to help create the workforce of the future with the skill sets required to lead sustainable transformation and integration. This paper presents two interrelated research studies that have been funded by the Department of Health and Social Care and Health Education England that provide holistic models for measuring impact.

Methods

The Venus Model for sustainable transformation has been created as a result of five large research studies that identify the key skill sets required for facilitating system wide transformation in front line teams and at system level. Using mixed methods and realist review we will present this model and the CPD framework to identify how it is possible to evidence impact and the implications for designing programmes of learning and workforce development that combine the two.

Results

The Venus Model identifies that it is important to build capacity and capability in leadership, improvement, culture change, facilitation and practice development in order to drive sustainable transformation across the system and all professions. The CPD impact framework underpinned by three new theories of transformation identifies how CPD can support transformation at all levels of the system.

Conclusion

These new models could be embedded in all future system transformation work at regional and national level and form the foundation of undergraduate, post qualifying, and post graduate education and workforce development plans. They dovetail and support the transformation of the workforce from novice to expert and are integrated with the new Advanced and Consultant Practice frameworks developed by Health Education England.

Learning objectives

1. Identify the factors that impact CPD learning in the workplace and how to evidence impact in front line teams, services and across the system
2. Explore the key skill sets required by the workforce for systems transformation and how this can be achieved using the Venus model
3. Identify further research and development required in the field

A synthesis of What Works, Why and for Whom in delivering sustainble CPD Impact and what gaps still need to be addressed

Background

This final paper will draw together the public panel reviews of the CPD work undertaken by the RCN Strategic Research Alliance presenting the strategies that work, the challenges and gaps in our existing knowledge and practices in order to prioritise areas for future development of policy and practice and workforce development.

Methods

The synthesis takes a realist approach to identify what strategies work, why and for whom drawing on public consultation of the work presented in paper 1 and the insights that the authors of paper 2 have developed from a range of different research studies that look at how to measure sustainable impact.

Results

Our key observations will be presented as a synthesis of this collaborative partnership to identify what actions need to be taken by a range of different stakeholders across the system to embed a more sustainable approach to CPD and workforce transformation.

Conclusions

In order to break down the professional silos of CPD it is important to design and deliver programmes of learning, development and improvement that take a system wide approach involving all the professions, based around the needs of the person/citizen and their integrated pathway of care. This requires a completely different approach to workforce development that moves away from traditional models of CPD that are in urgent need of reform if we are to deliver a sustainable transformation across the health and social care system. This symposium will provide insight into areas of focus and key models and frameworks that could support this work across the country involving all key stakeholders.

Learning objectives

1. Understand what works for whom and why in CPD design and delivery across the system
2. Understand that CPD cannot take place within a vacuum away from the workplace and what strategies can be used to achieve this
3. Understand that CPD must be integrated across the health and social care system driven by the citizen pathway not the needs of independent professions

A1

Virtual Management Placement for Third Year Student Nurses

Presenter: Debbie Watkinson, Senior Lecturer in Pre-Qualifying Healthcare, Senior Lecturer in Pre-Qualifying Healthcare, University of Derby, UK

Co-presenters: Lisa Sheehan, Louisa Fawcett, UK

Abstract

In response to Covid 19 and the NMC emergency standards, the third-year teaching team developed a Virtual Management Placement using innovative technologies to support learning and to ensure that students who could not opt-in to an extended placement were not disadvantaged. The placement was designed to offer students an opportunity to develop their knowledge and experience in leading and managing care of patients with complex needs through high quality learning, teaching and assessment.

Learning outcomes:

- Demonstrate sound evidence-based knowledge and make decisions about patient care.
- Demonstrate prioritisation of care to demonstrate safe, efficient, and confident practice with minimal advice and support
- Participate in the planning of care, ensuring interventions and behaviour are appropriate and include multi-disciplinary referrals
- Work independently and in teams to demonstrate leadership in coordinating, delegating and supervising care.

This placement utilised a collaborate classroom platform to facilitate group interaction and provide challenging real-life scenarios in a safe environment. An adaptive interactive simulation platform was integrated which included a series of complex case studies based on realistic patients. The integrated curriculum resources and personalised feedback was utilised. The team already actively engage in simulation to support the curriculum therefore used their knowledge and expertise to develop this placement. Opportunity for reflection, feed-forward and peer support was used to consolidate and assess learning. Student participation and attendance was excellent, student discussion was often insightful and thought provoking and as a result the placement evaluated extremely well. Students commented that they felt their confidence and competence had increased as a result of this placement, and that every cohort should have an opportunity to experience this style of learning. The third-year team plan to utilise this blended learning approach with future cohorts irrespective of Covid 19 to enhance the learning, teaching and assessment of students and prepare our future nurses.

Biography

Debbie Watkinson is a Senior Lecturer in Pre-Qualifying Healthcare at University of Derby. Debbie has many years experience in Higher Education with a particular interest in developing simulation to support both the curriculum and student experience Debbie is passionate about developing meaningful

simulated experiences and as such has undertaken research entitled 'Amplifying the Immersion' which explored increasing the realism of simulation. Debbie's background is in Critical Care Neurosurgery, Midwifery and Specialist Sexual Health Nursing.

Learning Outcomes
1. Demonstrate sound evidence-based knowledge and make decisions about patient care.
2. Demonstrate prioritisation of care to demonstrate safe, efficient, and confident practice with minimal advice and support
3. Work independently and in teams to demonstrate leadership in coordinating, delegating and supervising care.

Recommended Reading
1. NMC (2020) Emergency standards for nursing and midwifery education. Available at: https://www.nmc.org.uk/standards-for-education-and-training/emergency-education-standards/ Accessed on: 22/09/2020
2. The Royal Marsden Manual of Clinical Nursing Procedures (2020) The Royal Marsden NHS Foundation Trust. Available at: https://www.rmmonline.co.uk/ Accessed on: 22/09/2020
3. ASPiH (2016) Simulation-based education in healthcare: Standards Framework and Guidance. Health Education England

A2

The use of 360-degree, static images within the clinical setting to provide effective, interactive online
blended learning of clinical skills during the Coronavirus pandemic.

Presenter: Clare Morgan, BSc Nursing (Adult), PGCE,Lecturer in clinical skills, Swansea University, UK

Author: Martin Nosek, UK

Abstract
From March 2020, due to Coronavirus pandemic restrictions Swansea University pre-registration nursing students have significantly reduced on campus learning. An attempt to address this regarding clinical skills teaching was developed using a blended learning approach. An online interactive resource using static 360 degree images within the clinical setting, together with linear storyboard Xerte hotspots that open into additional learning content and interactive activities was created. These require students to be actively involved in their own online learning, before applying the knowledge learnt in a significantly shortened practical skills session on campus.

Within this resource, application of National Early Warning Scoring (NEWS), and theory of clinical skills required to assess vital observations is addressed. Students enter a virtual ward and are guided at each hotspot by fictional nurse Caitlin, who is assessing Louise. The student downloads their own NEWS worksheet and completes each hotspot activity to discover relevant theory of each vital observation, and what Louise's specific observations are. A formative multiple choice quiz using Microsoft Forms is completed at the last hotspot. This enables student performance tracking and evaluation of learning, whilst providing immediate feedback

scores to students and identifies topics requiring further review.

The use of a Welsh speaking patient, with bilingual written and verbal conversations available, input of mental health, child and adult nurse lecturers, and the mixed use of written, audio, visual and video material within the resource aims to promote inclusivity.

This resource was first utilised in October 2020 by over three hundred students within September 2020 nursing cohort. The student experience will be evaluated via an online questionnaire, results analysed in November 2020 and improvements made for future March 2021 cohorts. The effectiveness of learning and student experience of the resource will be analysed and discussed within this poster.

Biography
Clare Morgan joined Swansea University in September 2019 as a lecturer in clinical skills within the School of Human and Health Sciences. She teaches pre-registration nurses on BSc and MSc courses. She gained her BSc in adult nursing in 2005 and PGCE in 2011 and is currently undertaking her MA in Education for the Health Professions at Swansea University. She has a wide range of nursing experience within Cardiff and Vale UHB, and has worked as a urology staff nurse, UHB medical equipment trainer, clinical nurse specialist (CNS) in acute pain, and before her current lecturer position was CNS in Allergy and Immunology for seven years. She has been passionate about nurse and patient education within all her clinical and academic roles and during 2020 has been working with Martin Nosek, Online learning officer, to improve the student experience of online learning whilst face to face teaching remains restricted.

Learning Outcomes
1. Explain the process of developing and evaluating a novel blended learning online resource in relation to teaching clinical skills
2. Identify the effectiveness on learning of this blended learning resource, alongside the student experience of using it.
3. Identify areas for development of this online blended learning resource for teaching and learning of clinical skills

Recommended Reading
1. McCutcheon, K et al (2014) 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, 71 (2) 255 - 270
2. Coyne, E et al (2018) Investigation of blended learning video resources to teach health students clinical skills: An integrative review, Nurse Education today, 63, 101 - 107

A3

Adapting, developing and testing of an eLearning resource for healthcare professionals to enhance provision of sexual support in cancer care.

Presenter: Sharon Bingham, BSc (Hons) PG Dip,PhD Researcher, Ulster University, UK

Author: Cherith Semple, Eilís McCaughan, Carrie Flannagan, UK

Abstract
Background: Many patients with cancer and partners, report significant challenges with their sexuality. Healthcare professionals (HPs) should initiate sexual support for patients and

partners (Carter *et al.* 2017; NICE 2019). Patients wish to discuss sexual concerns with HPs (Den Ouden *et al.* 2019), however, these conversations are not routine practice (Reese *et al*. 2017). HPs identify a lack of knowledge, as a key barrier to providing sexual support (O'Connor *et al.* 2019). A theory-driven, positively evaluated eLearning resource to support HPs working within prostate cancer setting has been developed (Maximising Sexual Wellbeing: Prostate Cancer (MSW:PC)) (McCaughan *et al.* 2020). This resource is being adapted for use across cancer care populations.

Aim: To adapt, develop and test an eLearning resource for HPs to maximise sexual support across cancer care, using the Person Based Approach.

Methodology: The adapting and development of this eLearning resource combined evidence from the literature, an expert group and the research team.   The expert group included patients with cancer, partners and HPs working in cancer care.   Content was adapted from the MSW:PC and tumour specific content developed relevant for a mixed cancer population, using an iterative approach. An iterative approach was also adopted with n=19 'think aloud' interviews for prototype usability testing, resulting in continuous movement between data collection, analysis and modification of the intervention.

Results: Involving key stakeholders and end-users throughout all phases of this process, optimised the intervention development.   Similar sexual challenges were identified across cancer populations; however, additional information was necessary for some tumour groups such as breast, colorectal, gynaecological and head and neck. During the testing phase, think-aloud interviews identified navigational difficulties

which were resolved. Minor modifications were made to the content.

Discussion and Conclusion: The systematic and iterative person-based approach, demonstrated an important approach to enhance the content and usability of the intervention.

Biography

Sharon Bingham has worked in the field of health improvement specialising in the area of sexual health for over 10 years. From this work, she identified gaps in sexual care provision for population groups, including those living with cancer. She is undertaking a PhD research study to adapt, test and evaluate an eLearning resource to support healthcare professionals to provide sexual support to patients with cancer and their partners.

Learning Outcomes
1. Describe the process of adapting and developing an eLearning resource using the Person Based Approach.
2. Explain the iterative process of data collection, analysis and modifications to eLearning resource using Think Aloud interviews.

Recommended Reading
1. Yardley, L., Ainsworth, B., Arden-Close, E. and Muller, I. (2015) The person-based approach to enhancing the acceptability and feasibility of interventions. Pilot and feasibility studies, 1(1), 37.
2. O'Connor, S.R., Connaghan, J., Maguire, R., Kotronoulas, G., Flannagan, C., Jain, S., Brady, N. and McCaughan, E. (2019) Healthcare professional perceived barriers and facilitators to discussing sexual wellbeing with patients after diagnosis

of chronic illness: A mixed-methods evidence synthesis. Patient Education and Counseling, 102(5), 850-863.

3. McCaughan, E., Flannagan, C., Brady, N., Parahoo, K., Connaghan, J., Maguire, R., Thompson, S., Jain, S., Kirby, M., O'Connor, S. (2020) Effects of a brief e-learning resource on sexual attitudes and beliefs of healthcare professionals working in prostate cancer care: A single arm pre and post-test study. [Unpublished].

A4

Alumni mentoring: could it help with retention of nurses?

Presenter: Danielle Edge, Registered Children's Nurse,Lecturer in Children's Nursing, London South Bank University, UK

Co-presenters: Clair Barrows, UK

Abstract
Alumni mentoring is a new concept that is growing . Dollinger et al (2019) study found that alumni mentoring can offer unique benefits, such as; graduate employability, improve confidence, satisfaction with overall student experience and that students were more likely to be a mentor in the future. In addition to this, Skrzypek et al (2019) recognised the positive benefits of current students working with alumni students, as current students are able to see how someone has completed the same degree. However, currently there has been no research into alumni mentoring with nursing students.

This reflective piece reviews the experience of the student nurse and mentor through a six month alumni mentoring programme. Using Rolfe et al's (2001) reflective model both the student and mentor go on a journey of learning together. The mentor-mentee relationship evolved over the six months using e-mentoring to connect and meet monthly. E-mentoring offers numerous benefits and in the case of the mentor-mentee experience it allowed us to overcome the geographic barrier (Fyfe and Dennett 2012).

Following reflection both the student and mentor were able to recognise the benefits of the programme; in developing the students confidence in career choices, support in gaining experience outside of the university in extra-curricular activities, reflecting on experiences and gaining support in preparation for job applications.

There is a need to understand how mentoring translates to nursing education outside of the student-mentor relationship in practice and consider how different modes of mentoring can be explored. Alumni mentoring is an area of research that needs to be explored further, as benefits to both the student are invaluable. The role of e-mentoring in the future has a place, the ability to reach wider and support those in their development is essential to continue to develop our future nurses (Tisdell and Shekhawat 2019).

Biography
Danielle has developed broad knowledge and practical experience through roles in both clinical and educational settings. Working predominantly in general paediatrics within the NHS and within the private sector and overseas. Currently a lecturer in Children's nursing at London Southbank University. Danielle is passionate about nurse education and ensuring the Children's nurses of the future are equipped to deliver high quality care to children, young people and their families. Prior to her current role, Danielle worked as a paediatric practice development nurse across three hospitals, following her passion for developing the next generation of

paediatric nurses. During this time, she completed her PGcert in practice education and registered as a NMC teacher, gaining a fellow of HEA. Danielle is continuing her studies to gain an MA in practice education and is currently completing her dissertation. She has a keen interest in student nurse engagement and experience in HE.

Learning Outcomes
1. To discuss the benefits of almuni mentoring in nurse education
2. To address how alumni mentoring can support future nurses

Recommended Reading
1. Dollinger, M., Arkoudis, S. and Marangell, S. (2019) University alumni mentoring programs: A win-win? Journal of Higher Education Policy and Management, 41 (4), pp. 375-389. DOI: 10.1080/1360080X.2019.1617657.
2. Skrzypek, C., Diebold, J., Kim, W. and Krause, D. (2019) Mentoring connections: Implementing a student-alumni mentor program in social work, Journal of Social Work Education, 55 (3), pp. 449-459. DOI: 10.1080/10437797.2019.1600445.

A5

Mabuhay! The Nuffield Health International Recruitment programme

Presenter: Chris Davis, BSc Physiotherapy, MSc Sports and Exercise Medicine, Learning and Development Specialist - Clinical Education, Nuffield Health, UK

Co-presenters: Susana Almeida Novo, UK

Author: Rachel Berridge, UK

Abstract

Purpose

In 2019 Nuffield Health began International Recruitment to support quality, diversity and safety across our Hospitals. During Covid-19, our OSCE preparation programme needed reviewing to meet quarantine measures and legislation. Nurses arrived in two cohorts (34 and 26 per cohort).

Design

The professional education team re-designed our offering, moving to hybrid delivery of virtual and face-to-face (F2F) OSCE preparation. To avoid unnecessarily isolating individuals, accommodation was secured that allowed group interaction, socialising and study. A 'bootcamp' programme was adopted to encourage repetition-learning and allow OSCE focus. The first two-weeks of OSCE preparation were delivered virtually to accommodate a 14-day quarantine and delegates were provided necessary equipment to participate (laptops). 40 virtual classrooms were delivered via MS Teams during this period. Sessions ranged from theory/process-based presentations (Assessment, Planning, Implementation, Evaluation and Clinical Skills) to scenario-based, interactive classrooms. Week 3 was delivered F2F, providing practice and feedback opportunity followed by mock examination. Technology further facilitated dissemination of information via MS Teams and peer-peer networking using WhatsApp. Our goal was to build OSCE and clinical practice 'readiness'. We defined readiness as confidence, preparedness and understanding.

Outcomes

Readiness metrics were captured at baseline and days 6, 10 and 15. OSCE outcome was captured post-examination. Baseline OSCE confidence and preparedness was understandably low with Nurses

disagreeing/strongly disagreeing with statements including 'I feel confident I would pass my NMC OSCE examination on first attempt'. Encouragingly by days 10-15, confidence and preparedness improved with Nurses agreeing/strongly agreeing with readiness statements. A similar trend was observed with readiness for clinical practice.

25 Nurses (74%) in cohort 1 passed their OSCE on first attempt. Cohort 2 data pending at time of submission.

Conclusion

A hybrid model of OSCE preparation comprising both virtual and F2F delivery is effective at providing OSCE and clinical practice readiness in overseas recruited Nurses.

Biography
Chris Davis is a Learning and Development Specialist for Clinical Education at Nuffield Health, the UK's largest healthcare charity. Chris worked within NHS and private sectors before joining Nuffield Health in 2015 and moving into Clinical Education. Chris has been programme lead for the Mabuhay International Recruitment Programme since 2019 and has supported various other Nursing and AHP educational programmes and initiatives. Chris has a keen interest in the training cycle with a focus on evaluation and hopes to pursue a EdD/PhD in clinical education in the near future.

Learning Outcomes
1. To ensure OSCE and UK nursing
2. clinical practice readiness.
3. To share innovative OSCE preparation practices and delivery.

Recommended Reading
1. International recruitment toolkit. NHS Employers. 2020
2. International Nurse Recruitment Best Practice Guide. CapitalNurse & HEE. August 2020
3. Managers Guide for Overseas Nurses OSCE preparation and Pastoral Support. CapitalNurse & HEE. August 2020

B1

Nursing students' experiences of clinical practice in nursing homes: lessons for pre-registration nurse education.

Presenter: Julie Young, PGDipHE, RN, FHEA, PhD Candidate, Lecturer in Adult Nursing, Oxford Brookes University, UK

Author: Kathleen Greenway, Sue Schutz, UK

Abstract
Objective: To investigate pre-registration nursing students' experiences of their clinical practice in nursing homes. The findings will be used to make recommendations for the provision of pre-registration nursing education.

Design: An integrative literature review design allowed for the analysis and synthesis of data from studies with diverse research designs, in order to gain a broader understanding of the experiences of nursing students practice in nursing homes.

Methods: An electronic database search of CINAHL (Ebsco), Pubmed, British Nursing Database (BND), ERIC and social service abstracts published from 2008 to April 2020 in English was completed. Papers were included using pre-allocated criteria and 649 qualified for closer examination. After exclusion, 21 papers were included for final analysis and synthesis using NIVIO 12.

Results: Five main themes were derived from the literature; i) the importance of effective supervision; ii) students' experiences and perceptions of the learning environment; iii) understanding the roles of care staff, iv) comprehensive orientation to the learning environment, and v) the importance of curricula preparation. From these five categories, two synthesised findings were developed: nursing home placement encounters and enhancing learning opportunities

Conclusions: Student's reported extensive working alongside healthcare assistants during clinical placements in nursing homes. This resulted in uncertainty of the registered nurse role, lost opportunities to develop professional identities, and supported misconceptions that nursing in a nursing home environment requires fewer skills than an acute care environment. Equally important were Students' comments that their classes were often focused on acute care, resulting in a lack of understanding of the long-term care environment. The results suggest that an increased focus on nursing older people in the pre-registration adult nursing curriculum, that is delivered by experienced and knowledgeable role models both from education and clinical practice may help to support nursing homes as learning environments and alter negative perceptions.

Biography
Julie Young is a registered nurse by background and has worked in cardiology and more recently, palliative care. Julie is a lecturer in adult nursing at Oxford Brookes University and is studying part-time for her PhD. Julie is currently working on a case study to explore how student nurses are prepared for nursing home placements in England.

Learning Outcomes

1. To investigate the current status of nursing students perceptions and experiences of their preparation for practice in nursing homes.
2. To analyse and synthesise the results of the integrated literature review.
3. To develop evidence based recommendations for future research.

Recommended Reading

1. Garbrah, W., Valimaki, T., Palovaara, M., Kankkunen, P (2017) Nursing curriculums may hinder a career in gerontological nursing: an integrative review. International Journal of Older People Nursing. 12 (3) 2017;12:e12152. https://doi.org/10.1111/opn.12152
2. Husebo, A., Storm, M., Vaga, B., Rosenburg, A., Akajordet, K. (2018) Status of knowledge on student learning environments in nursing homes: A mixed methods systematic review. Journal of Clinical Nursing, 27 (7-8).
3. Alogoso, M., Peters, K., Ramjan, L., East, L (2016) Exploring undergraduate nursing students' perceptions of working in aged care settings: a review of the literature. Nurse Education Today 36 (2016) 275-280

B2

Aneurin Bevan Care Academy (ABCa) – Innovative Education Programme for Nurses new to Primary and Community Care

Presenter: Dawn Parry, Registered General Nurse, BSc Clinical Practice, MSc Advanced Nurse Practitioner, Non-Medical Prescriber, Transformational Academy Nurse, Aneurin Bevan University Health Board, UK

Abstract

The objectives of the ABCa scheme have been:

- Recruitment and retention of Registered Nurses into Primary and Community care including both newly qualified and experienced nurses
- Development and provision of a structured accelerated education programme that is fit for purpose, and is fully evaluated by Academy nurses, supervisors and managers in placement settings

The scheme aims to support many aspects of the" Primary Care Model for Wales" and "A healthier Wales" by improving the transformation and sustainability of General Practice and the wider Community workforce. It provides service users choice of clinician suitable to meet their needs and provides "Care Closer to Home". By enhancing availability of suitably trained nurses to Primary and Community care, patients are able to gain support, seek advice, receive evidence based cost effective treatments and interventions including health promotion, advice regarding self-care and improvement in physical and emotional wellbeing.

ABCa established a capability criteria for selecting suitable General Practices to provide the preceptorship placement. Following recruitment nurses work in practice for 30 hrs a week and 7.5 hrs a week dedicated to undertaking an accelerated education programme. This has been designed to cover key essential knowledge and skills required to work in Primary and Community Care and is competency assessed using the Royal College of General Practitioners General Practice Nursing Toolkit. In addition, the Academy nurses undertake a post registration

University diploma in Practice and Community Nursing.

Evaluation outcomes have been extremely positive with feedback collated and reviewed to adapt and enhance future training cohorts. Academy Nurses who have completed the scheme are working independently reducing workload of existing staff to complete more complicated tasks. The success of the Academy is providing sustainability to Primary and Community Care with 16 nurses having gained substantive employment in ABUHB in a general practice or community environment.

Biography

I have been a Registered General Nurse since 1990 and during the length of my career I have always been keen to develop my knowledge and skills and to share this expertise to aid the development of fellow nurses. I specialised in Cardiology and Heart Failure and have many years of experience working as a Clinical Nurse Specialist in both secondary care and community settings. In most recent years I have worked as an Advanced Nurse Practitioner n Primary Care and am now part of Aneurin Bevan Care Academy which provides the opportunity for both newly qualified and experienced nurses to work in Primary Care and develop as General Practice Nurses. Thought-out my career I have been passionate about working with and developing nurses of the future and am excited to be part of this innovative scheme which equips nurses for the challenging role within Primary Care.

Learning Outcomes
1. Describe clinical practice education and development for nurses new to Primary and Community Care

2. Explain the scheme that provides a structured accelerated education programme

Recommended Reading
1. Primary Care Model for Wales
2. A Healthier Wales

B3

Using simulation in systemic anti-cancer nurse education

Presenter: Laura Applegate, PGCert Practice Education, BSc Cancer Care, DipHE Adult Nursing, Oncology Clinical Nurse Educator, Barts Health NHS Trust, UK

Presenter: Helen Mills, MSc Nursing, PGCert Practice Education, DipHE Nursing, Simulation and Essential Clinical Skills Lead, Barts Health NHS Trust, UK

Abstract
St Bartholomew's Hospital is a national centre of excellence for cancer services, acting as a tertiary referral centre for oncology and haematology patients. Approximately 700 doses of systemic anti-cancer therapy (SACT) are administered weekly, including chemotherapy, immunotherapy, monoclonal antibodies and hormone therapies.
This requires a highly skilled workforce, requiring additional training (HSE, 2017).

Barts Health adopted the UK Oncology Nursing Society's (UKONS) SACT Passport for assessment of SACT administration competency. The Passport stipulates prerequisite theoretical learning (UKONS, 2017). Previously, our staff achieved this through attending academic courses. To enable customised content, we developed an in house SACT course. A simulation day was

incorporated into this course to address staff requests for increased practical preparation.

In March 2020 the World Health Organisation (WHO) declared Covid-19 a pandemic. Part of our organisational response was to redeploy some oncology nurses to designated Covid-19 areas. Ensuring skill mix was maintained within the oncology department was vital in order to ensure continuation of our existing SACT administration service. Therefore, our simulation course went ahead, adhering to social distancing and personal protective equipment regulations.

Simulation is recognised as an educational tool, using active participation to increase knowledge through interaction with the environment (Armitage et al, 2007). Four scenarios were developed, encompassing safe SACT administration, management of extravasation, hypersensitivity and SACT spillage management. Additional learning took place in the debrief following each scenario, in which both technical and human factors were discussed.

Creating our own SACT course enabled us to continue our training at a time when academic courses were cancelled. The simulation training was a novel approach to SACT education that enabled staff to develop their practical skills in a safe environment, our simulation study day received overwhelmingly positive feedback from learners and has now become a vital element of our SACT training package.

Biography

Laura Applegate has been Clinical Nurse Educator for oncology and haematology at St Bartholomew's Hospital for 4 years, with a key focus on developing training and education for safe systemic anti-cancer therapy administration. She has nearly 10 years of experience working within oncology and

haematology and is passionate about promoting high quality care. Helen Mills 'Millsy' is the Simulation and Essential Clinical Skills Lead at St Bartholomew's Hospital, London. Millsy is a proud Barts trained nurses with 20 years' experience, spending 10 years working in Critical Care, before moving into Education and patient safety roles in 2010. Millsy is passionate about patient safety and providing high quality, safe care for patients. Over the past 10 years in education Millsy has designed and delivered many new simulation courses to incorporate both of these two passions and firmly believes that the patient is the heart of all we do.

Learning Outcomes

1. To apply our expertise in using simulation training to systemic anti-cancer therapy education
2. To demonstrate how we maintained access to education to ensure continuation of existing services during the Covid-19 pandemic

Recommended Reading

1. Armitage, A., Bryant, R., Dunhill, R., Flanagan, K., Hayes, D., Hudson, A., Kent, J., Lawes, S. and Renwick, M. (2007) Teaching and training in post compulsory education (3rd edition) Berkshire: Open University Press
2. Health and Safety Executive, (2017). Safe Handling of Cytotoxic Drugs in the Workplace. [online] Available at: http://www.hse.gov.uk/healthservices/safe-use-cytotoxic-drugs.htm Accessed: 7 October 2020
3. Labrague, L., McEnroe-Petitte, D., Bowling, A.. Nwafor, C. and Tsaras, K (2019) High fidelity simulation and nursing students anxiety and self-confidence: A systematic review, Nursing Forum, 54 (3), pp.358-368

C1

Partnership in the Development of a Pharmacological Learning Resource

Presenter: Helen Potter, University of Liverpool

Co-presenter: Mark Currivan, Wirral University Teaching Hospital NHS Trust.

Abstract
This abstract describes an example of collaboration between three of the elements involved in nurse education: university-based lecturers, practice-based assessors and nursing students. It explains how, by creating a triangular relationship, each element served to reinforce the others in ways that were mutually beneficial and which resulted in the creation of a series of innovative educational resources for nursing students aimed at enhancing their pharmacological knowledge. This three-way collaboration was itself influenced and informed by three ideas.

Firstly, that nursing students are often best placed to identify their own learning needs (our students chose learning more about medicines as their most pressing need).

Secondly, the idea that lecturers, practice assessors and students can, by working together, fashion better and more relevant educational material compared to what would have been designed if working alone.

Thirdly, that two-thirds of our students expressed a preference for educational material that utilised visual imagery (a preference loosely described as a 'visual learning style').

A series of designs were trialled with students to test which visual device or metaphor worked best for them, and the concept of a tree and its branches was chosen as a way to display medication categories. 'Drugs Trees' were then created to display various medication categories: antidiabetics, antihypertensives, antithrombotics, antiparkinsonian drugs, etc.

At the click of a mouse, each branch of the tree seamlessly morphs into the next, each branch explaining and displaying a specific class of medication; culminating in a final screen where all of the medication in that category is displayed. Colour-highlighting drug name stems (i.e., the -gli in saxagliptin) makes identification and classification much easier. The format has proved ideal for distance learning and feedback from our students indicates that it has achieved its intended aims.

Project leaders: Mrs Helen Potter Lecturer RGN and Mr Mark Currivan RGN.

Biography
I have been a registered adult nurse for a number of years and had the pleasure of also becoming a Practice Education Facilitator (PEF) before gaining my Masters and becoming a nursing lecturer approximately 6 years ago. My main role is year 2 lead and I cover modules for clinical skills and practice placement including medicines management and understand pharmacology which plays a very important role in the student nurses development across their undergraduate programme.

Learning Outcomes

1. To provide a creative learning tool for nursing students to access and utilise remotely to support their pharmacological knowledge and development.
2. To demonstrate an improvement in student's knowledge of commonly used medicines.
3. To measure the student's ability to categorise and recognise drug name stems as a revision tool.

Recommended Reading

1. Pearson, M., Carter, T, McCormick, D. et al. (2018). Pharmacology training in mental health nurse education: justification for an increase in frequency and depth in the UK. Nurse Education Today, 62, 36-38.
2. Sternberg, R.J. & Sternberg, K. (2014). Cognitive psychology. 7th ed. Boston: Cengage Learning.
3. World Health Organisation (2013). The use of name stems in the selection of international nonproprietary names (INN) for pharmacological substances. Stem book 2013 [online].

C2

Community Respiratory Emergency Response Car

Presenter: Lisa Ascough, Trainee Advanced Nurse Practitioner, Respiratory Trainee Advanced Nurse Practitioner , Knowsley Community Respiratory Service at Liverpool Heart and Chest Hospital, UK

Co-presenter: Emma Rickards, Dennis Wat, UK

Author: Onnor Hampson, UK

Abstract

Introduction

Respiratory Disease is a major factor in 'winter pressures' in the NHS, with twice as many respiratory admissions occurring in December compared to August. In recent years, the North of England has seen respiratory admissions rise three times faster than other conditions in those aged 75 and over. Implementing a new admission avoidance partnership, LHCH and NWAS utilised the expertise of the community respiratory team in conjunction with the skills of senior paramedics to provide interventions at home following emergency 999 calls.

Objectives

- To improve Ambulance response targets (ARP) timescales received from 999/111 calls which generate a category 2/3/4 response coded as 'respiratory'

Background:

In winter 2018, 18,000 patient per day attended hospital requiring emergency admission. Traditional approaches from the community respiratory service to avoid admission for those at greater risk of respiratory disease, has not eased winter bed pressures. Engagement with relevant stakeholders steered a compelling case to deliver a six-month pilot across three clinical commissioning groups

Methods:

A retrospective population study using statistical data was undertaken whilst the respiratory car was operational from 2nd December 2019 until 28th June 2020.

Results:

542 contacts were made, resulting in 229 admissions avoided. Average cost per admission is approximately £1000, assuming a significant saving of £229, 000. Average response time to reach the patient was 18.6 minutes (quickest 12 minutes, longest 24 minutes). Many patients and their families expressed gratitude to be able to remain at home. Respiratory and NWAS staff highlighted the benefit of partnership working and stated that they had gained knowledge and skills.

Conclusion:

The Respiratory response car is a unique and successful model of collaboration that benefits both the ambulance and community respiratory services. Having proven the efficacy of the service, there is a strong appetite to expand across a wider footprint this winter.

Biography

Lisa is a Trainee Nurse Practitioner who works for Liverpool Heart and Chest Hospital NHS Foundation Trust and Knowsley Community Respiratory Service. Passionate about supporting and enhancing access to the best available respiratory care for patients in the community, Lisa has recently completed her Non-Medical prescribing module as part of her Masters in Advanced Practice. The Community Respiratory Emergency Response Car is a subject of passion for Lisa as the focus of her dissertation.

Learning Outcomes
1. To demonstrate improved support and management of respiratory patients following emergency 999 calls through collaboration of respiratory clinicians working in partnership with advanced paramedics

2. To achieve improved ambulance response target timescales through provision of immediate respiratory assessment and in turn better patient outcomes
3. To gain additional knowledge and skills through partnership working and increase staff confidence in dealing with acutely unwell patients across both services

Recommended Reading
1. Community Respiratory Emergency Response Car
2. NWAS Respiratory Response Car

C3

The Older People's Improvement Collaborative

Presenter: Lisa Pinkney, PhD Organisational Psychology, Quality Improvement Facilitator, South Tyneside and Sunderland NHS Foundation Trust, UK

Co-presenters: Diane Palmer, UK

Author: Karen Giles, UK

Abstract
The Older People's Improvement Collaborative (TOPIC) is a quality improvement (QI) collaborative in the Care of the Elderly wards in South Tyneside and Sunderland NHS Foundation Trust (STSFT). Improvement collaboratives are used to maximise engagement, encourage partnership working and share learning. Within the STSFT there have been challenges around leadership, engagement, education and development. It was seen that implementing an improvement collaborative could be beneficial.

Method

This approach included a structured collaborative method, incorporating base line data collection, rapid tests of change, ongoing data collection and analysis, and sustainability plans.

Participants included staff nurses, nurse practitioners, and health care assistants from Care of the Elderly wards within STSFT. Allied health professionals, doctors, managers, facilities staff, carers and patient representatives also participated. A partnership was created between the Trust and the Universities of Sunderland and Durham. This included funded places on an undergraduate/ postgraduate certificate in Older People's Nursing (32 per year). A Programme Board was created to provide strategic guidance and review. This consisted of an Executive Director, Non-Executive Director, senior managers and external advisors (including advisors within the specialty of Older People's Medicine, and a service user). A steering group made up of Trust staff has overseen operational aspects, including implementation and monitoring of the effectiveness of the programme.

Progress

During the collaborative, multi-disciplinary teams instigated improvement projects (e.g. nutrition, patient experience, falls, medication discharge errors, and deconditioning). Alongside monthly progress reports, QI training and other learning events have been conducted, using on-line learning. Following evaluation from the first cohort of students, the module has been modified in line with student feedback. Improvement ideas have been shared across the Trust.

Biography
Lisa Pinkney teaches Quality Improvement methodology at the South Tyneside and Sunderland NHS Foundation Trust. She has a PhD in Organisational Psychology and is a visiting lecturer at the University of Leeds where she teaches Patient Safety and Quality Improvement to undergraduate and postgraduate students.

Learning Outcomes
1. To educate nursing staff in collaborative methods as a way of maximising engagement and sharing learning
2. To encourage clinical staff to develop multi-disciplinary partnerships.

Recommended Reading
1. Gawande, A (2009) The Checklist Manifesto: How to Get Things Right. Henry Holt and Company: New York City.
2. NHS England (2019) The NHS Long Term Plan. NHS England.
3. The Health Foundation (2014) Improvement collaboratives in health care. Evidence Scan: The Health Foundation

C4

Collaborative response to COVID19 from UK Critical Care Nursing Alliance

Presenter: Suman Shrestha, RCN Professional Lead for Critical Care and Consultant Nurse in Critical Care,Consultant Nurse and RCN Professional Lead for Critical Care, Royal College of Nursing, UK

Co-presenters: Suzanne Bench, UK

Abstract
Critical care has been a central element of the UK's COVID-19 response. Given the very

limited evidence on how the pandemic should best be managed across critical care, a collaborative approach across nursing and other disciplines has been key.

The UK Critical Care Nursing Alliance (UKCCNA), established in 2013, provides a structured mechanism to facilitate collaborative working with all nationally recognised critical care nursing organisations across the UK. The aim of the UKCCNA is to be proactive and visionary about service requirements, providing quality assurance, enhancing the service, quality of care, patient experience and outcomes in critical care. The member organisations of the UKCCNA are:

- Royal College of Nursing (Critical Care and Flight Nursing Forum)
- British Association of Critical Care Nurses
- Critical Care National Network Nurse Lead Forum
- National Outreach Forum
- Intensive Care Society (Nurses Professional Advisory Group)
- Paediatric Critical Care Society

The UKCCNA develops a shared understanding of issues that affect critical care nursing at a local and national level, with a key focus on issues relating to training, education, workforce, policy, standards and research. This provides a national platform for all critical care nursing organisations to identify, discuss and address issues of common concern, avoiding unnecessary duplication of projects and gaining a clear collaborative consensus.

This presentation aims to inform how the alliance is structured and functions, highlighting some of the key pieces of work that were undertaken regarding education, training, advising on research and guidance around critical care workforce.

Developing guidelines and resources across multiple organisations has had its challenges. However, the good working relationships formed within the critical care nursing organisations across the UK through UK Critical Care Nursing Alliance have benefitted all our members beyond the pandemic. This collaborative approach has demonstrated clear value in working to deliver the best possible care for our patients.

Biography

Suman Shrestha is the Professional Lead for Critical Care at the Royal College of Nursing (RCN). He also works as a Consultant Nurse in Critical Care at Frimley Health NHS Foundation Trust. He is a qualified Advanced Critical Care Practitioner and Associate Member of the Faculty of Intensive Care Medicine. Suman is a founding member and Immediate past Chair of the UK Critical Care Nursing Alliance (UKCCNA).

Learning Outcomes
1. To highlight collaborative working between all the critical care nursing organisations in the UK in response to COVID19 Pandemic through UK Critical Care Nursing Alliance.
2. Inform how the alliance is structured and functions.
3. Highlight some of the key pieces of work that were undertaken regarding education, training, research and critical care workforce.

Recommended Reading
1. https://www.ficm.ac.uk/UKCCNA
2. https://www.ficm.ac.uk/uk-critical-care-nursing-alliance-ukccna/ukccna-workforce-news-and-statements
3. https://www.ficm.ac.uk/ukccna-blog/getting-startedsuzannes-first-ukccna-blog

D1

Nurses' pandemic preparedness and experiences during the COVID-19 outbreak in China: A qualitative study

Presenter: Janita CHAU Pak Chun, RN, BN(Hons), MPhil(CUHK), PhD, Professor, Assistant Dean (Alumni Affairs), Faculty of Medicine, The Nethersole School of Nursing, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong

Author: Suzanne LO Hoi Shan, Jessy ZHAO Jie, Laveeza Butt, Ravneet Saran, Hong Kong

Abstract
Background: The COVID-19 pandemic has put enormous strain on healthcare systems worldwide. By studying the experiences of nurses who provided assistance in the anti-epidemic efforts, we can gain a better understanding of their needs regarding pandemic preparation and make modifications to nursing education accordingly.

Aims: To explore nurses' experiences of working on the frontlines of the COVID-19 outbreak and their views of pandemic preparation.

Methods: Purposive, convenience, and snowball sampling were used to recruit 60 registered nurses who provided assistance during the COVID-19 outbreak in Hubei. Semi-structured interviews were conducted. Participants were asked to share their work experiences during the pandemic, including challenges faced in patient care, related coping strategies, and suggested improvements for future pandemic responses. Interviews were transcribed verbatim and the resulting data was coded and analyzed thematically according to Braun and Clarke's (2006) framework.

Results: Participants were made up of a variety of nursing specialties, with most having no prior encounter with infectious disease outbreaks. Their willingness to provide assistance in the COVID-19 crisis despite their lack of epidemic-related knowledge was driven by factors such as professional responsibility, national pride, and altruism. Support such as provisional COVID-19 training and guidebooks were given to nurses during the outbreak and considered to be effective in boosting pandemic preparedness levels. However, to ensure higher levels of readiness prior to the emergence of pandemics, long-term solutions such the implementation of ongoing anti-epidemic training and clinical training to enhance experience were suggested.

Conclusion: Though nurses demonstrated their professional capabilities in rising up to the challenge of handling an unprecedented public health emergency, a need for better pandemic preparation prior to the outbreak itself was emphasized. Nursing education must adapt accordingly and ensure that nurses receive adequate training that provides them with relevant knowledge and skills needed to address future pandemics effectively.

Biography
Professor Janita Chau received her undergraduate and postgraduate nursing education at The Chinese University of Hong Kong (CUHK). She is a Professor of the Nethersole School of Nursing and the Assistant Dean (Alumni Affairs) of the Faculty

of Medicine, CUHK. She is also the Co-Director of Cochrane Hong Kong, an Honorary Advanced Practice Nurse of the Prince of Wales Hospital, and a research advisor of the Princess Margaret Hospital.

Learning Outcomes
1. To understand nurses' experiences of working in a pandemic.
2. To enhance pandemic preparation within nursing education.

Recommended Reading
1. A study on the psychological needs of nurses caring for patients with coronavirus disease 2019 from the perspective of the existence, relatedness, and growth theory
2. The Psychological Change Process of Frontline Nurses Caring for Patients with COVID-19 during Its Outbreak.

D2

Primary Care Advanced Nursing Practice - Developing Broad Scope Competence

Presenter: Nia Boughton, Dip RN BSc MSc SPQ, Nurse Consultant Primary Care, Betsi Cadwaladr University Healthboard, UK

Abstract
Primary Care Advanced Nursing Practice – Developing 'Broad Scope' Competence.

This abstract is intended to demonstrate the work undertaken within Betsi Cadwaladr UHB in developing a competency and assurance toolkit as a repository for resources to advance the art and science of broad scope practice within Primary Care.

Advanced Nursing Practice is the cornerstone of the new social model of primary care and has presented significant opportunity for service redesign by empowering nursing staff to lead ground-breaking change and deliver high quality, de-medicalised models of prudent, patient centric care.

This development has occurred at pace, so the toolkit has been essential to underpin the progress and provide robust governance and assurance.

The toolkit consists of five elements:

- Competency framework- conducted as a baseline assessment prior to starting an advanced or enhanced nursing role and repeated annually as a minimum.
- Personalised training and development planning.
- Induction & Supervision workbook – completed by minimum of 3m supernumery status.
- Job planning guidelines for Primary Care Advanced Practitioners.
- Portfolio requirements for supporting and demonstrating ongoing competence.

The competency framework reflects the broad nature of Primary Care, with thirty indicators covering each of the key disease profiles as well as the wider leadership, research and education considerations of Advanced Practice roles.

It is intended to complement the traditional MSc academic pathway with a very 'hands on' approach to gaining competence.

Though extensive, it is not expected that any one practitioner will achieve full competence in every indicator, conversely it permits us to rapidly build a detailed picture of the individuals learning requirements to inform a development plan which is established in collaboration with the practitioner and their supervisor.

The wider toolkit permits consistency of application of the Advanced Practice role for training and revalidation purposes, to track progression and to inform ongoing personal development planning.

Biography
Nia Boughton is Consultant Nurse for Primary Care at Betsi Cadwaladr University Healthboard in North Wales. Nia has over 20 years nursing experience the vast majority of which has been spent within Primary Care, training first as a General Practice Nurse before undertaking a specialist practitioner programme and finally an MSc in Advanced Clinical Practice. Passionate about the development and progression of Advanced Clinical Practice , Nia has held several Senior Nursing positions as Head of Community Nursing, Lead Nurse for GP Out of Hours and Head of Primary Care Nursing before taking up her current post and still spends at least half of her working week in a clinical capacity consulting with patients at one of the Health Board's Managed Practices. Mother to three feral children, a demented fox terrier and a flock of fiesty hens life is never boring!

Learning Outcomes
1. Understanding the role of competency frameworks in tailoring individual training needs within Primary Care
2. Job planning for Nurses supports protected CPD sessions and establishes a culture of learning and development.

Recommended Reading
1. BCUHB Primary Care Advanced Clinical Practitioner Portfolio, Job Planning and Governance Toolkit
2. BCUHB Primary Care Advanced Practitioner Competency Framework

3. Public Health Specialist Nurse Job Planning ToolkitFinalClinical Nurse Specialist Tool Kit Oct 14.pdf

D3

Understanding the Benefits of the District Nurse Specialist Practitioner Qualification

Presenter: Sue Hill, RGN, BN(Hons) DN Cert.,Senior Nurse HEE South East Region, Health Education England, UK

Abstract
The Long-Term Plan (NHS, 2019) notes the shortage of district nurses but also describes the need for community services to grow to meet the increasing demand of the population. In recent years in England, the number of nurses with the district nurse specialist practitioner qualification (DNSPQ) has been falling. Electronic staff records, obtained through Health Education England, show that the number of district nurses, (someone who holds the DNSPQ) working across NHS trusts since 2013 has fallen by 20.8%, in some areas, the reduction has been as high as 50%.

From the literature reviewed about the benefit of holding the DNSPQ, it was clear that there is a paucity of information around this topic.

This research shares the findings of an explorative service evaluation conducted in England to elicit the views of community nurses regarding the DNSPQ and understand why they wanted to undertake the course and to ascertain whether the course had improved participants skills and knowledge and changed their understanding of the role of the district nurse.

A sample of 26 participants took part in focus groups and were interviewed about their perceived benefits of the DNSPQ.

The main benefits noted were increased confidence in themselves, their managerial and clinical abilities. Other benefits included enhanced team management skills, and improved understanding of patient expectations and the opportunity for reflection on their practice and role.

The evaluation provides some evidence to support the idea that employing highly trained nurses reduces the risk for patients, which is increasingly important in community settings as more complex patients are being managed at home.

Biography

A registered nurse, district nurse and a Queens Nurse Sue has had a long and varied career in the NHS. She has been employed by Health Education England (Wessex) since July 2015, initially in the role of Education Commissioner, as a Head of Workforce Transformation and now as Senior Nurse for the South East region. She undertook a research fellowship with HEE looking at the value of the District Nurse Specialist Qualification something which she is quite passionate about.

Learning Outcomes
1. To gain an insight into the views of nurses undertaking the district nurse specialist qualification
2. To be able to reflect on the importance of post graduate education in district nursing
3. To see how confidence in practitioners is developed through education

Recommended Reading
1. QNI : The value of the DNSPQ
2. Green . J Enhancing assertiveness in district nursing specialist practice

D4

Hospital at home for hypoxaemic patients: extending the remit of community respiratory care

Presenter: Emma Rickards, Bsc (Hons), Msc, MPhil, Respiratory Nurse Consultant, Liverpool Heart & Chest Hospital, UK

Co-presenters: Cenk Allen, Mark Ambrose, Rob Peat, UK

Abstract
Background

The Knowsley Community Respiratory Service (KCRS) provides 24 hours per day, 7 days per week hospital at home support for patients with COPD. Current UK guidance1 recommends that patients with an arterial PaO_2 of < 7kPa be managed in the hospital setting. Despite the current recommendation, many patients declined hospitalization during an exacerbation. We wished to explore the safety of patients being managed at home despite lower arterial oxygen levels.

Methods

Retrospective data were evaluated over a period of 10 months for 103 patients. Smokers (37), Male:42% Female:58%, Mean age: 73, Mean predicted FEV1%: 42.8%. Group A & B Mean NEWS2:3

Results

79 avoided admission (77%) & 24 admitted (23%). Number of patients kept at home but admitted within 30 days is 6 (7.6%). Group A (37) were safely managed at home, Group B

(42). More intervention required such as repeat ABG for patients managed at home in group A. Overall 17 patients received 02 titration to prevent a hospital admission (Group A: 10, Group B:7).

Conclusion

The community respiratory team supports patients to be managed at home safely with a lower Pa02 to avoid unnecessary hospital admission and provide early supported discharge.

Biography

Emma is a Respiratory Nurse Consultant who works for Liverpool Heart and Chest Hospital NHS Foundation Trust and Knowsley Community Respiratory Service and she is passionate about reducing health inequalities in respiratory care. Emma qualified as a nurse with a BSc (Hons) in Nursing studies then soon after completed her Msc in Professional Practice with a pathway of difficult asthma. As a keen researcher/ practitioner Emma is a PhD student studying End of Life Care for patients with COPD in ED and as part of her studies has undertaken her Mphil, advanced respiratory nurse practitioner, NMP.

Learning Outcomes

1. The ability to care safely and effectively for those who are hypoxaemic at home and prevent an unnecessary hospital admission
2. To demonstrate the ability of undertaking arterial blood gas sampling at home and leading to the prescribing of therapeutic oxygen therapy within the community setting RCN Category criteria for abstract collection

Recommended Reading

1. 1.Chronic obstructive pulmonary disease in over 16s: diagnosis and management. NICE guideline December 2018
2. Hiley, E., Rickards, E., Kelly, C. (2019) Ensuring the safe use of emergency oxygen therapy in acutely ill patients. Nursing Times [online]; 115: 4, 18-21
3. Rickards, E et al (2019) Oxygen alert wristbands (OxyBand) and controlled oxygen: a pilot study. British Journal of Community NursingVol. 24, No. 7

E1

Palliative & End of Life Care during a Pandemic

Presenter: Sue Patchett, Nurse Education Consultant, Clinical Education Centre , UK

Co-presenters: Carol McCorry, Sharon Maginn, Nuala McCarron, UK

Abstract
Context: Stepping up: educating the nursing workforce in challenging times

Nurse Education Consultants within the Clinical Education Centre in Northern Ireland developed this programme in response to emerging evidence and stakeholder demand relating to Covid-19. It was quickly recognised that the traditional mode of Face to Face delivery would not suffice so the team embraced a paradigm shift towards digital learning and the virtual classroom environment almost overnight to ensure they could meet the demand and in addition maintain safety for all through compliance with social distancing.

Programme Title

Palliative & End of Life Care during a Pandemic

Aim and Target Audience

To update participants and highlight the many aspects of palliative and end of life care in the context of COVID-19. This programme was made available to all Professionally Registered Healthcare Staff free of charge to all sectors and all healthcare staff during the pandemic.

The Programme

The programme was designed to run over 1 day and was delivered weekly during the first 3 months of the pandemic. It included elements of palliative care and end of life care in the context of COVID-19. The need for the methodology to support participatory learning and individual support was paramount as staff were facing unprecedented challenges in the care of their patients. Throughout the programme there was a strong emphasis on staffs mental health and resilience building.

Evaluation

The programme was continually evaluated and adapted to meet the needs of the participants and in response to almost daily changes and guidance from government and evidence-based practice. Participants completed an online formal evaluation tool which was reviewed using the "Kirkpatrick Model" for evaluating training programs. The digital platform used to deliver this programme appears to have been very successful within the context of the pandemic.

Biography
Sue Patchett is a Nurse Education Consultant and has worked at Clinical Education Centre (CEC) for almost 6 years. Many of the programmes she facilitates relate to palliative and end of life care, and include Palliative Care Awareness; Bereavement, Grief and Loss, Advance Care Planning and Syringe Pump Workshops. Prior to this position Sue worked as a Hospice Nurse Specialist, supporting people with palliative care needs, and those important to them, in the community setting. Sue also, spent 3 years working as a Macmillan

Palliative Care Facilitators, supporting the Service Improvement Lead in addressing the recommendations of the NI Palliative and End of Life Care Strategy. Sue also works as a counsellor, supporting people affected by a cancer diagnosis.

Learning Outcomes
1. Discuss what palliative care is, its' importance and the challenges in the time of COVID-19
2. Consider care after death including support for the bereaved person
3. Review the importance of mental health considerations & resilience building

Recommended Reading
1. Bereavement Network (2017) Care of the deceased patient and their family A Guideline for Nursing Practice in Northern Ireland. Available: http://www.hscbereavementnetwork. hscni.net/wp-content/uploads/2017/05/Care-of-the-deceased-patient-and-their-family-book-print-version-april-2017.pdf Accessed 27/04/2020
2. Lawrie I. and Murphy F. (2020) COVID-19 and Palliative, End of Life and Bereavement Care in Secondary Care Role of the specialty and guidance to aid care. V3. Available: https://apmonline.org/. Accessed 10/04/2020
3. Supporting Yourself and Others. Coping with death and grief during the Covid-19 pandemic (2020) Available at: https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Supporting%20yourself%20and%20others.pdf Accessed 05/05/2020

Creating a Community of Inquiry in professional education in NHS Lanarkshire

Presenter: Maggie Hogg, RN, RT, MSc (PHE), BA, DipHE, FHEA, Practice Development Practitioner, NHS Lanarkshire, UK

Abstract
A Community of Inquiry is a concept first introduced in 1996 by a group of Canadian academics to proffer a suggestion as to how e-learning could be approached based on concepts first introduced by John Dewey.

Dr Randy Garrison primary author of the original group followed their first paper (1996) with both research and publications discussing the need for a collaborative approach among three presences to achieve greatest success in learning.

Although based in higher education the theory comprising of cognitive, social and teaching presences has application to professional education (learning developed and delivered to staff across a range of subjects to facilitate expert levels of practice by NHS staff with education as part of their role).

The role of Teacher (educator / lecturer / facilitator / coach) is key to the success as they can scaffold and support the impact of both cognitive and social presences. We recognised that transitioning education to tech enabled environments was not only necessary but also an opportunity to invest in our educators to be equipped to provide not only evidence based education but also create thriving tech enabled learning environments to meet the range of structures from 30 minutes to months in duration.

In Lanarkshire, the Practice Development Centre recognised the need in an increasingly online world that not only did our team need

to think differently but also fill the appetite from staff for education through the current pandemic and beyond. To that end we established a programme of education effectively teaching teachers to teach including an introduction to the Community of Inquiry, self-examination of teaching experience and effective skill sets and a practical application of theory to practising using Microsoft Teams platform, establishing self-sustaining, small, collaborative Communities of Inquiry who are now spreading their experience throughout our health board.

Biography

The author/ presenter has over 20 years' experience as a Registered Nurse across the UK with the last 13 years within practice development in Scotland. After attaining an MSc in Professional and Higher Education in 2017 the author has taken every opportunity to promote the role of education within frontline clinical services across all NMAHP and non-clinical teams. They have used elements of the Community of Inquiry theory across education delivery and design for the last 11 years and firmly advocates play as a wholly appropriate method of supporting staff to grow their confidence within tech enabled learning.

Learning Outcomes

1. To integrate understanding of impact of educator role into clinical practice
2. To understand the importance of curriculum alignment to learner success
3. To examine the impact of pandemic on educational roles and responsibilities in professional education in NHS

Recommended Reading

1. Garrison, D.R. (2017) E-Learning in the 21st Century. 3rd edition. USA: Routledge
2. Garrison, D.R. (2016) Thinking collaboratively: Learning in a community of enquiry. USA: Routledge
3. Arghode, V. and Brieger, E.W. (2017) Adult learning theories: implications for online instruction. European Journal of Training and Development. Vol. 41(7) p. 593-609 https://www.emerald.com/insight/content/doi/10.1108/EJTD-02-2017-0014/full/pdf?title=adult-learning-theories-implications-for-online-instruction

E4

Creating arts-based digital stories to teach children's nurses about the neonatal care experience

Presenter: Julia Petty, PhD, Senior Lecturer in Children's Nursing, University of Hertfordshire, UK

Abstract

Background; Patient stories can be used to teach difficult topics about emotionally challenging times of illness and hospitalisation (Reiger et al, 2016). Digital storytelling using an arts-based approach can improve nurses' understanding of emotional experiences (Reid et al., 2017). This is an unexplored area in the neonatal field relating to these emotional challenges of parents following the birth of their sick, premature baby and the subsequent neonatal care trajectory (Blackburn and Harvey, 2019).

Aim; To explore the contribution of art-based digital storytelling based on parent's

narratives of neonatal care, for teaching children's nurses about their emotional challenges and experience.

Methods; Digital stories based on parent narratives were constructed following the ASPIRE stepwise framework using a range of arts, multi-media and voice narration. A mixed-methods approach comprising group exercises, interviews and a questionnaire was then used with 67 children's nursing students who evaluated a selection of digital stories in relation to their emotional impact and potential for enhancing empathy.

Results; The range of arts-based, multi-media aspects of the digital stories was well-received and had an emotional impact in relation to the ability to evoke an affective response and communicate important messages relevant to caring for parents' emotional needs. Key themes that emerged following data analysis were engagement, authenticity, learning with the senses and making connections. Factors within the digital stories both enhanced and hindered learning about the parent experience. The presentation will outline these themes and factors.

Conclusion; From this study, digital stories using an arts-based approach served as an impactful way for student nurses to learn about the emotional experiences of parents, so that they can come to understand and empathise with them. Presenting the stories on an online platform can serve a far-reaching audience demonstrated by dissemination and education in the neonatal field on a national and global level.

Biography

Julia began her children's nursing career at Great Ormond street Hospital. After a period in clinical practice and education, she moved into higher education and worked as a Senior Lecturer at City University, London for 12 years before commencing her current post in April 2013. Her key interests are neonatal nurse education, child development and health, outcome of early care and most recently, the development of digital learning resources in children's and neonatal education. Julia has a considerable publication portfolio, is a newborn life support instructor for the UK Resuscitation Council, Vice-Chair of the UK Neonatal Nurses Association and Board member for the Council of International Neonatal Nurses. Her recent doctorate work involved exploring the narratives and experiences of parents in neonatal care for the development of digital storytelling resources for learning and teaching.

Learning Outcomes
1. To increase knowledge and understanding of the process of creating digital stories using an art-based approach.
2. To increase insight into the value of arts-based digital stories for teaching and learning about the emotional experiences of those in our care.
3. To raise awareness of a collection of digital stories hosted on a web-based platform that can be used to educate nurses in the neonatal care specialty.

Recommended Reading
1. Rieger, K. L., Chernomas, W. M., McMillan, D. E., Morin, F. L., & Demczuk, L. (2016). Effectiveness and experience of arts-based pedagogy among undergraduate nursing students: a mixed methods systematic review. JBI database of systematic reviews and implementation reports, 14(11), 139-239.
2. Reid K, Hartling L, Ali S, Le A, Norris A, Scott SD (2017) Development and Usability Evaluation of an Art and

Narrative-Based Knowledge Translation Tool for Parents With a Child With Pediatric Chronic Pain: Multi-Method Study. Journal of Medical Internet research, 19, 12, e412. doi:10.2196/jmir.8877.

3. Blackburn, C. and Harvey, M. (2019) 'We weren't prepared for this': Parents experiences of information and support following the premature birth of their infant. Infants and Young Children. 32(3), 172 – 175.

F1

Ensuring Nurse & Midwife Pre & Post Registration Learner Support, Learning in Practice: A Health Board & Collaborative Stakeholder partnership Approach to Supporting the implementation of NMC Standards 2018 in Scotland

Presenter: Angela Cassells, RGN, RM, DN, BA, NHSL Future Nurse and Midwifery Programme Board Project Lead, NHS Lanarkshire, UK

Author: Jacqueline McCallum, Claire McGuiness, UK

Abstract
The Nursing and Midwifery Council (NMC) published new Future Nurse: Standards of Proficiency for Registered Nurses and Standards for Student Supervision & Assessment[1]

Within the Scottish context, the new standards are positioned alongside the work of the Scottish Future Nurse and Midwife Programme Board, creating a 'Once for Scotland approach', as well as the Chief Nursing Officer Nursing 2030 Vision[2] and the CNO Commission on Widening Participation in Nursing and Midwifery Education and Careers[3].

NHS Lanarkshire, a territorial NHS Health Board, support circa 1000 undergraduate & post graduate Nursing & Midwifery students per year.

NHS Lanarkshire established a Future Nurse & Midwifery Programme Implementation Steering Group with membership from key strategic partners, to include Glasgow Caledonian University, Third Sector, and Social Care.

A Project Lead was appointed to coordinate work plans.

The aims of the Group was to provide strategic oversight and leadership within NHS Lanarkshire & with key stakeholders to support the delivery of the agreed work programme whilst ensuring a robust and smooth transition to the new standards, engagement & provision of leadership, informing direction of national, regional and local work through representation on a range of fora and establishment of robust communication pathways for information sharing.

Opportunities to integrate and support values-based assessments in practice with feedback and involvement from users / carers, HealthCare and other professionals emerged.

This innovative approach to implementing the new NMC Standards enhanced relationships with our HEI Partners and other key stakeholders.

Partnership working with Glasgow Caledonian University was enhanced particularly in relation to Curriculum Development, Quality Assurance and Programme Approval processes, whilst supporting a consistent transitional approach to practice supervision and Practice assessment across a number of contexts including Social Care, Care Home,

Primary Care, Acute Care and Third Sector practice Learning Environments.

References

[1]https://www.nmc.org.uk/standards/standards-for-nurses/

2https://www.gov.scot/publications/nursing-2030-vision-9781788511001/

3https://www.gov.scot/publications/cno-commission-widening-participation-nursing-midwifery-education-careers/

Biography

Angela Cassells RGN, RM, DN, BA currently works within NHS Lanarkshire as the Future Nurse and Midwifery Programme Board Project Lead (on Secondment) She is a Registered Nurse/Midwife/ DN with over 30 years' experience in Nursing and Midwifery Practice in a range of Community based clinical settings. Following on from her clinical career, she has spent the last 12 years working in NHS Lanarkshire`s Practice Development Centre. Her role involves supporting a wide range of aspects of Practice Education, Practice Development and Clinical/ Educational Leadership, including developing and maintaining strategic relationships with key stakeholders to support Practice Learning and Education.

Learning Outcomes
1. Consistent transitional approach to practice supervision and Practice assessment across a number of contexts including Social Care, Care Home, Primary Care, Acute Care and Third Sector practice Learning Environments.
2. Well prepared and supported practice supervisors (NMAHP and social care) with a clear understanding of their roles

3. High quality learning environments with optimum capacity of learners maintained and evidenced through evaluation and feedback

Recommended Reading
1. https://www.nmc.org.uk/standards/standards-for-nurses/
2. https://www.gov.scot/publications/nursing-2030-vision-9781788511001/
3. https://www.gov.scot/publications/cno-commission-widening-participation-nursing-midwifery-education-careers/

F2

Theory into Practice (TiP) - A partnership between Birmingham City University and Birmingham Women and Children's Foundation Trust

Presenter: Stephanie Paget, BSc (Hons) Nursing RN - Child, NMC Teacher, Senior Lecturer, Birmingham City University, UK

Co-presenter: Louis Britten, BSc (Hons) Nursing RN - Child, NMC Teacher, Practice Placement Manager, Birmingham Women's and Children's Foundation Trust, UK

Abstract
There is a gap between what student nurses learn and what they experience in practice; this causes anxiety as they transition into the newly qualified nurse role. Birmingham Women's and Children's NHS Foundation Trust (BWC) – which cares for women, children and families through a variety of specialist services – identified a need to support the transition from student nurse to NQN to retain these nurses and help them become confident practitioners as quickly as possible.

To address this, Birmingham Women's and Children's Hospital NHS Foundation Trust and

Birmingham City University collaborated to develop a programme of additional teaching sessions for student nurses, covering self-reflection, physiology and clinical competencies. The aim was to upskill the student nurses and prepare them for clinical practice, thereby benefitting both the nurses and the trust.

The development of TiP was based on research conducted by Pressick and Taylor, (2018), collaboration and student experience. BCU conducted a literature review in 2015, which found that NQNs felt unprepared for practice and lacked confidence in their ability. We identified that NQNs' resilience and confidence in their own skills, knowledge and leadership were key problems while transitioning from student nurse. It also identified the three issues most commonly reported by students as perceived risks during the transition:

- Patient assessment;
- Medicine management;
- Communication skills.

The programme has been delivered to 200 students and feedback shows it improves their confidence and competency. The programme won a Student Nursing Times Award in 2019.

Biography
Stephanie is a Senior Lecturer is the Children and Young People's Health Team at BCU. She registered as a Children's Nurse in 2012 where she went to work at Birmingham Children's Hospital as a Paediatric Intensive Care Nurse. In 2015 Stephanie transitioned into the role of a Diabetes Specialist Nurse and remained at Birmingham Children's Hospital a further 2 years before moving into Higher Education. Stephanie has an NMC Teaching qualification which she attained in 2018. Louis has been Practice Placement Manager at Birmingham

Women's and Children's Foundation Trust for several years. He moved from Cardiology and had previously working within the Emergency Department. Louis has an NMC Teaching qualification which he attained in 2020.

Learning Outcomes
1. To demonstrate the importance of partnership working and collaboration between HEI and Practice Partners.
2. Understanding the challenges of transition between Student Nurse and Newly Qualified Practitioner.
3. Sharing positive practice and the difference this makes moving forward.

Recommended Reading
1. Pressick I, Taylor. L (2018) Theory into Practice [abstract]. In Partners in Practice: Nurses Working Together Through Change - Conference and exhibition hosted by the RCN Education Forum, Book of Abstracts. RCN.
2. Paget. S, Britten. L (2020) A programme to smooth the transition from student to newly qualified nurse. Nursing Times [online]; 116: 4, 60-62
3. Health Education England (2018) RePAIR: Reducing Pre-Registration Attrition and Improving Retention Report. HEE.

F4

Partnership Working and Collaboration: The Impact of Embedding Practice Placement Agreements on the Learning and Development of Nursing Associate Apprentices within the Thames Valley Partnership

Presenter: Kathryn Blair, BSc (Hons), BA (Hons), Learning Environment Lead, Berkshire Healthcare NHS Foundation Trust, UK

Co-presenters: Nicola Anderson, UK

Abstract
Partnership Working and Collaboration: The Impact of Embedding Practice Placement Agreements on the Learning and Development of Nursing Associate Apprentices within the Thames Valley Partnership

Aims: To enhance the learning experience of Nursing Associate Apprentices (NAAs) and ensure NMC Standards are met by expanding accessibility to a range of clinical areas whilst ensuring greater accountability across the Thames Valley Partnership.

Objectives:

- To create Practice Placement Agreements (PPAs) as a formal arrangement
- To ensure collaboration with other healthcare organisations within the Thames Valley Partnership
- To share resources and innovative practice
- To expand placement opportunities across all aspects of nursing
- To enhance learning experience, broaden skills and build confidence in our NAAs
- To provide ongoing professional development through Berkshire Healthcare's bespoke NA Preceptorship Programme
- To promote the professional identity of our NAAs

Context: The new Nursing Associate (NA) role aims to bridge the gap between the healthcare support workforce and qualified nurses. Berkshire Healthcare has supported three cohorts of NA trainees who are now registered with the NMC. In order to meet the NMC standards Nursing Associate Apprentices (NAAs) require exposure to all fields of nursing including Learning Disability, Mental Health, Adult and Child (Nursing and Midwifery Council, 2018). The Thames Valley Partnership was created to achieve these requirements, and honorary contracts were introduced across the region to support inter-organisational placements. However, these proved ineffective and inefficient with no formal agreement or accountability in place. PPAs have now been developed which have enabled our objectives to be met.

Governance: These innovations and their impact are reported to Health Education England (HEE) via the Nursing Associate Thames Valley Partnership Group and the Preceptorship and Overseas Nursing Forum. This ensures that we are sharing best practice across the region and building opportunities for our NAAs to broaden their skills and enhance their professional identity.

Biography

An experienced Occupational Therapist specialising in Mental Health, Kathryn's career has spanned over 16 years working within the NHS arena. Kathryn has worked in the role of Learning Environment Lead for Berkshire Healthcare since July 2017 taking the lead with Nursing associates, return to practice nursing, paramedic students and secondments: she is dedicated in providing a quality learning environment, providing strong clinical education to healthcare professionals and learners to support the delivery of high quality patient care.

Learning Outcomes
1. To promote the professional identity of Nursing Associates
2. To share innovative practice for Nursing Associates development
3. To highlight efficient tools for partnership working

Recommended Reading
1. Nursing and Midwifery Council. 2018. Realising Professionalism: Standards for Education and Training. Standards for Pre-Registration Nursing Associate Programmes. London: Nursing and Midwifery Council.
2. www.hee.nhs.uk/our-work/nursing-associates
3. www.nhsemployers.org/employershandbook/nursingassciates/employer guide to nursing associates.pdf

F5

The Nuffield Health Preceptorship Programme: A collaboration with the Royal College of Nursing

Presenter: Chris Davis, BSc Physiotherapy, MSc Sports and Exercise Medicine, Learning and Development Specialist - Clinical Education, Nuffield Health, UK

Abstract
Purpose

The Nuffield Health Preceptorship Programme (NHPP) has been delivered collaboratively with the Royal College of Nursing (RCN) since 2016. RCN involvement was originally a 1-day programme delivering sessions on Human Factors, Leadership and Self-Compassion. In 2018 the offering was reviewed with the aim of improving quality, developing collaboration and improving Preceptee learning experience.

Design

Following this discovery and review, the partnership evolved in 2019 with the RCN footprint growing to 2 contact days and providing focus on Leading Change, Adding Value and Unwarranted Variation. This allowed the design and implementation of a new formative assessment where Preceptee's presented on value-based healthcare quality improvement projects (QIP's). Nuffield Health and the RCN co-delivered a first session framing QIP's and encouraging idea generation in small groups. Preliminary ideas were discussed and refined with input from both organisations and their unique perspectives. The remaining sessions on Human Factors, Leadership and Self-Compassion were delivered through the lens of quality improvement. RCN representatives joined the cohort later in the programme and saw QIP presentations being delivered. Preceptees were provided feedback on content and presentation style to support development.

Outcomes

This model showcasing a stronger RCN collaboration, allowed for rich and insightful QIP's to be designed and presented. Nurturing ideas from both organisational and professional body perspectives allowed QIP's to explore topics current to Nursing on many levels and posed numerous questions and reflection opportunities. E.g. transgender equality in Nursing. This collaboration aided NHPP to be rated highly valuable (4.3, range 0-5), improve clinical competence (Benner +1-2 per Preceptee), improved evidence-based Nursing practice self-efficacy (mean +24%), improved professional commitment (mean +19%) and to achieve RCN accreditation.

Conclusion

Organisational and professional body collaboration during the discovery, design and delivery of the NHPP formative assessment proved to add considerable value and contribute to enhanced learning for Preceptees.

Biography
Chris Davis is a Learning and Development Specialist for Clinical Education at Nuffield

Health, the UK's largest healthcare charity. Chris worked within NHS and private sectors before joining Nuffield Health in 2015 and moving into Clinical Education. Chris has been programme lead for the Mabuhay International Recruitment Programme since 2019 and has supported various other Nursing and AHP educational programmes and initiatives. Chris has a keen interest in the training cycle with a focus on evaluation and hopes to pursue a EdD/PhD in clinical education in the near future.

Learning Outcomes
1. To show how improved collaboration between a healthcare organisation and a professional body can improve the learning experience for Preceptees.
2. To discuss potential mechanisms of collaborative Preceptorship delivery.

Recommended Reading
1. NHS England. Leading Change, Adding Value.
2. NMC. Principles for Preceptorship
3. HEE. Preceptorship

G2

Virtual placement for nursing students in the community

Presenter: Jackie Walker, RGN, Practice Education Lead (Adult), Cambridgeshire and Peterborough NHS Foundation Trust, UK

Abstract

An essential NMC requirement of adult nurse training is home nursing placements. These were temporarily stopped due to Covid 19, which effectively prevented our learners qualifying. A one week's blended virtual placement providing a taste of community nursing was developed. This was complemented with a day in general practice facilitating patient interaction and contact. The two elements together overcoming the obstacle to progression and nurse registration. Collaboration throughout the week and student support from the university was essential to the success of this project. Trust staff commitment and resource required was a high cost.

The placement consisted of a variety of learning resources and methods to stimulate learning, cater for differing learning needs and styles and aimed to prevent screen fatigue or boredom. The blended learning was aligned to the learning outcomes of caring and supporting patients in the community setting as part of a multidisciplinary team and preventing avoidable hospital admissions. Respect of the patient's home environment and contrasting with the acute setting, together with the challenges and the complexities of delivering safe and effective care to those with long term conditions and co-morbidities were objectives of the programme.

Consideration was given to practical difficulties of working from home and possibly having care responsibilities as children were unable to attend school. The programme structure was logical and progressive to build on prior learning and empower students with understanding, awareness and context. A small cohort of ten learners accessed the week's training. Despite initial concerns of students, staff and educators the programme was well received and evaluated positively. This model provides a template for further development, research and use in similar situations in the future.

Biography

Jackie Walker trained as an Adult Registered General Nurse in the 1980s. Jackie believes in placing the patient central to all clinical decisions, vital to this is empowering patient choice. She is a very experienced nurse having held a variety of positions in both the acute and community sector. Moving into nurse education has built on Jackie's previous experience and provided a different medium to bring her expertise. Jackie is excited by her role as educator and the direct involvement this brings with undergraduate nurses. She is pleased to assist in the development and growth of the next generation of professional competent nurses who uphold the principles embodied in the NMC Code. She focuses on effective working relationships with educators, key stakeholders, community nurses and teams to ensure a high-quality supportive learning environment. Jackie remains a committed, enthusiastic and

passionate nurse who enjoys the daily challenges of nursing.

Learning Outcomes

1. Provision of effective online education to replace a community nursing placement
2. Enable a cohort of nursing students to comply with NMC requirements for community experience and progress training to completion and ultimately registration
3. Help reduce demand for community placements once student nurses are once again allowed out in actual community placements

Recommended Reading

1. The Impact of Faculty Attitudes toward Technology, Distance Education, and Innovation Tabata, Lynn N.; Johnsrud, Linda K. Research in Higher Education, v49 n7 p625-646 Nov 2008
2. Kline, N., 2018. Time To Think. 22nd ed. London: Cassell Illustrated, pp.116-117.
3. Rogers, A., 2008. Teaching Adults. Maidenhead: Open University Press, pp.p231-2.

G3

A Novel Coaching Approach to Embedding Quality Improvement

Presenter: Lisa Pinkney, PhD Organisational Psychology ,Quality Improvement Facilitator, South Tyneside and Sunderland NHS Foundation Trust, UK

Co-presenter: Diane Palmer, UK

Abstract

The NHS Improvement's Developing People, Improving Care (2016) recommends that continuous improvement should be core to everyday work for everyone working in NHS-funded services. Where Quality Improvement (QI) is seen and led effectively, it has been shown to deliver better patient outcomes, and improved performance (CQC, 2018). The Older People's Improvement Collaborative (TOPIC) is a QI collaborative in the Care of the Elderly wards in South Tyneside and Sunderland NHS Foundation Trust (STSFT) using innovative methods.

Method

The approach consisted of:

*   A training needs analysis to measure the current skill set of staff working clinically, and an online culture survey.
*   Encouraging clinical staff to reflect on research, and supporting them to use and evaluate evidence. This has been underpinned by electronic dashboards, showing indicators of patient safety via run charts, to help staff understand how continuous improvement can be usefully embedded within their daily work.
*   Training in Quality Improvement methodology, targeted at staff at all levels of seniority, has been followed up with weekly coaching sessions to support staff throughout their QI projects. This has consisted of a blended approach using socially distanced face to face training, workbook resources and online webinar sessions. This has also enabled staff to access training during COVID-19 via the Trust intranet and using Microsoft Teams software.

Results

The interest and uptake of QI training and methodology has been successful so far, using the blended learning approach. Staff have implemented several Quality Improvement projects across the Care of the Elderly wards.

Biography
Lisa Pinkney teaches Quality Improvement methodology at the South Tyneside and Sunderland NHS Foundation Trust. She has a PhD in Organisational Psychology and is a visiting lecturer at the University of Leeds where she teaches Patient Safety and Quality Improvement to undergraduate and postgraduate students.

Learning Outcomes
1. To embed QI methodology in an NHS Trust
2. To coach clinical staff in carrying out improvement projects
3. To equip staff in reflective learning and evaluating evidence to improve practice

Recommended Reading
1. Health Foundation (2019) The Improvement Journey. The Health Foundation, UK
2. Swanwick T and Vaux E (2020) ABC of Quality Improvement in Healthcare (ABC Series). Wiley-Blackwell. Hoboken, New Jersey
3. NHS Improvement (2018) Making Data Count. Getting Started Guide. (Online: Available at:https://improvement.nhs.uk/resources/making-data-count/#resources

G4

Can't educate face to face? Try a webinar! We did and it worked well.

Presenter: Katharine Gale, BSc MSc RN Hons, Nurse Consultant and Chair of the Royal College of Nursing - Women's Health Forum, UK

Co-presenter: Michael Nevill, MSc RN, Director of Nursing and Committee Member of the Royal College of Nursing - Women's Health Forum, UK

Abstract
Like so many others the conference for the RCN Women's Health Forum was cancelled due to Covid restrictions. There was no way we didn't want to provide an opportunity for learning and sharing and so when approached by the RCN Events Team with the opportunity to host a webinar we jumped at the chance, especially as it has been demonstrated that education through online learning can be beneficial (Bramer 2020).

We therefore developed a 1.5-hour long webinar focusing on the impact of COVID-19 on women's health services. We hosted the webinar in the evening to allow as many people to attend as possible and as this was a trial webinar for the RCN Events Team we were able to provide it to delegates for free. The webinar consisted of 5 10-minute lectures with time also given for Q&A.

The event was advertised by the Events Team and promoted through Facebook and Twitter. 431 people registered and 223 joined on the night.

We had some technical issues which were quickly resolved. Overall, the event evaluated well and we would like to undertake further webinars in the future - we recommend you give it a go!

Key points and feedback included:

- The majority of people found out about the webinar through targeted email (60%)
- 12% were informed by a colleague
- 10% found out through Facebook
- Content and speaker evaluation rated them 4.5 out of 5
- 93% of attendees stated that the webinar met or exceeded their expectations
- 87% of attendees agreed that evening is the best time to hold a webinar

Example feedback included: "Thank you all so much, very worthwhile. 1st webinar for me, really enjoyed. Thank you all".

Reference:

Bramer (2020) Preregistration adult nursing students' experiences of online learning: a qualitative study. *British Journal of Nursing*. Vol. 29, No. 12

Biography
Katharine Gale a Nurse Consultant with 23 years clinical experience in women health. Katharine is the current Chair of the Royal College of Nursing (RCN) - Womens Health Forum with over 5,000 RCN members. At the RCN, Katharine presented at the highly commended 'The Wandering Womb event' in 2018 on 'The Journey to specialist nursing in Gynaecology'. As Chair, Katharine remains committed to ensuring professional learning and development of women's health nursing. The forum is renowned for its annual forum conference including the 'Smashing the Stigma around Womens health' event in 2019. The committee was keen to replicate the success with another conference in Autumn 2020. However due to the unprecedented global pandemic, the forum committee needed to embrace the virtual learning environment. This enabled them to explore the national

impact on women's health services during Covid-19 and provide support and education to its members. Michael Nevill is a Director of Nursing with 24 years clinical experience and joined the RCN Womens Health Forum in early 2020. At the forum's first webinar 'The Impact of Covid19 on Women's Health care services' Michael presented on 'Abortion Provision During the COVID-19 Pandemic – Changes to Services and the Law'.

Learning Outcomes
1. Exploring the potential for moving in person learning events to a virtual learning environment
2. Understanding and overcoming the possible technological challenges to ensure a successful webinar
3. Exploring the experience of attending a virtual learning event from attendee feedback

Recommended Reading
1. Bramer (2020) Preregistration adult nursing students' experiences of online learning: a qualitative study. British Journal of Nursing. Vol. 29, No. 12
2. Royal College of Nursing (2020) COVID-19 (coronavirus). RCN. Date viewed: 09.10.2020. https://www.rcn.org.uk/covid-19
3. Royal College of Obstetricians and Gynaecologists (2020) Coronavirus and gynaecological services. RCOG. Date viewed 09.10.2020.https://www.rcog.org.uk/ en/guidelines-research-services/coronavirus-covid-19-pregnancy-and-womens-health/coronavirus-covid-19-and-gynaecological-services/

H1

Supporting the workforce through training during the COVID-19 Pandemic.

Presenter: Sarah Whyte, Practice Educator, NHS Grampian, UK

Abstract

The World Health Organisation (WHO)[1] was made aware of a cluster of cases of pneumonia in Wuhan City, China on the 31st December 2019. By the 12th January 2020 COVID-19 had been identified which has led to 20.3 million people being diagnosed with it as of the 12th August 2020. COVID-19 was found to present with a range of symptoms which vary in severity. Common symptoms are fever, a new and continuous cough, shortness of breath, fatigue, loss of appetite, loss of smell and loss of taste[2]. Asymptomatic infection can also occur.

Within NHS Grampian we have had 1709 cumulative positive cases by the 11th August and of those 149 have sadly died[3].

NHS Grampian's workforce prepared for this pandemic as did all health sectors around the world. As part of this, the practice education team in NHS Grampian delivered a variety of training sessions to support staff to meet the demands of service and to help support those delivering care.

The aims of the practice education response were:

- to upskill current staff so that care demand could be met;
- for staff being re-deployed to be prepared for their new role;
- for all staff to feel supported and have their educational needs met.

The practice education team which covers each division within NHS Grampian trained **2592** staff over the initial 3 months of the COVID-19 pandemic.

A variety of training occurred for example, electronic infusion devices, NEWs2, fundamentals of care, neonatal resus, and confirmation of death. Training focused on nurses, midwives, health care support workers, allied health professions, and medical students.

Training sessions have been evaluated in a number of ways and statistics and quotes are available.

Practice education teams are now looking at different ways of teaching, for example, blended approaches using Microsoft Teams and practical sessions.

Biography

Registered as a mental health nurse with a BSc (Hons) in Nursing in 2000. Sarah has worked in many clinical areas including brain injuries, rehabilitation, community, and research. Experience of working in a further education college as a lecturer in health and social care for 10 years and during this period gained a PgCert in teaching. Returned to the NHS in 2016 as a practice educator and is currently completing the final year of the MSc Clinical Education at Aberdeen University. Interests include dementia care, education, and research.

Learning Outcomes

1. To demonstrate how practice education teams upskilled current staff so that care demand could be met.
2. To demonstrate how practice education teams supported staff being re-deployed to be prepared for their new role.

Recommended Reading

1. The World Health Organisation. Coronavirus. Available from: https://www.who.int/health-topics/coronavirus#tab=tab_1 [Accessed 12 August 2020].
2. Public Health England. COVID-19: epidemiology, virology and clinical features. Available from: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information/wuhan-novel-coronavirus-epidemiology-virology-and-clinical-features [Accessed 12 August 2020].
3. Public Health Scotland. COVID-19 in Scotland. Available from: https://public.tableau.com/profile/phs.covid.19#!/vizhome/COVID-19DailyDashboard_15960160643010/Overview [Accessed 12 August 2020].

H2

Drug Calculation 'Vodcasts' for skill development

Presenter: Chris Mather, MSc Advanced Healthcare Practice, Senior Lecturer Advanced Practice, Liverpool John Moores University, UK

Author: Emma Crawford, UK

Abstract
Drug calculation 'vodcasts' for skill development

All HEI's have had to adapt to a remote learning model (Zimmerman, 2020). Arguably, there has never been a greater pressure on student nurses stepping up as part of the National 'Corona response', with loss of supernumerary status and broader supervisory models (HEE, 2020). As the previous classroom session has halted, use of a series of drug calculation 'vodcasts' may improve confidence and competence in drug calculations.

The NMC (2019) highlight the need to increase nursing graduates' readiness for clinical practice, specifically around intravenous drug administration, alongside a readiness to engage with non-medical prescribing. The Royal Pharmaceutical Society and the Royal College of Nursing in 2019, argue student nurses require training and testing in drug calculations, but are less prescriptive on what format this should take (pun intended).

With this is mind, the team set about creating a series of drug calculation 'vodcasts' based upon the well-known narrated drawing model employed by the Khan Academy (2020). This educational intervention would aim to place drug calculations centrally, but reframe the whole process as a Clinical Skill rather than the as purely an issue of numeracy.

This approach could better equip students for medicines assessment, which is now a key element of summative practice assessments, rather than a standalone numeracy examination. Other local allied health professional trainees could access the materials, further supporting the enhancement of a skilled workforce.

As this global Coronavirus drives us all into isolation in fear for our health, this series of vodcasts, may be a welcome remedy to some of the distance learning challenges faced by us as academics supporting our students and

practice partners. These resources can be controlled and titrated by each individual learner to their ability and pace but also tied into the challenges faced in clinical placement.

Biography

Chris is a Senior Lecturer in the Advanced Practice team, in the School of Nursing and Allied Health at Liverpool John Moores University. The majority of Chris' clinical experience has been attained through working in busy Emergency departments in the North West. Chris has spent the last 7 years in a hospital-based education role, delivering bedside and classroom based education to medical undergraduates, registered nurses and allied professionals. Highlights of achievement include the setting up and delivery of a nursing skills programme alongside delivering dynamic in situ simulation and debriefing. Chris is awaiting verification of fellowship with the Higher Education Academy and registration as a Nurse Teacher with the NMC. Areas of research interest: Emergency Nursing/ Trauma/ Human factors/ Simulation.

Learning Outcomes

1. Drug calculation vodcasts to improve student experience
2. Vodcasts to upskill future workforce

Recommended Reading

1. Nursing and Midwifery Council (2019) Standards for post registration. [ONLINE] [Available from https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-medicines-management/
2. Royal College of Pharmacists (2018) Professional Standards [ONLINE] [Available from https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SS HM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567
3. Zimmerman, J (2020) Coronavirus and the great online-learning experiment. Chronicle of Higher Education. [ONLINE] [Available from https://www.chronicle.com/article/coronavirus-and-the-great-online-learning-experiment/]

H3

Nuffield Health learning and development offering to upskill the nursing workforce, in response to the national Covid 19 effort.

Presenter: Owen Ledbetter, Professional Education Lead, Nuffield Health, UK

Abstract
Background

During the Covid-19 pandemic, Nuffield Health supported the NHS national response with the provision of facilities, staff and resources. 31 independent hospitals faced delivering care to an unfamiliar patient group, with increased clinical needs, typically with multiple co-morbidities, requiring more complex medical care and a longer length of hospital stay. This required nurses to work in less familiar environments, revisit clinical skills and/or develop new skills and knowledge in specific clinical areas.

The purpose of this project was to design and deliver the learning resources required for nursing staff to be successfully redeployed into unfamiliar roles. Training areas included End of Life Care, Infection Prevention, Covid 19 awareness, Falls Prevention, Pain Management, Cancer Care, Tissue Viability and Management of Long term Medical conditions, to name a few.

Results

- Delivery of a blended catalogue of learning resources, including a redeployment pathway, 24 e-learning modules, 6 virtual classrooms and 6 clinical toolkits, supporting central and local training initiatives.
- Development of a clinical skills competency library.
- A series of bespoke Covid -19 training modules were completed by 100% of our Nurses, receiving positive feedback: "The Academy has done a great job in supporting Nurses at a very stressful time, you will never know how much the training has helped us feel reassured, supported and part of a bigger team."
- Average utilisation of training sessions increased from 70% to 100%, with additional sessions scheduled.
- Feedback from nursing staff for these resources included: "Thank you for changing how these sessions were delivered, it is great that our safety was put first and the content and delivery was perfect" and "Changing this to a virtual classroom was much better use of local resource for an already stretched workforce, it was delivered in a really positive way to help shape clinical practice."

Biography
I have worked for Nuffield Health for 10 years and currently work as the Professional Education Lead in our Learning and Development Academy. I oversee the delivery of learning and development resources across Nursing and Hospital Work streams, Physiotherapy, Physiology and the Fitness sector. I qualified as a Physiotherapist in 2005 and have worked clinically in the NHS, in both acute and non-acute settings and also in the Independent Sector for the last 15 years.

Learning Outcomes
1. Identify training requirements to ensure Nursing staff have access to appropriate Learning & Development materials, safeguarding the safety of both staff and patients in line with regulatory and governmental guidelines.
2. Upskill Nursing staff in key clinical areas to ensure the correct level of competence to fulfil clinical duties safely and effectively.
3. Adapt the delivery of learning resources to meet social distancing requirements whilst improving accessibility and inclusivity.

Recommended Reading
1. RCN - Redeployment and Covid-19
2. Health Education England - Coronavirus (Covid) Information for Nurses

H4

Ensuring redeployed staff have the necessary knowledge and skills for redeployment

Presenter: Julie Holt, Registered Nurse & teacher, Clinical Practice Educator, Berkshire Healthcare NHS Foundation Trust, UK

Author: Tina Lucas, UK

Abstract
AIM

To ensure redeployed staff within Berkshire Healthcare (Allied Health Professionals (AHP), Child/Adult dual trained nurses returning to adult nursing, students, retired staff returning to work) have the necessary knowledge and

skills required ensuring safe practice and confidence.

Objectives

Identify skills required, ensure research based up to date information is shared in a safe environment using virtual learning, simulation, PPE and safe distance measures to a wide number of staff. Østergaard and Rosenberg (2013) support the rationale, pedagogical and safety advantages of using simulation-based training. Teaching methods and learning styles were considered when planning the design and content of the courses. Opportunities are embedded in the courses to ensure meaningful interactions to enhance critical thinking, confidence and awareness.

Some specific areas included:

Staff who were moving from clinics to working on wards which required additional skills such as: vital signs, sepsis awareness, NEWS 2, Oxygen therapy, pressure ulcer and moisture lesion identification, venepuncture, Intramuscular and subcutaneous injections.

A large group of intermediate care AHP staff required additional training on medication prompting and assisting. This was quickly and safely achieved with a new competency document, virtual training via eLearning and webinars.

Impact

All training was evaluated, adjusted in response to feedback and reviewed to identify areas of improvement as we prepare for a second wave. It gave staff some enhanced knowledge and skills that they could utilise in their redeployed environments and when back in own clinic settings. The Education team had to react quickly to demands, alter training accordingly and quickly adapt to using virtual

and blended learning to facilitate delivery to suit demand and variety of staff groups.

References

Østergaard, D. and Rosenberg, J. (2013) The Evidence: What Works, Why and How? in Essential Simulation in Clinical Education

Biography

Julie has a clinical background in acute general surgery, District Nursing Sister and a Clinical Practice Teacher with PG Cert in Education. With over 35 years experience, Julie is a highly valued member of Berkshire Healthcare's Practice Education team and leads on the Clinical Skills programme. Her specific expertise relates to community adult healthcare and physical health training for mental health staff. Julie supports all staff with competency sign-offs, supervision and mentoring for leadership.

Learning Outcomes
1. Enhance critical thinking, confidence and awareness.
2. Consider teaching methods and learning styles to plan the design and content of the courses.

Recommended Reading
1. Østergaard, D. and Rosenberg, J. (2013) The Evidence: What Works, Why and How? in Essential Simulation in Clinical Education
2. https://learnpac.co.uk/wp-content/uploads/2015/08/Skills-for-Health-Clinical-Care-UK-Core-Skills-Training-Framework-Subject-Guide-April-2015.pdf

I2

'Don't Panic Stations' : Professional Judgement Board Game

Presenter: Dawn Parry, RGN, RSCN, Paediatric Project Lead , HEIW, UK

Abstract

The Nurse Staffing Levels (Wales) Act 2016 section 25B requires each health board/trust in Wales to calculate the number of nurses – (and those staff undertaking nursing duties under the supervision of a registered nurse) using a triangulated methodology, in order to provide patient centred care and to meet the holistic needs of patients.

The triangulated methodology utilises information from three sources:

- Patient acuity and
- Quality indicators
- Professional judgement

Professional judgement and decision making have been described as closely linked and the paediatric workstream as part of the Nurse Staffing Programme have considered how to evidence professional judgement as part of the triangulated methodology. The group have developed a new and innovative board game that provides nurses with a platform to explore, learn and develop experiences, and build on the practical wisdom that can enhance their professional judgement.

The game has been tested and refined following feedback from both nursing students and registered nurses, this feedback has also identified that the game could be modified to support nurses within different specialities for example adult and mental health, it also has the potential to be used by other healthcare professionals.

The game provides an opportunity for nurses to explore and examine the use of professional judgement in a safe environment, aid learning and promote reflective practice both for the individuals that are playing the game and also for those that may be observing. The game evidences and supports the importance of using professional judgement in the decision-making process.

The workstream are hoping to collaborate with the Accelerate group and also colleagues in academia, benefiting from their extensive expertise and experience in user-centred design, user-experience evaluation and behavioural analysis to further refine the game in to create a professional and digital version that could potentially have both a national and international participation.

Biography

Dawn qualified as a Registered Nurse in 1987, completing her Sick Children's Nursing at Great Ormond Street in 1989, and has since obtained a master's degree in Childrens Nursing in 2005. Over the last 30 years Dawn has worked within the Paediatric acute setting in England and in Wales and fulfilled a senior position within Cardiff and Vale Health Board for the major part of her career In 2015 Dawn was part of the senior nursing team Cardiff in developing the vision for the Paediatric surgical unit at the Noah's Ark Children's Hospital for Wales including patient flow and the introduction of the Paediatric telephone pre admission service. Within her current role

as the Paediatric project lead for the All Wales Nurse Staffing Programme Dawn, the work stream chair and senior nursing representatives across Wales are coordinating a ground-breaking programme of work

Learning Outcomes
1. Facilitate user experience and exploring professional judgement
2. Explore the use of an innovative approach to reflective working and learning

Recommended Reading
1. Benner P, Tanner CA, Chesla C: Expertise in Nursing: Caring, Clinical Judgment, and Ethics
2. Tanner, C A: Thinking Like a Nurse: A Research-Based Model of Clinical Judgment in Nursing
3. Hunt,G: The human condition of the professional: discretion and accountability.

I3

Self-Directed Healthcare Assistant HCA training during a Global Pandemic

Presenter: Claire Burge, Advanced Nurse Practitioner, Advanced Nurse Practitioner, Manor Park Surgery, UK

Abstract
The unprecedented arrival of COVID-19 into our working lives has turned the healthcare system upside down. The ways of working within General Practice (GP) changed overnight; from seeing our patients face to face to using remote ways of communicating; video, telephone calls and text messages. However, it was not just the clinical work that changed; all of a sudden all training stopped with no prediction of when it would return. As a lead nurse, I found myself with two very experienced Healthcare Assistants (HCA's) who were new to GP needing further training, especially with the flu season fast approaching, they needed injection and immunisation training.

After much research, I discovered there was little training that was available remotely and therefore decided to devise my own training package. I contacted the Royal College of Nursing for advice and gave them a synopsis of my proposal of training which met the Minimal National Standards and Core Curriculum for Immunisation Training of Healthcare Support Workers. The aim of the course was to ensure that the HCA met these standards and more, whilst ensuring accurate assessment of competency and ongoing support, within the workplace and through ongoing support from me.

The aim of the course was to allow the HCA to work in a self-directed manner over 6 months, using research methods and interpreting what they were researching into the work they produced. A range of learning resources available including; a workbook, PowerPoint presentation and demonstration videos. Assessment of candidate by using a number of methods; workbook questions, reflective practice, a videoed Objective Structured Clinical Examination (OSCE), and competences before a final test. The final test comprises of multiple-choice questions, scenario-based questions and "pass or fail" safety questions. Over twenty candidates throughout England are currently undergoing the course.

Biography
I have been a nurse for over 20 years now. I started my training in the British Army which gave me a huge range of clinical experience, home and abroad. I left the Army after almost 8 years and since have gone from one clinical environment to another. I have been an A&E

Sister, a Prison Nurse and I have repatriated patients from all over the world. After completing my Advanced Nurse Practitioner course at London South Bank, I settled into Primary Care working mainly in General Practice and Out of Hours settings for the last 11 years.

Learning Outcomes
1. To understand the anatomical and physiological aspects of the skin to enable the safe administration of subcutaneous and intramuscular injections.
2. To understand the legal minimal requirement of injection administration and demonstrate them to a level of competency
3. To understand the role of the HCA in injection administration, the role of the supervisor and appropriate delegation

Recommended Reading
1. Public Health England (2015). National Minimum Standards and Core Curriculum for Immunisation Training of Healthcare Support Workers. London: Public Health England.
2. Public Health England. (2013). Immunisation procedures: The Green Book, chapter 4. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147915/Green-Book-Chapter-4.pdf
3. Dougherty, L., & Lister, S. (2015). The Royal Marsden Manual of Clinical Nursing Procedures. Oxford: Wiley-Blackwell

I4

Innovations in Remote Learning; Electronic Prescribing and Medications Administration (EPMA) Systems in Nurse Education

Presenter: Mark Arnold, MSC, BN, RGN, SFHEA, Senior Lecturer and RGN, Liverpool John Moores University, UK

Co-presenters: Joanna Lavery, Mark Murphy, UK

Author: Kate Shemilt, UK

Abstract
The introduction of an Electronic Prescribing and Medications Administration (EPMA) system to nurse education will be illustrated. The poster will highlight the next steps in enhancing future clinical practice education development at a large school of nursing. The innovative approach will support registered nurses to be prescriber ready (NMC, 2018).

LJMU has one of the largest schools of nursing in the UK. We had been using paper prescriptions for teaching purposes. However, many NHS trusts have now adopted EPMA software, which reduce medication errors and free up staff time for other activities (NHS, 2019). It is vital that we provide credible training to ensure nurses are familiar with the systems in clinical practice in order for them to be safe practitioners, fit for purpose on qualification (NMC, 2018). Clinical partners emphasise the need for nurses to be experienced at medicines administration.

Each learner is taught to both prescribe and administer medications in a virtual, real time, online demonstration. Learners can access their own simulated patients on the EPMA system. They can practise prescribing and administering medications in a virtual, safe setting, facilitating remote experiential learning (Kolb, 1984). This approach will

enable skills development for students and staff redeployed, returning to practice or working remotely. It enables distance learning, ensuring that nurses continue to develop despite COVID-19 social distancing restrictions, educating the workforce in these challenging times.

The software will promote inter-professional learning. We are working with our other health schools to develop integrated scenarios were students can learn together. The poster will detail next steps, incorporating the innovative EPMA system across the skills modules in the second and third year of the pre- registration nursing programme and the post registration provision, including non-medical prescribing.

Biography

Mark has a background in emergency nursing; working for several years in a range of roles in A&E. He worked as an emergency nurse on cruise ships for 2 years before moving into education in 2010. His first university post was as a clinical teacher at Kings College London, supporting nursing students on placement at Guy's and St Thomas' NHS Foundation Trust and developing experience in high fidelity simulation. He took a role as senior lecturer at London South Bank University, leading skills and evidence based practice modules before becoming course lead. He is currently studying his PhD part time, exploring the transfer of care home residents to and from A&E. Mark's role at Liverpool John Moores University comprises module leadership of 5001BPRNAD Developing Adult Nursing 2 in addition to supporting many other modules. He enjoys helping students develop into professional graduate nurses.

Learning Outcomes

1. Understand how EPMA systems can facilitate remote learning
2. Understand how the use of EPMA systems in education enhance credibility and help produce a nursing workforce that is fit for purpose
3. Understand how EPMA systems can be used to promote inter-professional learning

Recommended Reading

1. NHS (2019) https://improvement.nhs.uk/documents/5472/190708_Patient_Safety_Strategy_for_website_v4.pdf
2. Lall, P., Rees, R., Law, G. C. Y., Dunleavy, G., Cotič, Ž., & Car, J. (2019). Influences on the implementation of mobile learning for medical and nursing education: qualitative systematic review by the Digital Health Education Collaboration. Journal of medical Internet research, 21(2), e12895.
3. https://www.nmc.org.uk/standards/standards-for-nurses/standards-for-pre-registration-nursing-programmes/

J1

The Nuffield Health Theatre Manager Development Programme (TMDP)

Presenter: Chris Davis, BSc Physiotherapy, MSc Sports and Exercise Medicine, Learning and Development Specialist - Clinical Education, Nuffield Health, UK

Co-presenter: Dawn Scott, UK

Abstract

Purpose

Operating theatres are the 'engine rooms' of our hospitals and a multitude of skills are required to lead them safely and efficiently whilst focusing on quality and business development. The TMDP aimed to facilitate 'fitness for leadership' in clinical practice, providing a specialist development programme that is context specific.

Design

A 12-month TMDP was designed, including two key stages. Stage-1 was 'Leadership Foundations', a framework of workshops equipping leaders with knowledge and skills prerequisite for effective leadership. Topics included Talent & Development, Employee Experience and Managing People.

Learning need was established by self-assessment in partnership with their Matron. A benchmark for stage-2 was to demonstrate a good level of knowledge/skill across all topics. Theatre Managers also completed an Introduction to Insights Discovery Workshop.

Stage-2 was a clinical leadership programme focussing upon leadership and managing care in the perioperative context. It consisted of a tripartite curriculum with modules examining theatre management in accordance with Nuffield Health's Quality Framework (Safety, Effectiveness and Experience). The TMDP was delivered by experts, aiming to promote evidence-based theatre management and explore key principles of leadership effectiveness and clinical excellence.

Outcomes

11 Theatre Managers completed the TMDP. Three themes emerged from qualitative evaluation; 1, Improved understanding of how Leadership mindsets influence teams and quality. 2, Improved ability to drive decisions with research/data. 3, Building a Peer-Peer support network to share best practice, ideas and connect to Nuffield Health's Purpose. Self-Efficacy improved (mean +9%), stress resilience improved (mean +17%) and the TMDP was rated as highly valuable (mean 9.1, range 0-10). Most importantly all theatre managers either agreed (45%) or strongly agreed (55%) that the TMDP made them a better leader in perioperative practice.

Conclusion

A 12-month TMDP is effective at improving clinical leadership behaviours and aligning clinical leaders with professional and organisational quality standards.

Biography
Chris Davis is a Learning and Development Specialist for Clinical Education at Nuffield Health, the UK's largest healthcare charity. Chris worked within NHS and private sectors before joining Nuffield Health in 2015 and

moving into Clinical Education. Chris has been programme lead for the Mabuhay International Recruitment Programme since 2019 and has supported various other Nursing and AHP educational programmes and initiatives. Chris has a keen interest in the training cycle with a focus on evaluation and hopes to pursue a EdD/PhD in clinical education in the near future.

Learning Outcomes
1. Facilitate 'fitness for leadership' in perioperative clinical practice
2. Provide opportunity for peer-peer support and collaboration.

Recommended Reading
1. High quality care for all: NHS Next Stage Review final report. Lord Darzi, DOH, 2008
2. Perioperative Nurse Leaders and Professionalism. D Whiteside, 2016
3. The Role of Emotional Intelligence in Perioperative Nursing and Leadership: Developing Skills for Improved Performance. KW Beydler, 2017

J2

Covid-19/Winter Planning for Respiratory Patients

Presenter: Sian Jones, Lead nurse, Primary care Respiratory Team, Lead nurse, Primary care Respiratory Team, Aneurin Bevan University Health Board, UK

Co-presenter: Karen Vennard, UK

Abstract
Background

Due to the Covid-19 pandemic during early 2020 and the prediction of a possible second wave during the winter months, the Primary care and Community Respiratory team devised an education and training programme to prepare and support all staff whilst dealing with COVID and patients with respiratory conditions.

Aims and Objectives

By the development and roll out of the training programme, all staff irrelevant of grade would receive up to date information in order to provide the support, assessment, treatment and management of patients in their care by improving confidence, expertise and providing clear pathways/links for specialist support regarding queries or advice.

Method

This is an innovative teaching programme is based on current evidence-based guidelines. The training presentation previously devised for Community staff and the health care support workers winter planning pilot was adapted. The additional information encompassed:

- COVID-19 symptoms and supportive treatment
- NEWS score and escalation of acutely unwell patients.
- COPD exacerbation treatment
- Updates on Personal Protective Equipment
- Aerosol Generated Procedure devices
- Communication records for all health care professionals
- Initiating appropriate advanced care planning and Do Not Attempt Cardio Pulmonary Resuscitation for patients
- How to order oxygen and inclusion/exclusion criteria
- Home Oxygen Service/Respiratory team contacts and the team's generic email contact.

The training sessions were presented remotely, via Microsoft Teams, due to the

need to continue social distancing. Training sessions were 1 hour long and delivered by the Primary care and Community Respiratory team.

Results and Conclusion

There was a good response to attend training and feedback currently is very positive. Training sessions are continuing until Mid-October and audit data will be captured from feedback. Because of this good feedback received regarding the value of the training, it was shared to Secondary care and other colleagues across Wales to adapt accordingly.

Biography

I have been a nurse for 34 years and I have worked in Aneurin Bevan University Health Board for the past 20 years. I have developed vast nursing experience over this time and have worked in Primary, Community and Secondary care. I have always cared for patients with respiratory conditions and for the last 3 years I have worked as a Respiratory nurse Specialist. I am a lead nurse and member of the Respiratory service which work within Primary care. This entails providing support for respiratory clinics within GP surgeries by way of independent clinic and mentorship clinics. The team also provides extensive training as both 1-1 sessions and formal training days. Also within this role, particularly with Covid-19 I have developed; with team members; Standard Operating Procedures and documentation for the team service and also for the Community services in the Health Board.

Learning Outcomes
1. The reason for the training programme
2. The reason for the training content

Recommended Reading

1. GOV.UK: coronavirus - guidance and support
2. BTS Advice for Community Respiratory Services in Relatin to Covid-19