Nursing education and professional development: the global perspective

Conference and exhibition hosted by the RCN Education Forum

Tuesday 21 – Wednesday 22 March 2017
Cardiff City Hall, Gorsedd Gardens Road, Cardiff, CF10 3ND
The first step: pre-registration students’ experiences of recruitment and admission to programmes of study

Mrs Susanne Lewis, MSc, BSc, BA(Hons), RN, Lecturer, University of the West of Scotland, Scotland
David J Hunter, MSc PGCert BSc(Hons) RN TCH FHEA; Lecturer in Adult Health, University of the West of Scotland

Aim
The aim of this paper is to share the findings of a survey we conducted with pre-registration BSc Adult and Mental Health nursing students, and BSc and MSc Midwifery students, regarding their experiences of the recruitment process at our institution.

Abstract
Background - The University of the West of Scotland (UWS) is Scotland’s largest modern university with the largest School of Health. There are approximately 4100 full or part time students studying at one of four campus sites across the West of Scotland, and our campus in London. In September 2016, 746 new students began on pre-registration programmes of study across our four campuses in Scotland (BSc Adult Nursing, Mental Health Nursing, Midwifery or MSc Midwifery). Our School were keen to evaluate our recruitment and admissions processes with a view to streamlining working practices. - Methods - The methodology we used was that of a survey. An electronic questionnaire was sent via email to all 746 students at the end of the induction week, with a reminder email sent two weeks later. Announcements were put on the School’s twitter feed and a Facebook page used in the nursing programmes. Only quantitative data were collected. - Results - A total of 227 students completed the questionnaire (30.4%). Early analysis indicate that over 66% of the respondents did not attend an open information day event and that over 48% of people never used a printed prospectus in aiding them with course selection, however, 98% looked at the UWS website. Over 90% stated they felt prepared and understood what was expected of them on the testing and interview day. 68% stated that the recruitment and admissions process either had some, or a large, influence on their decision to study with our institution, with over 51% of the students also identifying campus location as a large influencing factor. Overall, 94% were either satisfied or very satisfied with their experience of our recruitment and admission processes. - Conclusions - Preliminary results would indicate that when considering course selection, prospective students are seeking information from the internet. It can also be seen that on the testing/interview days, the majority of students felt informed, prepared, welcomed and supported. Whilst campus location has influenced this current cohort of students, a more interesting result is the apparent impact that the recruitment and admissions process itself may have played in their decision to study at this institution.

Intended learning outcomes

1. Understand that the vast majority of students were overall satisfied or very satisfied with their first steps into a career in nursing or midwifery
2. Appreciate the significance recruitment and admissions processes may have on student’s decisions to study at a particular institution
3. Recognise that fewer students appear to be looking at printed prospectuses when considering a course of study and therefore it may be beneficial to improve online resources instead.

Recommended reading list


Biography
Susanne is a Lecturer in Adult Nursing at University of the West of Scotland and is currently studying for a PG Cert in Teaching and Learning in Higher Education. As a registered nurse, Susanne has experience of working in an island community hospital, caring for patients with various needs and A&E patients. More recently she has been working within Head and Neck surgical services at Ayrshire & Arran, latterly as a senior nurse and ENT Nurse Practitioner. She has a keen interest in Head & Neck cancer and hopes to research this area further in the future.
1.1.2 Discourse creates identity: liminality and learning to be a student nurse.

Mr Richard Greensmith, MSc., PGCE., Bsc., Bsc., BA., D.Nur., RNA, Lecturer in Nursing (Adult) / Module Coordinator, Keele University, School of Nursing and Midwifery, England

Aim
The aim of this paper is to review current content and context in the development of student nurse professional identity during the liminal stages of the first year on their nursing degree.

Abstract
- Background: As nursing has become a graduate profession, via education and professional regulation, and changes within the culture and psyche of the nurse, this is informing and shaping current and future student nursing professional identity - as this is accumulated within the achievements, knowledge, skills and behaviours and the outcome of achieving a nursing degree. During the transition into Higher Education (HE), albeit as a collective or community, student nurses are expected to develop and integrate a professional identity, whereby the transitional space is considered to be ‘liminal’ (Turner, 1987: 4) as the passage from one status to another.
- Research Objectives: The objectives of the ‘concurrent session’ will be to commence a discourse of the liminal phases of a transitional theory, whilst applying these to themes derived out of content and context of past and current research/literature relating to supporting first-year student in transition to higher education. -
- Methods: Whilst completing an inductive theoretical study for professional development and preparation for the concurrent session, a literature review methodology was completed to review and provide synthesis between research and thematic concepts regarding first-year student transition. Poignant views provided significant perspectives and clearer understanding of first-year nursing student’s transitional issues in forming a student nurse identity, which can assist with reflection on and development of curricula. -
- Results: It has become evident that the concept of liminality can be applied to the development of a student nurse’s professional identity via discourse that construct and deconstruct thematic components; in turn aiding transition, development and encouraging participation toward professional identity. -
- Conclusions: When considering the components of liminality, the theoretical and thematic components applied to first year student nurse’s professional identity, this suggests that a nursing programme is a significant transition in self-concept. Therefore academics must encourage and enhance a sense of belonging to assist with the development of professional identity. -

Intended learning outcomes
1. Develop knowledge of the conceptual definition of professional identity significant to student nurse
2. Explore a key concept derived from literature significant to liminality
3. Juxtapose and analyse thematic content and context applied to liminality and student nurse professional identity

Recommended reading list


Biography
Having a long standing interest in education and health care, in 2001 a change in career inspired further training as an Adult Nurse from 2002; followed by professional development as a staff nurse, Clinical Nurse Specialist and Deputy Charge Nurse. Since moving into education from 2010 in Further Education for Health and Social Care with focus in health sciences and health studies, and in July 2013, joining Keele University as a Teaching Fellow and later in a Lecturer post, with an interest in supporting students, hermeneutics, communication and counselling skills, end-of-life care, anatomy and physiology, and praxis as experiential practice.
A multi-centre evaluation of readiness to transition from student to newly qualified nurse in a cohort of children’s nursing students

Mrs Liz Crighton, RGN RSCN MSc PGCE, Senior Lecturer, London South Bank University, England

Aim
The aim of this study is to explore the experiences of children’s nursing students in relation to role transition and employability across four London universities.

Abstract
Background - The post-qualifying and preceptorship period has been well researched and findings conclude that support to newly qualified nurses (NQNs) is instrumental in improving confidence, satisfaction, and retention and has a significant impact on quality of care. However, there is limited evidence about the period prior to qualifying. - The purpose of this evaluation is to identify what support students have received and evaluate the current processes for support of students in this context. This will help to identify what additional education and support is required for future cohorts of students. - Method - Final placement (FP) students from a single children’s nursing cohort at four London universities were informed of the study during their final academic module by the module coordinator(s). The Role Transition Questionnaire (RTQ) was developed, validated and piloted previously in a single university and was adapted to be administered as an online survey. The survey link was posted on the module virtual learning environment and emailed to all potential participants with an information leaflet about the study. - Students were asked to complete the survey mid-way through their FP placement. Data were analysed descriptively. - Results - 77/286 students responded (26.9%) ranging from 3 to 24 responders per university. Some answers were incomplete. 27 students (35%) felt well prepared to make the transition. - Key student concerns included; becoming an accountable practitioner, employers expectations and the availability of support in the NQN period. 53 students (85%) were supported by their mentor and 61 (95%) by their sign off mentor. 35 students (57%) did not receive support from their personal tutor at this time and 24 students (41%) did not receive support from their link lecturer. 25 students (40%) received no support with writing a personal statement, 31 students (50%) did not have a mock interview and 29 (47%) received no support in developing their professional portfolio - Students wanted more employability support and the opportunity to talk to NQNs and prospective employers. - Conclusion - FP students want more support at this time. Universities and their clinical partners need to develop better education and support for FP students and deliver it in a timely way.

Intended learning outcomes
1. Describe the importance of support to final placement (FP) students
2. Understand what support is required by final placement students to assist in their professional transition from student to newly qualified nurse (NQN)
3. Develop an awareness of effective strategies to assist students in managing their final placement and transition to NQN.

Biography
Liz Crighton is a Senior Lecturer at the Department of Children’s Nursing, London South Bank University. Liz teaches the final academic module (Leadership, Management and Supervision) to pre-registration nurses and has a special interest in role transition, employability and workforce development.

Recommended reading list
1.2.1

Doctor Annette Chowthi-Williams, EdD, MSc, RNT,RHV,RN, Senior Lecturer, London Southbank University, England

Aim
To present a change management model devised by a nurse for managing curriculum changes, and its transferability in managing organisational and practice changes.

Abstract
Change is a constant feature of nurse education in the United Kingdom and driven by health care policies. Despite the plethora of curriculum changes, little is known about how these changes are managed. - Through the retrospective application of Kotter’s business model of change, an analysis of how a national curriculum change was managed was undertaken, resulting in a newly designed researched based change management model. The underpinning philosophy at the heart of AC-W Change Management Model (Chowthi-Williams et al. 2016) is Emotion. Accompanying the model is a tool to help put it into practice, which can be adapted retrospectively, in real time or prospectively whilst affording a central role to the understanding of emotions in the process of change. - The model is non-linear, non-sequential, analytical in nature and not prescriptive. It allows change agents flexibility in managing change depending on the level and complexity of change to be undertaken, and can be adopted and adapted for organisations outside nurse education. - Emotion (feeling) is central to change. With a raft of change models across the globe, with most focusing on the cognitive (thinking) aspect of change, change continues to be a challenge. Worldwide success rate of organisational change is at thirty percent (Rouse 2011, Jacobs et al. 2013, Jansson 2013, Michel et al. 2013). - There is a presumption that when change is recommended cognitive reaction is rational whereas an emotional response is irrational (Weiss & Cropanzano, 1996). While, both cognition and emotion are necessary for change management, the heart of change is emotion (Cohen & Kotter, 2002; 2012). Emotions cannot occur without some kind of thought’ (Lazarus,1991, p 353). Emotional input is essential in decision making (Damasio, 2003; 1999; 1996) and emotions are highly rational (deSousa, 1990). Each emotion is imbued with its own signal or intelligence’ (Cooper & Sawaff,1997 p37). - With no specific universal nursing formulae to assist nurses in managing change, AC-W Change Model, the first to be designed by a nurse is innovative. Both emotional and cognitive readiness are necessary conditions for change management, be it in nurse education, organisations or nursing practice. -

Intended learning outcomes
1. Develop knowledge on the literature and research evidence concerning change management and their relevance to nursing/nurse education/practice
2. Explore and challenge the assumptions on current change management approaches/practices
3. Understand the benefits/challenges of how the first change management designed by a nurse could be successfully used to manage change in practice/nurse education/organisations

Recommended reading list
2. Durdy H (2014) The impact of organizational change in the NHS on staff and patients: a literature review with a focus on mental health. Mental Health nursing 34(2) 16-20

Biography
Dr Chowthi-Williams is currently an academic at London South Bank University with interests in Change Management, Public Health, Primary Care, and Leadership. She has developed a research -based Change Management Model, the first to be developed by a nurse. She is currently testing this model within the education context, before assessing its applicability in the practice setting within the NHS. - Dr Chowthi-Williams was previously a senior manager in PCTs, an academic at St Barts and then at the Royal London, where she worked with Queen Mary & Westfield in introducing Community and Primary Care into the medical curriculum.
The Observer Role in Simulation and the use of an Observer Tool to Enhance Learner Engagement

Beryl Mansel, MSc, Mental Health Nurse Lecturer, Swansea University, Wales

Aim
The aim of the presentation is to describe a teaching workshop wherein students adopt an observer role - defined as external to the simulation

Abstract
The role of the nurse lecturer is to create a learning experience which facilitates the link between theory and practice. The Nursing & Midwifery Council (NMC, 2010) suggest that programmes designed to prepare nurses should offer a flexible approach to learning, and draw upon the full range of modern learning methods and modes of delivery. The use of simulation is recommended as an effective method of teaching and learning. The ability to assess service users’ mental health needs is one of the most important skills of a mental health nurse. The precise and appropriate gathering of information and observations of the service user enables the nurse to undertake effective care and treatment planning (Dougherty & Lister, 2015). It is therefore essential for students to be provided with the opportunities to learn such skills and knowledge in a classroom environment.

Future plans aims to continue use of the MSE workshop and ‘I AM A STAR’ framework with the degree of student involvement moving from observation to participation.

Intended learning outcomes

1. By the end of the presentation delegates will be able to describe the benefit of the observer role within simulation
2. Evaluate the benefit of student interaction using an observer tool
3. Consider applying observational simulation to their own teaching practice.

Recommended reading list


Biography
Beryl joined Swansea University College of Human and Health Science as a mental health lecturer in 2015 teaching both undergraduate and postgraduate students. Beryl’s background is in mental health nursing with experience of working in acute in-patient, community and primary mental health services. Beryl undertook a Master’s in healthcare management with a research study ‘Emotional Intelligence in Nurse Leadership: An Interpretative Phenomenological Analysis’ (under review). Her teaching and research interests include, low-fidelity simulation, forensic mental health, emotional intelligence, leadership and human factors in health care. She is a Fellow of the Higher Education Academy.
1.2.3
Embedding Students in Research: Challenges and lessons learned from an innovative Placement in a Clinical Research Facility

Dr Rachel Muir, RN, MRes, PhD, Senior Matron, NIHR Clinical Research Facility UCLH, England
Helen O’Toole, RN, MSc, Lead Nurse for Pre-Registration Education.

Aim
This paper aims to present an innovative pilot educational project from University College Hospital London, which embeds students in clinical research settings to raise awareness of translational research and clinical trials and develop clinical research literacy amongst future generations of registered nurses.

Abstract
Over the last 10 years clinical research has become a mainstream activity within NHS organisations, and in 2014 more than 630,000 patients and volunteers participated in research studies hosted by the NIHR Clinical Research Network. The Health and Social Care Act (2012) also recognised and placed statutory duties on the Secretary of State to promote research at all levels of the NHS, and The NHS Constitution includes a commitment to inform patients of research studies in which they may be eligible to participate (Department of Health, 2015). Whilst this demonstrates that research is now a central tenet of the NHS, very few pre-registration nursing students are provided with opportunities to develop their knowledge and understanding of clinical research and trials through clinical placements, and where placements are offered, these often tend to be short elective placements with limited scope for learning. - This paper will present an innovative pilot educational project from University College Hospital London, which aims to embed pre-registration nursing students in clinical research settings as a substantive placement. The placement operates a ‘hub and spoke’ model, with students placed with a key mentor in the NIHR Clinical Research Facility for 4-6 weeks (the hub), with a selection of learning opportunities offered in other research active areas and specialities within the Trust (including Intensive Care and Accident and Emergency) to expose students to the research studies and trials taking place across a wide range of care settings and specialities. - This paper will reflect on the key issues and challenges in establishing student placements in clinical research and seek to propose how these challenges might be further explored and addressed. It will be argued that clinical research settings are currently under-utilised as student learning placements, although they can offer innovative and challenging learning opportunities that encourage students to connect their theoretical knowledge about research to applied clinical research in practice. Moreover, student placements in clinical research, particularly those that seek to facilitate greater understanding of nurse led research, might arguably engender greater interest and awareness in nursing research and develop research literacy amongst the future generation of registered nurses. -

Intended learning outcomes
1. Understand the challenges of developing student placements in clinical research
2. Understand the learning opportunities available in clinical research
3. Understand how research placements can connect research theory and knowledge for pre-registration student nurses

Recommended reading list

Biography
Rachel Muir is the Senior Matron for the NIHR Clinical Research Facility at UCLH, and she has a clinical background in Critical Care and Accident and Emergency. Rachel has worked in academic and clinical research for over 10 years and has a PhD in Social Science, a Masters in Research, and is currently applying for a CLAHRC research fellowship. She was awarded an international travel scholarship by the Florence Nightingale Foundation in 2013/2014 to visit Harvard, Toronto, and McGill in Canada to learn from innovative participatory projects to improve patient experience.
1.3.1 Developing the specialist paediatric palliative care workforce; assessing the needs of healthcare professionals

Liz Crighton, RGN, RSCN, MSc, PGCE, Practice Educator, The Louis Dundas Centre for Children’s Palliative Care at Great Ormond Street Hospital, England

Aim
This paper will present a learning needs analysis (LNA) which was undertaken to improve understanding of the education and support needs of doctors, nurses and healthcare assistants (HCAs) working with children and young people (CYP) with paediatric palliative care (PPC) needs. This will inform a programme of education and support which can be tailored to the learning needs of this group; consequently, improving quality of care for children, young people and families.

Abstract
Background
There are over 49,000 CYP with life-limiting conditions in the UK; 7,000 living in and across London.

PPC is the holistic care of CYP with life-limiting and life-threatening conditions and can be provided alongside disease-directed and life-prolonging interventions.

PPC is a relatively new discipline. Clinical practice has forged ahead of education. Despite multiple policy documents recognising the importance of education and workforce development, specialist PPC educational initiatives have been slow to follow.

Method
A LNA tool was developed and piloted with key stakeholders and administered via an online survey. The survey link was emailed to all doctors, nurses and HCAs working in a single, children’s tertiary NHS trust. An announcement was posted in the trust newsletter and flyers posted in all clinical areas. Data were analysed descriptively.

Results
160 staff responded; 58 doctors, 86 nurses and 16 HCAs. 60% responders received no PPC education in the preceding 2 years. 78% work with CYP with PPC needs on > 8 shifts per month. 16% work with CYP at the end of life on > 8 shifts per month. Despite 41% having significant experience (over 10 years post qualification), 29% rated their knowledge about PPC services as low (< 5 on a rating scale 1-10) and 26% did not feel confident to refer to specialist PPC services. 42% lacked confidence in planning a discharge for end of life care and 40% were unsure of the processes and documentation following a child’s death. 34% did not feel confident in supporting bereaved families.

Conclusion
Staff want more education and support in PPC; symptom management, advanced care planning, end of life, after death care and bereavement support. Findings indicate an urgent need to educate staff to equip them to provide high-quality, skilled and compassionate palliative and end of life care to CYP and families.

Intended learning outcomes
1. Recognise the importance of education and workforce development in the growing speciality of Paediatric Palliative Care
2. Understand more about the learning and development needs of professionals working with life limited children and their families
3. Consider how learning opportunities can be planned to meet the diverse needs of the multi-professional workforce.

Recommended reading list

Biography
Liz Crighton is a Practice Educator for the Paediatric Palliative Care foundation programme at The Louis Dundas Centre for Children’s Palliative Care at Great Ormond Street Hospital with a background in children’s palliative care across hospital, hospice and community settings.
Mental health nurses' experiences of the management of care for young people with dual diagnosis

Rachel Gates, PGDip, BSc, RMN, MSc Student, King's College London, England

Aim
To analyse from the nursing perspective how services manage the needs of young people with dual diagnosis in order to identify areas for training and practice development.

Abstract
Background: Dual diagnosis of substance use and mental health problems in adolescents is common and policy suggests mental health services are best placed to offer long term integrated care for these young people. However, services have been reported as ill-equipped for this task with a lack of training and resources for healthcare professionals.

Objectives: To qualitatively conceptualise how nurses across inpatient and community CAMHS experience the management of care for young people with dual diagnosis in order to identify areas for training and practice development.

Method:
Semi-structured interviews were conducted with seven mental health nurses working in CAMHS in two London NHS Trusts. Interpretive Phenomenological Analysis was used to analyse the data in order to extract the “lived experience” of each participant.

Results:
Four themes were identified: understanding dual diagnosis; engagement; clinical management and training. Participants displayed varied understandings of dual diagnosis in young people, including what they would classify as harmful substance use and how they understood the interplay of substance use and mental health. Developing a trusting therapeutic relationship was emphasised as integral to effective treatment however this was sometimes disrupted by a fragmented service structure where substance use and mental health are treated separately. Building a young person’s internal motivation was highlighted as essential to positive engagement with services and could cause frustration if a young person was unwilling to engage. There was a lack of consistency in education on dual diagnosis at university level training. Nurses lacked confidence in their knowledge around substance use and ability to provide evidence based interventions for young people with dual diagnosis. All participants identified a need for further training in this area.

Conclusion: More specialist training is needed to enable nurses to provide effective and co-ordinated care for young people with dual diagnosis; and to ensure better access to evidence based interventions for young people with dual diagnosis accessing CAMHS. Improved education needs to be provided both pre and post qualification. In addition, service structure needs to be re-evaluated in order to move toward the integrated care model posited by UK policy.

Intended learning outcomes
1. Develop awareness of the prevalence of dual diagnosis in young people
2. Identify areas of dual diagnosis/substance use which are needed for training graduate nurses
3. Identify areas of specialist training that could enhance practice for nurses working in CAMHS

Recommended reading list

Biography
Rachel is a mental health nurse specialising in child and adolescent mental health (CAMH) with experience working in forensic, acute and eating disorder inpatient CAMH services. She currently works as a dual diagnosis lead aiming to promote best practice and continued development in this area. She has recently completed her MSc in Nursing at King’s College London and is working with the university and London Trusts to develop training in dual diagnosis for CAMHS nurses.
1.3.3
Developing a NHS Trust based Education Faculty to deliver specialist postgraduate Education

Beverley Cejer, BSC (hONS) PGCE, RSCN, SRN, Lead Nurse Faculty of Children’s Nurse Education, Faculty of Children nurse Education, England

Aim
To present and discuss the experience of setting up a Faculty of Children’s Nurse Education sited within a hospital Trust

Abstract
As Universities scrutinise the financial viability of their courses the feasibility of postgraduate nursing courses with small cohorts is questioned. - Within the educational niche of postgraduate paediatric specialist education cohorts are always small. The availability of this education is important, not only to ensure safe, high quality care but also to comply with specialist guidance and standards (RCN 2014, Paediatric Critical, high dependency and Cardiac care). Nurses have to travel distances to access the diminishing number of courses. At the same time University course fees are increasing whilst monies for CPD education is being reduced, difficult decisions are therefore being made at Trust level regarding which course is prioritised. - Bristol Royal Hospital for Children (BRHC) has addressed these issues in a novel and sustainable way by developing its own Faculty of Children’s Nurse Education. The Faculty consists of experienced educators and clinicians who deliver post graduate modules and short courses to nurses working in paediatric critical, cardiac and high dependency care. The modules are accredited with Plymouth University who provide academic oversight and quality control. - Setting up the Faculty was a mixture of planning and fortune. As the business case was being assembled one of the charities which support the Trust offered to provide two year pump priming. This enabled the project to go ahead in 2014. Having a comprehensive five year plan ensures that work streams have remained on track. The Faculty provides education for both nurses working within Bristol Children’s hospital (thus saving money sending nurses elsewhere), the Southwest region and nationally. Demand for places is high and most courses run at capacity. - In setting up the Faculty the main essential elements were: - Support of the Trust – both financial and managerially
- Start up financing
- A robust business plan which demonstrates the vision
- Individuals with both clinical expertise and a qualification and experience in education
- Partner University to accredit the modules and provide academic oversight - Challenges have been encountered around increasing demands from within the Children’s hospital, the partner University being geographically distant and acceptance by some students that this is an academic not “in –house” course.

Intended learning outcomes

1. Understand the importance of specialist clinical education
2. Consider the key requirement for the development of a Faculty of Education
3. Discuss some of the challenges relating to setting up a Faculty

Recommended reading list

2. Royal College of Nursing (2011) Children’s and young people’s cardiac nursing: RCN guidance on roles, career pathways and competence development, London RCN

Biography
Beverley Cejer is an experienced paediatric critical care nurse and educator who is now the Lead Nurse for the Faculty of Children’s Nurse Education based at Bristol Children’s Hospital. After a varied career in clinical nursing, including two long stints working in paediatric critical care she began focusing on education and taught students undertaking the paediatric critical care course at two other Universities before developing the current modules. Beverley has been the Lead nurse responsible for the development of the Faculty since its beginning in 2014.
1.4.1
Best practice models for coaching and mentoring of students to undertake direct patient care

Kathy Branson, RGN. RHV. BSc, Integrated Workforce Models – Clinical Lead, New Care Models Programme, Health Education England, England
Jenny McGuinness, Deputy Postgraduate Dean, Health Education England

Aim
To share new practices of coaching and mentoring students within the clinical learning environment, which had been commended by the “Shape of Care” review (Willis, 2015) and further developed to produce best practice guidance.

Abstract
Through a regional review of pre-registration nurse education in the east of England, (EoE) students highlighted that 1:1 mentoring is not always effective, whilst practice staff reported that they do not have enough capacity to place all students. As a result, the newly registered nurses may not be confident practitioners. It was these statements that led to the work within the EoE to develop new coaching and mentorship models which would ultimately lead to a set of best practice statements. - - 3 new models of coaching and mentorship were trialled across EoE, each adopting the following core principles to provide a high quality learning environment: - Executive level ownership and governance for education
A sustainably funded infrastructure to support learning in practice
Mentors/coaches who understand the importance of practice teaching and who provide research-based care
Recognising that a 1:1 relationship is unlikely to provide the full range of learning -
- Placing students where they can support and coach each other -
- Placing students where they deliver hands on care under supervision. -
Educati, preparing and supporting coaches/mentors and clinicians for their roles -
- Preparing and supporting students for the realities of practice. - - Key to all of this was a coaching environment where all registered nurses, assistant practitioners and 2nd and 3rd year students can be coaches. The coaching method is one that supports groups of student nurses to deliver direct nursing care, whilst coaches step back and forward to guide, not tell, as appropriate. Where students support and learn from each other, under the supervision of a coach/mentor using a ‘critical friend’ approach. - These methods have been piloted and evaluated within Acute, Mental Health and Community NHS environments and have shown that students have an enhanced practice experience and learn to apply theory to practice whilst delivering high standards of patient care; also this model has increased the number of students within learning environments, e.g from four to twelve in an acute ward. Trusts have reported that newly qualified nurses trained this way are more confident to deliver patient care on registration and can progress more effectively through their preceptorship programme.

Intended learning outcomes
1. That introducing a coaching system to support student nurses will provide an enhanced learning experience
2. That students learn more effectively by being an integral part of the clinical practice team, delivering direct patient care under supervision
3. That placement capacity and quality of learning outcomes can both improve by introducing best practice statements

Recommended reading list

Biography
Kathy is currently part of the national New Care Models (workforce redesign) team. She is also working with east of England on delivering the Supply Improvement Programme. - - Kathy trained as a nurse at St Thomas’ Hospital before training and working as a health visitor in South London. She worked as a Director of Nursing in Norfolk for 10 years and has held a range of senior leadership roles. In 2011 she carried out work for the government in North Sudan. She has an abiding interest in improving care quality through improved education, service integration and developing new models of care.
1.4.2
A STEP approach to enhancing learning in practice

Associate Professor Kathy Wilson, RGN, BSc (Hons), MSc, PGCHE, Head of Practice-based Learning, Middlesex University, England
Justin McDermott, BSc(Hons)
Mental Health Nursing (Practice-Learning Co-ordinator, Middlesex University

Aim
To introduce the STEP project and facilitate discussion and debate around ways in which learning in practice can be enhanced to ensure safe delivery of care.

Abstract
A STEP approach to enhancing learning in practice - Paper 1 - Many recent high profile reports have emphasised the need for improvements and innovations in practice-based education in the UK to ensure safe care delivery (Lobo et al 2014, Willis 2015, RCN 2016, CoDH 2016). In reviewing a number of models of mentorship it is clear that ‘a one model fits all approach’ will not resolve some of the current complexities. Following on from previous projects related to mentorship the School of Health and Education at Middlesex University is working towards the development of a centre of excellence for practice learning and is leading on the STEP approach to enhancing learning in practice (funded by HEE - North Central and East London local office). - - STEP, i.e. Strengthening Team-based Education in Practice is a large collaborative project involving 4 universities and 11 placement partners and includes a range of initiatives to expand learning opportunities and also challenge some of the current approaches to learning in practice. One of the main projects ‘Taking STEPS to enhancing learning in practice’ has 5 key themes identified to inform an overall framework. These include:
- S – Socialisation - T - Team working
- E- Expanding knowledge, skills, opportunities i.e. expansive learning
- P - Partnerships in action - S - Students supporting other students.
- - One of the specific outcomes for the STEP project is the development of a toolkit that will provide direction and support for practice staff, students and academics and will include a range of resources. These resources will build on current examples of good practice and to support the development of all staff involved in the learning environment. - This first paper of the symposium will outline the project and present findings and developments to encourage debate and dissemination of good practice amongst the symposium participants. A specific focus will be on academic and practice partnerships to further capitalise on the expertise to support learning and address the perceived theory-practice gap. Current models such as team mentorship and student co-ordinator roles are being explored as well as the role of the link lecturer in supporting a more cohesive team based approach to practice-based education.

Intended learning outcomes

1. To introduce participants to the STEP approach to enhancing learning in practice
2. To explore models of effective practice and contribute to the debates promoting enhanced practice
3. To encourage critical analysis and reflection around the key themes and related toolkit that is being developed as part of this large collaborative project

Recommended reading list

1. RCN 2016. RCN Mentorship Project 2015, From Today’s Support in Practice to Tomorrows Vision, London, RCN

Biography
Kathy Wilson is an Associate Professor and Head of Practice-based Learning at Middlesex University, London. In the past three years Kathy has worked closely with Health Education England, (North Central and East London local office) on a number of projects related to mentorship and practice assessment and currently chairs the pan London Practice Learning Group. The HEE funded project Kathy is now coordinating is called ‘Strengthening Team-based Education in Practice – A STEP approach to enhancing the student experience is focusing on challenging some of the current thinking around mentorship to develop a more positive culture of learning in practice.
1.4.3 Mentoring Matters: Developing children’s nurses in out of hospital settings

Jessie McCulloch, RN RHV BA Dip HE Pg Dip Pg Cert, Senior Lecturer, London South Bank University, England

Aim
To explore the benefits and challenges of facilitating successful learning for pre-registration children’s nurses in out of hospital placements.

Abstract
Practice placements are essential to a pre-registration nursing course, enabling the transition to a registered professional. Although it is advised that services for children and young people should be provided closer to home, nursing programmes traditionally offer predominantly hospital based placements. - Community placements for adult nursing students improve recruitment and retention in community settings (Cable et al., 2015), yet limited placement opportunities for children’s nursing students exist (Whiting et al., 2014). - In this changing health care environment, an exploration of the experiences of mentors in supporting pre registration children’s nursing students was undertaken. - Methods - Using an exploratory qualitative approach, views of mentors and educators were obtained through focus groups. Data were analysed through simple thematic analysis. - Key stakeholders in the provision of children’s community nurse placements in the North Central and East London area were included. - Three focus groups (N=15 participants in total) were held: - Education facilitators from placement providers (n=2) - Clinicians for Health visiting, Children’s community nursing and GP nursing (n=8) - Local authority staff from children’s centres and a Breastfeeding Coordinator (n=4) - Link lecturer from one Higher Educational Institution (n= 1) - Findings - Three main themes were identified; challenges, enablers and opportunities. - Challenges included workload, time, student expectations, variation in assessment documentation and exposing students to the sensitive nature of safeguarding within the role. - Enablers included adequate student preparation for placement / induction, time for reflection and support for mentors. Mentors valued existing education roles and support, such as practice development roles, mentorship education and support and career pathways. - Learning opportunities included assessment, child development, safeguarding, public health and communication in a variety of multi-professional settings. - - - Discussion / conclusion - This study recognises the variety of learning opportunities for pre-registration children’s student nurses to enable preparation for working in out of hospital settings. Mentors require support and recognition to facilitate learning in out of hospital settings, which could be provided through dedicated educational roles and career development frameworks. Community Education Provider Networks support pre-registration placements in primary care, and it is proposed that a similar model could support wider community services. -

Intended learning outcomes
1. An exploration of opportunities in out of hospital learning environments and how these can be facilitated
2. An understanding of the benefits and challenges of mentoring children’s nursing students in out of hospital settings
3. To identify approaches to team based mentoring

Recommended reading list

Biography
Jessie is a children’s nurse and Health Visitor, with a particular interest in community health. After a first degree in social and environmental sciences from Liverpool University, Jessie trained as a children’s nurse at Kings College London, and gained a Pg Dip in Community Health Care in 2004 at LSBU. She currently works as a senior lecturer in children’s nursing at LSBU, and completed a Darzi Fellowship looking at the development of educational placement opportunities in relation to future workforce needs in 2016. Her research has focused on mentor’s experiences in facilitating learning in out of hospital settings.
1.5.1 Flipping the placements: developing a community pathway for pre-registration adult nurses

Alison Cork, RN, Bsc (Hons), PG Dip HE, MA HE, Principal Lecturer, Programme Leader, University of Greenwich, England
Liz Nicholls, Nurse Practitioner

Aim
To describe the process of partnership working in order to deliver a community based pathway

Abstract
At the University of Greenwich we have created a pilot community pathway for adult student nurses in response to the recommendations of the Shape of Caring review (HEE/NMC 2015) and the needs of local commissioners and practitioners in an area of outer London. Flipping the placements describes a community pathway wherein this pattern is reversed; students undertake the majority of their placements in the community setting, with less time spent in the acute sector. In March 2015, a steering group of community practitioners, university staff, and the local Clinical Commissioning Group met to plan the community pathway and to ensure it met the NMC’s standards for pre-registration education (NMC 2010). The Steering Group devised a new framework which created an expanse of practice learning opportunities which met the needs of both the NMC (NMC 2010) and the students’ Practice Assessment Document, in which students record evidence of their clinical performance. The pathway was developed to respond to the needs of the local community and the health requirements of the local population, focusing on integrated patient pathways of care. Students follow the patient’s journey from initial symptom recognition to accessing care in the primary sector, referral to secondary care and, finally, discharge to community or palliative care. Placements are undertaken within the primary, community and acute sector, allowing the development of transferable skills and an interlinked understanding of various care settings. The pathway is based upon a hub and spoke model which locates students in a semi-permanent ‘hub’ placement. The hub is a rehabilitation service within community care from which they visit other primary healthcare settings (spokes). Students return to the hub at intervals throughout the programme in order to touch base with permanent mentors and, to reflect upon the placements that they have experienced in order to begin to understand the wider picture of health within the community incorporating wellness and fitness centres, opticians, local health economies and needs. The pathway is now in its third intake and lessons learnt and enhancements made will be shared.

Intended learning outcomes
1. To outline current health agendas regarding transforming patient care to a more community based model
2. To describe the collaborative working required to deliver a community based pathway
3. To summarise the pathway, its successes and challenges

Recommended reading list

Biography
Alison Cork is a Principal Lecturer for Adult Nursing in the Department of Adult Nursing & Paramedic Science at the University of Greenwich. After qualification as a nurse, Alison successfully secured posts in various accident and emergency departments in the South East England. After joining the university in 2004 Alison became Programme Leader for pre-registration Adult Nursing in 2007. The role encompasses all aspects of the programme however a key part of this role is liaising with practice partners to ensure that student placements remain contemporary, focused, and provide an excellent environment for student nurses to develop their skills and knowledge.
1.5.2
Realizing the Dream; student collaboration leading to publication

Ms Pat Clarke, RGN, RHV, BA (Hons), MA (Ed Man), M Res., Senior Lecturer, Liverpool John Moores University, England
Darian Lovell, Student Nurse, LJMU

Aim
To discuss how students can be supported to publish work in an e journal.

Abstract
Background - The cornerstone of academic activity is to publish research and supporting the next generation of researchers is also our responsibility. How do we develop and support students to publish? Some students achieve very high grades for their summative work but fail to make the connection with this and the potential for publication. Providing an opportunity for students to publish in an e journal ‘Links to Health and Social Care’ can help them to develop some of these skills. As educators we should encourage students to actively engage in writing for publication, and take part in the editorial process by becoming student editors as part of their development. However nurses often find ‘writing for publication...daunting and difficult process’ (O’Halloran and Doody 2014 p 527). - Objectives: - • To encourage students to develop writing skills beyond summative work. - • Collaboration between academics and students to support the development of summative work into a publishable form. - • For academics to collaborate with students to develop reviewer skills. - Outcomes: - Students who participated as authors felt a sense of achievement when work was published, this was something beyond their expectations. They learnt a lot from the process of submitting work. Those who contributed to editing felt that this was a steep learning curve but one they enjoyed. One student who was an author suggested it was ‘...an invaluable opportunity to learn and develop....teaches new skills’. - For academics it has strengthened relationships with students through engaging them in the editing process in additional to developing our own editorial skills. One practice colleague suggested it would be: ‘...extremely helpful to my own writing which I have begun in earnest this year...’ - Conclusion: - This e-journal is now used as a teaching tool for students in terms of developing writing style and improving referencing. It can be used as an added-value activity to promote the programme to prospective students. It can also enhance employment opportunities. - References: - O’Halloran, M and Doody, O. (2014) To write or not to write, a nurse’s account of writing for publication. British Journal of Nursing 23(10) 524 – 527.

Recommended reading list

Biography
Pat is a Senior Lecturer in the School of Nursing & Allied Health at LJMU. Pat was nominated for the ‘Amazing Teacher’ award in 2013. She is the representative for LJMU on the ELLAN (European Later Life Active Network) project contributing to the development of a European Core Competency Framework for Health and Social Care Professionals. - She is committed to widening the learning and development opportunities for students during their programme of study. Pat is now in the process of developing podcasts with students that can be used as a teaching tool.
1.5.3 Bringing meaning to undergraduate student mental health nurse recruitment: a small scale qualitative study of service user and carer involvement.

Dr Jo Williams, RMN MSc PGCE(PCE) PhD, Senior Lecturer in Mental Health Nursing, University of the West of England Bristol, England

Aim
The aim of this study was to evaluate the involvement of service users and carers in the recruitment of mental health nursing students; to share service user and carer reflections on their role and involvement in the recruitment of undergraduate mental health nurse students; identify good practice and opportunities to enhance values based recruitment processes; to review impact and propose recommendations

Abstract
The aim of this small scale study was to evaluate the involvement of service users and carers in the recruitment of mental health nursing students. Key to this study was the emphasis on the service users' and carers' perspectives. The six service users and carers who participated in the study had been active members of the recruitment and selection process for one admissions cycle. The academic involved was the author, employed within the role of Admissions Lead for Mental Health Nursing at the institution. The service users and carers were invited to participate in concurrent non-structured, non-facilitated reflective groups; 3 participants in each. This was followed by a semi-structured focus group with all six participants, facilitated by the academic, to promote sharing of ideas generated by the reflective groups and collate feedback. Findings reveal that the service users and carers viewed their involvement in the recruitment process, as largely positive; they felt valued by the student mental health nurse applicants and major stakeholders (including academics and clinical staff involved in the selection process). The service users and carers were mindful of the challenges presented and encountered by their involvement; as a result they proposed thoughtful and creative recommendations to enable the future enhancement of the recruitment process.

Intended learning outcomes
1. Service user and carer involvement is not and should not be about tokensim; their role is valid, valued and enhances the recruitment process
2. Service user and carer involvement promotes inclusivity and ensures quality
3. Service users and carers bring a different perspective to the process, underpinned by their lived experience, values and beliefs

Recommended reading list

Biography
Jo qualified as an RMN in 1992. She has worked in both civilian and military mental health care services. Her clinical experience and interests have centred around working with women with substance use issues and improving accessibility to services. Jo worked for several years in further education as an Access to Nursing tutor and Programme Leader for Community Mental Health Care studies. Since joining the University of the West of England in 2010 as a Senior Lecturer in Mental Health Nursing, Jo has fulfilled various roles including Admissions Lead and Co-Programme Leader for the BSc (Hons) Mental Health Nursing.
1.6.1
An evaluation of the implementation of the Pan London Practice Assessment Document for pre-registration nursing in London

Jane Fish, MBA, Dip N Ed, Dip N, RNT, RCNT, Education Consultant, Self employed, England
Professor Lesley Baillie, Florence Nightingale Foundation Chair of Clinical Practice, School of Health and Social Care, London South Bank University

Aim
The aim of the PLPAD was to improve the consistency and robustness of practice assessment of student nurses across London. The evaluation aimed to elicit the views of nursing students, mentors and academics involved in the education of pre-registration nursing students in practice, regarding implementation and usage of the PLPAD.

Abstract
UK student nurses spend 50% of their course time in practice settings and consistent and rigorous assessment in practice is essential (NMC, 2010). However, in London, universities all used different assessment documents, with potential confusion and additional workload for mentors, who assess students in practice. Therefore, the Pan London Practice Assessment Document (PLPAD) for pre-registration nursing practice was developed in collaboration and successfully validated by the UK’s Nursing and Midwifery Council in December 2013, for use by nine universities with London commissions for pre-registration nursing. The PLPAD was introduced by three universities in March 2014 (March intakes) with the remaining six implementing in September 2014 for all students on the adult, child, mental health and learning disability fields of nursing practice. In the light of the implications of such a major change in how nursing students were assessed across London, and with similar initiatives in development for other healthcare education programmes in London, an early stage evaluation was conducted. - The evaluation explored how the PLPAD is working in practice and to elicit views in relation to the unified approach to practice assessment from the perspectives of student nurses, mentors and academic staff. - The evaluation highlighted the virtual unanimous support for having a unified document. The evaluation was conducted using a mixed method cross-sectional survey, which included a question about the appropriateness of the professional values assessment. The questionnaire responses were from student nurses (n=1205) and practice mentors (n=258). Focus groups were conducted with students (n=51 in 6 groups), practice mentors (n=46 in 7 groups) and academic staff (n=42 in 6 groups). - Key findings - The consistency and standardisation in terms of what is assessed and the approach was believed to increase the robustness of nurse education across London with considerable support for a national document. - A unified document reduces confusion and workload for mentors who often assess students from different universities. - The PLPAD structure facilitates the assessment process with the expectation of an initial, mid point and final interview. - The Professional Values, strengthened in this document, were seen as more comprehensive and explicit than previously.

Intended learning outcomes
1. To explore how the PLPAD is working in practice from the perspectives of student nurses, mentors and academic staff.
2. To elicit views of students, academics and practice mentors about the unified approach to practice assessment across London.

3. To make recommendations for future use of the PLPAD for nursing students and for similar initiatives for the assessment of other health care professional students in London.

Recommended reading list

Biography
Jane has her own successful Consultancy Business in Management, Education and Training. Jane’s background is in nursing and nurse education and she has been a self-employed Education Consultant since 1993. Jane has recently worked in NHS Trusts in London and the South East. She has worked previously at the Department of Health, Strategic Health Authorities and within the Independent Health Care Sector. Jane has extensive project management experience having managed various projects in relation to education and training.
Have Sign Off Mentors and the Ongoing Assessment Record made a difference in pre-registration nursing assessments in practice?

Jan Royal, RN, BSc, PGCE, MSc, Lecturer, School of Health Sciences, The University of Nottingham, England

Aim
To present contemporary research which examines how mentors use the ongoing assessment records and present findings on the impact of the introduction of the sign off mentor.

Abstract
Research findings from a qualitative research study will be presented here which examined the impact of two changes affecting the assessment process for mentors in practice in the UK. The research was completed in 2016 within one large university in England. The Nursing and Midwifery Council (NMC) in the UK introduced changes to assessment of nursing and midwifery students in practice (NMC 2008). The introduction of a sign off mentor (SOM) for nursing at the end point of the programme and the use of continuous ongoing assessment records (OAR) for assessment in practice within the whole programme. These changes required a significant investment of time and energy from many staff working in practice and universities to implement and monitor the changes. Taking three years to be implemented, this study collected data to evaluate the impact of these changes on the assessment practice of mentors. Whilst this is a UK specific study, results will be of interest to educators internationally where students are assessed in practice, for the reasons for failure which may be recognised as transferable. - A two phase multi method study was conducted. Phase one examined data from student assessment documents completed by mentors (Fitzgerald et al 2010). From an initial population of 846 students, assessment documents of students who failed in practice were examined to ascertain comments and mentor records completed. This stage examined records of cohorts of students using the older assessment records and following the introduction of OAR’s. Thematic analysis identified key issues. Phase two progressed onto semi structured interviews with nurse mentors to explore themes (Brown et al 2012) and identify the impact of the sign off mentor on their assessment processes. The findings will be presented here. This is timely research as the NMC are currently reviewing their Standards to Support Learning and Assessment in Practice (NMC, 2008) and we await the changes that may emerge from this review whilst considering the impact of the 2008 changes here. -

Intended learning outcomes
1. To inform the audience how mentors use ongoing assessment records with nursing students.
2. To analyse the impact of the introduction of the sign off mentor in nursing mentors in the UK.
3. To discuss quality issues affecting assessment in practice arising from these changes to mentorship.

Recommended reading list

Biography
Jan is an experienced nurse and lecturer, focusing on mentor preparation and practice learning systems. She is focused on the quality of learning and assessment in practice and has a range of experience in practice and curriculum development that informs her teaching and research. This is her doctoral research examining the impact of two key changes for assessment by mentors in practice in the UK.
1.6.3 Developing a rubric to enhance mentors’ assessment of student nurses’ practice performance: A Delphi Study

Ibraheem Almalkawi, MSc, PG Cert, BSc (Hons), RN, RNT,, Senior Lecturer, London South Bank University, England

Aim
The aim of this stage of the study was to develop a rubric to enhance interpretation of level descriptors for the professional values statements for pre-registration adult nursing students.

Abstract
Background: - In the UK mentors are responsible and accountable for practice assessment of pre-registration nursing students which equates to 50% of their course. In London, mentors currently use the unified Pan London Practice Assessment Document (PLPAD), based on the Nursing and Midwifery Council (NMC) standards (2010). Concerns about validity and reliability of mentors’ assessment of clinical competencies is frequently reported in the literature, and therefore, there are practitioners on the professional register who may not be safe and competent (Stuart, 2013). One of the issues identified is inconsistencies in the way competency statements are interpreted and difficulties in distinguishing between levels of performance correctly. - Method: - Using the Bristol online survey, a “Classic Delphi” process comprising two rounds was conducted to achieve stakeholder consensus on interpreting level descriptors for the professional values in the PLPAD. - The Delphi method is a well recognised process to achieve consensus among groups of experts based on anonymity, iteration, controlled feedback and statistical group response (Keeney 2011). - Results: - 100 stakeholders, including academics, practice assessors, students, service users and strategy/ policy shapers, were invited to participate. - Round 1: Participants were asked to provide interpretations for each competency statement across 3 levels of descriptor (Does not meet expectations-Meets expectations-Exceeds expectations). 48 panellists (48%) responded and all statements in each category were amalgamated to form a single statement (based on deductive content analysis). - Round 2: Participants were asked to score on a scale of 1-5 the level of agreement to the statements from round 1. In total 51 (51%) responded and a high degree of consensus was reached (86%-100%) in all categories. Therefore a third round was not required. - Conclusion: - Through this online Delphi process, a novel scoring rubric has been developed to improve mentors’ effectiveness and confidence in assessment decisions. The rubric presented contains three clearly stated descriptors for the competency statements. - Next step: - To test the scoring rubric in the practice settings, to evaluate whether it enhances the quality of the formative and summative assessment of nursing students from mentor and student perspectives. -

Intended learning outcomes

1. To deepen understanding of the complexity of assessing pre-registration nursing students in practice settings.
2. To present the findings of the Delphi study and to discuss the potential impact of rubrics on assessment in clinical practice.
3. To be able to discuss the use of an innovative and collaborative approach to the interpretation of level descriptors for competency statements.

Recommended reading list


Biography
Ibraheem Almalkawi is a Senior Lecturer at London South Bank University. He leads the post registration critical care modules. He qualified as an adult nurse in 1994 prior to completing his BSc in nursing in 1999. Ibraheem specialised in critical care nursing and held various clinical, managerial and educational posts and completed an MSc in critical care in 2002. Ibraheem also teaches mentorship modules with special interest in quality assurance of assessing practice competence. He is currently undertaking a part time PhD to design and test a rubric to improve practice assessment of pre-registration student nurses.
Aim
To examine a range of areas including, individual, local and wider factors that are significantly associated with increased attrition.

Abstract
Concerns regarding student nurse attrition have been voiced for many years (Cross and Hall, 1954). The causes of attrition are multi-factorial in nature incorporating, individual, meso and macro factors (United Kingdom, Department of Health, 2006; Urwin et al; 2010). It has been termed a ‘wicked problem’ (UK, DH, 2006:4) and to manage and reduce attrition requires very comprehensive and systematic approaches. Furthermore, other external drivers in relation to the current cost of training and the shortfall in the numbers of qualified nursing staff available for the workforce are causing concerns with a pledge ‘to reduce unnecessary attrition in training’ (HEE, 2013:16).

- This retrospective study has captured data at a unique point in time in terms of nurse education and training. The data relates to cohorts studying the ‘all graduate’ curriculum and receiving a funded place. Using R 3.3.1 (open access), anonymised cohort data from 4 adult intakes (463 students in total), was statistically analysed. The paper will examine findings in relation to demographics and entry data that appear to be associated with not only attrition and delays in completion but also success. It will also examine if there is a correlation between the local data held on students regarding Values Based Recruitment (VBR) and outcome. Other more local contextual factors will be outlined. - In the future significant changes to funding following the 2015 Comprehensive Spending Review, may well alter the future demographic of those entering the profession and further impact on the factors that affect attrition. This paper will therefore also consider the significance of these findings in terms of the changing landscape of funding and entry for graduate nurse education. Consequently recommendations and consideration for future work will be discussed.

Intended learning outcomes
1. Identify those factors that affect success and attrition on a Pre-Registration Adult Nursing Programme
2. Evaluate whether measures used as part of Values Based Recruitment have any correlation with success and attrition.
3. Discuss the potential impact of the 2015 Comprehensive Spending Review on attrition in Pre-Registration Nursing

Recommended reading list
The experience of first year adult nursing students who have been referred on academic assessments

Kate Devis, RN, BSc, MA, PGCE, Senior Lecturer, Canterbury Christ Church University, England

Aim
The aim is to provide an overview of this small scale qualitative research study, share key findings from the students’ experiences, and stimulate discussion around the issues of student support and assessment.

Abstract
Pre-registration nursing programmes are challenging, and in the past few years all have become degree level programmes. Attrition from nursing programmes is a national concern and understanding the experiences of students who find academic studies difficult is relevant in addressing this. Many factors will influence a student’s academic performance when studying a nursing degree, but support is perhaps the factor which is most amenable to positive influence by University staff. A small scale qualitative research project was completed in order to better understand the experience of students who have faced academic challenges. Students who had been referred on two or more academic assessments in the first year of their Adult Nursing programme were interviewed to find out more about their personal experiences, their perceptions of the challenges, and any support which they found beneficial. Transcribed interviews were reviewed for themes, and the findings used to consider support for future students. Individual and specific guidance was also offered to the students who participated in the study.

Intended learning outcomes

1. To understand more about how student nurses recognise and address difficulties with academic assessments
2. To consider students’ perceived barriers to academic success
3. To explore support which student nurses find beneficial in relation to academic assessments

Recommended reading list


Biography
Kate Devis is a Senior Lecturer at Canterbury Christ Church University and has previously worked in nurse education at the University of Brighton and Mzuzu University. She has particular interests in the assessment and selection of students, social media in education, and student support.
2.2.1 Will it work? Examining final year undergraduate nursing students using a structured simulated clinical assessment

Susan Ward, RN, MSc, BSc, PGCE, Lecturer Adult Nursing, School of Healthcare Sciences, Cardiff University, Wales, Janice Campsie, RN, MSC, BA, Cert Ed (FE), Lecturer Adult Nursing, School of Healthcare Sciences, Cardiff University, Wales

Aim
Share the experience of designing and implementing an innovative structured simulated clinical assessment that examines leadership and management skills of final year student nurses

Abstract
The development of simulation as a pedagogy in nurse education provides possibilities not only for student learning but opportunities to explore simulation as an assessment method. In 2012 the new undergraduate nursing curriculum at Cardiff University included an examination in a simulated setting. This structured simulated clinical assessment (SSCA) built on the traditional Objective Structured Clinical Examination (OSCE). Students were assessed during an unfolding medium fidelity simulation situation where co-players interacted within a given script. This SSCA was situated in a year three 20 credit leadership and management module, and was designed to test the following module outcomes: - - -

1. Articulate effective decision making
2. Utilise appropriate communication, team-working and leadership and management theories to organise and deliver safe and effective care
3. Manage situations to minimise risk

Using a selection of the All Wales year three practice outcomes, encompassing generic competencies from all four NMC domains, field specific scenarios were developed. All examinations were conducted and filmed in a high fidelity simulation suite using SMOTSTM camera system. This allowed the examination team and external examiner to review footage during and after the event and moderate the final mark. There was scepticism of the concept of using a SSCA cross all fields of nursing. Analogies could be made to the 1998 film the 'Truman Show' where instead of Jim Carrey as the unsuspecting Truman Burbank whose real emotions and human behaviour are for all to see, the student is the 'real person' with everyone else as actors responding to the students' cues and decisions as the 'script' unfolds. The SSCA tested the students' ability to formulate safe decisions, recognise and work to eliminate risk, advocate for patients, maintain patient safety and, communicate effectively. In essence their preparation for transition to qualified nurse. Further exploration is underway to consider: - - Students perceptions of this type of examination
- - Involving service users at exam setting and moderation
- - Guided reflection on personal performance using the recorded footage and examiner feedback

Intended learning outcomes
1. Consider how a structured simulated clinical assessment can complement clinical practice achievement of practice outcomes
2. Recognise the challenges of developing and managing simulated assessments suitable and equitable for adult, child and mental health fields
3. Appreciate the potential for assessing leadership and management in a simulation environment

Recommended reading list

Biography
Graduated 1988 in London with a degree in nursing, and then returned to Wales in 1990 to pursue a career in cardiac nursing. Sue worked in a variety of clinical posts across acute cardiac care and during this time completed a PGCE. During her career in higher education Sue completed her MSc and has held a number of roles, including Undergraduate Programme Manager, Professional Head of Adult Nursing and is currently Director for International Collaborative Provision. Sue continues undertake a variety of teaching and learning activities, particularly related to simulation and cardiac nursing within Cardiff University School of Healthcare Sciences.
2.2.2
The Flipped The flipped classroom: an innovative approach to delivering the V100 Community Nurse Prescribing Programme

Wendy Shaw, RGN; HV; BSc; BA; MSc; PGCE; PGCIPE; FHEA, Senior lecturer, The University of Derby, England
Suzanne Le Blond / RGN; HV; BSc; MPH; PGCIPE; SFHEA

Aim
To share the benefits of collaboration and innovation in the classroom setting and how this might impact on both student and practitioner experience/practice

Abstract
Nurse prescribing is a positive and welcome addition to the nursing role. It supports key health care policies and promotes effective nursing practice. Historically taught in the classroom using the ‘sage on the stage’ approach (Morrison, 2014), opportunities to observe prescribing in – action, were seen as integral to the V100 Community Nurse Prescribing programmes success. Delivered whilst on placement, it was assumed that local mentors rather than University lecturers were best placed to provide both the ‘know how’, needed for nurse competency, and the ‘show how’ required to demonstrate best practice (Miller, 1990). Student feedback on local prescribing practice however, revealed this was not the case. - The World Health Organisation, (2001, p 2), suggests that ‘the training of cognitive skills requires special teaching methods, and the recommended teaching method is problem-based learning (PBL) in small groups’. Whilst PBL can facilitate both the acquisition of knowledge and skills, it also requires that students use provided ‘triggers’ to define their own personal learning needs. With only two and a half days to deliver the core content of the V100 Community Nurse Prescribing Programme, the flipped classroom was considered as an evidence-based alternative by the prescribing team. - Flipped learning is defined as a pedagogical approach, in which direct instruction moves from the group learning space to the individual learning space, (Yarbro et al, 2014). When applied to the V100 programme, preparatory reading is released prior to the timetabled sessions and group facilitators encourage critical debate - aligning the theoretical knowledge required for clinical competency, to a series of triggers provided by a developed case study. - A rich curriculum should provide learning activities and assessment practices that are aimed at accomplishing the full array of knowledge, skills, attitudes and dispositions valued by society. These skills should include meta-cognitive skills, which will help students (and practitioners) to monitor and regulate their own learning. The flipped classroom allows time for peer interaction, student participation and academic discourse. Perhaps more importantly, since its introduction, local prescribing rates have soared - making safe, cost effective prescribing practice accessible, to the benefit of all.

Intended learning outcomes

1. Innovation in teaching - application of the flipped classroom
2. Collaborative working - working with local stakeholders to co-facilitate learning
3. Student experience - interactive learning and improved practice

Recommended reading list


Biography
Wendy Shaw is a lecturer/practitioner with a background in adult nursing, midwifery and health visiting. She holds the V100 qualification and is a registered NMC teacher / Fellow of the HEA. Her areas of interest include collaborative practice / inter professional learning and accessible, evidence based antenatal education. - Suzanne Le Blond is a senior lecturer with a background in adult nursing and health visiting. She holds the V100 qualification and is a registered NMC teacher / Senior Fellow of the HEA. She is undertaking a doctorate in Health and Social Care Practice; interests include continuing education for nurses.
2.3.1 Audit of Healthcare Practitioner’s knowledge of precordial lead placement in Electrocardiogram

Mr Oomesh Kishto, BSc (HONS), CARDIAC PHYSIOLOGIST, QUEEN ALEXANDRA HOSPITAL PORTSMOUTH NHS TRUST, England

Aim
Raising awareness of ECG chest lead placement and identify current standard of ECG acquisition

Abstract
Audit of Healthcare Practitioner’s knowledge of precordial lead placement in Electrocardiogram - - Keywords: Electrocardiogram (ECG), Electrode Position, Cardiac Physiologists, Misplacement, SCST Guidelines. - - Introduction - Electrocardiography (ECG) is the most common tool used to assist in the evaluation of cardiac disease. A standardised technique is crucial to allow accurate interpretation. We sought to evaluate knowledge of precordial lead positioning amongst healthcare staff involved in the emergency care compared to SCST (Society for Cardiological Science and Technology) guidelines. - - Methods - - 1) Comparison with SCST Guidelines - 30 A&E staff (Nurses and HCA) were asked to identify the correct locations for precordial lead positioning on a schematic diagram of the chest wall and position compared to SCST guidelines. - - 2) Comparison between staff group - 106 staff were asked to identify the correct precordial lead position on a schematic diagram of the chest wall and results were compared by staff group. - - 3) Observed practice - 50 adult patients had an ECG performed upon admission by staff nurses. Position of the electrodes was then compared to SCST guidelines. - - Results - 1) Only 7 of 180 (3.9%) electrodes were correctly placed abiding by the SCST guidelines - (within 1cm). 0% of the 30 sets were correctly placed. - - 2) Cardiac physiologists were the most accurate with a mean distance from the correct position across all leads of 6.7mm. Other staff groups: cardiographers (6.9mm); non-cardiology physicians (12.7mm); cardiology staff nurses (13.1mm), paramedics (13.9mm) and non-cardiology staff nurses (17.7mm). Although healthcare support workers were the furthest away at 19.9mm, cardiologists were on average 17.2mm away. - - 3) The percentage of correct electrodes was as following, V1 & V2 – 10%, V3 – 8%, V4 – 22%, V5 – 24% and V6 – 18%. Only 1 out of the 50, (2%) ECG sets was correct. - - Conclusion - We have demonstrated a significant lack of knowledge and clinical expertise in the correct technique of ECG acquisition amongst healthcare staff. V1 and V2 are predominantly placed too high the chest wall and V5 and V6 too laterally. Incorrect lead placement has the potential to result in artefactual changes in the ECG that could lead to misdiagnosis and administration of potentially harmful treatments.

Intended learning outcomes
1. Raise awareness of current standards
2. Raise awareness of ECG Guidelines
3. Improve practice through education

Recommended reading list
1. Clinical Guidelines by Consensus, recording a 12-Lead electrocardiogram, an approved methodology by Society of Cardiological Science and Technology (SCST)
2. ECG References - ECG library - Life in the FastLane
3. Bennett’s Cardiac Arrhythmias: Practical Notes on Interpretation and Treatment, 8th Edition

Biography
Oomesh Kishto is a Cardiac Physiologist, Healthcare Science Practitioner. He successfully completed the BSc (Hons) Healthcare Science (Cardiovascular) awarded by University of Southampton and graduated in 2015. He presented at the British Cardiovascular Society Conference 2016 and the Healthcare Science Conference 2016 at Portsmouth NHS Trust. He is member of the Registration Council for Clinical Physiologists (RCCP) and The Society of Cardiological Science and Technology (SCST). He is a SCST National Examiner for ECG.
2.3.2
An exploration of hospital-based advanced nursing roles: a grounded theory study of practitioners’ and key stakeholders’ perceptions

Augusta Umughele, BA(Hons), RGN, MA, PhD Student, N/A, Wales

Aim
To explore perceptions of practitioners and key stakeholders on hospital-based advanced nursing roles in Wales.

Abstract
An exploration of hospital-based advanced nursing roles: practitioners’ and key stakeholders’ perceptions.

Introduction: This study is an exploration of hospital-based advanced nursing roles in Wales: a grounded theory study of practitioners’ and key stakeholders’ perceptions of the roles.

Background: There has been a lot of variation in the implementation of advanced roles, with various titles, competencies and qualifications for the roles. The lack of uniform standards in the United Kingdom (UK) for advanced practice have led to some confusion. Each country in UK now has a definition and framework for advanced nursing. However, the situation with advanced roles still remains unclear with continuing variability in roles and titles. More recently the threat of cuts to advanced and specialist roles has exacerbated the situation. - Objectives: To describe the different types of advanced roles; to describe advanced nurses’ experiences of the practice and development of the roles; understand role perceptions and factors influencing the roles; to analyse influencing policies and initiatives, and to explore practitioners’ and key stakeholders’ perceptions of the future of advanced nursing roles. - Design: A qualitative study using a modified version of grounded theory (Charmaz 2014). Data collection consisted of semi-structured interviews and documentary analysis. Sample consisted of 27 nurses, 6 doctors and 12 managers across 2 sites in Wales. Data was collected between May 2015 and January 2016. - Interim findings: One of the main themes identified is varying perceptions /experiences of autonomy. The data shows advanced roles with varying qualifications and varying degrees of autonomy. Nurses describe limits to their autonomy, and reservations about the desirability of autonomy. Limits to nurse autonomy include working within set parameters and protocols, and having to follow consultants’ preferences. Conditions impacting on autonomy include fear of litigation and fear of losing registration. - Future developments, challenges and implications: Further clarification of the advanced roles is needed for better understanding of the roles by doctors, managers and other healthcare professionals. - References - Charmaz, K. (2014). Constructing Grounded Theory. London, SAGE.

Intended learning outcomes
1. To enable listeners to better understand role perceptions and factors influencing advanced nursing roles
2. To enable listeners to better understand the influence of emerging policies and initiatives on the roles
3. To encourage listeners to explore practitioners’ and key stakeholders’ perceptions of the future of advanced nursing roles

Recommended reading list

Biography
The author is a final year PhD Nursing student at the University of Manchester. Prior to undertaking this programme of study, the author worked in nurse recruitment, combining her nursing background with her qualifications in human resource management. This she did for a number of years before taking a career break to raise her family. The author has presented part of the findings of this study at the 2016 Society for Acute Medicine conference in Edinburgh, and has peer reviewed an article for a nursing journal.
2.4.1 Student Nursing in the Private Voluntary and Independent Sector - An Exploration of Pre-registration Learning and Mentoring.

Kathy Whayman, RGN, MSc, PGDE, DipN, Senior Lecturer in Adult Nursing, School Of Health and Social Work, University of Hertfordshire, England
Lynn Quinlivan, RGN, BSc (Hons), PGDE, RNT, MALT; Programme Practice Co-ordinator Pre-Registration Nursing, University of Hertfordshire

Aim
This paper will present and discuss findings from a study exploring student nurses’ and practitioners’ experiences and opinions of clinical placements in the PVI healthcare environment.

Abstract
Introduction - Care occurs within a diverse range of healthcare settings and the experience of pre-registration nurses needs to reflect this diversity. Greater use of Private, Voluntary and Independent (PVI) placement opportunities will help meet modern models of care and develop high quality educational capacity (HEEM, 2013). There is a need for nurse education programmes to improve the integration of these placements and they should be seen as valuable learning resources in their own right (Sherratt, 2013). - Aim - This study sought to explore the experiences of learning and mentoring in PVI clinical placements. Using the findings, this paper will outline how HEI and PVI organisations might identify key factors which enhance learning opportunities and then develop resources to support their achievement. Understanding these experiences will also contribute to the preparation and on-going development of mentors to effectively support students under their supervision. - Method - A scoping exercise examined the current provision of 140 PVI pre-registration nursing placements in one HEI. Mentors in these placement areas were surveyed via an online questionnaire and concurrently, 3 focus groups for 14 students were facilitated. The survey results and transcriptions of the focus groups were analysed, coded and categorised using the Framework Method (Ritchie and Lewis, 2003), identifying patterns and themes from the data to help form an analytical construct (Gale et al, 2013). - Findings and discussion - The level of support and learning opportunities available to students either exceeded or fell significantly below their expectation, and consistency of experience was an issue. Students felt that learning in PVI placements did present useful career opportunities previously unknown to them. Factors which enhanced learning involved structure, planning and feeling valued as part of the team. The majority (92%) of survey respondents felt students contributed to local future workforces, and to their own professional development. Motivation, positivity, link lecturer support, and knowledge of achievable skills were seen as contributing factors to the success of placements. The evidence from this study will help the HEI work with PVI placements to develop supportive resources, using a strategic approach to establish and sustain placements in these important learning environments.

Intended learning outcomes
1. Identify key factors which influence student nurses' and mentors' experience of placements within the PVI clinical setting
2. Assess the resources required to support PVI clinical placements to maximise the learning opportunities for student nurses and mentors
3. Use the findings of this study to critically discuss placement development and learning in the PVI clinical practice environment within nursing education

Recommended reading list

Biography
Kathy Whayman has been a Senior Lecturer in the School of Health and Social Work at the University of Hertfordshire since 2013. Her background includes extensive clinical experience in gastrointestinal and cancer nursing, within the NHS and PVI sector, followed by nursing lecturer positions in both pre and post registration nursing education since 2005. Kathy’s current responsibilities include Student Placement Experience Project Lead, Assistant 3rd year programme tutor and co-management of the 1st year pre-registration clinical practice modules within the BSc Nursing programme at the University of Hertfordshire.
2.4.2
An evaluation of a pilot clinical placement for nursing students with general practice nurses

Louise Hales, BSc (Hons), MSc, PGCHE; RN, HV, Lecturer (Education), Queen’s University, Belfast, Northern Ireland
Dr Karen McCutcheon, Discipline Lead for Practice, Queen’s University, Belfast

Aim
To explore the findings of an evaluation of a pilot study in which nursing students had a clinical placement with general practice nurses.

Abstract
There is a need to offer interesting and diverse clinical placements for nursing students and it is likely that exposure to what is on offer in primary care could entice students to practice in that area once qualified. It has also recently been reported by the Queen’s Nursing Institute (2015) that General Practice Nurses need greater recognition and workforce planning.

In 2015 five General Practice (GP) surgeries across Northern Ireland agreed to participate in a pilot project offering nursing students a six-week clinical placement with a General Practice nurse. Following an educational audit and preparation programme for the practice nurses and nurse practitioner involved, nine final year students participated in the project over two placement periods. On completion of placements an evaluation was undertaken exploring the views of both nursing students and the GP nurses. Two focus groups were conducted with students while a questionnaire was used to obtain the views of the supervising nurses.

Both the students and nurses found the placement a very positive experience. From the perspective of the students five main themes emerged following analysis of the focus groups. They were related to the quality of supervision, knowledge and skills progression, healthcare across the lifespan, person-centred health promotion and Practice Nursing as a profession. All the GP nurses responded to the questionnaire, reporting that having a student was a beneficial and worthwhile experience they would recommend to others. As well as ensuring policies and procedures were up-to-date and that their care was evidence-based there was recognition that having a student made them more reflective and questioning about their own practice and approach with patients.

Placements with GP nurses can offer an ideal learning environment for nursing students. The one-to-one supervision offers opportunities to observe therapeutic relationships at close hand and to see health promotion in action; from evidence-based information provision to empowering education for patient self-management. Seeing real people live with illness enriches the students’ understanding of long-term conditions and demonstrates the important role GP nurses play in their on-going management.

Remuneration may be necessary to encourage GP practices to offer placements for nursing students.

Intended learning outcomes

1. Explore the process of developing clinical placement opportunities for nursing students in General Practice
2. Analyse the views of nursing students and supervising nurses regarding the value of a clinical placement in general practice

3. Critically discuss the benefits and challenges of developing further clinical placements in general practice

Recommended reading list


Biography
Louise Hales commenced her nursing career in the eighties in Manchester. After working in Neurosciences and Gynaecology she qualified as a midwife before moving back home to Northern Ireland. Following further study she became a health visitor, practising in a number of interesting posts including liaison health visitor for asylum seekers. She has been a lecturer at Queen’s University Belfast for the past fifteen years leading the Prescribing in Practice module for Non Medical Prescribing and teaching first year nursing students. Recently Louise chaired the Community Placements Partnership Group and led the pilot project for clinical placements with practice nurses.
2.6.1 Bridging the clinical practice-higher education gap: A qualitative study of the experiences of learners returning to studying.

Dr Nicola Wright, PhD, MA, PGCHE, BN, RN, Assistant Professor in Mental Health, School of Health Sciences, University of Nottingham, England

Aim
To explore the experiences (including barriers and facilitators) for nurses of bridging the clinical practice-higher education gap when returning to learning.

Abstract
Background: Being a registered nurse necessitates lifelong learning and engaging with professional development activities is linked to higher quality care provision, safer services and improved patient outcomes. However, this often takes place on a part time basis and involves individuals “juggling” the demands of both clinical setting and Higher Education (HE). There is a wealth of literature related graduate entrants to the nursing profession, however the experience of lifelong learners working clinically and studying simultaneously is underreported. Aim: to explore the experiences of nurses (including barriers and facilitators) to returning to learning in a HE setting.

Methods: A qualitative study using in-depth interviews was conducted. Participants were clinicians who had returned to learning in HE on a part time basis. All participants were undertaking Masters level programmes. Eighteen interviews were completed. All the interviews were audio recorded and transcribed verbatim. Conventional qualitative analysis techniques were used to identify themes which were relevant both within and across the accounts. Institutional ethical approval was obtained for the study. Findings: Participants identified multi-level barriers and facilitators to learning in HE. These included practical issues, the organisational culture and the emotional impact on the individual. Practical issues focused on the logistics of “trying to keep two masters happy” and getting the time to complete academic work “on top of the day job”. Having an organisational culture which valued individuals and supported their learning was an important facilitator. In this context individuals could easily identify where their own professional development could impact on patients and the wider team. Bridging the gap between HE and clinical practice led to intense emotional experiences for some participants. This included feelings of guilt at being away from the clinical setting and not able to support colleagues and envy when patients improved and they were not there. Conclusion: Individuals who engage in returning to learning occupy a difficult space between clinical practice and HE. The differing expectations and motivations can lead to intense emotional reactions for individuals. Similarities can be found with the knowledge brokering literature more frequently related to the research-practice gap.

Intended learning outcomes
1. To explore the experiences of nurses bridging the clinical practice-Higher Education gap.
2. To identify the barriers and facilitators to engaging in

Recommended reading list

Biography
Nicola is a registered nurse and has worked clinically in both inpatient and community mental health settings. She completed her PhD in 2009 and has held a number of academic posts. She is currently an Assistant Professor in Mental Health and Deputy Course Lead for Graduate Entry Nursing at the School of Health Sciences, University of Nottingham. Nicola’s research interests to date have focused on how to engage people with severe mental health problems in their care, care transitions within and between services and the barriers and facilitators to the implementation and adoptions of evidence based practice, including clinical guidelines.
What is it that master’s dissertation supervisors do? Learning from the tacit knowledge of supervisors

Ann Macfadyen, MSc, BA(Hons), BA, RGN, RSCN, PGCE, Academic Development Officer, Quality and Student Learning, Northumbria University, Newcastle upon Tyne, England
Vanessa Gibson, MSc, RGN, Teaching Fellow, Northumbria University

Aim
To increase understanding of the complexities involved in supervision of master’s level dissertation students for students from professional disciplines

Abstract
Students undertaking taught masters’ programmes comprise the largest group in the postgraduate education and supervision is recognised as being a key influence on student retention and attainment. Despite this, there is relatively little research into the supervision of students as they undertake the dissertation component of their programme.

An Action Research project, involving collaboration with 23 supervisors in the disciplines of health and education, identified that there was a great deal of untapped expertise in the practice of supervision, but that supervisors sometimes felt a sense of ill-preparedness and under confidence about their role. Through the creation of a ‘communicative space’ (Kemmis and McTaggart, 2005) academics were able to share their experiences, reflect with one another on the nature of supervision, and develop materials for new supervisors. During this process they were able to articulate their previously tacit knowledge, recognise that supervisory expertise is not a definable body of knowledge but a process which involves situational judgement, and articulate five key messages for other supervisors which outline the complexities involved in this role.

Building upon this work, a new three sided model of supervision, which conceptualises the process of supervision within the disciplines of health and education, was constructed. This presentation will outline the project and present the key messages and new model of supervision which were developed.

Intended learning outcomes
1. That those attending the session will be able to articulate the complexities involved in postgraduate supervision
2. That those attending the session will have a better appreciation of the strategies which can be used in supervising students
3. That those attending the session will demonstrate an understanding of the benefits of working with colleagues in order to access tacit knowledge of educational practice

Recommended reading list

Biography
Ann Macfadyen is an adult and children’s nurse and she was involved for many years in both Children’s Nursing Programmes and the MSc Education in Professional Practice Programme. Her research experience has involved projects which have consulted with children and their families about their experience of health care and with staff and students about their experiences of Higher Education. Her Educational Doctorate is an action research project in postgraduate research supervision for master’s level students. Her current role is within the Quality and Student Learning team where she has a particular emphasis on student engagement and assessment across the University.
3.1.1 ‘Achievement Explained’ - Empowering students to own and use feedback

Dr Caroline Reid, DProf, MSc, BSc(Hons) RN, NTF, Associate Dean - Student Experience, University of Bedfordshire, Faculty of Health and Social Sciences, England
Dr Cathy Minnet-Smith, PhD, MA,BSc(Hons), PFHEA Associate Dean - Student Experience University of Bedfordshire Business School

Aim
Empowering students to own and use feedback in all its forms is the essential element that will lead to sustained enhancement at both a personal and institutional level. Reflecting on a current action research projects, this workshop aims to explore tangible approaches to achieving this.

Abstract
The language used in discourse around feedback typically refers to students ‘receiving’ feedback, but this workshop aims to focus on students as active agents in the productive use of feedback. As a result, it explores the potential to create a culture shift by putting students at the heart of the feedback discourse. Feedback is both a major driver to student learning and a point of dissatisfaction, as evidenced in the NSS. In his review of recent literature, Johnson (2012) argues that much of the discourse in this area has focussed on the practice of staff giving feedback on assessments. Furthermore, he suggests that work in the area of students’ using feedback is sparse, demonstrating a lack of understanding and knowledge in the sector of effective strategies for students to use feedback. Pedagogic and academic practices need to develop to empower students to personalise the feedback agenda and hence realise the full potential of the transformative learning experience. In this session the presenters will use their experience of an on-going research project with students to initiate debate and explore the challenge of feedback from the student perspective. Employing a cooperative action research approach, they worked with students to unpack their understanding and recognition of feedback, where they recognize it occurring and their perceptions of feedback. The students’ construction of the relationship between assessment, feedback and achievement, and enabling personal development approaches will be presented. The extent to which the results of this project resonate with participants experiences will be explored and participants will be able to identify tangible actions that may transfer to their own institutions. The presenters would be delighted to consider extending the reach of the existing project to embrace colleagues in other institutions with similar challenges.

Intended learning outcomes
1. Outline the work of a cooperative inquiry project with students which set out to explore engaging students with feedback
2. Review infographics created with students as a catalyst for making feedback transformative
3. Discuss tangible actions that may enhance the embedding of an achievement dialogue

Recommended reading list

Biography
Caroline Reid and Cathy Minnett-Smith are Associate Deans - Student Experience, in the University of Bedfordshire Faculty of Health and Social Sciences and Business school, respectively. They are currently working in partnership with UG students across disciplines in an action research project to create a culture shift that empowers and places students at the heart of feedback discourse.
3.1.2 An exploration into the use of art as a means of facilitating emotional debriefing for student nurses following clinical placement

Carol Kinsella Frost, MA Ed, PGDipEd, BSc Hons Critical Care, DipHE Nursing, Senior Lecturer, University of Hertfordshire, England

Aim
A narrative inquiry to explore the process of using art to enable emotional debriefing

Abstract
I carried out a small scale research project into the exploration of using art as a debriefing method for student nurses following clinical placement. A gap in practice was identified after a classroom discussion with a group of third year students who felt that there was no opportunity for them to share their thoughts or work through the emotions encountered whilst on placement. A review of the literature confirmed that the current focus for debriefing is mainly through simulation and the acquisition of clinical skills. There is also evidence of the use of debriefing in specialist areas after critical events but there is no evidence to suggest that emotional debriefing is incorporated into the undergraduate nursing programme. After reviewing the literature I wanted to gain a deeper understanding about how individual nursing students feel about their clinical placement experiences and I decided to use an art intervention to explore this further. I chose narrative inquiry as my approach because I wanted to give the participants a platform to tell their stories. - The research was carried out in three stages; the art intervention, a written narrative account of the experience and a follow-up discussion. All data collected was analysed as narrative data with the use of a framework of my own design to provide a balance between the voice of the participants and the researcher. The findings suggest that the intervention helped the participants to articulate and process their emotions, with all three participants acknowledging the importance of follow-up to the art intervention. Implications for practice are to highlight the need for emotional debriefing and to consider the role of art and humanities in facilitating this need. A wider inclusion of the arts could be explored further but it is acknowledged that work of this nature is time consuming and may be difficult to incorporate into a densely packed curriculum. However, the emotional needs of nursing students should not be ignored if the aim is to produce practitioners who can cope with the demands of the healthcare environment.

Intended learning outcomes

1. To understand the meaning of debriefing in relation to nursing practice
2. To highlight the emotional concerns of the research participants (student nurses) in clinical placement
3. To gain an insight into the use of art/creativity in emotional debriefing

Recommended reading list


Biography
Carol Kinsella Frost is a senior lecturer in adult nursing at the University of Hertfordshire. Prior to moving to the higher education setting she has gained extensive teaching and nursing experience within the Royal Brompton & Harefield, and The Hillingdon Hospital NHS Foundation Trusts since 2002. Carol is passionate about the positive benefits of using art and creativity to enhance both teaching and learning. Carol has developed an interest in exploring the use of art in emotional debriefing and this was pursued in her research project for which she was awarded 92% as part of her successful MA Education.
3.2.1 Frailty Education in Advanced Practice. Patient centred wellbeing planning

Dr Abigail Barkham, RGN, Dip PHCN, BSc(Hons) PhD, Consultant Nurse for Frailty, Southern Health NHS Foundation Trust, Tatchbury Mount, Calmore, Southampton, S, England
Carrie Hamilton RGN BSc MSc Director of Education, Training and Innovation, SimComm Academy Ltd

Aim
To understand the context whereby living with frailty requires specific person centred care planning. The paper will provide the understanding that the community setting provides challenges for the workforce and that a work based education programme needs to offer a robust method of education ensuring that skills can be effectively applied in practice for the benefit of person centered care. The paper will also aim to add the specific benefit of using simulation training in the community setting and applying these benefits through the frailty care planning education programme. For the community care setting simulation is an innovative method of training and one that provides the ability to test out learning in a simulated environment.

Abstract
Integrated care is vital for the wellbeing of older people with frailty. Underpinning the provision of integrated care is the need for a workforce which is trained to approach the challenges faced by older people with frailty (DoH 2015). One component of proactive integrated care for older people with frailty is the development of personalised care planning. The individual can determine what matters most to them and their wellbeing informing interventions. Care planning describes a structured conversation which can take place over several visits resulting in a completed plan owned by the individual. The process is best done by applying a non-directive approach with the individual acting as an equal partner in the interaction. This ‘coaching’ approach requires knowledge and skill, largely new in the health care workforce in the community. An education programme was developed and delivered to advanced practitioners in the community with the following aims:

- Frailty Education
  - What is good care planning
  - Achieving SMART Goals
  - Health coaching conversations
  - Simulation

Teaching staff to actively involve the patient in the issue of ‘what is important to me’ was one of the fundamental aspects of the training. Community training is traditionally provided in the classroom. Staff working in the community are faced with unique challenges with regard to the setting that they are working in. This can be environmental, social or psychological therefore to equip our staff with the most robust skills a method of simulation training was adopted. Simulation is a technique for practice and learning it is a technique (not a technology) to replace and amplify real experiences with guided ones, often “immersive” in nature, that evoke or replicate substantial aspects of the real world in a fully experiential fashion (Lateef, 2010).

The training has been successful with 90% of staff reporting that their confidence improved in having patient centred conversations and that they would embed this in their practice in frailty care planning. All staff attending the training reported an improvement of their knowledge and understanding of frailty care. This training has provided advanced practitioners with the skills and confidence to complete person centred care planning.

Intended learning outcomes

1. Why person centred care planning is required for those living with frailty
2. Why we need to educate our staff in person centred conversations
3. How simulation training can improve education outcomes

Recommended reading list

1. Fit for Frailty British Geriatric Society (2104)
3. Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values

Biography
Dr Abigail Barkham trained at St Bartholomew’s School of Nursing completing her RGN training in 1989. She began her nursing career specialising in Oncology gaining clinical experience in all fields of oncological nursing. In 1994 Abigail completed a Diploma in Primary Health Care Nursing and began her career as a District Nurse. In 2008 Abigail was awarded a BSc(Hons) in Clinical Practice from Southampton University. This began a passion for research and its implementation in practice. In 2014 Abigail was awarded her PhD from Bournemouth University and was soon successful in her new appointment as a Consultant Nurse for Frailty.
Advanced Practice: is the structure of advanced practice in transition?

Dr Chris Inman, RN MA EdD, MSc Advanced Practice MSc Lead, Birmingham City University England

Aim
To compare findings from a survey of nine MSc/MA Advanced Practice courses in the UK

Abstract
Aim
To present data from a UK survey of MSc/MA Advanced Practice courses

Objectives to:
1) Explore differences in titles, modules and content of advanced practice courses.
2) Compare the structure emerging from the survey data with established models of advanced practice in the UK.
3) Disseminate information relating to the evolving structure of advanced practice courses in the UK.

Information gained was based on a qualitative, descriptive survey and analysis of nine Master's in Advanced Practice courses. The sample consisted of members of the Association of Advanced Practice Educators UK committee. Literature during the past decade from UK countries identified ‘four pillars’ of advanced practice as Direct Clinical Practice, Leadership/Management, Research and Education.

The findings demonstrated that seven of the nine courses contained modules on Clinical Practice but two did not. Four of the programmes also included Clinical Decision Making modules. This is important for Independent and Supplementary Prescribing which all courses claimed to offer.

Only four of the nine courses included modules on Research and Leadership and one had Education as part of a module title. All courses included a Practice Competency Portfolio. Most also included Objective Structured Clinical Examination as an element of assessment. One atypical course had Clinical Photography as the clinical element.

The discussion indicated that the majority of courses focussed on direct clinical skills with less focus on more theoretical modules which can strengthen critical and analytical thinking. In conclusion, analysis suggested re-configuration of the structure of these nine Advanced Practice courses from the foundational ‘four pillars’. The survey raised awareness of the need for national monitoring of courses as changes in content could be contributing to differences in understanding of the role and level of advanced practice.

Intended learning outcomes
1. Identify key elements of established structures of Advanced Practice.
2. Increase awareness of variations that can exist in courses.
3. Recognise that differences in courses may compromise clarity of the meaning of advanced practice.

Recommended reading list

Biography
Nursing for 18 years in various posts and locations.
MA in Sociological Research Methods at Warwick University
Lecturing posts
• Four year honours degree University of Hull 1990-1993
• Head of Nursing Developments Open University Milton Keynes 1993-1996
• Programme Director Masters Advanced Practice 1996 – present
• Committee member of AANPE UK group since 2005.

In 2008 I completed a Doctorate in Education at King’s College London.

Current employment includes management, teaching and supervision on the Master’s in Advanced Practice programme and PhDs in Birmingham and the Netherlands. Research interest in all aspects of Advanced Practice teaching and assessment.
3.3.1 Enhancing assertiveness in District nurse Specialist Practice

Dr Julie Green, PhD, MSc, BSc (Hons), BEd, RGN, Lecturer in Nursing, Keele University School of Nursing and Midwifery, England

Aim
To outline an on-going study to enhance nurse assertiveness. To present relevant curricula interventions and student outcomes.

Abstract
The delivery of nursing care within the community has undergone considerable ‘modernisation’, expanding the remit of District Nursing (DN) teams with responsibility for more acute patients (QNI, 2013; DH, 2013). Often, DNs take a reactive approach to their expanding workload, ‘juggling’ the challenge of new, dependent patients with their regular patients, in order to ensure that risks are managed and care is optimised. Evidence suggests this leads to delayed visits, hurried consultations and potentially compromises care (QNI, 2013). In this challenging environment it is essential that the DN is assertive and an inspirational manager who leads her team effectively, ensuring prioritised allocation of visits and successful negotiation with the wider multi disciplinary team. - The Specialist Community Nursing (District Nursing) BSc / PG Diploma course aspires to be ‘transformational’, enabling the future DN to lead and support complex care in a variety of community settings (DH, 2013). New curriculum innovations have explored and developed the concept of assertiveness within the DN course including the implementation of a number of pedagogical interventions. - To date, two cohorts of Specialist Practice students have completed assertiveness questionnaire (Begley and Glacken (2004) during their course for their own personal information. As educational evaluation, score changes were significant. A national study across 14 HEIs is currently underway to establish the impact of the Specialist Practice course on DN assertiveness. - The presentation will identify specific learning and teaching strategies that enhance the development of assertiveness skills and reflect on the impact on student assertiveness scores. - References: - Begley, C.M. & Glacken, M. (2004), Irish nursing students’ changing levels of assertiveness during their pre-registration programme. Nurse Education Today. 24, 501-510. - Department of Health. (2013). Care in local communities - A new vision and model for district nursing. London: The Stationary Office. - Queen’s Nursing Institute (2013). Report on District Nurse Education in England, Wales and Northern Ireland 2013/2013. Available at: http://www.kcl.ac.uk/nursing/news/events/news/2013/QNI-Report-on-District-Nurse-Education.pdf accessed at 14.00 on 22/03/20

Intended learning outcomes
1. Develop an understanding of pedagogical interventions with a focus on assertiveness
2. Understand simple tools for monitoring the development of assertiveness
3. To explore student feedback on the impact of 'heightened' assertiveness in challenging situations.

Recommended reading list

Biography
Julie qualified in 1990 and worked across North Staffordshire in a variety of roles in primary and secondary care. Julie joined the School of Nursing and Midwifery at Keele University in 2003 having worked as a District Nursing Sister for a number of years. Julie is Award Lead for the Specialist District Nursing BSc and PGDip and in October 2015, she took the role of Director of Postgraduate Programmes. Julie has a particular interest in community nursing practice and is a member of the RCN DN Steering group, Association of District Nurse Educators and is a Queen’s Nurse.
3.3.2 The Development of District Nurse Knowing

Dr Heather Bain, EdD, PGCert HELT, BA, DipDN, RGN, Senior Lecturer, Robert Gordon University, Scotland

Aim
To explore the unique knowing of district nursing in practice and how this knowing is developed.

Abstract
The district nurse is a registered nurse with a specialist graduate-level education and specialist practitioner qualification recorded with the Nursing and Midwifery Council (NMC 2001). However, there has been a lack of direction in district nursing within the UK, with a decline in numbers of district nurses being educated and outdated NMC standards supporting district nurse education. This study aimed to explore the unique knowing of district nursing in practice and how knowing develops. A qualitative interpretative approach within a case study design was adopted involving three Scottish Health Boards. Within each Health Board, interviews with key informants, and group interviews with district nurses were undertaken, using photo elicitation as a focusing exercise. The data were collected in 2013/14 and were analysed using framework analysis (Spencer et al. 2003).

The participants recognised that due to the complexity of the district nurse role and its continuing advancements, that district nurse education needs to move to Master’s level preparation and it needs to continue to be supported by a suitably qualified practice teacher. Furthermore, the findings of this study demonstrate that the development of this knowing does not happen in isolation and is complex. In addition to formal education it consists of networks, conversations, engagement with policy, understanding of professional contexts, adhering to organisational boundaries, and interaction with complex and challenging situations. The study findings therefore have implications for both nurse educators and organisations. Innovative and alternative approaches to developing knowing within curricula, recognising practice-based theory of learning and organisational structures and processes, must be considered. - -

This paper will focus on the following research questions: - -

What formal educational frameworks in curriculum and policy might best support the development of district nursing knowing? - -

How do different workplace elements help develop the unique knowing in practice of district nurses? - - -

- - References


Intended learning outcomes

1. Examine the unique knowing in practice that characterises the expertise of district nurses.

2. Discuss different workplace elements help develop the unique knowing in practice of district nurses.

3. Explore formal educational frameworks in curriculum and policy might best support the development of district nursing knowing.

Recommended reading list


Biography
Dr. Heather Bain is a Senior Lecturer Postgraduate and Continuing Professional Development (CPD) at the Robert Gordon University, Aberdeen. Since coming into education in 2002 she has lead the implementation of the Non-medical Prescribing course, and subsequently led the post-registration district nurse course. More recently she has led the Masters portfolio within the School. Heather has actively promoted community nursing throughout the UK, being a member of several working groups, and is one of the co-ordinators behind @weDistrictNurse on Twitter. She is currently undertaking a part time secondment with the Nursing and Midwifery Council as Non-Medical Prescribing Expert Advisor.
3.4.1
Transforming Professional Judgement during Elective International Placement

Mrs Catherine Monaghan, MSc, BSc(Hons), PGCert, RMN, RGN, Lecturer, School of Nursing and Midwifery, Queen’s University Belfast, Northern Ireland
Matt Birch, MSc, AdvDMP, BSc(Hons), e-Learning Technologist, School of Nursing and Midwifery, Queen’s University Belfast

Aim
To improve learning outcomes and enhance communication with students undertaking elective international placements

Abstract
The project aims to better prepare students for the unpredictable challenges they may face in the real world by encouraging students to inform their decision-making, judgement and practice from knowledge extracted and determined from activity within the platform. - - Background - As globalisation becomes increasingly important, the opportunity to study abroad and experience another culture is a rewarding and meaningful experience. Students are encouraged to undertake an Elective International Placement during year 3 of their Nursing and Midwifery programme. The exchange programme aims to enrich the student’s ability to critically compare the diverse delivery of health care and practice from a more global perspective. - - Implementation of the innovation - - The School of Nursing and Midwifery at QUB has started to pilot an online collaborative portal, which allows students to explore and develop a rich and multifaceted understanding of aspects of cultural competence and professionalism through narrative-based activity. This platform provides an opportunity for participants to explore their own individual critical narrative and collaborate in interpersonal activity through the use of an embedded journaling system. - - - Methods used to assess the innovation - - Qualitative methodology involving students and teaching staff from a phenomenological perspective using focus groups. - - Key findings - - 1) Personal and professional growth for students, developing critical reflection and critical thinking. - 2) Supportive mechanism for instructors to provide feedback to students – 3) Provide educators with a practical, flexible, tool to broaden and add complexity to student thinking. – 4) Provide a complimentary method of supporting conventional competency driven pedagogy by grounding problem solving, critical reflection and critical thinking in context based scenarios. – 5) Enhance student learning engagement through the production of an innovative and memorable method of content delivery.

Intended learning outcomes
1. The development of an online journaling system enhances the conventional competency driven pedagogy.
2. This self-actualising process will aim to improve transformative and interpretive thinking, two keys for improving professional practice.
3. This innovative approach to learning also provides academics with opportunities to share and record discourse as well as provide immediate feedback.

Recommended reading list

Biography
Catherine Monaghan is a Lecturer in the School of Nursing and Midwifery, Queen’s University Belfast: MSc in Nursing, PGCert in Education for the Health Care Professionals and BSc(Hons) Specialist Practice in Nursing. Catherine is currently undertaking her Doctorate in Education and her main interests are in relation to Internationalisation. Catherine teaches full time in the undergraduate and postgraduate courses in the School of Nursing and Midwifery promoting evidence based focused teaching and is a member of the International Elective Committee.
3.4.2 Mentorship in your pocket

Mr Scott Colton, Bsc, DipHE, Lecturer, Adult Nursing, Birmingham City University, England

Aim
This presentation will demonstrate a working example of the Preparing for Caring app and demonstrate how smart how smart devices can support mentors and students in practice placements.

Abstract
Mentorship in your pocket - When mentors and students need help in practical placements they sometimes struggle to get support promptly, this is usually because phones and computers are being used to meet patient needs. However, when mentors and students take a break the first thing they do is take out their mobile phone. It therefore seems sensible to put the resources they need onto their phones in the shape of an “App”. - The Preparing for Caring smartphone app is aimed at all those involved in practical placements. Hunt et al. (2016) have shown that students and mentors want prompt advice and support. One of the main aims of this app is to get help to placement areas more quickly when it is needed. In the interim the app provides guidance about common placement issues. - The world we live in is dominated by smart devices and ownership has increased by 10% since 2013 across all age brackets; Ofcom (2015) report that 34% of adults check their phone within five minutes of waking. Alongside this students’ practical experiences are becoming more diverse and placements can be spread across wide geographical areas. This makes the app even more appealing as it can be used wherever the student and mentor are situated. - This presentation will demonstrate a working example of the Preparing for Caring app. It will demonstrate some key features and explore how and why they have been included. Feedback from student nurses and mentors who have tested the app will be discussed and the implications for those who support practice areas will be examined. Putting placement support in the pockets of students and mentors in the form of an accessible app is a pragmatic and user friendly way to enhance the mentoring experience for everyone.

Intended learning outcomes
1. Describe the advantages and disadvantages that smart device technology can have on practice placements and environments.
2. Be aware of the challenges of implementing smart device technology in clinical practice.
3. Consider the future possibilities of deployment of this technology may bring.

Recommended reading list

Biography
Scott is a lecturer at the Birmingham City University where he teaches across a number of pre and post registration modules. Clinically he works in a busy inner city emergency department and is also a trainee pre-hospital nurse with the West Midlands Care Team. Scott has a keen interest in assessment and recognition of the critically ill patient. Scott is the lead for the Preparing for Caring app and is focusing his research on smart device technology in clinical practice education.
3.6.1 DEVELOPMENT OF A NURSE LEADERSHIP FELLOWSHIP PROGRAMME FOR PALLIATIVE CARE NURSES IN UGANDA.

Professor in Palliative Care Julia Downing, RGN PhD, Professor in Palliative Care/ CEO IPCCN, Uganda/International, England
Mhoira Leng, Palliative Care Physician, Makerere Palliative Care Team, Uganda.

Aim
To discuss the development of palliative care (PC) nurse leaders in Uganda

Abstract
Background: - Global PC needs are increasing faster than the available capacity to meet them. In sub-Saharan Africa health care capacity and systems are limited and resources stretched, with up to 80% of cancer patients being diagnosed with advanced disease. Thus the provision of high quality PC is essential and with the low numbers of doctors per capita, nurses have a unique role in this provision. There are a wide range of quality education programmes for nurses in PC, however many of them have not had the opportunity to develop their skills as leaders yet are working in leadership positions. - - Method: - An 18-month nurse leadership fellowship (NLF) was developed and funded through a health partnership grant from the British Government through THET. Whilst PC is best offered by a multidisciplinary team, nurses often work on their own and need to be equipped to lead, services as well as having a role as change agents, teachers and role models. 20 nurses were commenced the fellowship in August 2015. Teaching is delivered on a modular basis with three 1-week taught modules interspersed with 5-6 months of ongoing mentorship and supervision. To complement the teaching a mentorship programme was established in the UK to provide remote mentorship, with discreet periods of face-to-face mentorship in-country. - - Results: - The nurse fellows come from a variety of settings. Whilst still ongoing, the NLF is having an impact. Each of the nurses has been working on their individual leadership skills, as well as implementing activities such as Link-nurse training, daily reporting on patients, providing supervision etc. Fellows developed individual and work related action plans, along with national level projects. Four national projects are being implemented including a review of existing curriculum to see if fit for purpose, clinical competence of nurse prescribers, a review of health systems as they relate to nurse prescribing and an evaluation of the link nurse programmes. - - Conclusion: - With appropriate training, nurses are able to fulfil leadership roles within PC. Mentorship and supervision are an important component of the NLF, along with modelling and self-reflection. -

Intended learning outcomes
1. Discuss the format of the NLF
2. Discuss the impact of the NLF programme on the nurses involved
3. Discuss the wider implications of the NLF beyond palliative care and Uganda

Recommended reading list

Biography
Professor Downing is an experienced palliative care nurse, educationalist and researcher. She has been working within palliative care for 24 years, in the UK, Uganda, Africa, Eastern Europe and throughout the world. She is an Honorary Professor at Makerere University and the CEO of the International Children’s Palliative Care Network. She was the recipient of the IJPN’s Development Award in 2006, the Robert Tiffany lectureship from the ISNCC in 2014 and the Pearl Moore “Making a Difference” International Award for Contributions to Cancer Care from ONS in 2015. Recently she was awarded an Honorary Fellowship from Cardiff University.
The Unique Role of the Nurse Preceptor in Community Palliative Care

Melanie Jane Legg, RN, PGCert Public Health, PGDip Nursing Science - Oncology, Head of Practice Development, Marie Curie, Northern Ireland

Aim
This study aims to develop an understanding of the nurse preceptor role in community palliative care, in order to determine the theoretical underpinnings and scope of the role. To explore the experience of the nurse preceptor in community palliative care, explore the preceptors perception of the role, identify what the perceived main goals of the role are, scope of the role and identify the barriers and rewards of undertaking this role.

Abstract
Background - The nurse preceptorship program started in the Marie Curie Nursing Service Northern Ireland in September 2015. For patients approaching end of life, the majority have a preference to be cared for and to die at home (de Roo et al, 2014). Community palliative care makes a key contribution towards this goal. With the increased demand on these services, there will be an increase in the number of registered nurses and health care support workers needed to meet these needs. As an organization we need to support this through initiatives to aid these recruitment, retention, job satisfaction and performance of staff working in this setting. There is a lack of previous research on the impact of transition to palliative community care on the member of staff. As far as the research team is aware, this is the first study to explore the role of the nurse preceptor in palliative care with both registered nurses and health care assistants. - Method - All nurses (n=12) undertaking the preceptor role were approached an invited to participate in the research study. 7 preceptors participated over two scheduled focus group sessions, 2 withdrew from preceptorship prior to the focus groups. At the end of the focus group interviews the participants were debriefed. - Discussion - Preparation of new staff into the role of a community palliative health care worker is essential to development, support and integration of the individual into the new working environment as well as the organization. Lone working is a requirement within our community palliative care services and was identified as a major concern in both focus groups and the potential impacts as well as scope for development in relation to this. Palliative care was seen by the preceptors as a specialism in and of itself and therefore it was felt that more development for new staff especially those with limited previous palliative care experience was required before staff commenced working. Another key finding that was felt strongly by all preceptors involved was the length of induction and particularly the length of the shadow shift.

Intended learning outcomes
1. Importance of support to new staff within an organisation
2. It is not only new graduates that require support but those embarking on new career paths / nurse work streams
3. Early interventions can help with increased engagement and staff retention

Recommended reading list
1. De Roo, ML; Miccinesi, G; Onwuteaka-Philipsen, BD; et al (2014) ‘Actual and preferred place of death in home-dwelling patients in four European countries: making sense of quality indicators’ PloS one, Apr 8;9(4):e93762

Biography
Mel is currently the Head of Practice Development for Marie Curie. Mel trained in Australia specialising in oncology & haematology and this is where she picked up her passion for palliative and end of life care. Since completion of her Bachelor of Nursing she has undertaken a Post Graduate Certificate in Public Health, Graduate Diploma in Oncology Nursing and is currently undertaking Masters in Palliative and Supportive Care. Mel is committed to developing sustainable person-centred cultures, evidence based practice, education and development, advocating for patients, families and staff and fostering growth and development.
4.1.1 Effectiveness of a collaborative approach to neonatal and children’s nursing education in NHS Scotland

Dr Rosie Erol, BSc, MSc, PhD, Research Associate, University of Worcester, England
Jo Rouse; RGN, RSCN, MSc, PG Cert, SFHEA; Associate Head of Institute (Quality), University of Worcester

Aim
to present an evaluation of a collaborative approach to teaching postgraduate education programmes to staff in neonatal and children’s services in NHS Scotland.

Abstract
Background: A substantial amount of work has been ongoing in NHS Scotland to develop and strengthen advanced nursing practice. In postgraduate education for neonatal and children’s services, this has been underpinned by funding from NHS Education for Scotland of the postgraduate certificate Qualified in Specialty (QIS) and MSC in Neonatal and Paediatric Advanced Practice. Two Scottish Universities have been delivering both qualifications in collaboration since 2013. A collaborative approach was expected to provide greater consistency in quality and content of the programme, and overcome the challenges associated with running courses with small student numbers, whilst ensuring service needs and expectations were met (Morgan et al., 2012; Pinfield et al, 2011; Turrill, 2014). - Aim: To evaluate the effectiveness of the collaborative approach to teaching postgraduate education programmes from the perceptions of the students, the University staff and of paediatric and neonatal unit managers in practice. -

Method: A mixed method approach was used to gather the views of the participant groups over two years. A survey of students in year 1 was followed up in year 2 with six focus groups with n=30 students. Semi-structured interviews with HEI staff (n=6) were conducted at two points in time. The views of neonatal and paediatric unit managers were gathered at the end of year 2, using both surveys and semi-structured interviews. Quantitative data was analysed using descriptive statistics; qualitative data was transcribed and analysed thematically. - Findings: The courses have evolved over time, and students appear to be satisfied with their experience of being on the programme. The programmes largely met the needs of unit managers, who reported increased confidence and competence amongst students. The collaborative approach worked successfully in areas such as student recruitment and skills based work, although presented a number of challenges including working around university regulations and aligning methods of assessment. - Conclusion: Whilst working in collaboration can undoubtedly be challenging, the evaluation has highlighted a number of areas where a collaborative approach to teaching in higher education can work successfully and could be used for other specialist teaching programmes with small numbers of students.

Intended learning outcomes

1. To highlight the different needs and expectations of students, university staff and nurse managers in relation to postgraduate education in neonatal and paediatric nursing.
2. To highlight successful aspects of a collaborative approach to teaching

Recommended reading list


Biography
Rosie Erol has been in post as a Research Associate within the Institute of Health and Society at the University of Worcester since 2011. She is an experienced researcher who has worked in a number of different fields within the public sector, mainly around health, vulnerability and policing. She has worked in both a policy setting and in higher education, and has been responsible for commissioning, managing and conducting project and programme evaluations, with a key focus on partnership working and practice-based research.
4.1.2 Clinical Supervision and organisational transformation

Jo Delrée, RNLD BPhil (Ed) Autism PGCertHE, Senior Lecturer, London South Bank University, England

Aim
To demonstrate the positive effects of a collaboration between an NHS Trust and HEI in promoting the effective use of clinical supervision for organisational improvement

Abstract
Introduction
There are varying views as to what constitutes supervision, but many agree on core components essential to its implementation. This presentation reports on a partnership between a University and a NHS Trust to 1 - enhance clinical supervision for nurses to improve service delivery and patient outcomes; and 2 - develop effective, professionally curious, critically reflective and safe practitioners who are able to understand and work within the organisation within their scope of professional practice. This project aimed to explore models of clinical supervision, consider its function and to identify the characteristics of effective clinical supervision through the existing evidence base.

Method
The study used action research methodology to develop new supervision structures which were evaluated by surveying nursing staff, following implementation. The action learning sets attended by Trust, University staff and experts by experience, devised a programme comprising six sessions which focussed on enhancing current supervision practices to improve clinical care and treatment. This was considered in the context of the workplace and the influence of organisational culture on the implementation of supervision, so that new ways of working could be considered.

Results
The six sessions were received well by staff who offered a range of positive feedback. This allowed the opportunity for the trust and its staff to reflect upon and develop a personal style and approach to clinical supervision; effecting a significant change to how supervision was delivered across the Trust. This included changes to the structure and delivery of clinical supervision which allowed the opportunity for nurses to explore approaches and develop skills to support colleagues, practice effectively and enhance the patient experience.

Conclusion
This presentation reports on the process and changes within the Trust and the next stages for this continuing partnership between education and practice. Since the action learning sets and changes to policy staff at the Trust have been surveyed and just fewer than 90% report to having regular supervision with just over 90% saying it is useful.

Intended learning outcomes
4. • gain insight into how supervision can be used as a tool for organisational improvement and change
5. • develop awareness of the role of clinical supervision in promoting professional curiosity and enhancing patient safety
6. • consider how different approaches and models for clinical supervision can be used across a range of health contexts

Recommended reading list

Biography
Jo Delree is a Senior Lecturer for the Department of Mental Health and Learning Disabilities, LSBU.

Jo has worked in the NHS and voluntary sector, managing services for individuals with autistic spectrum conditions and complex needs. Various management and staff development roles lead to her the position of Deputy Chief Executive for an autism charity in the South East of England.

Jo provided training and consultancy in leadership and management in health and social care, as well as autistic spectrum conditions and challenging behaviours before taking up her current post.

Her current academic activities reflect this mix of leadership, management and learning disability/autism specialism.
4.1.3  
Curriculum design - Refocusing of School Nursing Education, Scotland; from a novice to mastery.

Anthony Kwaku Forkuo, MSc, Lecturer, Robert Gordon University, Scotland
Dr Heather Bain

Aim
Responding to areas within NHS workforce plan by providing Master’s level education for school nursing practitioners.

Abstract
The aim of this paper is to present how Robert Gordon University designed a new masters of science advancing nursing practice (MSc ANP) curriculum in recognition and response to the Scotland’s Chief Nursing Officer’s published a letter (CEL13); The Children and Young People Act (Scotland) 2014; Setting the Direction For Nursing and Midwifery Education in Scotland (Scottish Government 2014). These are key drivers set out the direction for educational requirements to fulfil the refocused roles for health visitors and school nurses. Cognisance was taken of the Nursing and Midwifery Council (NMC) code and standards for proficiencies as well as the recent national work undertaken by NHS Education Scotland which informed the curriculum of the school nursing, health visiting and district nursing (NMC 2015; NES 2014; NMC 2004). Furthermore, the social and economic changes within the UK and global mobility have resulted in demands within health and social care delivery. Subsequently nursing education needed to evolve and drive leadership, research and development, facilitation of learning and clinical practice to ‘Advanced Practitioner’ taken cognisance of accessibility of practitioners within Scotland’s geographic spread (Scottish Government 2016; 2015; RCN 2012; DH 2010). The courses prepare nurses for a higher level of professional practice to ensure they can deliver safe, effective and person centred care with the ability to engage with individuals, families, carers and communities. There are five routes within the programme, recognising shared core and non-core modules reflecting the opportunity to breed practitioners meet the demands of services. - McAskill (2009) observed that curriculum development is a complex process involving more than just educational considerations and a systems approach was taken. This resulted in a collaborative approach with RGU working in partnership with practice. The curriculum model adopted was Centre for Enhancement of Learning and teaching (CELT) flow diagram (2002) incorporating appropriate instructional frameworks. The first phase being consideration of the potential market for the course, as this influences the course design (CELT 2002). Other considerations included identification of the desired outcomes, analysis of the perceived need, institutional requirements, professional regulations and service demand.

Intended learning outcomes
1. Exposing to students to a range of blended teaching and learning methods to acquire core essential generic skills and interprofessional learning (IPL) throughout the programme.
2. Responding to areas within NHS workforce plan by providing Master’s level education for school nursing practitioners.
3. Learning skills which are specific to school nursing.

Recommended reading list

Biography
Anthony Forkuo holds post graduate degree in Masters of Science in Global Health and Management from University of Aberdeen as well as a Masters of Business Administration (MBA) from London South Bank University. He was a Clinical Lead in school nursing for many years working with an NHS Foundation Trust (NHS-FT) in London, where he led a skill mix teams. He was a Specialist Practice Teacher (SPT) facilitating and assessing learning for diverse SCPHN-school nursing students in practice.
4.2.1 Implementing a new approach to course evaluation: the introduction of an electronic system to record and analyse student evaluation of teaching as applied to hospital based clinical education.

Mrs Nicola Walters, BN RGN RSCN, Clinical Skills Facilitator, Papworth NHS Foundation Trust, England

Aim
Summary of evidence from literature review together with collection of local narrative evidence underlying the introduction of a new approach to the evaluation of courses developed and presented by a hospital based clinical education team.

Abstract
Student evaluation of teaching (SET) is used in academic settings to develop and monitor teaching environment and quality (Spooren et al 2013); within the hospital clinical education team we have attempted to evaluate teaching sessions using a paper evaluation form but its usefulness has been limited resulting in a system that failed to consider the circular nature of the evaluation process. The new approach involves the use of an electronic evaluation tool accessed remotely by participants following course delivery; it is hoped that the new initiative may go some way towards ‘closing the loop’. - Literature review indicated a limited underlying evidence base for the use of SET in healthcare contexts (Attree, 2006; Annan et al., 2013) however published evidence from academic settings suggests that SET could have a role in developing quality and improving teacher performance but only if it was used as part of an holistic approach to reflective development (Richardson, 2005; Blair and Valdez Noel, 2014; Safavi et al., 2013). - Following a trial introduction of the electronic format evidence to support its use and value was collected in the form of narrative review. This locally derived evidence provided information about how different groups viewed the role of evaluation. Evaluation was viewed variously as: a personal development tool; a curriculum development tool; an assessment of learning experience/what has been learnt; to prove worth (of an individual and team); to give something back. - The move to online evaluation resulted in a reduction in the number of completed feedback forms received, a factor reported extensively in the published literature (Stowell et al. 2012; Risquez et al., 2015). The reduction in response rate however may be balanced against the honesty and quality of the responses given via the electronic format, benefits reflected in both literature review (Annan et al. 2013) and narrative collection. - The initiative undergoing consultation with the expectation that the electronic tool will be adopted and used to evaluate all teaching input in the hospital. It is also anticipated that this approach will facilitate development of research opportunities into the quality and use of SET in the clinical environment.

Intended learning outcomes
1. will be able to evaluate the evidence to support the use of student evaluation of teaching in the practice environment.
2. Participants will have a greater awareness of the potential use of narrative evidence to support changes in practice education.
3. Participants will have the opportunity to consider the value of student evaluation and how this may fuel reflection leading to personal and course development.

Recommended reading list

Biography
After graduating from the University of Wales with a Batchelor of Nursing degree in 1988 Nicola worked at Great Ormond Street Hospital completing her RSCN qualification in 1990. Following a career break she began working at Papworth Hospital as a HCSW before re-joining the professional register. Nicola has worked in the specialist respiratory and sleep center and as a CPAP practitioner. - Her current role within the clinical education team involves the facilitation of practice education and the development of the preceptorship programme as well as supporting learners in practice. She has recently completed her MSc in Advancing Healthcare Practice.
4.2.2 Challenging anti-oppressive mental health practice. The development and evaluation of a video resource for mental health student nurses.

Dr David Charnock, PhD, MSc, Dip. Ad. Ed. RN (Learning Disabilities), Assistant Professor in Learning Disabilities, School of Health Sciences, University of Nottingham, England
Dr Nicola Wright, PhD MA PGCHE BN RN Assistant Professor in Mental Health School of Health Sciences, University of Nottingham

Aim
To present the development and evaluation of a video based resource for challenging anti-oppressive practice with student mental health nurses.

Abstract
Background: The nature of mental health practice means there are elements which are experienced as oppressive by service users. Detention, restraint and seclusion are often cited examples of this. However, some of the “mundane” aspects of mental health care can also be problematic. A particular area which students highlighted as challenging was the nursing handover. A review of the literature identifies that handovers are problematic areas in terms of knowledge sharing and also the expression of unhelpful attitudes and values towards service users. Methods: A video based resource was co-produced by practitioners, academics and learning technologists. The aim was to reflect a nursing handover in terms of the information conveyed and the attitudes expressed. In a facilitated group session students (12 in total) were asked to “stop and start” the video to identify aspects of practice which they deemed to be oppressive. They were then asked to reflect on why this was the case, how it made them feel and how they could challenge this in practice. The facilitator highlighted any issues which the students had not identified. A qualitative evaluation underpinned by Kirkpatrick and Kirkpatrick (1994) four levels of learning was undertaken to assess the impact of the session on students’ knowledge, confidence and skill development. This involved collecting qualitative data at the end of the session and then a review after their next placement. Ethical approval appropriate to the institution was obtained. Findings: Students reported a high level of satisfaction with the session and the findings indicated that that the use of a video based resource enabled students to retain, retrieve and transfer their learning to the clinical practice settings. In particular they highlighted improvements in their own communication skills and confidence in relation to conducting a handover. Students also described feeling more able to identify anti-oppressive practice to challenge this in a clinical setting. Conclusion: Video based resources offer an innovative means to explore complex issues with student mental health nurses. It appears to create a safe space within the classroom where students are able to question their own and others practice.

Intended learning outcomes
1. To outline the importance of anti-oppressive practice to mental health care.
2. To discuss the development of a video based resource to explore anti-oppressive practice with student mental health nurses.

3. To outline an evaluation of the educational resource and implications for future use.

Recommended reading list

Biography
Dr David Charnock is an Assistant Professor in Learning Disabilities Nursing at the University of Nottingham. David completed his PhD in 2013 and his research to date has focused on using qualitative methods to explore issues related to identity (and in particular masculinity) for people with intellectual disabilities. David is the current interim course lead for the BSc in Nursing and prior to working as nurse educator had a broad experience of working in the NHS to senior management level.
4.2.3 Supporting non-medical prescribing students’ learning of medicines through the development and evaluation of a pharmacology app

Patricia Fell, PhD; PGDip,BSc, Associate Professor (Learning and Teaching), Birmingham City University, England
Katharine Hardware, MEd, PGDip, RGN. Senior Lecturer, Birmingham City University

Aim
To discuss the development of a pharmacology app to support non-medical prescribing students’ learning of medicines and to share lessons learned and initial findings from student evaluations as to the value of this innovative learning tool.

Abstract
Pharmacology is an integral and required element of a non-medical prescribing course (NMC 2006, HCPC 2013). Having a sound knowledge and understanding of pharmacology is necessary for the safe practice of prescribing, along with safe administration and overall medication management. - Anecdotally the authors have noted, through their experience of teaching non-medical prescribers, that students find pharmacology to be the most challenging element of the curriculum and causes the most anxiety to students. This is supported within the literature which identifies pharmacology and other bioscience topics to be an area that both undergraduate and post graduate nursing students perceive difficult (Taylor et al., 2015; Davies, 2010; Smales, 2010). Educators need to consider new ways in which to facilitate and engage learning of pharmacology in health professions education. - With project funding granted to enhance the quality of provision and student experience, members of the non-medical prescribing teaching team, in collaboration with students, healthcare practitioners and learning technologists, have developed a pharmacology app designed specifically to support health professionals. In addition to including content, flashcards and short activities to test knowledge, an important component of the App has been the incorporation of case studies; many of which have been developed by current and past students and are designed to help students apply pharmacology to practice. - The app has undergone an initial usability test and is currently being used and evaluated within a non-medical prescribing course. - This presentation will reflect upon the process of developing the app and present initial findings as to whether students value a pharmacology app to support their learning in medicines management. It is envisaged that once fully developed, this innovative tool could be used across numerous health care educational programmes where the development and improvement of pharmacological knowledge base is required and potentially could be a useful aid for use in practice post qualification.

Intended learning outcomes
1. Appraise the need for innovative pedagogies in the teaching and learning of pharmacology in nursing education.
2. Gain an understanding of the benefits and challenges of developing a pharmacology app to improve health professionals’ pharmacological knowledge base for use in medicines management.
3. Explore the implication of evaluative findings which consider non-medical prescribing student’s experiences and views of using the pharmacology app to support their learning.

Recommended reading list

Biography
Dr Patricia Fell is an Associate Professor (Learning and Teaching) based in the School of Health Sciences at Birmingham City University. She has a PhD in Pharmaceutical Sciences, BSc (Hons) in Human Biology and a PG Diploma in Education. Patricia lectures in pharmacology and applied human physiology across a variety of pre- and post-registration health care programmes. She is actively involved in the field of educational development and research and leads several funded initiatives that support student learning of biosciences in health care. She is chair of the 'Biosciences in Nurse Education (BiNE)' national network.
4.3.1 IMPLEMENTATION AND EVALUATION OF A LINK NURSE PROGRAMME FOR PALLIATIVE CARE IN HOSPITALS THROUGHOUT UGANDA.

Professor Julia Downing, RGN PhD, Professor of Palliative Care, Makerere University, England
Mhoira Leng, Physician, Makerere Palliative Care Unit, Uganda

Aim
To discuss the introduction and evaluation of a link-nurse system in order to increase access to palliative care within government hospitals.

Abstract
Background: - Integration of palliative care (PC) into the government system is a core component of any national strategy to extend PC services and a key message from the World Health Assembly resolution in 2014. Research has shown that in hospitals in Uganda between 25% and 46% of patients have a life limiting illness, the majority of whom have PC needs. - Method: - 27 link-nurses from different wards were trained and mentored at Mulago Hospital, to provide generalist PC on their wards, referring on to the specialists as appropriate. Following its success in Mulago Hospital, this programme was implemented in other hospitals in Uganda including Kabale, Gombe, Nebbi, Yumbe, Adjumani, Kibaale, Kasese and Tororo Hospitals. A 5 day training utilising the PC toolkit was delivered to nurses from different wards. The training was delivered either in two separate modules or all at once. Training is followed by mentorship and supervision and nurses complete activity sheets and utilise the clinical guidelines which have been adopted by the Ministry of Health. - Results: - Two hundred link nurses have been trained throughout the country. Their role is to provide generalist palliative care in their places of work, linking in with the specialist team as appropriate. In the smaller hospitals, link nurses may also work at surrounding health centres, referring patients to the hospital as appropriate. An evaluation of the initial programme at Mulago was encouraging with a significant difference seen in the nurses confidence, changes in attitudes, development of new skills and knowledge, changes in relationships and improved outcomes of care. An increase of 300% was seen in the numbers of PC patients receiving care, thus ensuring that PC is available to more patients and is integrated throughout the hospital. An evaluation of other programmes is currently underway. - Conclusion: - Sharing of successful models of integration is essential as we seek to increase access to PC for all in need. Mentorship and supervision is a key component of the training provided and the training has improved access to palliative care and empowered the nurses to provide such care. -

Intended learning outcomes
1. Discuss the training, mentorship and supervision provided for the link-nurse programme
2. Discuss the impact of the training on the nurses trained and the provision of palliative care
3. Discuss the lessons learnt and wider implications of the programme

Recommended reading list

Biography
Professor Downing is an experienced palliative care nurse, educationalist and researcher. She has been working within palliative care for 24 years, in the UK, Uganda, Africa, Eastern Europe and throughout the world. She is an Honorary Professor at Makerere University and the CEO of the International Children’s Palliative Care Network. She was the recipient of the IUPN’s Development Award in 2006, the Robert Tiffany lectureship from the ISNCC in 2014 and the Pearl Moore “Making a Difference” International Award for Contributions to Cancer Care from ONS in 2015. Recently she was awarded an Honorary Fellowship from Cardiff University.
4.3.2 Exploring the Professional Development of Nurses in UK Care Homes using an Appreciative Inquiry Approach

Dr Kirsten Jack, RN, PhD, Reader in Learning & Teaching Development, Manchester Metropolitan University, England
Professor Josie Tetley, RN, PhD, Manchester Metropolitan University

Aim
To raise awareness of the education and development needs of nurses working in 5 care homes in the UK

Abstract
There are currently 426,000 older and disabled people in care homes in the United Kingdom (UK) and of these, approximately 405,000 are aged over 65 (Laing & Buisson, 2014). As the ageing population increases, the need for high quality care provision is set to rise and this will require well educated and prepared nursing staff. However multiple concerns have been identified when considering the development of nurses working in care homes. Many nurses view care home work as being of low status, and choose this work to fit around other commitments, rather than viewing it as a viable career pathway. There are educational challenges related to support, supervision, CPD and retention (Spilsbury et al, 2015). - This work forms part of a wider project being undertaken by the Department of Health (DH) through Care England, on the recruitment, retention and professional development of care home nurses. Our role in this project was to explore the factors which support high quality education and development of nursing staff in care homes. Based on the ‘Teaching Care Homes’ model, suggested by Butler (1981), we support the idea that care homes provide unique learning opportunities. These are not restricted to direct resident care but have managerial, inter-professional and administrative foci. - An appreciative enquiry (AI) research approach was used as this supports exploration of systems when they function at their best. AI involves all participants, recognizing the best in both the person and organization rather than focusing on problems. Data will be presented from five UK care homes and will include perspectives from managers, qualified and unqualified staff. This work provides important insights into the ways in which education and development for staff working in care homes can be supported in the future. - References - Butler RN (1981) The Teaching Nursing Home Journal of the American Medical Association 245, 1435 – 1437 - Laing & Buisson (2014) Care of Elderly People Market Survey 13 – 14 London: Laing & Buisson - Spilsbury K, Hanratty B & McCaughan D (2015) Supporting nursing in care homes London: RCN Foundation

Intended learning outcomes
1. To identify the education and development requirements of nurses working in care homes in the UK
2. To discuss effective educational methods for nurses working in care homes
3. To analyse a way forward for the education of nurses working in care homes

Recommended reading list

Biography
Dr Kirsten Jack (RN, PhD) is a Reader in Learning & Teaching Development at Manchester Metropolitan University (MMU). Her contribution to teaching, learning and research is supported by a clinical career in adult nursing where she specialised in primary care nursing, before embarking on her academic career. She is committed to excellence in learning and teaching and was awarded a HEA National Teaching Fellowship in 2014. She has a keen interest in pedagogical research, specifically the use of the arts in nurse education.
4.3.3 

Education and training on care of older people with cognitive impairment in general hospitals

Dr Clare Abley, PhD MSc BSc (Hons) PGDL PGCert. RGN, Nurse Consultant & Senior Clinical Lecturer, Newcastle Hospitals NHS Foundation Trust, England

Aim
To share the finding of the education and training aspects of a recent systematic review on the care of older people with cognitive impairment in general hospitals.

Abstract
Up to 70% of acute hospital beds are occupied by older people and up to half of these people will have cognitive impairment such as dementia or delirium (Department of Health, 2009). This presentation will share the finding of a systematic review on delirium and dementia training. This was part of a wider review of the care and management of older people with cognitive impairment in general hospitals.

Methods: A search strategy was developed by an information specialist in conjunction with the lead researcher. Primary studies that were quantitative or qualitative as well as relevant systematic reviews were included. Titles and/or abstracts of studies retrieved were screened independently by two reviewers, to exclude studies that did not meet the inclusion criteria. Disagreements were resolved by discussion between the two reviewers and in a small number of cases by involving a third reviewer. Full text articles to be included were then assessed by two reviewers, again with any disagreements about eligibility being discussed with a third reviewer. Data extraction and quality assessment were undertaken for all included studies. Two narrative syntheses were undertaken one on delirium training (n=5) and another on dementia training (n=7). Results: All delirium training studies reported a significant increase in participants’ knowledge of delirium immediately post-intervention. Two of the studies measured recognition of delirium and both reported an increase post-intervention. One study reported an increase in perception and another study reported improved practice of nurses. For dementia training, the impact of educational interventions was positive in all the studies. Two studies reported an increase in dementia knowledge and dementia confidence immediately post-intervention. Two studies reported an improved attitude of staff towards patients with dementia and one study reported improved handling of difficult behaviour. Another study also reported an increased use of appropriate communication techniques.

Conclusion: The quality of the studies (delirium and dementia training) was low and the variety of outcomes measured makes it difficult to summarise the findings. A number of interventions have a positive impact, but there is insufficient evidence to conclude that the interventions lead to improved care and management of older people.

Intended learning outcomes

1. Better understanding of the evidence for dementia and delirium training in practice
2. Increased knowledge of the research literature on delirium and dementia training
3. Increased understanding of systematic reviewing methods

Recommended reading list


Biography
Clare Abley is a nurse consultant for vulnerable older adults at Newcastle Hospitals NHS Foundation Trust. She is a Senior Clinical Lecturer (honorary) at Newcastle University and is currently undertaking research to improve hospital care for older people with cognitive impairment (NIHR post-doctoral fellowship). In her clinical role, she leads and supports staff to provide the best possible care for people with dementia, both locally and nationally. As a practising clinical academic Clare is committed to inspiring future generations of nurse clinical academics, particularly those interested in ageing and health care for older people.
Implementing a coaching methodology in practice-based learning for pre-registration nursing students.

Anna Elisabeth Campbell, BA, BSc, MSc, PGC, Lecturer in Adult Nursing, The University of Suffolk, Waterfront Building, Neptune Quay, Ipswich, IP4 1OJ, England
Sandrea Gover, RGN, Diploma in Nursing Management, MA in Healthcare Education, Clinical Learning Environment Manager, Health Education East of England

Aim
To share the development and implementation of a coaching methodology in clinical practice and the reported impact on student learning.

Abstract
PEBLS is an acronym for Practice Education Based Learning in Suffolk. This initiative was adapted from similar coaching styles implemented locally (CLIP) to enhance the student learning experience. - - To achieve the ultimate goal of nurse education in producing nurses with the ability to research, engage in critical thinking and implement and disseminate research findings that imbue everyday practice (Willis, 2015), a new coaching methodology for practice learning that adopts a stronger focus toward self-directed and personal responsibility for learning was embraced. PEBLS endorses learning that utilises a coaching methodology which is more student led, less focused on following the direction of the mentor and more focused on students taking responsibility in identifying their goals and objectives and working out how to meet them with the ‘coach’ offering guidance and critical challenge. This helps students understand the importance of reflecting on their practice learning, which promotes individual professional development (NMC, 2010) and encourages best practice. - - It is suggested that one of the main strengths of this approach is that it increases motivation, confidence and competence in students and the student learning is not dependent on a single person. PEBLS has facilitated individuals own learning journeys (as student nurses set their own goals of learning) as adults learn best when convinced of the need for knowing the information (Russell, 2006 pg. 349). Students driving their own learning have the potential to also offer learning opportunities to their coaches. In this model, any of the registered nurses in the learning environment are able to coach for the day. This emphasis on the facilitation of learning correlates with the humanistic approach to learning, representing a shift from didacticism to one of empowering the student to take ownership of learning skills and underpinning theory (Banning, 2005). - - Sharing what has been learnt from this model and disseminating and evaluating coaching as a method of facilitating learning will help future practice-based learning ensure optimal learning environments. The session will focus on placement learning and the evolving role of the mentor.

Intended learning outcomes
1. To share the experiences of PEBLS (Practice Education Based Learning in Suffolk) from the perspectives of students coaches and educators
2. To explore coaching methodologies and how this has influenced and impacted on the student experience
3. To evaluate the transition from traditional mentorship styles to a coaching approach, discussing the outcomes of the project

Recommended reading list

Biography
Anna is a registered general nurse with experience of both surgical and medical nursing. She has a passion for evidence-based research and has completed an MSc in Clinical Research. She joined the University of Suffolk in 2015 as a Lecturer on the Pre-Registration Adult Nursing Course. Anna is a Module Leader within the Pre-Registration Nursing Programme and delivers teaching across pre-registration, foundation degree and postgraduate level study. Anna has a strong interest in long term conditions, noticeably in Obesity and Bariatric Care, and has obtained her PGCert Healthcare Education alongside her duties in lecturing and pastoral care.
The ebb and flow of mentoring students in practice

Dr Dawn Morley, D. Prof, Lecturer, University of Surrey, England

Aim

Present and critique a newly identified way of mentoring students using existing resources

Abstract

Existing literature highlights a lack of detail of how student nurses in the UK learn on placement. Since Willis (2015) there seems to be a palpable change in the focus on practice learning with a new appetite by both the nursing profession (RCN 2016, CoDH 2016) and emerging policy (Willis 2015) to find a better way forward for placement learning. Twenty one first year student nurses, interviewed for a doctorate study in 2015. were insightful as to how their practice learning experience could be improved on their first placement. This not only effected their initial skills development but also their longer term professional expertise and ability to learn in practice. A lack of awareness of how students could most affectively learn in practice meant that students’ practice learning was compromised to the vagaries of routine and workforce pressures. The findings of the research highlighted the importance of consistently working with an expert who could encapsulate the “whole” of professional practice but who could also question and coach students through their learning experiences. The research suggested that this was best achieved through an “ebb and flow” model of mentorship where student and mentor were constantly negotiating short term learning goals and opportunities together that accommodated the challenge of workforce demands. By working and learning in this organic manner students were party to the professional decision making and observation of qualified nurses and were educated to a critical decision making level from the earliest opportunity in their clinical practice. Suggestions are made as to how this model can be managed and the implications of students continuing to work at a fragmented task based model in practice. New strategies are identified that could reposition students as predominantly learners on placement rather than unqualified workers. - CoDH 2016. Educating the Future Nurse – a paper for discussion. Our initial views on the key outcomes of future registered nurse education, across all four fields. http://www.councilofdeans.org.uk/2016/08/educating-the-future-nurse-a-paper-for-discussion/ accessed 10.09.16


Intended learning outcomes

1. To present first year student nurses’ voiced concerns of their first placement experience
2. To explain the ways students work and learn with both mentors and health care assistants
3. To critique the way students learn clinical skills and how to be a professional

Recommended reading list

1. RCN 2016. RCN Mentorship Project 2015, From Today’s Support in Practice to Tomorrows Vision, London, RCN

Biography

Dawn Morley has worked as a clinical nurse and a nurse educator before completing her D. Prof in 2015 that investigated first year student nurses’ learning on their first placement. Her interest in education has led her to specialise in learning and teaching in higher education at the University of Surrey. Her particular research interest lies in clinical mentorship and work based learning. Dawn acts as an external consultant on the STEPS project (Strengthening Team-based Education in Practice) to enhance learning in practice on behalf of and funded by HEE (North Central and East London local office).
Poacher turned Gamekeeper: Do 'good' mentors and 'good' assessors have different personal attributes?

Dr Louise Hunt, RN, PhD, BSc(Hons), DipMIO, CertEd, RCNT, Senior Lecturer, De Montford University, England

Aim
To demonstrate the differences in the attributes needed to be an effective mentor and a robust assessor.

Abstract
The current NMC Standards to Support Learning and Assessment in Practice (SLAiP) (NMC 2008) require that mentors undertake both mentoring and assessing roles. However, the qualities a nurse needs to be a rigorous assessor are not necessarily those associated with the traditional view of the 'good mentor' which tends to focus on the nurturing and developmental aspects of the role. A number of studies have identified the differing functions of the mentoring and assessing roles and there have been calls from within nursing and midwifery to separate these (Nettleton and Bray 2007). Further investigations have identified specific key qualities which practical assessors need to be effective and which fall outside the traditional role of the mentor. Such conflicts in the role can cause significant dissonance especially when mentors are working with underperforming students. This paper shares one finding, from a recently published study (Hunt 2016), that demonstrates the "Core of Steel" which mentors identified they needed to have in order to rigorously assess unsafe students. This finding will be set in the context of wider research about the attributes or rigorous assessors.

Consideration will be given to whether the assessor and mentor role should be separated in any new iteration of the NMC SLAiP Standards and whether specific selection criteria are needed to identify those who have the attributes necessary to assess students' practical competence accurately, impartially and objectively.

Intended learning outcomes
1. To examine the dissonance experienced by current mentors.
2. To identify the differences between effective mentors and robust assessors.
3. To explore whether the roles of mentor and assessor should be separated in the NMC standards.

Recommended reading list

Biography
Dr Louise Hunt is a senior lecturer at De Montford University when she is the programme director for mentoring. Her research interests' focus on assessing practical competence. Since identifying that practical assessors’ experiences and perspectives are underrepresented in empirical studies she has focussed on this group to ensure that their voice is heard.
4.5.1
An exploration of political awareness amongst a cohort of all field nursing/midwifery students, in one university in Northern Ireland - Phase 3.

Siobhan McCullough, RN, PGCE, MSSc MSc, BSc, Lecturer, Queen’s University Belfast, Northern Ireland

Aim
This study aims to explore nursing/midwifery student’s perceptions of the role of politics as they experience the academic and clinical components of an undergraduate degree programme, at four time points. This paper will discuss data analysis from time point three, which is at the end of year 2 of the programme.

Abstract
BACKGROUND
The literature suggests nursing and midwifery students often hold negative perceptions about the role of politics in nursing. However as healthcare involves the allocation of scarce resources nurses operate in a highly political context, thus nursing knowledge and practice should have a political dimension (Maslin-Prothero and Masterson, 2002). This includes an imperative to contribute meaningfully to health policy-making and to social justice, to improve public health. Equipping nurses/midwives with the requisite knowledge, understanding and skills for this arguably involves developing political awareness at the undergraduate level. However little is known about how to structure political education for nursing/midwifery students, to facilitate this.

METHODS
A cross sectional longitudinal study design was used and data was collected using a self-completion questionnaire, based on questions from the EUYOPART and Northern Ireland Life and Times surveys. A pilot study was undertaken and ethical approval was granted by the university school research ethics committee. The sample was a convenience sample of one cohort of all field nursing/midwifery students who were progressing through an undergraduate degree programme (n=353). This study will report the findings from Time 3 (October 2015).

RESULTS
Data was analysed using SPSS 20.0. The findings indicated changes in student interest and disinterest, knowledge and awareness about politics from Time 1 to Time 3 timeframes. Sources of political influence included educationalists, friends, family and practice. 30% of students reported a fair amount of political knowledge compared to 65% with not very much knowledge, although reported knowledge about Northern Ireland’s politics was greater than that about Westminster.

DISCUSSION AND CONCLUSION
These findings support further exploration of the factors which influence nursing/midwifery student’s political awareness and activity as they progress through the undergraduate degree programme. The inclusion of political education throughout the undergraduate nursing/midwifery curricula would also be advocated.

Intended learning outcomes
1. To enable identification of the relevance of political education for undergraduate nursing/midwifery students.
2. To enable identification of some of the barriers and enablers related to the development of undergraduate
3. To enable critical discussion of the academic and clinical curricular influences, on the development of undergraduate nursing/midwifery student’s political awareness.

Recommended reading list

Biography
I studied politics as an undergraduate student, after becoming a registered nurse and I am a passionate advocate for political education for nurses. My current Doctoral study is exploring this area. Professionally I am a Lecturer at Queen’s University Belfast, with teaching areas including research, power and politics, management and leadership and mentorship. My research interests include politics, health policy and human rights.
4.5.2
A comparative historical analysis of Florence Nightingale’s letters to William Rathbone during the Bangor typhoid outbreak 1882-1883 – A student engagement through partnership study

Dr John Alcock, RGN, BSc, PhD, PgCertHE, FHEA, Lecturer in Adult Nursing, School of Healthcare Sciences, Bangor University, Wales
A Nurse Student (TBC), School of Healthcare Sciences, Bangor University

Aim
To analyse and evaluate how educators and students can work in partnership in research facilitated by a partnership working framework.

Abstract
Bangor University archive holds five letters which form a small body of correspondence between Florence Nightingale to William Rathbone, MP, dated September 1882 – May 1883. The content focuses on the Bangor typhoid outbreak with recommendations for public health interventions, and also gives insight into how contemporary scientific research into the competing germ theory by Pasteur and then by Koch were challenging Nightingale’s beliefs about miasma theory. In addition, there is some personal commentary that gives extra contextual and biographical data. The letters establish a connection between Nightingale’s public health lobbying activities and Bangor, and thus are a useful historical link to strategic aims within the School of Healthcare Sciences and partner organisations today. - Furthermore, the project is an opportunity to provide a platform to explore undergraduate student engagement in collaboration with lecturers and our School Florence Nightingale Scholars, to explore the experiences of all involved in the partnership. Kuh (2009) and Trowler (2010) explored the conceptual foundations of student engagement and found it to be multi-faceted, complex and evolving with behavioural, emotional and cognitive dimensions. There is general agreement that student engagement represents the relationship between institutional and educational outcomes, and the amount of time and effort students expend in study and other educational activities. This is in contrast to the more traditional view in the UK literature that student engagement is about student feedback, representation, approaches to learning and student surveys (Trowler, 2010). - Partnership learning is a process of engagement and not a product (Healey et al., 2014). A key aim of this project is to promote engagement with students through partnership in the analysis of this archive material by working in a community of practice and to co-produce knowledge. A values-based approach founded on Healey et al. (2014) and the Higher Education Academy framework (HEA, 2015) underpin this study. There is a requirement that each member of the learning community will sign up to these shared values, reframing research into partnership. This study will therefore have a key focus on the lived experience of participants in a partnership through engagement research project.

Intended learning outcomes
1. Participants should be enabled to reflect on values and attitudes to underpin meaningful student engagement in partnership projects.
2. Participants should be enabled to reflect on how nurse educators can creatively engage with students as partners in research.
3. Participants should be able to consider how we can look to historical events to enthuse and engage with students.

Recommended reading list

Biography
John Alcock is a Lecturer in Nursing studies (since 2003) and held a lecturer practitioner community nursing post 2000-2003, RGN from the Thomas Guy and Lewisham School of Nursing, 1992 and held posts in acute and community settings in London and Manchester. He was awarded the community (district) nurse registerable qualification in 1997 whilst holding posts in North Wales. John’s PhD in nurse education (2012) focused on nurse student personal epistemologies and approaches to studying. His key aim as an educator is to facilitate nurse students to gain their academic and professional award and become practitioners for the future.
4.5.3
Being Prepared! Mental Health & Learning Disability pre-registration nursing students’ perceptions of preparation for practice
Karen Cross, RMN; PGCert HE; BSc; MA, Senior Lecturer, Birmingham City University
Helen Goulding, RNLD; BA (Hons); MSc; PG Cert HE, Senior Lecturer, As above

Aim
To explore what kind of preparation student nurses want and require in preparation for practice and to identify common themes as well as difference between the two fields of nursing and different cohorts.

Abstract
Within our roles as Placement Development & Support Lecturers we often found that students claimed on feedback forms and module evaluations that they didn’t feel entirely prepared by the University prior to beginning clinical placements. However, it was also often unclear from this feedback what they perceived preparation to be and therefore what it was exactly that they were asking for. - To aimed to explore and establish what students perceive preparation for clinical practice to mean and to examine similarities and differences between Mental Health & Learning Disability nursing students as well as between first, second and third year students. - We took an enquiry based approach and designed a short questionnaire which we asked students to complete. This consisted of different question types which allowed us to find out how students interpreted questions that they were asked on university forms as well as to ascertain what preparation and support they were accessing prior to and during their clinical placement time. We also allowed students to tell us what kinds of support and preparation they felt were particularly valuable and to suggest ideas relating to preparation and support from the University as well as practice. We then collated the information using a simple thematic analysis model (Braun & Clarke, 2006) to establish some key themes. Some key themes emerged relating to allocations and information, relating module content to its application in practice and clarification around roles and expectations in practice. It appears that defining what the terms “preparation” and “support” mean can be difficult as students interpret these differently. This may have implications for our approaches and therefore our response as an HEI to student feedback and evaluation - Further questions were raised following analysis of the results of this work. These include: - - Do we need to be more explicit within teaching modules how we linking theory to practice? - How do we get students to be more aware and then access what is already available to them?

Intended learning outcomes
1. Have some understanding of the different types of preparation and information available to students prior to and during their clinical placements
2. Have an increased knowledge of the types of clinical placement areas accessed by both Mental Health & Learning Disability nursing students.
3. Be able to contribute to the discussion around how we best prepare students for their clinical placements.

Recommended reading list
3. Reading & Webster (2013) " Achieving competencies for nursing practice: a handbook for student nurses"

Biography
The two presenters are both Senior Lecturers for Practice Support & Development at Birmingham City University. Karen is a registered Mental Health nurse and Helen is a registered Learning Disability nurse. Their day to day work includes supporting students both with their preparation for practice as well as supporting mentors and students while out in practice. They both teach across the pre-registration nursing programme as well as the nursing mentorship programme. They have both published around their clinical practice work and have a keen interest in adapting their placement practice models in response to changes in clinical services.
4.6.1
Fit for Practice? Using a dual framework approach for Specialist Community Public health Nursing (SCPHN) competency assessment.

Michelle Moseley, MSc, PGCE (HP), BSc, RGN, RSCN, RHV, Lecturer, Primary Care and Public Health Nursing, Cardiff University, Wales

Aim
The aim of this paper was to consider the appropriate use of Miller’s (1990) and Benner’s (1984) competency frameworks within a SCPHN portfolio as an effective assessment and evaluation tool. The paper considers the effective assessment of specialist community public health nursing students utilising a combination of competency frameworks. Consideration is given to professional authenticity and the development of attitudes, skills and knowledge. This assessment forms the basis of the All Wales Clinical Portfolio for SCPHN students.

Abstract
Assessment of SCPHN students in practice involves them being observed by a registered SCPHN and qualified practice teacher (NMC 2004). Practice assessments allow the students to be directly observed in their chosen field of nursing. This is a continuous assessment, and, in the case of SCPHN students, spans 42 of the 52 weeks. The practice teacher plays an important role and it will be their decision as to whether the SCPHN student passes or fails clinical practice. This will be based on their performance in placement and meeting the designated learning outcomes. - - SCPHN programme developers are challenged when developing assessment and evaluation processes for their students. Programme and curriculum planning is an in depth process involving adherence to quality and assurance, Nursing and Midwifery Council standards and higher education institution standards, polices and procedures. The use of two competency frameworks are explored within this paper and justified as being an attempt to successfully assess student’s attitudes, skills and knowledge, in relation to this specialist field of nursing practice. SCPHN students require an in depth assessment in practice to attain proficiency in their specialist nursing field. Combining the strengths of two competency frameworks also allows practice teachers to assess and evaluate students developmentally in conjunction with the theoretical component of the SCPHN programme. - - Assessing a student’s ability, knowledge, attitudes and skills has proven to be successful and comprehensive process. The assessment has been aided with the use of Miller’s (1990) and Benner’s (1984) frameworks. Students are able to reflect on and within practice and can develop the achievement of competencies or learning outcomes, and practice teachers can utilise the frameworks to assess competence and proficiency. There is link to humanist theory in the development of adult learners. The portfolio aids students in developing autonomous practice; the literature supports this, and highlights the importance of Higher education institutes empowering their students. Both frameworks are particularly applicable to assessing SCPHN’s in practice and aid practice teachers in empowering students, with the potential of building confident, competent and proficient practitioners. -

Intended learning outcomes
1. To demonstrate the application of Miller’s (1990) and Benner’s (1984) competency frameworks to a SCPHN Practice portfolio
2. To evaluate the effectiveness of this dual framework approach when assessing SCPHN students
3. To discuss and analyse how this dual framework approach develops SCPHN students into empowered, confident, autonomous SCPHN’s.

Recommended reading list

Biography
Michelle Moseley is a Lecturer in Primary Care and Public Health Nursing, and Programme Manager of the Specialist Community Public Health Nursing (SCPHN) Programme at the School of Healthcare Sciences, Cardiff University. Michelle has taught across all fields of nursing, both undergraduate and postgraduate and particularly enjoys inter-professional education. Michelle strives to maintain excellent standards of teaching and student experience throughout delivery of the SCPHN Programme. This is attained by working in partnership with students and Practice Teachers within the Health Board. Assessing and evaluating students effectively is essential in developing confident, autonomous, and proficient SCPHN’s.
The impact of student diversity on achievement in a Viva Voce assessment of clinical reasoning

Victoria Jane Allen, PhD RN BNurs FHEA, Senior Lecturer in Adult Nursing, University of West London
Regina Holley, MSc, BSc, RN, FHEA, Senior Lecturer in Adult Nursing, University of West London

Aim
To investigate whether the use of Viva Voce assessment impacts achievement among students from a diverse (widening participation) population group.

Abstract
All nurses are required to practice autonomously using their problem solving skills to meet the needs of their patients, this process requires the nurse to bring to the clinical situation their own experience and knowledge to help make sense of the clinical situation they are faced with (Tanner, 2006). From this initial understanding of the situation, the nurse selects the best action (or inaction) from a range of possibilities to ensure the patient receives high quality nursing care. The oral viva assessment enables students to demonstrate this clinical reasoning and critical thinking skill by enabling students’ knowledge and rationale of clinical care to be assessed (Levett-Jones et al, 2011) while also uncovering some of the deficits in knowledge and clinical reasoning within some nursing students (Levett-Jones et al, 2011). - However to date, no research evaluates the use of this type of assessment in relation to a diverse and ‘widening participation’ student population. Health Education England has recognised the importance that nursing students are representative of the local communities and encourage training provides to promote diversity (HEE, 2016). However, students from a ‘widening participation’ student population may need multi-level and a student centred approach to support learning (Pryjmachuk et al 2009) as it is highlighted that characteristics such as age, previous educational qualifications, gender and ethnicity impact completion of a nursing programme (Pryjmachuk et al 2009). Therefore, when utilising a new assessment strategy within nurse education it is essential to consider whether these demographic factors impact marks awarded. - 103 2nd year adult nursing students enrolled on the module. Students were given four field specific case scenarios at the start of the module to prepare for their viva assessment. Students were asked questions on one of these scenarios during the viva on their assessment, their understanding about what was wrong with this patient and plan of care to obtain their grade for the module. - This study undertook a retrospective analysis of student attainment during this oral viva assessment in relation to their demographic data, whether English was their second language and qualifications on entry into the programme.

Intended learning outcomes
1. To develop an understanding which student factors impact achievement in a viva voce assessment
2. To identify areas where additional support may be required for students undertaking a viva voce assessment
3. To identify areas where additional support may need to be targeted in a diverse (widening participation) population group.

Recommended reading list

Biography
Victoria is a Lecturer in Adult Nursing at the University of West London and module leader on the clinical decision making module that has recently implemented the viva voce examination. She undertook her nurse training at the University of Birmingham and commenced her career at the Queen Elizabeth Hospital, Birmingham before undertaking a PhD at Reading University in collaboration with the Royal Berkshire Hospital. Both authors are currently involved in managing and monitoring student’s progression and retention within the programme at a cohort lead level and therefore wanted to consider the impact of a new assessment strategy on student achievement.
5.1.1 Developing an eNurse workforce – global educating and training initiatives in eHealth

Rachelle Blake, PA, MHA, CEO/President/Managing Director, Omni Micro Systems, Germany

Aim
Increase the knowledge, skills and training opportunities for nurses and other health professionals in eHealth and promote informatics as an important speciality in healthcare.

Abstract
Background: Skilled, competent health professionals such as nurses are required to use a range of information technologies (IT) in healthcare to provide front-line services and high quality care. However, they receive limited education and training in eHealth and there is a global shortage of health professionals skilled in IT. 

Aim: Increase the knowledge, skills and training opportunities for nurses and other health professionals in eHealth and promote informatics as an important speciality in healthcare.

Intended learning outcomes
1. Mapping needs, gaps, skills, competencies and learning outcomes for eHealth
2. Providing access to knowledge tools, platforms and resources to improve eHealth expertise
3. Promoting knowledge and development in the eHealth field by strengthening transatlantic eHealth collaboration and cooperation

Recommended reading list

Biography
Rachelle Blake, is a Global Senior Strategic Healthcare Information Technology Leader and Global HIT Workforce Subject Matter Expert. She is founder, CEO, President and Managing Director of Omni Micro Systems & Omni Med Solutions an international family of full-scale health information consulting and technology development companies in operation for nearly a decade on a global level. She has served in clinical, consulting, operations and administrative roles in healthcare information technology for 30 years. She is a member of HIMSS North American, HIMSS Europe and the TIGER committee which promotes nursing informatics education and training.
5.1.2
Really learning through work: a review of case studies in work-based learning

Clive Warn, RN, MSc, PGDE, BSc (Hons), Senior Lecturer, Programme Lead, University of the West of England, England

Aim
To illuminate the process and impact of work based learning

Abstract
Work-based learning is flexible, experiential learning based in the reality of work experience which requires learner ownership along with critical reflection and purposive actions in order to create new learning about work. Seagraves et al (1996) identifies work-based learning is learning for work, learning through work, and learning in work; it is a process that supports the advancement of lifelong learning because the learning arises from practice itself. Learning might be achieved through paid and unpaid work, self-employment, entrepreneurial activity or even volunteering. It can be subjected to university-level assessment and recognised with academic credit, and can be undertaken as an individual, or as part of a group or action learning set. Significant differences to more traditional higher education are; 1. Instead of learning in order to pass the assessment, the assessment presented is much more clearly related to the actual learning undertaken. The assessment follows the learning, rather than learning being directed at the assessment task. 2. To a large extent students set their own learning outcomes and the method by which they are demonstrated. 3. The learning planned is structured by a flexible learning contract. This ensures self-direction, promoting independence, and is beneficial to motivation and confidence. A tripartite approach between academic, work-place supervisor, and learner is crucial to support work-based learning. Williams (2010) argued that it is the conscious reflection on actual work experiences which merges theory with practice and knowledge with experience thus enabling underlying assumptions about practice to be challenged. This presentation will; 1. Outline an educational framework for work-based learning in nursing, and propose that it is this conscious thinking that initiates service improvement and purposive action (Roberts and Vin Fintel 2013). 2. Review case studies that illustrate the reality of work-based learning in nursing. 3. Propose that work based learning and service improvement are co-dependent and interchangeable.


Intended learning outcomes
1. To explore the process of work based learning
2. To understand the impact of work based learning on service improvement
3. To consider the development of more flexible learning

Recommended reading list

Biography
Clive is a Senior Lecturer in Nursing. He leads on work-based learning in the Department of Nursing and Midwifery at the University of the West of England, Bristol, UK. He is the Programme Manager for the Professional Development Awards (a flexible, Shell Award Framework) in Health and Social Care, and works cross-Faculty to support flexible, work-based learning for all.
5.1.3 Support transition and professional development for newly qualified nurses

Professor Lesley Baillie, RN, BA(Hons), MSc, PhD, SFHEA, Florence Nightingale Foundation Chair of Clinical Nursing Practice, London South Bank University, England
Gary Francis, RN, BSc, MA,, Associate Professor, London South Bank University

Aim
To examine how a preceptorship programme supports transitions and professional development of newly qualified nurses

Abstract
The ‘reality shock’ as newly qualified nurses (NQNs) transition from being students has long been acknowledged and has been studied internationally. In the United Kingdom, studies continue to reveal the stressful nature of the transition experience for NQNs (Higgins et al. 2010; Horsborough and Ross 2013). Strategies that support NQN transitions can have successful outcomes, with positive impact on confidence/competence, knowledge, job satisfaction, stress/anxiety and retention (Edwards et al. 2015). However, the evidence to support one approach over another is inconclusive. At the study site, a large acute multi-sited NHS Trust, a preceptorship programme to support NQNs’ transition and professional development has been established since 2011 and comprised the allocation of a suitable preceptor in the NQN’s clinical area with regular meetings and reviews, a one week preceptorship course, and competency workbooks to support skills development. This presentation reports on a sequential mixed method study of the programme, conducted in 2015. The study aimed to investigate preceptors’ and preceptees’ perspectives of the preceptorship programme and make recommendations for the future. An electronic survey was completed by 36 preceptors and 30 preceptees; these data was analysed statistically. Eleven semi-structured individual interviews were conducted with preceptors (n=5) and preceptees (n=6) and these were analysed thematically. - - The presentation will provide key results about the NQNs’ transition experiences and professional development and the factors that make preceptorship most effective. Preceptors used various strategies to support preceptees to develop a range of clinical and management skills, and professional behaviour. They took pride in supporting their preceptees’ development but they felt that their important role could be better recognised. Some NQNs benefitted from a supportive ward/unit team, as well as a preceptor, and peer support was another important factor in transition but was not always available. The clinical practice facilitators in the Trust were found to have a key role in ensuring that the programme was implemented effectively. NQNs who took up their first post in the ward/unit where they had their final student placement had an easier transition experience but still needed help in acquiring their new identity as a qualified nurse.

Intended learning outcomes
1. To examine how newly qualified nurses can be supported to develop professionally and make a successful transition
2. To review preceptees’ and preceptors’ perspectives of an established preceptorship programme
3. To analyse the components of a successful preceptorship programme that supports transition and professional development for newly qualified nurses

Recommended reading list

Biography
Professor Lesley Baillie is an experienced nurse, educator and researcher, with a particular interest in quality of care and improving patient experience. In 2012 she was appointed as Florence Nightingale Foundation Chair of Clinical Nursing Practice, a joint post between London South Bank University, University College London Hospitals and the Florence Nightingale Foundation. She is also Director of the Centre for Nurse and Midwife-led Research and Honorary Professor at University College London. Professor Baillie has published widely on nurse education and practice in a range of books and journals.
5.2.1 Evaluation of the impact of ICPCN’s education programme on children’s palliative care around the world.

Professor in Palliative Care Julia Downing, RGN. PhD, Chief Executive/ Professor in Palliative Care, International Children’s Palliative Care Network, England

Sue Boucher BSc Director Communications ICPCN

Aim
To evaluate the impact of ICPCN’s education programme on children’s palliative care (CPC).

Abstract
Background: One of the challenges to the provision of children’s palliative care (CPC) is a lack of education and knowledge in the field. Thus the International Children’s Palliative Care Network (ICPCN) developed an education programme including both online (www.elearncpcn) and face-to-face programmes. Whilst ICPCN has expanded both of these programmes, no evaluation had been undertaken as to the impact of the programmes. - Methodology: An anonymous online survey was administered via SurveyMonkey, consisting of 28 questions, 14 demographic, 11 relating to the training, and 3 to ICPCN membership. All participants who had attended ICPCN courses including those in Kenya, Sudan and Zambia, and e-learning courses, were invited, via email, to take part. A further survey is due to be administered in January 2017. - Results: 100 participants completed the survey, 48% from sub-Saharan Africa, 26% from Europe, 42% nurses, 36% doctors. 53% had worked in CPC for between 1-5 years. 55% of participants had completed an e-learning course, 34% undertook a clinical placement and 59% had completed the training at least six-months prior to completion. - 82% of e-learning participants found the courses clear and understandable, 80% found them useful and 84% rated the course highly. Face-to-face training was rated higher with 94%, 91% and 94% respectively. 74% of all participants said their knowledge had improved, 73% their skills, 73% their attitude and 61% said it had changed their clinical practice. Participants verbalised changes in practice, confidence, attitude and care. - Conclusion: ICPCN’s education programme is having an impact on the provision of CPC, and a variety of training methods can be employed. Nurses have benefited from these trainings programmes and have been empowered to provide CPC. Whilst not as effective as face-to-face training, e-learning is still a valuable tool for training on CPC.

Intended learning outcomes
1. Discuss the different training programmes available to nurses through the ICPCN
2. Discuss the impact of the training on nurses trained around the world
3. Discuss the lessons learnt and wider implications of the programme

Recommended reading list

Biography
Professor Downing is an experienced palliative care nurse, educationalist and researcher. She has been working within palliative care for 24 years, in the UK, Uganda, Africa, Eastern Europe and throughout the world. She is the CEO of the International Children’s Palliative Care Network and an Honorary Professor at Makerere University. She was the recipient of the IJPN’s Development Award in 2006, the Robert Tiffany lectureship from the ISNCC in 2014 and the Pearl Moore “Making a Difference” International Award for Contributions to Cancer Care from ONS in 2015. Recently she was awarded an Honorary Fellowship from Cardiff University.
Learning to innovate: promoting safe sharps disposal in rural Ghana

Imogen Kemp, Bsc. (third year), Student nurse - third year, University of Nottingham, England

Aim
To illustrate the value of an innovation module that encourages nursing students to focus on a ‘real world’ service development.

Abstract
As a student nurse, the demands of practice placements and assignment submissions can become all consuming. However, contemporary degree-level education should equip graduates with the ability to ‘think outside the box’ and innovate for practice improvement. As a second year student, my university required me to complete a year-long innovation project which was assessed through a 5000-word report. Ideally, the project has been applied, tested and evaluated in the real world. As my university also facilitates a four-week elective placement at home or overseas, and I felt encouraged to link my innovation project with my elective experience in rural Ghana. Ghana is ranked 135 out of 186 countries in the Human Development Index, and faces many challenges typical of a low income country. At the village clinic where I was placed, I was shocked to find that sharps bins were not available; needles were being buried outside in the sand, near where children played. Using knowledge gained from my innovation lectures, and in consultation with the clinic staff, I worked on developing and piloting a sharps waste container recycled from a one-litre plastic water bottle. Appropriate innovation diffusion theory was utilised alongside Walsh and Yura’s (1967) Assess-Plan-Implement-Evaluate framework. This model was selected for its simple application in a complex environment, as it facilitated good communication with the clinic staff.

- As a result of this experience, I have come to fully appreciate the value of innovation skills being taught to nursing students. My university has a long-term partnership with the non-governmental organisation (NGO) which I completed my elective with in Ghana, so I have been able to share my experience with future elective students who will continue to work on this issue with support of the Ghanaian nurses. Whilst a recycled plastic bottle was not an ideal method for sharps disposal, the innovation module has given me confidence to develop solutions adapted to the specific context.

Learning to innovate is a transferable, life-long skill that I will be able to apply throughout my nursing career, whether at home or abroad.

Intended learning outcomes

1. Explore the benefits of teaching innovation skills to nursing students through a structured, project-based module.
2. Consider the benefits and challenges experienced by nursing students undertaking elective placements in a developing country.
3. Increase awareness of the difficulties facing nurses in developing countries, with reference to global health inequalities.

Recommended reading list


Biography
Imogen Kemp is a 22-year-old nursing student at the University of Nottingham. Originally from Norfolk, Imogen completed the International Baccalaureate Diploma at sixth form and then proceeded on a gap year working. During the following two years, she visited Sierra Leone twice which opened her eyes to the huge amount of health inequality in the world. Consequently, Imogen proceeded into a nursing degree, with a specific interest in epidemiology, global and public health. She aims to gain further qualification in this field post-graduate.
“Just go For it”: Student and Staff Evaluative Reflections of a global learning opportunity—POLO.

Judith Benbow, RN, BA, MSc, PGCE, Senior Lecturer, School of Healthcare Sciences, Cardiff University, Wales
Susan Ward, MSc, BSc, RN, PGCE, Lecturer Adult Nursing, School of Healthcare Sciences, Cardiff University

Aim
To explore evaluations of global learning experiences: - staff perspectives of facilitating such experiences and a student’s reflective account.

Abstract
The value from volunteering studying/working abroad are widely agreed upon for both UK and overseas health care delivery development and the growth of individual students and qualified staff (All Party Parliamentary Group on Global Health, 2013). - For students to achieve such benefits the multi dimensional challenges need to be overcome by both the students going abroad as well as the staff facilitating the experiences (Mendes and Ventura 2016). - In this paper the evaluations of over 120 students, over a 4 year period, will be presented to include the significant professional and personal rewards students gained, alongside the challenges and how the students managed those challenges. Example of such rewards includes enhanced confidence, communication and cultural competence. Challenges encountered by students included, for example, overcoming professional differences and practical challenges. - A student will present their personal reflective account, offering an invaluable insight of their experience and learning gained. Finally the collaborative learning gained and outcomes will be offered, to enable development of future students’ global health competencies.

Intended learning outcomes
1. Outline the reflective evaluations of students global learning opportunities;
2. Discuss the value and challenges from both staff and a student perspective and
3. Discuss and reflect on such evaluations applied to personal practice.

Recommended reading list
1. All Party Parliamentary Group on Global Health, 2013. Improving Health at Home and Abroad: How overseas volunteering from the NHS benefits the UK and the world

Biography
Dawn James graduated from Liverpool in 1998 and returned to Cardiff to begin her nursing career in the speciality of Neonatology. Dawn has held a variety of roles within the clinical environment including Neonatal Sister, Neonatal Practice Educator and Advanced Neonatal Nurse Practitioner. Dawn also held the role of Regional manager for Confidential Enquiry in Maternal and Child Health for 2 years, where she managed research and audit projects within the NHS and organised events to disseminate the results. Dawn joined Cardiff University as a lecturer in 2014, where she currently holds the role of POLO and Inward Mobility Lead.
5.3.1 Forum Theatre: developing self-awareness, effective communication and empathetic interaction in nursing.

Helen Hadden, BA (Hons) English, Pg Dip Marketing, Art Foundation, Student, Buckinghamshire New University, England
Jenny Wade, Vice President Education and Welfare.

Aim
To introduce an innovative method of ongoing training within nursing practice. Forum theatre is relevant to continuing professional development and partnership working and collaboration.

Abstract
The proposed workshop will open with a brief outline of the history and applications of forum theatre, with close reference to Augusto Boal and Boalian Theatre (Boal, 1995), as many of the techniques and systems used in drama of this kind have been strongly influenced by Boal’s work. The delegates will observe a presentation that we created for World Mental Health Day (2015), performed to an audience of students, tutors, service users and education leads for two NHS trusts that will be discussed in the context of Mezirow’s (2011) theories of Transformative Learning. The presentation was further trialled during a workshop at the Teaching and Learning in Health and Social Care Conference, Glasgow 2015.

Following an initial brief outline of the history and application of forum theatre, the workshop will discuss the way in which forum theatre has the potential to be adapted to work with nursing students to enhance their communication skills. The participants will then have the opportunity to experience a forum theatre in real time.

Intended learning outcomes
1. To introduce an innovative way of learning, which facilitates nurses, multidisciplinary teams and healthcare students to develop their collaborative and team working skills
2. Continued their professional development
3. Assess their learning in a forum that allows for open discussion and reflection

Recommended reading list

Biography
Helen Hadden is in her third year of a BSc in Mental Health Nursing at Buckinghamshire New University. She has worked as a volunteer for Samaritans, as a listener and postvention advisor (Step by Step programme) and more recently as a volunteer for Mind.
Struggles and effective Strategies of RN's and their Personal and Professional Development (PPD): An exploration of the findings from a qualitative research study of UK and South African women (SA) and to how this knowledge can influence future practice of developing RN’s in a global context.

Lindy Hatfield, MSc. BA (hons), RN, NMC Teacher, Fellow HEA, Senior Lecturer in Nursing, University of Cumbria, England

Aim
To discuss the experiences of accessing PPD and the effective strategies that women were using to undertake PPD. That this knowledge adds to global picture of women’s experiences and perceptions of PPD. Finishing with reflections on to how this knowledge can influence our future practice of developing RN’s.

Abstract
Background: It is becoming a global requirement for women who are Registered Nurses (RN’s) to undertake PPD. Literature suggests many different elements and factors associated both directly and indirectly with PPD (Gould, Drey & Berridge (2007) Munro (2008) and Hughes (2005). Women face particular gender related issues and challenges when undertaking PPD (Fox 2015). As healthcare services continue to evolve, this in turn affects RN’s PPD (ICN 2015).

Methods: Qualitative: interviews and questionnaire using a feminist approach - Analysis: Thematic analysis - Results and conclusion: - Female RN’s took different journeys to gain the rewards of PPD according to their own perceptions, the struggles encountered and the strategies they used. - Common themes arising from the data were: Mapping women’s PPD journeys, the difficulties faced, the strategies used to achieve PPD and the rewards of PPD (both perceived and experienced). Some themes were found to be specific to country (the healthcare system and professional regulation). - Consideration should be given to ways in which nursing educators acknowledge the difficulties that may be faced by nurses in pursuing PPD. The findings will inform further approaches that may be used to aid the support and development of nurses and nursing worldwide. - References: - Gould.D., Drey.N. & Berridge.E. (2007) ‘Nurses’ experiences of Continuing Professional Development’ in Nursing Education Today. 27, 602-609. - Hughes.E. (2005) ‘Nurses’ Perceptions of Continuing Professional Development’ in Nursing Standard. 19.43. 41-49 - Munroe.K. (2008) ‘Continuing Professional Development and the Charity Paradigm: Interrelated individual, collective and organisational issues about continuing professional development’ in Nurse Education Today. 28,953-961

Intended learning outcomes
1. Acknowledge that our own perceptions and experiences around PPD may be different from others and become aware of the more global picture of the struggles that women face with regards to PPD activities.
2. Examine the research findings on the strategies that women used to be able to undertake PPD.
3. Reflect on this knowledge and how it can influence our future practice of developing RN’s.

Recommended reading list

Biography
Lindy Hatfield is a Senior Lecturer at the University of Cumbria. She is a PhD candidate at the University of Edinburgh and has recently presented her research findings at the 3rd South African Nurses Conference. Her subject of interest is women’s perceptions and experiences of personal and professional development. Having undertaken a cross cultural comparison between South African and UK nurses, she is keen to share the findings of her research, the knowledge that she has gained, and to how this can influence our approach to developing RN's.
Moving into a specialist role - An investigation of the transition from qualified nurse to health visitor exploring the influence of their previous role and experience.

Lorraine Henshaw, RGN, MSc PGdip RNT, SFHEA, Senior Lecturer, University of Derby, England

Aim
An investigation of the transition from qualified nurse to health visitor exploring the influence of their previous role and experience.

Abstract
In 2011 the Health Visitor Implementation plan resulted in the recruitment of student health visitors from an increasingly wide variety of nursing backgrounds and a potential change in the health visitor workforce as a consequence. The effect of this increased diversity in the workforce and the continuing issues with professional identity and constantly evolving role (Baldwin, 2012) (Peckover, 2013 present an interesting area for exploration. Initially a mixed methods case study was used to evaluate the influence of the background and experience of student health visitors in their programme of study, identifying themes for a in-depth follow on study. A number of factors were identified for further exploration, in particular the length and type of the previous experience of the student, the enthusiasm for the profession, the desire to empower and the transferable skills of the students. Recommendations for practice of this initial case study included the identification of a number of potentially important features in the recruitment of new health visitor students. - The factors identified through this initial stage are now being further explored through a constructivist grounded theory study (Charmaz, 2006). Greater understanding of this transition from qualified nurse or midwife to specialist practitioner will help inform future students, work force development, employers and education providers. Early findings suggest that the move into a qualified health visitor role is comparable to that of newly qualified nurses experience, with many describing ‘transition shock’ (Duchscher, 2009). This is compounded by a stripping of confidence, a process of chaotic de-skilling and feeling undervalued in the work place, before this is rebuilt and redeveloped as they emerge into their new specialist roles. Key factors in the success of this process are the support available, colleagues valuing their previous knowledge and their individual tenacity. - It is hoped the findings of this study will provide us with a framework applicable in health visiting and other areas of specialist health care practice education where the potential students have advanced skills, knowledge and experience from a diversity of backgrounds before they decide to undergo a further programme of education and move into a specialist role.

Intended learning outcomes
1. To discuss the influence that different nursing backgrounds and experiences can have on the transition process when becoming a health visitor.
2. To discuss the early findings of an indepth grounded theory study of the process of transition from qualified nurse and midwives to a qualified health visitor.
3. To discuss early recommendations for practice.

Recommended reading list

Biography
I am a Senior Lecturer in Post Registration Health Care at the University of Derby. My research interests include the transition of health care professionals as they move into new roles. I worked alongside a team of other colleagues in researching the transition and preceptorship of newly qualified nurses- leading to the development of a Preceptorship Toolkit (Whitehead et al 2015). This has culminated in my latest research exploring of the transition process for qualified and experienced nurses and midwives who chose to specialise and the impact their previous experience can have on this process.
5.4.1 Assessment of professional values in practice

Professor Lesley Baillie, PhD, MSc, BA(Hons), RNT, RNT, Florence Nightingale Foundation Chair, London South Bank University, England
Jane Fish, RN, MA, educational consultant,

Aim
To present views about assessment of professional values from students’, mentors’ and academics’ perspectives

Abstract
Professional values are important in nursing and healthcare as they underpin all aspects of professional practice including decision-making (Baillie and Black 2014). In the United Kingdom, the Nursing and Midwifery Council (2010) sets standards for education of student nurses and Professional Values is one of the four domains. Following concerns about quality of care, particularly for older people, there were recommendations for assessment of the personal values of people recruited to healthcare courses (National Commission on Dignity in care for older people 2012; Francis 2013), the aim being to select people with the ‘right’ values to work in healthcare. Accordingly, the assessment of values of people applying for nurse education has been widely implemented during recruitment processes. How professional values can be nurtured in student nurses, and assessment of these values in practice, remains an important issue. - In 2014, a new practice assessment document was implemented across nine universities in London and the document included a dedicated section on Professional Values. In 2015, a mixed method evaluation of the new assessment document was conducted, with an e-survey of students (n=1205) and practice mentors (n=258) and focus groups with students (n=51 in 6 groups), practice mentors (n=46 in 7 groups) and academic staff (n=42 in 6 groups). This presentation focuses on the perceptions of student nurses, mentors and academics about the assessment of professional values in practice. The results showed that most academics, mentors and students expressed support for the inclusion of the dedicated Professional Values section in the practice assessment document, believing that this increases transparency about professional values and ensures that they underpin every placement, leading to a focus on professionalism in practice. However, mentors were significantly more likely to agree that the Professional Values provided an appropriate assessment (94%; n=258) than did the students themselves (88%; n=845). The Professional Values section provided a framework for discussing attitudes and behaviour, which mentors found particularly helpful. Overall, the consistent assessment of Professional Values across London’s student nurses was well evaluated and continues to be a feature in the practice assessment document.

Intended learning outcomes
1. To examine how professional values underpin nursing practice and education
2. To appreciate students’, mentors’ and academics’ perspectives of the assessment of professional values in practice
3. To reflect on how the practice assessment of professional values contributes to student nurses’ development and education

Recommended reading list

Biography
Professor Lesley Baillie is an experienced nurse, educator and researcher, with a particular interest in quality of care and improving patient experience. In 2012 she was appointed as Florence Nightingale Foundation Chair of Clinical Nursing Practice, a joint post between London South Bank University, University College London Hospitals and the Florence Nightingale Foundation. She is also Director of the Centre for Nurse and Midwife-led Research and Honorary Professor at University College London. Professor Baillie has published widely on nurse education and practice in a range of books and journals. Her book ‘Developing Practical Nursing Skills’ is in its 4th edition.
5.4.2
The implementation of a values based feedback tool for mentors on their mentoring - an innovation to support the quality of mentorship in clinical practice

Emma Böckle, MA BN (Hons) RN, Lecturer In Adult Nursing, Bournemouth University, England
Mrs Amanda Watson BSc Hons PG Dip Ed RN Head of Practice Education Bournemouth University

Aim
To share with conference colleagues a values based feedback tool designed for mentors to gather feedback from others on their mentoring in clinical practice.

Abstract
With an interest in practice based learning, the author’s career has included educational posts in the NHS, a Strategic Health Authority and Universities. Having had experience of mentorship as a student, to then become a mentor whilst working as a staff nurse and more recently supporting mentors as a link lecturer for the University, it has been possible to appreciate the challenges of delivering quality mentorship.

The work that is being presented arose from the opportunity to lead a project with an enthusiastic and passionate group of HEI and practice colleagues charged with developing initiatives to support quality mentorship in Wessex.

With 50% of their course in practice, student nurses spend a significant amount of their time alongside mentors whose role it is to ensure they develop appropriate attitudes, behaviours and skills. In order to fulfil this important role, Mentors need to be educated and motivated to enable students to deliver high quality competent and compassionate care (RCN, 2015). However, not every nurse has the required aptitude and ability to ensure that learning outcomes conducive to the education of a student have been met (RCN, 2015). Recent publications have questioned if all nurses should be mentors, and whether individuals should choose to be a mentor rather than be coerced, and should demonstrate the skill set required to fulfil the role appropriately (RCN, 2015, Willis, 2015, National Nursing Research Unit, 2012). - - Responding to concerns over the quality of mentorship locally, representatives from the Wessex region have developed values based resources including a recruitment toolkit for potential mentors and a feedback tool for qualified mentors based on six core values. A values based approach was used in recognition that recruiting a workforce with the right values will support effective team working and deliver quality patient care (Francis, 2015). The group felt strongly that the same skills set required for delivering high quality care to patients is also required to deliver high quality mentorship. - - The recruitment toolkit uses the six core values against which a manager and the potential mentor will determine whether they have the required knowledge, skills and values to become a mentor at that time. The values are intended to be thought provoking and fundamental to the role and the provision of quality learning environments. - - Based on the concept of the 360 feedback tool, the developmental feedback tool is for mentors to gather feedback on their mentoring from a facilitator, peers, and learners. Using the same six core values the feedback will be presented in a report which will inform their continuing personal development and contribute to evidence for revalidation, triennial review and appraisal. - - - Together these two tools and a wealth of resources can be found at - www.valuesbasedmentorship.co.uk.

Intended learning outcomes
1. By end of the session delegates will have an; Overview and demonstration of the mentor development feedback tool
2. Appreciation of the importance of values and their impact on the delivery of quality mentorship and safe and effective patient care.
3. • Opportunity to discuss the use of the tool and its role in providing evidence for revalidation, triennial reviews and appraisal.

Recommended reading list

Biography
With an interest in practice based learning, the author’s career has included educational posts in the NHS, a Strategic Health Authority and Universities. Having had experience of mentorship as a student, to then become a mentor whilst working as a staff nurse and more recently supporting mentors as a link lecturer for the University, it has been possible to appreciate the challenges of delivering quality mentorship.

The work that is being presented arose from the opportunity to lead a project with an enthusiastic and passionate group of HEI and practice colleagues charged with developing initiatives to support quality mentorship in Wessex.
5.4.3 Evaluating mentor assessment against the 6C’s for student nurses in practice.

Jan Royal, RN, BSc, PGCE, MSc, Lecturer, School of Health Sciences, The University of Nottingham, England

Aim
To present contemporary research which examines how mentors use the principles of the 6C’s (DH, 2012) in their assessment of student nurses in practice.

Abstract
Research findings from a qualitative research study will be presented here which discovered how mentors use the principles of the 6C’s in the assessment process with student nurses in the UK (DH 2012). The research was completed in 2016 within one large university in England. As part of a larger doctoral study, assessments records completed by mentors in practice were examined, focusing on students who failed in practice. A two phase multi method study was conducted. Phase one examined data from student assessment documents completed by mentors (Fitzgerald et al 2010). Thematic analysis identified key issues. Phase two progressed onto semi structured interviews with nurse mentors to explore these themes further (Brown et al 2012) and examined how they used behaviours and values as part of their assessment process with student nurses. The findings will be presented here. - Analysis of mentors’ assessment documents from 2006 to 2013 for students who failed in practice showed however that these same principles are already embedded into mentor practice and assessments. This has not been examined or published elsewhere and this presentation aims to present the data and show how mentors have used these principles prior to publication of the 6C’s framework to inform their assessments in practice. - At a time when nursing is under public scrutiny and has to defend its quality of care principles (Royal College of Nursing, 2012) it is heartening to see that students have been assessed for their compassion, commitment and communication throughout the timeframe of the study and prior to the dissemination of the 6C’s framework.

Intended learning outcomes
1. Analyse how mentors use principles of quality care to underpin their assessment decisions
2. To discuss quality issues affecting assessment in practice and the impact of the 6C’s framework
3. Discuss what skills and expectations mentors have of student nurses throughout their programme.

Recommended reading list

Biography
Jan is an experienced nurse and lecturer, focusing on mentor preparation and practice learning systems. She is focused on the quality of learning and assessment in practice and has a range of experience in practice and curriculum development that informs her teaching and research. This is her doctoral research examining the impact of two key changes for assessment by mentors in practice in the UK.
5.5.1 Title- Caring Conversations for effective working with emotional distress: bridging the gap between physical and mental health and well-being.

Joanne Kelly, MA BSc(hons) PGCLT DN SPQ RGN, Senior Lecturer, Canterbury Christ Church University, England
Janet Wood MA BSc(hons) RGN RMN Senior Lecturer Canterbury Chrsit Church University

Aim
An evaluation of an innovative blended learning approach in relation to adult student nurses working with individuals experiencing emotional distress.

Abstract
The study was in partnership between the university and a national charity (Bright) and supported the integration of physical and mental health within an adult nursing programme, comparing & evaluating learning and teaching strategies and the impact upon students practice. Findings from this and continued partnership working with the charity have been utilised to support development of our new 2017 curriculum and promoting shared learning across pathways. This has contributed to ‘bridging the gap’ between addressing both mental and physical needs and firmly embedded service user involvement as part of student learning. - The teaching package comprised of enquiry based learning, clinical supervision and use of an on-line web resource developed by Bright. Nurses must demonstrate empathic and compassionate practice to effectively work with people experiencing emotional distress who may or may not have a recognised mental health problem. - Initially piloted with an adult nursing group, a qualitative evaluation of the study was utilised to develop the teaching package into a year one module, Caring Conversations for a new 2017 curriculum. This innovative approach to learning and teaching and the integration of the concept of caring for both physical and emotional needs will enable shared learning between adult and mental health learners undertaking the module. The on-line resource used (Brief Encounters), was developed by a National charity (Bright) and explores how relationships between staff and emotionally vulnerable patients are nurtured through ‘caring conversation’, informed by evidence of the power of conversation to enable development of new perspectives on thoughts, feelings and experiences to promote recovery. These guiding principles have informed the module development and this work provides examples of the benefits for nursing practice and the patient experience gained by a university and charity working in partnership. -

Intended learning outcomes

1. Examine the development of an innovative teaching and learning strategy to support contemporary health care policy and the identified need for further integration of physical and mental health within education and current pre-registration nursing progr

2. Appraise the benefits of a university/charity partnership as contributors to an innovative learning and teaching strategy.

3. Explore how the findings of this study may influence future education and curriculum development

Recommended reading list


Biography
Jo Kelly is a Senior Lecturer at Canterbury Christ Church University and worked for seventeen years within the acute (medical and rehabilitation) and community/primary care settings. She teaches both pre and post registration nursing students and has a specific interest in community and primary care including working with people with long term conditions. Jo contributes her expertise both to teaching and to a range of activities including on going curriculum development, promoting the use of innovative and creative learning and teaching strategies to enhance the students learning experience and application to practice.
5.5.2
Flipped!: A strategy for student engagement in Higher Education

Debbie Wright, MSc, BA(Humanities), RN, PgCert, FHEA, Lecturer in Adult Nursing, University of West London, England

Aim
To explore a strategy to facilitate student engagement in the classroom, allowing them to become active rather than passive participants in their learning.

Abstract
The tension between theory and practice has had a long and dynamic history. Linking theory and practice has perplexed many Nurse Educators in this multifaceted, rapidly changing field. There is a belief that there should be an application of what is learnt in the classroom to what is found in practice placements. The challenge for Nurse Educators is to teach content in an engaging and meaningful way for students to fully realise the implications of applying knowledge and theory to practice.

This concurrent session will identify how the teacher can successfully contextualise theoretical concepts from the course content and map the connection to practical scenarios. This could help address what Shinnick et al (2011) calls the ever widening gap between ‘current nursing practice and the education for that practice’ (p65). The need for nurse education to move away from the behaviourist content focused curriculum to one that is active, participatory and experiential (Shattell 2007) will be discussed. This approach allows for the development of student centred learning, which in turn can be related to an increase, not only in student engagement, but also in promoting a deeper understanding in the processing of course material (Spencer and Jordan 1999). For example a teaching strategy known as the ‘Flipped Classroom’ has been used to address the need. Theoretical teaching has to relate to real life problems and incorporate the facilitation of experiential learning.

Intended learning outcomes
1. Identify the main components of the Flipped Classroom
2. Discuss its practical application.
3. Understand the wider implications of its use.

Recommended reading list

Biography
Debbie Wright is a Lecturer in pre-registration adult nurse training at the University of West London, she is also the Module Leader for the post registration module - Making a Difference to Person Centred Dementia Care. Debbie also completed her Post Graduate Certificate in Academic Practice in 2015 and was accepted into the Fellowship of the Higher Education Academy in the same year.
Preconceptions, Perceptions and Preparation for Practice – A Longitudinal Study Exploring Self Efficacy in Undergraduate Student Nurses Caring for Persons with Dementia

Hazel McWhinnie, MSc, PGCE, BA, DipHE, RN., Lecturer, University of the West of Scotland, Scotland

Aim
To understand undergraduate student nurse perceptions of dementia care and their role in care delivery. • To examine the influence of theory, skills training and clinical experience on approach to dementia care delivery amongst undergraduate student nurses. • To explore how dementia training policy directives for pre-registration nurse education is reflected in undergraduate student nurse’s knowledge, skills and readiness for nursing practice. • To evaluate the psychometric properties of a self-efficacy tool designed to measure attitudes, experiences and perceptions of dementia care in undergraduate student nurses. - The psychometric properties of an adapted version of the Alcohol and Alcohol Problems Perception Questionnaire (AAPPQ) devised by Cartwright (1980), has been adapted, validated and used to quantitatively measure attitudes, experiences and perceptions of dementia care in undergraduate student nurses. - The questionnaires original key themes of Role Adequacy, Role Legitimacy and Role Support were then further explored in qualitative focus groups, additionally considering how dementia training policy directives for pre-registration nurse education are reflected in undergraduate student nurse’s knowledge, skills and readiness for nursing practice. - Initial Findings - Most students had no experience of dementia care prior to course commencement and of those students who had, most had no formal training and received no supervision/support when delivering care. - All students experienced dementia on clinical placements from year 1. Students had the desire to make a difference but no knowledge on how to make that difference. - There is a need for more knowledge and skills training in dementia care, not just in University but in clinical practice, particularly in acute care where the complexities of providing care to the older adult were more apparent.

Intended learning outcomes
1. To gain an understanding of the need for nursing education to reflect the complexity of care needs that the older adult with dementia brings
2. To gain insight into the influence of theory, skills training and clinical placement on student nurses ability to deliver care to people with dementia
3. To explore student nurse perceptions of dementia care from a self efficacy perspective

Recommended reading list

Biography
Hazel McWhinnie is a nursing lecturer at the University of the West of Scotland and teaches in the BSc and MSc pre-registration nursing programmes. She has many years of experience in both academia and clinical practice. Whilst in practice, Hazel’s area of expertise was in acute care and rehabilitation and she has always had a particular interest in the complex needs of the hospitalised older adult. This interest has led to Hazel’s PhD study, exploring student nurses experiences of delivering care to the person with dementia.
Poster number 1
Partnership working in the development of Sexual Health specialist education programmes

- Claire McCausland, PGCert Health Ed, BSc (Hons), RN, DipHE, Senior Lecturer, University of Central Lancashire, England

Aim
To present an overview of partnership working in the development of BSc & MSc Sexual Health Courses for Nursing practice.

Abstract
There are many publications on the value and importance of service users engaging in the education delivery for health and social care professionals; within these publications there is also recommendation of service users’ involvement in the curriculum design process. This presentation will provide an overview of collaboration and partnership working between Services Users, Academics, Students, Service Providers and Expert Advisory Groups in designing a curriculum for Sexual Health Nursing Education. To this day sexual health remains a taboo subject for many in nursing & healthcare practice. This may be due to a lack of confidence, knowledge or fear of what may be disclosed. The aim of the course is to prepare practitioners who are fit for purpose and can consider clients’ needs holistically whilst providing high quality care and positive patient experiences in a bid to tackle these issues. A Service User’s Forum was vital in identifying some of the barriers perceived to accessing sexual health services or commencing discussion on sexual health related issues without fear of prejudice, stigma or discrimination. Following the forum academics constructed a pathway that ensured all issues raised by the Service Users were included within the programme design. Further partnerships required in curriculum design are collaboration with Service Providers and Expert Advisory Groups. This can provide invaluable insight in the knowledge and skillset required by future practitioners; it also provides an opportunity to ensure that what is being taught in the classroom is the same as in clinical practice. Overall, Service Users were able to provide invaluable insight on their views of the knowledge, skills and attributes of Sexual Health Practitioners. This experience presented some conflicts between what services users considered as ‘good’ practice and the views of Sexual Health Professionals and Academics.

Intended learning outcomes
1. Identify a range of partnerships that are involved in designing a healthcare curriculum
2. Discuss the influence of curriculum design partnership on practice learning
3. Outline the value of partnership working in sexual healthcare curriculum design

Recommended reading list
Aim
To discuss the findings from a critical realist ethnographic study of pre-registration student nurses on their journey towards ‘being’ a professional and the relationships with social media.

Abstract
BACKGROUND: The rapid diffusion of social network sites such as Facebook have presented a wealth of challenge and opportunity for the nursing profession. A large majority of student nurses have adopted Facebook but [as developing professionals] may not understand the implications and unintended consequences of the information shared in a personal or innocent way. - No studies have yet critically analysed [in depth] the underlying factors that influence and determine the relationships between professional accountability and social media or if there is actually a ‘problem’ with social media. - AIM: Critically analyse the relationships between professional accountability and Facebook during the journey of professional socialisation. - METHOD: Critical realist ethnography employing online observation of three cohort groups, 30 public profiles and professional group discussion topics, focus groups (academic and practicing nursing staff n=8) and semi-structured interviews with student nurses over two sites (n=16). - RESULTS: Critical realist retroductive analysis (Bhaskar, 1998) was developed as part of this study. Three relationships were identified and six models were generated to explain and test proposed mechanisms within the data, which cause these relationships: 1) the concept of professional accountability 2) patterns of use 3) behaviours and activities 4) physical versus online reality 5) unacceptable, acceptable, professional or unprofessional behaviours 6) perceived knowledge and awareness versus actual behaviours. - Three explanatory theoretical concepts were then confirmed and used to develop three critical realist frameworks: I) Socialisation, Professional Socialisation, Online Socialisation (SPO) II) Unacceptable, Acceptable, Unprofessional, Professional (UAPU) and III) Awareness into Action (A2A). - CONCLUSION: I) SPO: This study has indicated a potential ‘tertiary’ or ‘online’ socialisation process and illustrates the factors, context and socialisation informs accountable behaviours; linking the physical and online (personal, public, professional). - II, III) UAPU, A2A: The lack of physical context and presence in the online environment causes dissonance between perceived and actual behaviours and confidence versus competence in the online environment. - With further research and validation these three frameworks may be used in education and practice, for personal and group assessment, reflection and/or for raising awareness of good practice online. They may also be used by organisations and professional bodies to assess scenarios or incidents. -

Intended learning outcomes
1. Critically discuss the relationships between professional accountability and social media
2. Critically analyse unacceptable, acceptable, professional and unprofessional behaviours in social media
3. Apply evidence based frameworks to raise awareness of good social media practice and to assess incidents and scenarios relating to social media

Recommended reading list

Biography
Gemma is a qualified teacher with QTLS/QTS and is also a registered adult nurse(teacher). - Her experience includes secondary, further and higher education, research management, service innovation/improvement, private and NHS healthcare (community and acute setting) and currently practices as a nurse in elderly care.
With extensive experience in online and distance education she is also the research co-ordinator for UDOL health team and supports income generation in UDOL. Gemma has and currently works on a range of research projects with a particular interest in Facebook and social media in healthcare and healthcare education along with systematic review and rapid evidence synthesis.

Poster number 3
Technology enhanced OSCE Marking for Advanced Practice

David O’Neill, MSc BSc RN V300, Senior Lecturer, University of South Wales

Aim
To highlight use of tablet devices to mark summative Advanced Practice Observed Structured Clinical Examination

Abstract
Numbers of Advanced Nurse and Paramedic practitioners in Wales are increasing. Since 2010 the health boards in Wales have been working towards the Advanced Practice Framework (Welsh Government, 2011). Course members have increased in the University of South Wales from 19 in 2007 to 45 in 2014 - These practitioners undertake advanced clinical skills such as physical assessment and diagnostic reasoning to: “Encourage students to apply their knowledge and skills in newly emerging and existing care delivery contexts to address complex health needs and to evaluate the effectiveness of their practice in line with local and national health objectives” (USW 2013, p1). Increasing numbers have led to increased assessment workload summatively and formatively which were marked using paper proformas. This has led to investigation of the potential use of tablet based devices. - Apple® iPads™ have the majority market, any applications require approval by Apple® and would only be available via the Apple® store (Sclafani et al 2013). This makes rapid dissemination and evaluation of a product difficult for non-technological practitioners. - Android® tablets are increasing, with devices being significantly less expensive and widely available. Android® applications do not require review and approval prior to release and evaluation, (Sclafani et al 2013). - A systematic review of iPad use found 20 papers of varying quality research from higher education pilot studies and case studies in small scale projects (Nguyen et al 2014). They concluded the pace of technology change has left higher education struggling to keep up and academics struggling to integrate the technology into a sound pedagogical methodology that can improve student learning. - Scarcity of empirical research into academic use and benefits of such devices leaves organisational adoption incumbent upon academic enthusiasm until such a point that this is matched by improved student performance, NSS scores or other potential benefits such as reduced academic workload. - This pilot study found no technical or security issues, all exams were easily marked by the examiners in a timely manner without data loss. Change over between candidates was extremely efficient, an experience emphasised when delays were experienced on return to paper marking for the resit period.

Intended learning outcomes
1. Android devices were user friendly
2. There were no technical or security issues
3. Marking was extremely efficient using the devices

Recommended reading list

Biography
The author has worked in Intensive
understanding of NAFLD and to evaluate current health care practices in the UK and in India. The primary objective is to gain an in-depth understanding and appreciation of local customs and practices in health care in relation to the management of NAFLD. Secondary objectives include the development of a sustainable network of health professionals with expertise and skills in the prevention and treatment of the disease and to better understand disease dynamics and outcomes. - Methods: Qualitative semi-structured interviews were employed. Interviews and a group discussion were recorded and transcribed verbatim. An inductive approach for the analysis of data was adopted. The most relevant categories were identified to form a total of six themes. - Findings: themes highlighted the need for structured and targeted educational/health promotion programmes of care; health professionals need specific training and individual roles need to be re-designed; culture and beliefs play a huge role when considering behavioural change strategies; modern lifestyle is heavily influencing the development of NAFLD in adults and children; associations and links to concomitant diseases need to be considered when designing targeted interventions; a better use and management of existing resources is needed. - Conclusions: to enable an effective and person-centred service to be designed, implemented and maintained an in-depth understanding of NAFLD and its consequences is required at all levels. - Implications for practice: - • A stronger, targeted health promotion programme of interventions is required - • Specialist training in order to develop the role of the NAFLD specialist nurse is needed - • Resource management improvement is required - - Keywords: NAFLD, non-alcoholic fatty liver disease, service evaluation, health professionals, accounts of the experiences, practice. - -

Intended learning outcomes

1. to evaluate current practices
2. to develop collaborations
3. to design better interventions based on current priorities

Recommended reading list


Biography

European Association for the Study of the Liver (EASL) Vienna 2015, presenting “Assessing nutrition through observation in early
c鎸rosis of the liver: a nurse led pilot study”. Poster Presentation.
Antonella Ghezzi*, Paula Crick, Moira Taylor, Marc Abraham, Neil Guha,Guruprasad Aithal, The United Kingdom -

**Poster number 5**
**"One Page Profiles!" - could they support the personal tutor relationship?**

James Ridley, RNLD, BSc, PGCTLHE, Senior Lecturer - Nurse Education (Learning Disabilities), Edge Hill University, England

**Aim**
Consider the use of one page profiles in the development of the personal tutor relationship.

**Abstract**
Evans (2012) refers to the fact that if quality support is offered to students then it can improve retention rates, and support a student’s transition into higher education. - The personal tutor role within higher education has developed from its paternalistic origins (Dobinson –Harrington, 2006). The personal tutor for pre-registration nursing students is expected to encompass support around clinical placements, the offering of pastoral care, as well as academic support (Gidman, 2001). Dobinson-Harrington (2006) found that students valued access to their tutors, felt it a trusting relationship, and got a feeling of equality; in contrast the things they felt didn’t work was when tutors were deemed to be inaccessible. Personal tutors mirrored some of these views; wanting to sustain access for students, offering pastoral support and encouraging empathy being important to them (Dobinson-Harrington, 2006), but also identifying that boundaries were needed, and wished for some understanding of work load which therefore impacted on their accessibility, (Dobinson-Harrington, 2006). - The use of “One page profiles”, (Sanderson, 2014, p19); can offer a simple and concise way of communicating important information, identifying strengths and attributes, as well as identifying support techniques, (Sanderson, 2014). Bailey (2014) identified that one page profiles offer information richness which can be used to help frame conversations and support the delivery of care. When considering this in relation to the development of the personal tutor role then it can enable both tutor and tutee to identify what information is important to them. Overall these points seem to support the view given by Stephen et al (2008) who identified that what students and staff wanted in relation to personal tutoring was for contacts to be meaningful. - With an increasing demand for nurses to show that they are knowledgeable, confident and able to work independently with an increasingly complex patient population then the ability to maximise their learning experiences and ensure appropriate support continues to be seen as a crucial element, (Davies, 2008). Recognising that where students/future nurses feel cared for and valued then they are more likely to transfer this experience into their role as professional care providers, (Dobinson-Harrington, 2006).

**Intended learning outcomes**
1. Outline current perspectives related to the personal tutor role for nursing students.
2. Discuss how the use of practice orientated interventions can be used in personal tutor support.
3. Demonstrate how "One Page Profiles" may support the personal tutor relationship.

**Recommended reading list**

**Biography**
James is a Senior Lecturer in Nurse Education (Learning Disability) at Edge Hill University, working there since 2013, having decided to make the move from practice. James has worked in services both health and social care for over 25yrs which has included pre and post-registration. - James continues to be passionate about practice and seeks wherever he can to ensure that he enables the bringing of the "real world" into the classroom, making the learning experience more interactive and ensuring that theory and practice come together for the benefit of the student, and ultimately the people who they will support.

**Poster number 6**
**Using Observed Structured Clinical Examinations (OSCE) with inpatient clinical staff**
Toni Flanagan, DipHe, BSc Hons, PGCE, PGDip, Clinical Educator, St Giles Hospice, England
Angie Greenwood, Dip He, Deputy Clinical Lead, St Giles Walsall Hospice

Aim
To demonstrate how an OSCE programme can maintain competence and improve confidence in registered nurses within an Inpatient Hospice environment.

Abstract
Hospice nurses require a range of clinical skills to meet the varying needs of their patients. These skills ensure safe, effective and timely care however there can be limited exposure in clinical practice therefore OSCEs were introduced at St Giles Hospice as a way of bridging this gap. Observed Structured Clinical Examination (OSCE) is a simulated assessment used widely in healthcare education (Hensler 2013) and is recognized nationally as a model for evaluating clinical competencies (McWilliam and Botwinski 2014). Preparing and conducting an OSCE is resource-intensive (Ahuja 2009) and can provide some evidence of competence (Hensler 2013) especially in environments where clinical learning opportunities can be limited (McWilliam and Botwinski 2014). Four OSCE subjects were chosen and performance criteria devised. These criteria were then available for the participating registered nurses. The participating nurses were given two months’ notice of the date of assessment. The standard operating procedures for each skill and additional resources were also made available for the participating nurses prior to the assessments. Thirty minutes was allocated for each skill which included time for feedback. The registered nurses who took part in the OSCE’s were asked to complete a questionnaire one month after. Overall both the examiners and participating registered nurses found the OSCEs to be a positive experience; they helped to increase confidence, acted as a refresher and highlighted areas for further learning on a personal and team level. However it is important to remember that performance in the simulated environment may not be easily transferred to the clinical environment (Hensler 2013). Following these OSCEs, the performance criteria has been split into procedure and knowledge to better identify where further learning is required. It was also decided that OSCEs would be implemented annually and also incorporate Health Care Assistants.

Intended learning outcomes
1. To establish if an OSCE programme is of benefit to registered nurses in an inpatient hospice environment
2. To highlight the learning needs of individuals and teams in a safe learning environment
3. To improve the process to ensure continued benefit to clinicians

Recommended reading list

Biography
Toni Flanagan has been a registered nurse since 2003, with a background in medicine and critical care. Since 2006 Toni has worked in Palliative Care within a variety of roles and settings and attained her BSc (Hons) in Palliative Care in 2008. Currently Toni works as a Clinical Educator and research nurse at St Giles Hospice with a particular interest in developing structures and programmes which support continuing professional development. Toni has recently completed her PGCE for Health Social Care and Allied Professionals and is currently undertaking a Masters in Advanced Clinical Practice.

Poster number 7
Once you stop learning, you start dying.

Toni Flanagan, DipHe, BSc Hons, PGCE, PGDip, Clinical Educator, St Giles Hospice, England
Angie Greenwood, Dip He, Deputy Clinical Lead, St Giles Walsall Hospice

Aim
To demonstrate how organisations have a responsibility to provide structures which promote and enable nursing staff to develop and maintain competence in practice through life long learning.
Abstract
The Nursing and Midwifery Code (2015) states that nurses should keep their knowledge and skills up to date, taking part in appropriate and regular learning and professional development activities that aim to maintain and develop their competence and improve their performance. To provide excellence in patient care, we need knowledge about best practice, to gain this knowledge requires nurses to have a commitment to life long learning as the available knowledge changes rapidly and continuously (Steelman 2014). In practice keeping up with the ever-changing knowledge base can be difficult, organisations have a responsibility to put structures in place to support staff in developing and maintaining competence in practice. St Giles Hospice recognised this need in 2011 and over the last four years has developed structures and processes to support clinical staff in life long learning. The structures that have been put in place to support staff in developing and maintaining competence in practice. St Giles Hospice recognised this need in 2011 and over the last four years has developed structures and processes to support clinical staff in life long learning. The structures that have been put in place to support life long learning are; Full complement of clinical policies, SOP’s and clinical guidelines, Clinical skills training programme, Each role has been mapped and a education/training plan developed for each role, Full Observed Structured Clinical Examination programme for all clinical staff at all levels, Annual clinical education programme and Consistent approach to appraisals supported by passports.

Intended learning outcomes
1. For organisations to highlight areas in which they can support staff to commit to life long learning
2. To develop structures and processes which support the development and maintenance of competence
3. To find innovative ways to sustain life long learning within organisations

Recommended reading list

Biography
Toni Flanagan has been a registered nurse since 2003, with a background in medicine and critical care. Since 2006 Toni has worked in Palliative Care within a variety of roles and settings and attained her BSc (Hons) in Palliative Care in 2008. Currently Toni works as a Clinical Educator and research nurse at St Giles Hospice with a particular interest in developing structures and programmes which support continuing professional development. Toni has recently completed her PGCE for Health Social Care and Allied Professionals and is currently undertaking a Masters in Advanced Clinical Practice.

Poster number 8
Cardiac Catheter Lab, improving together
Lisa Fabb, RGN, BSC (Hons), PGCEd, MSc, Education Nurse, ABMU HB, Wales
Anwen Jenkins, Unit Manager
Aim
The team that work together train together
Abstract
The role of a Cardiac catheter lab has evolved over the last decade from a Monday to Friday service that took stable patients for routine procedures to a 24/7 service taking critically unstable patients. The team have to deal with a variety of medical emergencies with a minimum number of staff from various professional backgrounds. There are a range of challenges such as skill sets, radiation, equipment layout and counterintuitive hierarchy making these emergencies very challenging. After the manager and education lead attended the pilot CLEM (catheter lab emergency management) course at Wythenshawe Hospital in September 2014 consisting of Workstations, ALS algorithm, Emergency scenarios. We recognised there is a need to develop this further and in keeping with the Human Factors philosophy it was felt that the team that worked together should train together in the environment that they will be working in. A collaborative approach was adopted to provide a half day study day consisting of lectures on ‘Human Factors’ and service improvement. This was followed by scenarios where performance was peer reviewed. The days were very well received and some unexpected advantages appeared. Suggestions were made around room set up, available equipment, and handover. We increased anaesthetic input which helped in emergency situations. The half day
became a core element of trainee orientation. The team recognised and appreciated each other’s skills, valued experience and were happier sharing ideas. - This collaborative learning style created a working philosophy that carried through to day to day working. There is an atmosphere where staff feel able to raise concerns and effectively discuss issues. -

**Intended learning outcomes**

1. Understand how 1 unit used collaborative learning to improve patient care
2. Discuss interactive and experiential learning principles are effective teaching methods
3. Understand training for to improve patient and staff safety.

**Recommended reading list**


**Biography**

Lisa has worked in various area of cardiology, she has spent the last 6 years in Post Registration Nurse development and patient safety.

**Poster number 9**

**What Matters to me -A human rights approach to End of Life Care**

Mrs Susan Hogston, RGN, Dip DN, BA (HONS) PGC Patient safety and Risk, Chief Nurse, Sue Ryder-Wheatfields Hospice, England

Dr Caroline Belchamber, Professional Education Lead Sue Ryder

**Aim**

- Increase knowledge, confidence and capacity amongst care workers in delivering their human rights responsibilities promoting autonomy, dignity and respect in delivering end of life care.
- Prevent poor practice, neglect and abuse
- Help staff contribute to service performance and outcomes, and provide evidence of compliance with CQC regulation standards

**Abstract**

Sue Ryder has over 60 years’ experience of providing incredible palliative care for people and their families. We provide expert care across the UK, whether this is in our hospices, the community, hospitals or patients’ own homes. - We have worked with the British Institute of Human Rights (BIHR) to produce a practical guide to address the challenges associated with ethical decision making at end of life. A human rights approach to end of life care addresses the learnings from the Francis Inquiry and the failings of the Liverpool Care Pathway. Being treated with dignity and respect at end of life is central to the Five Priorities for Care (DH 2014) and the NICE Quality Standard (2015). The Care Quality Commission and the Royal College of Nursing also utilise a Human Rights Approach to the regulation of services and care assessment. - The guide, ‘A Human Rights Approach to End of Life Care’, was written to help individuals feel confident to embrace human rights as an integral component to end of life care. Our innovative, 3 year national training programme, funded by a generous grant from the Burdett Trust for nursing, will utilise the guide as a resource to build on existing knowledge and experience within free, face to face, continuing professional development training sessions. Interactive learning activities will be facilitated within small group, multi-disciplinary workshops, designed to allow in depth exploration of real life case scenarios. - We aim to develop further learning and encourage open discussion and debate to embed key principles, aid decision making, effect change and ensure compassion and dignity are at the heart of personalised care. On completion, we expect learners to be empowered to deliver sustainable improvements in care and transfer learning to practice. - The specialist education programme will be delivered utilising a Train the Trainer model. Potential facilitators will be invited to undertake specialist training to enable them to deliver workshops locally. Subject experts and specialists from Sue Ryder and the BIHR will provide support the trainers for quality assurance purposes and peer support.

**Intended learning outcomes**

1. Increase knowledge, confidence and capacity amongst care workers in delivering their human rights responsibilities promoting autonomy,
dignity and respect in delivering end of life care.

2. Prevent poor practice, neglect and abuse by application of Human rights framework in care delivery around end of life care

3. Help staff contribute to service performance and outcomes, and provide evidence of compliance with regulation standards

Recommended reading list

2. https://www.bihr.org.uk/Endoflifehumanrights

Biography

Sue qualified as a RN in 1987 and since that time she has held a variety of clinical, governance and teaching roles. From 2007 to 2011 she was the deputy to the director of nursing in Leeds community provider trust. She is the Chief Nurse for Sue Ryder, a role she has held since February 2011. She has a special interest in the management of risk and difficult decision making, undertaking further study in this in 2007. Sue is passionate about personalised care and improving the care experience for individuals and their families at end of life

Poster number 10
Great Expectations: A study to compare and contrast the expectations of radiotherapy students with those of nursing students at the University of Liverpool.

Catherine Fletcher, RN, Nurse Lecturer, University of Liverpool, England
Cath Gordon, Therapy Radiographer, Lecturer, University of Liverpool

Aim
To compare and contrast the expectations of students attending two healthcare programmes

Abstract
Introduction - The School of Health Sciences at The University of Liverpool delivers pre-registration programmes for the education of Adult Nurses and Therapeutic Radiographers. Attrition rates for radiotherapy programmes have historically been higher nationally than other healthcare programmes and for 2010/2011 was quoted as high as 36.5% whereas, nursing programmes historically have had attrition rates as low as 1.6%. However, in 2014 the attrition rate across the UK for nursing was closer to 20%. - Literature would suggest that there is a need to generate a better understanding of the reasons why students choose to undertake the respective programmes but fail to complete their studies. - Methods - A qualitative design was selected to explore the expectations of therapeutic radiography students and nursing students. The aim of this study was to compare and contrast the academic, clinical and practical expectations of Adult Nursing students and Therapeutic Radiography students at the University of Liverpool with the realities of life as an undergraduate student on a healthcare programme. - A specifically designed questionnaire was distributed to the year one students from both programmes during the first week of semester one, year one, and the first week of semester one, year two. Both questionnaires were scrutinised using the Miles and Huberman approach which has allowed the data to be reduced, displayed and themes identified. - Results - Three emergent themes from the questionnaires were noted across both student cohorts: - •Support was seen as important, including the approachability of academic and clinical staff. - •The need for effective communication in the assessment process was seen by many as being of significance. - •A lack of confidence was noted which was particularly linked to clinical placement. - Discussion and Conclusion - The key findings from this study are that expectations were initially high for both cohorts but generally realistic and that, on the whole, these expectations were met. Changes have been made within both programmes to increase the level of academic support both within the university setting and clinical practice which has had a significant impact on the student experience.

Intended learning outcomes

1. Gain an understanding of the rate of attrition from two contrasting healthcare programmes
2. Be able to discuss the importance of support for students within the clinical environment
3. Gain insight into the significance of the mentor/educator role

Recommended reading list


Biography
I am a nurse lecturer working at the University of Liverpool on the Bachelor of Nursing programme. I have worked in my current role for ten years during which time I have supported both students and mentors within the clinical environment. As part of my role I coordinate practice placements within the programme. My role has made me aware of the importance of understanding and meeting the expectations of students entering the programme to ensure we produce the nurses of the future.

Poster number 11
Social media in nursing and midwifery education: a systematic review of the literature

Ms Sarah Jolliffe, Current BNurs student, Nursing Student, School of Nursing, Midwifery & Social Care, University of Manchester, England Siobhan O’Connor, B.Sc., RN, Lecturer in Nursing

Aim
To identify and synthesise the evidence on how social media is utilised in nursing and midwifery education, its impact on student learning, and factors affecting its implementation.

Abstract
Background: Social media is one type of online platform that is being explored to determine if there is value in using interactive, digital communication tools to support how nurses and midwives learn in a variety of settings. - - Method: Five bibliographic databases; PubMed, MEDLINE, CINAHL, Scopus and ERIC were searched using a combination of keywords relevant to social networking, social media and nursing and midwifery education. Titles, abstracts and full papers were screened by two independent reviewers against inclusion and exclusion criteria, with any disagreements resolved via a third party. Selected studies underwent quality assessment, data extraction and thematic analysis using a number of validated tools and checklists. - - Results: The main themes to emerge were how social media impacted on student learning in positive ways, students satisfaction with the technological platform, what made it easy or difficult to use social media for teaching and learning, and social media usage habits among nursing and midwifery students. - - Conclusion: This systematic review produced the first rigorous synthesis on the use of social media in nursing and midwifery education, its benefits, risks and limitations, which has important implications for nurse and midwifery educators as well as students. The review also highlighted knowledge gaps and make key recommendations on how to implement and utilise this novel technology to improve nursing and midwifery education.

Intended learning outcomes
1. Social media can enhance how nursing and midwifery students interact in learning environments.
2. Twitter and Facebook as the most widely used social media platforms for engaging nursing and midwifery students in learning.
3. Nursing and midwifery students like using social media as it is engaging and they can learn through peer support.

Recommended reading list


Abstract
Canterbury Christ Church University (CCCU) has been working in partnership with the Newborns Vietnam (NBV) Charity to support education and skills based training for neonatal nurses in Vietnam. The primary objective of NBV is to support the Da Nang Hospital for Women and Children (DHWC) to become a regional centre of excellence in the care of sick new borns. In 2012 CCCU was commissioned to provide an educational needs assessment of the Neonatal Intensive Care Unit at DHWC. This led to the development of an 18-month Neonatal Nursing Course. To date, this has upskilled 27 neonatal nurses to enable specialist neonatal care to be delivered more effectively. Following the success of the Neonatal Nursing Course, it was recognised by NBV that further education and skills training was required. This was to ensure specialist neonatal knowledge and skills were cascaded in order to maintain a sustainable future workforce. As a result, in 2015, CCCU was commissioned to deliver a locally and contextually appropriate Practice Educator Course. The aim of the course was to develop a number of the neonatal nurses to become Practice Educators. There were 10 neonatal nurses selected to undertake the course, including 2 from the National Paediatric Hospital in Hanoi. In addition, 4 university lecturers from the Da Nang Technical University of Medicine and Pharmacy. The success of both the Neonatal and Practice Educator Courses has led to continued engagement with NBV and another neonatal course has been commissioned for 2017. The presentation will provide an overview of the impact of the partnership on the development of a sustainable neonatal workforce in Vietnam.

Intended learning outcomes
1. Identify the benefits of partnership working in delivering nursing education overseas
2. Describe some of the challenges associated with working with overseas partners
3. Utilise information provided when developing nursing education courses delivered outside of the United Kingdom

Recommended reading list
1. T. Harvey, P. Calleja , and D. Phan Thi (2013) Improving access to quality clinical nurse teaching — A partnership between Australia and Vietnam Nurse Education Today 33 671-676
3. Njoki Ng’ang’a, Mary Woods Byrne & Toan Anh Ngo (2014) In their own words: The experience of professional nurses in a Northern Vietnamese
women’s hospital, Contemporary Nurse, 47:1-2, 168-179,

**Biography**
Andrew Southgate is a Senior Lecturer in Adult Nursing at Canterbury Christ Church University (CCCU). He is the School of Nursing Lead for Internationalisation. His international experience includes developing and delivering, in Vietnam, a Practice Education Course for neonatal nurses; and presenting lectures to students and lecturers at Konan Women’s University, Kobe, Japan. He regularly reviews chapters for inclusion in, and books related to mentoring and leadership. He is currently a book reviewer for the Nursing Times. He is also an External Examiner for the University of Sunderland’s BSc Overseas Nursing Degree, focusing on the Mentor Preparation and Dissertation modules.

**Poster number 13 The PaED initiative**

Jill Fleck, RGN/RSCN/RCPHV PGCE, Clinical Educator, Emergency Department, Ulster Hospital, Dundonald, SEHSCT, Northern Ireland
Teresa Mungar, Clinical Services Manager, Women and Child Health, Ulster Hospital, SEHSCT

**Aim**
The PaED initiative: developing a collaborative work based rotational programme for ED nurses promoting excellence in the care of children and young people within the emergency department of an acute general hospital

**Abstract**
Title: The PaED initiative: developing a collaborative work based rotational programme for ED nurses promoting excellence in the care of children and young people within the emergency department of an acute general hospital

**Intended learning outcomes**

1. To build capacity for improved practice and support in the delivery of high quality, safe and effective person-centred care for children and young people in the emergency department.

2. To enabled ED nurses to feel satisfied with the care they provide and increase confidence in the management and treatment of children and young people presenting to the emergency department.

3. To have an overview of enhanced collaborative working between the Emergency department and inpatient paediatric services
Cultivating Compassion in the Nursing Practice Context

Collette Straughair, RN/DipNSc, RM/BSc, Msc, FHEA, Senior Lecturer Adult Nursing, Northumbria University, England

Aim
To explore the influence of role modelling on cultivating compassion in the contemporary nursing practice context

Abstract
It has been suggested that compassion is aspirational, rather than a reflection of the reality of contemporary nursing practice. This notion is apparent through reported negative experiences of nursing care, encountered by individuals across a range of age groups and contexts of care. Although it is claimed that compassion is not clearly understood, as it is perceived uniquely by each individual who experiences it, there is limited empirical research to explore compassion through the perceptions of individuals who have experienced nursing care. To address this gap in knowledge, a constructivist grounded theory research study was implemented to explore compassion, exclusively from the perceptions of individuals who had personal experience of nursing care. Data was collected from eleven individuals via interviews and a focus group discussion, which culminated in fifteen data collection episodes. A theoretical sampling strategy guided data collection, and data was analysed using initial, focused and advanced coding techniques. This led to the construction of a grounded theory to propose "The Model of Compassion for Humanising Nursing Care". This model highlights the complexity of compassion, identifying that it is dependent upon the equilibrium of a series of interrelated elements and dimensions of compassion. Appropriate educational strategies through “compassionate interactions with others” are pivotal to this model, particularly in terms of cultivating compassion to facilitate the implementation of humanising approaches to nursing care. Such educational strategies include novice nurses learning about compassion in the practice context through compassionate role modelling interactions with experienced nurses. In circumstances where novice nurses encounter positive experiences of role modelling in the practice context, compassion can be cultivated and enabled to flourish. In circumstances where novice nurses encounter negative experiences of role modelling in the practice context, compassion can be inhibited. This highlights the importance of appropriate approaches to cultivate compassion in the practice context and thus, enable humanising approaches to nursing care, the fundamental embodiment of what individuals who have experienced care perceive compassion to involve. This raises implications for placement learning and mentorship, particularly in relation to implementing educational strategies to cultivate compassion in nursing through positive role modelling in the practice context.

Intended learning outcomes
1. Delegates will develop an insight into "The Model of Compassion for Humanising Nursing Care"
2. Delegates will appreciate the influence of role modelling on compassion in the practice context
3. Delegates will consider implications for the mentorship role and recommendations for teaching and learning in the practice context

Recommended reading list


Biography
Jill Fleck has a background in both childrens and emergency care nursing and has worked in a variety of settings including paediatrics, community services and general emergency care during her career. She is currently a clinical educator within Emergency Care in the South Eastern Trust covering 3 ED’s. Her work focuses on the areas of staff development, education and training as well as facilitating practice based learning programmes.

Poster number 14
Cultivating Compassion in the Nursing Practice Context

Collette Straughair, RN/DipNSc, RM/BSc, Msc, FHEA, Senior Lecturer Adult Nursing, Northumbria University, England

Aim
To explore the influence of role modelling on cultivating compassion in the contemporary nursing practice context

Abstract
It has been suggested that compassion is aspirational, rather than a reflection of the reality of contemporary nursing practice. This notion is apparent through reported negative experiences of nursing care, encountered by individuals across a range of age groups and contexts of care. Although it is claimed that compassion is not clearly understood, as it is perceived uniquely by each individual who experiences it, there is limited empirical research to explore compassion through the perceptions of individuals who have experienced nursing care. To address this gap in knowledge, a constructivist grounded theory research study was implemented to explore compassion, exclusively from the perceptions of individuals who had personal experience of nursing care. Data was collected from eleven individuals via interviews and a focus group discussion, which culminated in fifteen data collection episodes. A theoretical sampling strategy guided data collection, and data was analysed using initial, focused and advanced coding techniques. This led to the construction of a grounded theory to propose "The Model of Compassion for Humanising Nursing Care". This model highlights the complexity of compassion, identifying that it is dependent upon the equilibrium of a series of interrelated elements and dimensions of compassion. Appropriate educational strategies through “compassionate interactions with others” are pivotal to this model, particularly in terms of cultivating compassion to facilitate the implementation of humanising approaches to nursing care. Such educational strategies include novice nurses learning about compassion in the practice context through compassionate role modelling interactions with experienced nurses. In circumstances where novice nurses encounter positive experiences of role modelling in the practice context, compassion can be cultivated and enabled to flourish. In circumstances where novice nurses encounter negative experiences of role modelling in the practice context, compassion can be inhibited. This highlights the importance of appropriate approaches to cultivate compassion in the practice context and thus, enable humanising approaches to nursing care, the fundamental embodiment of what individuals who have experienced care perceive compassion to involve. This raises implications for placement learning and mentorship, particularly in relation to implementing educational strategies to cultivate compassion in nursing through positive role modelling in the practice context.

Intended learning outcomes
1. Delegates will develop an insight into "The Model of Compassion for Humanising Nursing Care"
2. Delegates will appreciate the influence of role modelling on compassion in the practice context
3. Delegates will consider implications for the mentorship role and recommendations for teaching and learning in the practice context

Recommended reading list


Biography
Collette Straughair qualified as a Registered Nurse in 1990, subsequently working in various medical and elderly care clinical environments. In 2001, she qualified as a Registered Midwife, graduating with first class honours. She worked as a Health Care Assistant Development Nurse and a Practice Development Nurse, before embarking on a MSc in Practice Education. This led her to an academic career, joining Northumbria University as a Senior Lecturer in Adult Nursing in 2005. Collette is currently at the end of PhD studies, the focus of which was to explore individual perceptions of compassion in nursing.

Poster number 15
A Picture Paints a Thousand Words
Leisa George, MA, PGCHPE, BSc(Hons), RN DipHE, Professional Lead Children’s Nursing, Keele University, England

Louise Vincent (Lecturer, Keele University)

Aim
An evaluation of a children’s and young people’s art exhibition with second year undergraduate nursing and midwifery students.

Abstract
An evaluation of a children’s and young people’s art exhibition with second year undergraduate nursing students. - - The importance of listening to children and young people’s perspectives has long been emphasised across contemporary children’s nursing literature. Children’s drawings in particular have been the focus of study for many years and are used as an informative method ‘to get to know’ children. Drawings often reveal much more than what they first appear and offer interesting insights into the way children feel and the experiences they have in life. - - At Keele University the service user and carer perspective is embedded within the nursing curricula. In the second year of the programme, nursing students participated in a study day focusing on the voices of service users and carers. The ‘A Picture Paints a Thousand Words’ art exhibition was part of this study day and was facilitated by the children’s nursing academic team. It was an immersive workshop experience, which required students to use observation, interpretation and patient-centred thinking skills.

The exhibition included a collection of drawings by children and young people detailing their personal experiences of hospitalisation, illness and their view of children’s nurses. Students browsed the art exhibition in small groups and were asked to consider the perspectives of the child or young person through interpretation of the artwork. Student feedback was collected through a post-experience evaluation and discussion. Universally, students evaluated the art exhibition as a valuable experience which was highly emotive but thought-provoking and noted a number of positive learning points. - - Overall, this evaluation offers encouraging evidence to support the use of this innovative teaching method in nursing education.

Intended learning outcomes
1. Outline the importance of listening to the voices of children and young people in healthcare delivery.
2. Discuss children and young people’s perspectives and experiences through interpretation of artwork.
3. Develop observation, interpretation and patient-centred thinking skills.

Recommended reading list

Biography
Leisa George graduated from Keele University in 2002 and worked as a children’s nurse before gaining her first academic post at Staffordshire University in 2007. Here she completed a MA in Higher and Professional Health Education with Distinction and was awarded the Highest Academic Achievement Award in 2013. During 2014 Leisa worked at the Royal Melbourne
Children’s Hospital, Australia before returning to the UK as Professional Lead for Children’s Nursing in the School of Nursing and Midwifery, Keele University. In 2015 Leisa won the category of excellent engagement in teaching and learning Award at the SU Student Led Teaching Awards.

Poster number 16
Development of a Sustainable Neonatal Nursing Programme in SE Asia

Gill West, LLM BSc(Hons), RGN RSCN RNT PGCLT (NMC) ENB 405, 998, 870, Senior Lecturer: Child Nursing and Neonatal Care, Canterbury Christ Church University, England
Andrew Southgate MSc; PGCLT (NMC): BSc (Hons) ENB 998; ENB 219; RGN Senior Lecturer: Adult Nursing: Canterbury Christ Church University

Aim
To present the development of a specialist neonatal training programme that incorporates sustainability with the aim of the future development of a national neonatal programme within a resource poor country.

Abstract
Neonatal mortality is still a worldwide concern, with 44% of 6.3 million deaths in the under 5’s occurring in the neonatal period (WHO 2015). Vietnam is an emerging economy (World Bank 2016) with an agenda to reduce their neonatal mortality rates, which are currently at a rate of 17:1000 live births (World Bank 2016), compared to that of the UK rate of 4:1000. - In 2012, Canterbury Christ Church University was commissioned by a UK based charity Newborns Vietnam, to deliver a pilot neonatal nurse education programme in for 1 neonatal unit, in partnership with the local Department of Health, the local university and the local women and children’s hospital. - The course was developed and delivered over 18 months. The curriculum was based on the UK Qualification in Specialty curriculum (RCN 2014, BAPM 2012) though a number of adaptations were incorporated, taking into account local resources and cultural differences. 27 nurses undertook the programme, including the Head Nurse and her Deputy. The university also included lecturers in the course reflecting that there is little care of the newborn training included in the nursing curriculum in Vietnam. Teaching included both theoretical and practical input. Teaching was delivered through simultaneous translation. There was no formal assessment due to language constraints. - From the original group of 27, a smaller group, including some of the local university lecturers, were selected to undergo a further period of training to develop their teaching skills. This was to build capacity for further neonatal training. - There is currently, the development of further training programmes in progress with delivery planned for 2017. A second course is to run in the same location in 2017, and another course in the north of the country. This will again include supported input from the local universities to build in sustainability in the long term. The ultimate aim is that there will be the development of a national neonatal care programme. - Early ongoing analysis of qualitative and quantitative data indicates that there are positive outcomes from this initial programme that should be able to be replicated, including decreased incidence of infection and increased breastfeeding rates.

Intended learning outcomes
1. Analyse how a programme can be adapted from UK standards to develop care delivery in a resource poor country
2. Meeting challenges presented by the diverse cultural backgrounds, language difference and environmental extremes
3. Examining how sustainability can be incorporated into a programme to enable eventual self-sufficiency

Recommended reading list
Biography
Gill began her neonatal nursing career in 1989 after qualifying in London. She has worked in Canada and UK in a number of tertiary units. As well as spending 25 years as a senior sister, additional roles have included research and education in the practice areas. After moving to Kent in 1999, education became a primary focus and she entered a full time educational role at Canterbury Christ Church University in 2012 as a senior lecturer in Children’s Nursing and neonatal care. Her other educational focus is ethics and law, following her studies at Master’s level in this area.

Poster number 17
Emulating the 'active offer' principle in healthcare education

Dr Ruth Wyn Williams, PhD, MSc, BN RN (Adult) RN (Learning Disability), Coleg Cymraeg Cenedlaethol Lecturer in Nursing / Lecturer in Learning Disability Nursing, School of Healthcare Sciences, Bangor University, Wales Gwerfyl Wyn Roberts, BSc, RGN, MN, Post Grad Cert THE, Senior Lecturer

Aim
The aim of this presentation is to report on the challenges and successes of a university in North Wales to emulate the principle of ‘active offer’ in order to prepare students to deliver healthcare in a bilingual context.

Abstract
Healthcare services are focused on caring for people as individuals and places the user at the centre of that care. In the context of a bilingual Wales, Misell, (2000) suggests that Welsh speakers are able to explain their care needs effectively only through the medium of Welsh. Thus, Welsh-medium services are essential in order to deliver quality healthcare. Moreover, the Welsh Government “Follow-on Strategic Framework for Welsh Language Services in Health, Social Services and Social Care 2016-2019” (2016) propose that “care and language go hand in hand” and failure to communicate effectively compromises “patient safety, dignity and respect” (p.6). - Establishing the Welsh language as a key component of healthcare education is a way of ensuring that the workforce of the future have the appropriate knowledge, skills and attitudes to deliver bilingual services. Therefore the implementation of the ‘active offer’* which is a key part of current Welsh Government health policy (2012, 2016) becomes and integral component of healthcare education. - - In partnership with the Betsi Cadwaladr University Health Board, the School of Healthcare Sciences has established a pathway towards delivering bilingual provision for healthcare students which aims to emulate the ‘active offer’ principle within our educational programmes. The aim of the presentation is to outline this pathway, which incorporates: - 1. A holistic approach to introducing bilingualism across the School systems based on evidence and best practice. - 2. Blended learning and teaching approaches and purposefully based on active learning. - 3. Bilingual mentoring systems to support students on clinical placements. - 4. Local and national policies and strategies in order to strengthen and refine the work. - - In adopting such a pathway, we suggest that it will be possible to nurture students and a future workforce that are language sensitive and knowledgeable about the context of their work. - - *An Active Offer simply means providing a service in Welsh without someone having to ask for it. It means creating a change of culture that takes the responsibility away from the individual and places the responsibility on service providers and not making the assumption that all Welsh speakers speak English anyway. (Welsh Government, 2016, p.11).

Intended learning outcomes
1. Can discuss the principle of the ‘active offer’ in the context of Welsh language provision in healthcare.
2. Can outline a pathway towards bilingual provision within nurse and healthcare education that emulates the ‘active offer’ principle.
3. Knowledg(e of a whole-system, evidence-based approach that takes account of the factors that influence individual and organisational change.

Recommended reading list
A strategic response to developing the specialist HIV nursing workforce.

Poster number 18
An evidence-based strategic approach to developing the specialist HIV nursing workforce.

Dr Hilary Piercy, PhD, MA, BSc (hons), PGCE, PGDip, SFHEA, RN, RM, Principal Lecturer, Sheffield Hallam University, England
Michelle Croston RGN, RHV, BSC Hons, Bmed(sci) Senior lecturer/Advance Nurse Practitioner, Manchester Metropolitan University.

Aim
To outline the evidence-based strategic approach being taken to develop the specialist HIV nursing workforce

Abstract
Background - The changing needs of HIV care and increasing financial constraints highlight the need to maximise the contribution of HIV specialist nurses to service delivery. Achieving this will depend on developing a sustainable HIV specialist nursing workforce. - Identifying the problem - The 'Advanced Nursing contribution to HIV service in HIV' study was completed in 2014. It was a three part multi-method qualitative study comprising: (1) 19 stakeholders representing professional or service user groups; (2) 42 nurse/physician pairs from 21 purposively selected HIV services; (3) HIV teams during site visits to 5 services. - The study identified: - 1) Substantial challenges in developing a sustainable workforce to meet the expanding need for specialist nurse-led care. - 2) The lack of a clearly defined career pathway and recognised professional qualification in HIV care which impacted adversely on role development. - 3) The need for a strategic approach to workforce development supported by HIV specific educational opportunities and a clear career pathway. - A strategic response - The National HIV Nursing Association has led the development of two connected initiatives in response to the evidence. - 1. The development of a national validated qualification in HIV care. The NHIVNA core and advanced level competency programme has been developed and delivered high quality across acute and community sectors. - Conclusion - We expect that this evidence-based approach will support a sustainable HIV specialist nursing workforce and provide a framework for other disease specialities.

Intended learning outcomes

1. To understand the need to define the Advanced practitioner role in HIV care
2. To understand the workforce requirements in HIV care and their influence on future planning
3. To develop an awareness of the applicability of nursing developments in HIV to other disease areas

Recommended reading list

published on September 22, 2016 as doi:10.1177/0956462416672128


Biography
Hilary is a principal lecturer and senior research fellow based in the Centre for Health and Social Care Research at Sheffield Hallam University. With a background in nursing and midwifery, she specialised in sexual and reproductive health in academic and clinical practice. Hilary uses a range of qualitative methodologies to undertake health services research, often in collaboration with clinical partners, to inform development and delivery of services. Her research interests include women’s health and health inequalities with a specific focus of work that involves aspects of sexual and reproductive health care delivery.

Poster number 19
Transforming lives: student midwives selecting the next generation.

John Pendleton, RM, BA (Hons), BSc (Hons) FHEA, Lecturer in Midwifery & Joint Admissions Lead, University of Northampton, England
Claire Clews, RM, MSc, PGDip, BSc (Hons), FHEA, Senior Lecturer & Admissions Tutor, University of Northampton in Midwifery,

Aim
To qualitatively research the experiences of senior student midwives in the recruitment and selection of future cohorts.

Abstract
Whilst the use of the multiple mini interviews (MMI) has historically been confined to recruiting medical students, they have recently been employed by nursing and midwifery departments in the United Kingdom to better assess non-cognitive or ‘soft’ skills such as care and compassion that have been highlighted as deficient in the professions by the Francis Report (2013). The use of student nurses and midwives as assessors in the interview process has the advantage of maximising heterogeneity and minimising the risk of interviewer bias potentially encouraging a more diverse student intake (Eva et al., 2004). There is, however, a paucity of evidence regarding the experiences of students participating in MMIs given their role which is undefined by professional status. - This primary research study used a qualitative methodology grounded in phenomenology in order to explore the experiences of student midwives who volunteered to facilitate a MMI station during interviews for a future cohort at the University of Northampton. Ethical approval was gained from the University’s Ethics Committee to use convenience sample of ten students who participated in two focus groups. Semi-structured questions were used to explore students’ motivations for participation and reflections on the experience. - Themes that emerged included: -

• Responsibility – ‘Crushing people’s dreams’ - •
• Employability – ‘being on the other side of the table’ - •
• Self-actualisation – ‘How far we have come’ - Overall the findings concluded that participation in the selection of the next generation through the use of MMIs enhanced the student experience. It offered them a benchmark by which to measure their progress to date and helped them develop the concept of their future professional self.

Intended learning outcomes
1. Student midwives valued the opportunity to participate in the recruitment of future cohorts
2. The process allowed them to begin to develop their professional self
3. Involving student midwives in the recruitment process maximises heterogeneity and minimises the risk of interview bias

Recommended reading list

Biography
John Pendleton is a midwife and Lecturer in the Faculty of Health & Society at the University of Northampton. His role as Joint Admissions Lead for Midwifery has led to the development of this research study as the culmination of his MSc in Practice Education - Claire Clews is a midwife, Senior Lecturer and Doctoral student in the Faculty of Health & Society at the University of Northampton. She has a keen interest as Admission Tutor for Midwifery in selection processes and student integration into Higher Education Institutions. Her MSc thesis explored the experiences of BME students on the Pre-registration Midwifery programme.

Poster number 20
A DAY IN THE LIFE OF A STUDENT NURSE IN GAUTENG, SOUTH AFRICA - An inductive analysis of five research studies
Dr Sue Armstrong, D Cur, MSc, B Ed, BA Cur, Senior Lecturer, University of the Witwatersrand, Johannesburg, South Africa

Aim
To develop an in-depth understanding of the experiences of student nurses with a view to responding better to their educational and psycho-social needs.

Abstract
Background - In the process of supervising post-graduate students all of whom conducted separate research studies, related to the clinical learning environment, on the same population of undergraduate student nurses during the past three years, it became clear that, viewed collectively, these studies provided a valuable profile of the overall student nurse experience. Whereas training as a nurse is known to be challenging, the data collected by the researchers highlighted personal and learning challenges that make it difficult to succeed in their chosen career. - Methodology - Four of the studies used focus groups or semi-structured interviews as a data collection tool. The fifth used a survey with added narratives. The researcher conducted a secondary analysis of the qualitative data using the final six stages of Braun and Clarke’s stages of thematic analysis, viz. reading and familiarisation, coding, searching for themes, reviewing themes, defining and naming themes and report writing - Results - Five themes emerged viz personal circumstances; the clinical learning environment; clinical supervision; clinical assessment and educational programme requirements. The student nurses’ personal lives are complex and stressful and the clinical learning environment is demanding. They are required to contribute to patient care as well as meet requirements of the programme. Clinical supervisors are seen to be under-skilled to supervise and assess young students. The combination of these factors makes life as a student nurse challenging. - Conclusion - The students provided seldom heard and frank perceptions of their lives as student nurses. The future of the nursing profession depends on quality education of its students. While the dynamics in the health care environment are complex in South Africa, it is essential to seek solutions, which include the students and their supervisors, to the problems highlighted by this study.

Intended learning outcomes
1. To integrate the findings of research studies related to the experiences of student nurses
2. To determine the common challenges that impact of their success in the programme
3. To develop and share targeted strategies for supporting student nurses to cope stressors in their personal lives and in the clinical learning environment.

Recommended reading list

Biography
Sue Armstrong trained as a nurse in London and continued her nursing career in South Africa working mainly in midwifery and in nursing education. She holds a Doctoral degree in nursing for a thesis entitled, “A quality audit system for nursing colleges in Gauteng.” She has worked in management positions in provincial government in nursing education and quality assurance. She is currently working as a senior lecturer at the University of the Witwatersrand where she is teaching and supervising post-graduate nursing students in the fields of nursing education and nursing practice.

Poster number 21
LISTENING TO STORIES - AN EXERCISE IN UNDERSTANDING FOR ADVANCED PRACTICE NURSING STUDENTS

Dr Sue Armstrong, D Cur, MSc, B Ed, BA Cur, Senior Lecturer, University of the Witwatersrand, Johannesburg, South Africa

Aim
To report on a method of teaching and learning to encourage advanced practice nursing students to reflect critically on nursing and nursing practice in order to gain insight in to issues and solve problems.

Abstract
Background - Advanced practice nurses in South Africa are required to complete a course known as “Nursing Dynamics” aimed at deepening their understanding and problem solving ability in the health care institutions. Many of these post-graduate students are disillusioned and negative when commencing the course and find it difficult to be instrumental in bringing about change and improvement. This research project was aimed at reversing this trend. - Methodology - Smith and Liehr’s (2008) five steps to guide research enquiry were used namely gathering a story, deciphering the challenge, describing the story, identifying movement towards resolving the problem and synthesizing the findings to address the research question. Students (n = 12) collected a story from another registered nurse relating an experience that had caused them distress at some time during their career. After verifying the story, the participants were asked to re-tell the story relating how they would have preferred the event to have played out. The group of students shared their stories, analysed the data into themes and categories and reflected on the findings after which they wrote narratives on the experience of listening to the stories. - Results - Three themes emerged from the stories viz. nursing unit management failures; inter- and intra-personal difficulties and health system failures. A total of 16 categories emerged. When reviewing the re-told stories, solutions related to improved delegation, improved communication, establishing ward routines, role clarification, education and caring for the carers. The reflections from the students of the experience indicated that they found the experience disturbing but they gained insight into the problems in nursing, the importance of sharing and speaking out, and supporting one another. - Conclusion - Story telling is a valuable way of gaining insight into nursing issues. It is necessary for students to engage in the activity more than once as they first need an opportunity to reflect on the emotional aspects of the stories and cope with their own moral distress before they are able to use it as a way of analysing and improving problem solving. -

Intended learning outcomes
1. To explore the value of storytelling as a way of assisting advanced practice nurses to resolve problems in their practice.
2. To provide an opportunity for advanced practice nurses to discuss their concerns in a safe environment
3. To encourage advanced practice nurses to reflect on problems and solutions in nursing practice through active engagement

Recommended reading list


Biography
Sue Armstrong trained as a nurse at St Thomas’ Hospital in London and continued her nursing career in South Africa where she worked in midwifery units and in nursing education. She holds a Doctoral degree in nursing for a thesis entitled, “A quality audit system for nursing colleges in Gauteng.” She has worked in management positions in provincial government in nursing education and quality assurance. - She is currently working as a senior lecturer at the University of the Witwatersrand where she is teaching and supervising post-graduate nursing students in the fields of nursing education and nursing practice. -

Poster number 22
Non Medical Prescribing in Wales a stock take

Helen Whyley, MA, BN, RN, Nursing Officer, Welsh Government, Wales
Charlotte Middlemiss, MA RN, Assistant Director Workforce Education Development Service, NHS Shared Services Partnership, Nantgarw

Aim
Describe the audit of non medical prescribing practices in Wales results and findings. Discuss if central funding of these courses is value for money and debate the future of non medical prescribing in light of the findings.

Abstract
The purpose of this paper is to provide an update on the numbers of non-medical prescribers in NHS Wales and to gain an understanding of the barriers and enablers experienced by staff in order to ensure that the investment in staff development is maximised. - Workforce Education and Development (WEDs) services currently commission the non-medical prescribing education of staff. The responsibility and budget for this transferred to WEDs from the Welsh Government in 2011/2012. The review considered how many of these are using the qualification. This work offered an opportunity to gather information around NMP via 14 focus groups held across NHS Wales. Expending the practice of nurses, pharmacists and therapists to include non-medical prescribing has been an approach aimed at improving continuity of care and patient experience, whilst increasing autonomy for practitioners. In 2010 RCN and the Royal Pharmaceutical Society held a conference ‘Lifting the Lid’ that aimed to increase understanding and dispel myths surrounding NMP. One of the recommendations from the conference was ‘to create a local register in each Health Board of all NMP who are qualified to prescribe. To support the non-prescribing agenda, the Welsh Government produced guidance detailing which professions could prescribe medication and the different levels of practice. - This review highlighted that it is not common practice for organisations to have a formal register of NMP, those that have a register the contents varies in detail and frequency of update. There is no consistency among organisations on who has lead responsibility and is accountable for maintenance and update of the register. Based on the data provided by Health Boards/Trusts the total number of NMPs available across a range of clinical services is 942, this equates to 3.6% of qualified nursing and pharmacy staff. There is an unconfirmed suggestion that the majority of NMP in Wales are based within secondary care rather than Primary care while the reverse is true in England. The purpose of developing clinical staff to prescribe is aimed at improving quality of care to patients/service users, this review has identified a number of areas where improvements need to be made.

Intended learning outcomes
1. Understand the contribution to patient care of non medical prescribing
2. Understand the enablers and challenges to non medical prescribing
3. Discuss the future of the non medical prescriber in a mixed health economy

Recommended reading list
Biography
Helen studied her BN at Swansea University as a mature student. She worked clinically in several intensive care environments focusing on cardiac intensive care. She completed her MA in Industrial Relations while working for the RCN in Wales as a Professional Officer. She joined the Office of the CNO in 2011 and has the portfolio of Patient Safety, Education, Regulation and Service Redesign. She leads on education issues for the CNO including non medical prescribing, revalidation and the CNO relationship with the NMC.

Poster number 23
Simulating community scenarios in a realistic environment to enable experiential learning or pre-registration students

Mrs Stephanie Reynolds, MA Ed, BSC (Hons) Community Health Nursing, RGN Adult, Senior Teaching Fellow, Birmingham City University, England
Mrs Sarah Eades, MA Medical Ethics and Law, RGN, BSC (Hons) District Nurse Specialist Practitioner, PG Cert Higher Education, Teaching Fellow Birmingham City University

Aim
To share how this pilot simulation was carried out and evaluated by students involved

Abstract
Following the Shape of Caring review (Willis 2015) it is widely acknowledged that pre-registration nurse training programmes need to prepare students more for working in the community setting. This is challenging, owing to the nature of the expert skills of community nurses such as holistic community assessment, communication and building therapeutic relationships with patients in their own homes (Maybin et al 2016). The nature even of the community placement for pre-registration students does not lend itself full exposure of learning for students owing to the constant need for supervision, although indirect supervision is being explored more in community settings (Brooks and Rojahn 2011). Community Challenge was a pilot simulation project engaging pre-registration students in their second year at Birmingham City University. The experience took place in a life size street owned by the local fire service. The street, known as Safeside is primarily used for teaching school children health and safety. Safeside has houses, shops, a bus, a train, a police station, dark alley way, court room, clinic and a canal. Community care focused scenarios were set up within the street and used students from the university’s school of acting. Careful briefing and role play made the patients being cared for come to life.

Five scenarios placed nursing students from Adult and Child fields in different situations. This challenged them to think about their accountability boundaries when working as a community nurse, and enabled them to think wider than the patients’ presenting problem and other aspects such as; safeguarding issues, the health and safety of both the patient and the practitioner in the home setting, questioning whether a patient is safe to be left alone and the ability of the care and carers. Above all, the scenarios gave students the opportunity to practise empowering patients, working with them for best quality care, work across fields of nursing and seek mutual support and partnership. - The simulation day evaluated extremely really well with students achieving all learning outcomes. Students highlighted the importance of communication with the patients as a significant learning component from the day.

Intended learning outcomes
1. Increased awareness of how simulation can be expanded from traditional scenarios in the acute setting to the community setting
2. Demonstrate how community simulation can engender students confidence in their decision making
3. Demonstrate how simulation can reinforce classroom learning from the community perspective

Recommended reading list
Biography
Steph Reynolds has a clinical background in District Nursing, and since then has worked in Education for 13 years in various roles such as student placement co-ordinator, Professional Development Facilitator and currently a Senior Teaching Fellow at Birmingham City University. Here she is the Adult Nursing field lead for the community module having interest in promoting the role of the community nurse of all settings amongst undergraduates. Previous interests and innovations have been with online learning to support clinical placements.

Poster number 24
“Medicines Management” is your student competent?
Collaborative working to Develop an innovative tool to support student Nurses and their Mentors in the achievement of competencies related to Medicines Management

Paula Oram, RGN, RM, Practice Learning Lead, University Hospitals Of Leicester NHS Trust (UHL), England
Richard May, Education & Practice Development Nurse, UHL

Aim
To discuss the experience of working in collaboration with practice and HEI colleagues to develop a framework to help students and mentors to ensure equitable experience and robust assessment of medicines management competence

Abstract
This paper aims to discuss the challenges in practice for student nurses and their mentors in achieving the learning outcomes and essential skills related to medicines management, describing how this was addressed in a particular Trust. - It was recognised by the trust education and practice learning team that, at point of registration, preceptees reported a variety of experience and exposure to medicines management learning opportunities during their training. There were inequities in the level of confidence and competence with regards to medicines management. This was noted anecdotally to have inhibited or delayed their ability to successfully complete the trust’s formal medication assessment process, impacting negatively on staff morale and patient care. - Evidence from a Fundamental Care Review carried out by the local HEI in 2014, statistics from the local trust preceptorship medications assessment, feedback from preceptees and clinically based practice development staff confirmed that there was a deficit in both the programme content and the practice based learning opportunities. - The strategy to address these issues involved practice and academic staff from all disciplines working collaboratively to develop a “framework” to support students and mentors in the achievement of an equitable and effective medicines management experience. - A formative process was developed to provide additional support and guidance, prescriptive enough to ensure equitable student experience but optional rather than mandatory. - The documentation facilitated a staged approach in order to build confidence by matching the expected learning experiences to the appropriate stage of training. - The completed framework was rolled out without a pilot in order to get timely feedback from students qualifying in that academic year. The programme leads, student representatives, student links and practice learning staff were utilised in cascading the framework to mentors and students. - Formal evaluation will take place in Autumn/Winter 2016 through focus groups with preceptees and also by analysing the data related to successful completion of the trust’s medicines management assessment process for newly registered staff.

Intended learning outcomes
1. Attendees will be able to discuss the challenges of collaborative working between NHS organisations and Academic Institutions
2. Attendees will be able to devise a practice support tool for students and mentors.
3. Attendees will be able to support mentors in providing evidence of students achievement of medicines management outcomes.

Recommended reading list
1. Nursing Standard, 2012, 26(44):51-56 Mentoring students in medicines management Murphy Monica
2. British Journal of Nursing, 2011, Volume 20, Issue 5, Student experiences of medicines management training and education, Hemingway, Steve; Stephenson, John; Allmark, Howard
3. BMC health services research, 2014, Volume 14,
Issue 1, Differences in medication knowledge and risk of errors between graduating nursing students and working registered nurses, Bjoerg O SimonsenEmail author, Gro K Daehlin, Inger Johansson and Per G Farup

Biography
Paula qualified as a nurse in 1987 and worked in general and vascular surgery and gastroenterology before undertaking her midwifery training, qualifying in 1993. Paula moved into education in 2010 and has worked as an education and practice development facilitator and more recently a practice learning lead. Paula gained her degree at De Montfort university in 2012 and was appointed as a supervisor of midwives for the East Midlands LSA in 2013 after successfully completing the program at the university of Northampton. Paula is passionate about the student experience and has a particular interest in mentor preparation and development. -

Poster number 25
Voices from Practice for Practice; incorporating patient stories into professional and public awareness education

Mrs Martina Nathan, RSCN, RGN, BSc , PGCE, MSc, Lecturer, School of Healthcare Sciences, Cardiff University, Wales
Dr. Sally Anstey, , RGN, Diploma Nursing, PGCE, MSc Palliative Care, PhD. Senior Lecturer Adult Nursing, Co-Principal Investigator of the Project. School of Healthcare Sciences, Cardiff University

Aim
To present findings of a collaborative study exploring patient and professional perspectives of life beyond cancer and treatment in order to design, develop and deliver a novel educational package to increase professional and public awareness of the consequences of cancer as a long term condition.

Abstract
A project team of people affected by cancer (PABC), clinicians and academics worked together as part of an exploratory research study to ‘co-produce’ an educational intervention/approach to raise awareness of the challenges/consequences of life beyond cancer. Two separate focus group discussions with cancer centre staff (nurses and allied health professionals) and people affected by cancer were undertaken. The transcripts were independently analysed using thematic analysis. From both focus groups five main themes were identified: the impact of cancer; long term needs and expectations; the meaning of ‘survivorship’; the role of HCPs; and the potential role of education in reframing cancer as a long term chronic condition. The first theme, the impact of cancer, was further divided into: three sub-themes: the psychological/emotional impact; the physical impact; and, the practical impact. - The themes from the focus groups were developed by PABC, practitioners and academic staff into a structured script which was refined into a fictitious patient story. The script was not prescriptive but attempted to address the practical, sometimes hidden, issues of living beyond cancer. The filming took place in a Healthcare community skills room with observers including the PPI practitioner to enable instant feedback. It was filmed and recorded in one take. To check the accuracy and congruence of the film with their real life experiences three PABC cancer not involved in the original focus group have reviewed the film and been invited to make comment and suggest improvements. The digital story following review was structured into three chapters, with embedded educational text supported with theoretical, reflective milestone linked together with guided and self-assessment learning strategies. - The work is currently being developed into an internationally available open access e-learning Course, a digital story and forms the basis for a Masters level module jointly led by people affected by cancer, clinical and academic staff. This work has built on existing published work using cancer patient stories in undergraduate nurse education and supports an ongoing project working with people newly diagnosed with dementia. - This project was supported by a Tenovus Cancer Care Innovation grant. -

Intended learning outcomes

1. To develop student and public awareness of the day to day challenges of life beyond cancer and treatment
2. To share with academic educators, the design, development and delivery of a digital story of life beyond cancer and treatment, to enable colleagues to develop similar resources to be used effectively within
global healthcare Higher Education.

3. To emphasise the need and demonstrate the value of establishing partnerships with patients, clinicians and the public to incorporate patient stories especially those of a sensitive nature into education.

Recommended reading list


Biography
Martina Nathan (RSCN, RGN, BSc, PGCE, MSc (Advanced Practice-Education)) is a lecturer within the School of Healthcare Sciences, Cardiff University. Prior to commencing her current position, Martina’s clinical nursing practice was mainly in acute paediatric oncology, working within Ireland, Singapore and Wales. Her research interests include children’s cancer, education and simulated practice.

Poster number 26 999: The Student Nurse Experience

Verity-Jane Sangan, MSc Advancing Healthcare Practice, BN, Practice Education Facilitator, Health and Social Services, Jersey
Megan O’Connor, BSc, Senior Lecturer, Health and Social Services

Aim
To promote pre-registration nursing students to work collaboratively with paramedics during clinical placement: a spiral approach

Abstract
Pre-registration nursing students were found to be experiencing inconsistencies in their exposure to the very popular spoke placement; the ambulance service. The ambulance service in Jersey covers a wide remit in addition to frontline ambulance services. It was found that mentors in clinical areas were often organising short visits at the ambulance service in an ‘ad hoc’ fashion, which in turn was causing problems for ambulance staff who were unsure of what students should be aiming to achieve on spoke visits, and also what skills students were able to perform. - - The Practice Education Facilitator and Senior Lecturer decided that it was necessary to create a system which gave students equal opportunities to access the ambulance service during their training. All student placements with the ambulance service would be organised and managed through the Education Centre, and not through mentors. Existing links with a paramedic who has gained their Multi Professional Learning and Assessment in Practice module and has a keen interest to build links between the departments to promote teamwork, were utilised. A workbook was created in order to provide guidance and learning objectives for students and ambulance staff. A three year ‘spiral’ programme was created in order to give students focus and clear objectives for each of their three years; including a half day visit to the ambulance station in the first year; a simulation day which is delivered collaboratively between the Education Centre and a paramedic, and a day with the ambulance service in the second year; and the option to spend a Negotiated Practice Experience with the service in the third year. - - Through inter-disciplinary collaboration, this project aims to achieve a clear and concise plan for students to gain fair exposure to the ambulance service. It is hoped that this encourages a student appreciation of the service, which can positively impact on patient care, as students have more of an understanding into the patient journey. The students can also witness healthcare practised in different ways to what they may have experienced before; and learn skills which can transfer into their nursing practice.

Intended learning outcomes

1. To learn how a spiral approach can be used in clinical placement
2. To promote interprofessional working to better student placement
3. To provide aims and objectives for ambulance staff mentoring student nurses

Recommended reading list


**Biography**

Verity works as a Practice Education Facilitator for Health and Social Services. The role sees her working with lecturers to deliver skills sessions to students. She has recently completed her MSc dissertation which focused on the development of the Practice Education Facilitator role. Verity also hold the role of Clinical Skills Lead, and is responsible for training for sepsis, intravenous drug administration, venous blood sampling and intravenous cannulation. Her background is as a staff nurse on an Emergency Assessment Unit, where she has worked since graduating from the University of Southampton.

**Poster number 27 Development of Advanced Practice in NHS Wales**

Ms Middlemiss Charlette, RN, RM, MSc (Econ), Head of Workforce Modernisation, NHS Wales - Workforce Education & Development Services, Wales

**Aim**

To share experience and learning

**Abstract**

Advanced Practice (AP) Framework for Nurses, Midwives and Allied Professionals NHS Wales - Introduction - APs are at the frontline of delivering care with a solid body of evidence demonstrating that APs have consistently proven to be effective providers of high quality care, offering significant opportunities for workforce, service development and innovation. - The AP Framework was developed to guide the development, implementation and evaluation of AP roles. It provides clarity on the role supports consistent implementation and governance and is recognised as an exemplar workforce resource. Along side the Framework is a portfolio. - Evaluation - Focused on establishing how organisations were using the Framework and to support a more consistent and effective use in the future. - Key Findings - The Framework provided a tangible and informative resource. However, the universal adoption was found to be deficient within organisations. Results from the interviews conducted with senior managers and a sample of 40 APs confirmed the following: - Posts were considered vital to service delivery; the Framework provided a structure to support practice and there were examples of robust clinical audit. - Board direction to adopt the Framework was variable; information on levels of education limited; ad hoc approach to succession planning. A minority of organisations had adopted a systematic approach to reviewing their AP workforce against the requirements of the Framework. - Learning and Action - National conference to feedback results - Welsh Government issued a directive on adoption of the Framework and use of the title AP. - Conclusion - The results from this evaluation enabled organisations and AP to review the status and to strengthen the governance arrangements for these senior clinicians. The title is now only used where the post holder is functioning within the pillars of the Framework and utilising its associated portfolio.

**Intended learning outcomes**

1. Developing a national resource was valued by policy, service and clinicians in achieving a consistent approach

2. Evaluation and feeding back the results - holding a mirror to reflect an All wales position and not naming and shaming individual organisations created a willingness to develop a shared way forward to improve the implementation of the Framework.

3. The report/recommendations prompted WG to take
action to secure improved compliance

Recommended reading list

1. Framework for Advanced Nursing, Midwifery and Allied health Professional Practice in Wales
3. NHS Wales Advanced practice Portfolio

Biography

Charlette Middlemiss - - A clinician and health service manager with a background in strategic and operational services. Clinical, research, management and advisory activities have been integral parts of all roles held throughout my career. I have held a number of senior posts including Head of Midwifery and Deputy Director of Nursing in NHS Wales. I am currently working as the Head of Workforce Modernisation with Workforce, Education and Development Services (WEDS). Responsibilities include developing and supporting the NHS in Wales to develop and implement workforce transformation strategies aimed at creating a more flexible and sustainable workforce for the future.

Poster number 28
A Care of the Older Person Education Programme to compliment the New Nurse Regional Rotational Posts, Nottinghamshire

Kathryn Draper, RGN (Dip), BSc (Hons), Rotation Development Lead Nurse, Nottingham City Care Partnerships, England

Aim
To showcase an innovative programme centered around Care of the Older Person, spanning four different healthcare organisations and 12 different clinical areas. Incorporating community and acute hospital topics and expertise.

Abstract
Nursing is diverse, spans the whole health sector, and forms the largest part of the workforce. Employers are faced with a great challenge but also a great opportunity - to develop a nursing workforce which meets the increasing and changing needs of the UK population. The NHS England’s 5 Year Forward View (2014) identified the need for more community based, flexible care, to provide for an ageing population with more complex health conditions. There are many challenges facing the recruitment and retention of the nursing workforce at a national level and this is impacting in the local health economy with organisations experiencing vacant nursing posts and identifying new ways of working to promote recruitment and retention. - To address these challenges within Nottinghamshire an innovative rotational programme has been developed for experienced band 5 nurses to gain exposure to both community and acute hospital settings. During the year long programme they will receive 6 study days to compliment their experiences of the health community within the region. The programme will focus on Care of the Older Person, focusing on more in-depth aspects that nurses may not be exposed to within a normal working environment. Topics will fall into themed days of; Mental Health, Chronic Diseases, Frailty, Acuity, Leadership and Communication. The Silver Book (2012) and Fit for Frailty (2014) will help to influence the content of the education programme. - Due to the four main NHS healthcare organisations within Nottinghamshire being involved, a plethora of learning opportunities, professionals and insight visits will be utilised to provide the learners with the best possible exposure to how to care for the older person. The engagement of Age UK and Public and Patient Involvement Groups will ensure that the patients needs will be at the forefront of the whole programme. - The poster aims to discuss the content of the education programme along with the challenges and recommendations that have been learnt by the author of how to develop and implement such an innovative programme across four healthcare organisations.

Intended learning outcomes

1. The content of an innovative education programme focusing on Care of the Older Person across both community and acute hospital settings
2. Benefit from understanding the recommendations by the author of how to collaborate across different NHS healthcare organisations.
3. How to develop a learning experience focused around individualised patient care in a variety of healthcare settings, focusing on what the patient requires not focused on what the systems/teams want.
Recommended reading list

1. Five Year Forward View, 2014, NHS England
2. The Silver Book, Quality Care for Older People with Urgent and Emergency Care Needs, 2012, British Geriatric Society
3. Fit for Frailty, 2014, British Geriatric Society

Biography
Kathryn trained in Nottingham and qualified in 2004, after working on a surgical ward she moved to Critical Care at Nottingham University Hospitals (NUH) in 2005 where she stayed for 5 years. In 2010, with a colleague, she created the preceptorship programme at NUH. 2011 saw her return to clinical practice as a Clinical Nurse Educator in Critical Care, gaining a promotion in 2012 as a Practice Development Matron in 2012 also within Critical Care. She commenced her current post as Rotation Development Lead Nurse in April 2016, working across the county of Nottinghamshire with both acute and community settings.

Abstract
The aim of this presentation is to outline the strategy to increase meaningful involvement of people with learning disability in nurse education at the School of Healthcare Sciences at Bangor University. The presentation will draw from current practice to involve people with learning disability to recruit, teach and assess student nurses.

Aim
The aim of this presentation is to outline the strategy to increase meaningful involvement of people with learning disability in nurse education at the School of Healthcare Sciences at Bangor University. The presentation will draw from current practice to involve people with learning disability in enhancing the experience of student nurses.

Poster number 29
Working in partnership: the contribution of people with learning disability to nurse education.

Dr Ruth Wyn Williams, PhD, MSc, BN RN (Adult) RN (Learning Disability), Coleg Cymraeg Cenedlaethol Lecturer in Nursing / Lecturer in Learning Disability Nursing, School of Healthcare Sciences, Bangor University, Wales

Aim
The aim of this presentation is to outline the strategy to increase meaningful involvement of people with learning disability in meaningful ways to improve nurse education takes time, but is important and worthwhile for all involved. We have much to learn from each other. By linking research, education and student experience of service user involvement it is hoped that the quality of healthcare for people with learning disability will improve.

Intended learning outcomes

1. Understand the need to develop a competency framework to support consistent delivery of learning disability competence within nurse education.
2. Gain an appreciation of working in partnership with individuals with learning disability to deliver learning disability education to all healthcare practitioners.
3. Gain an insight of how to develop the core
knowledge and skills necessary for student nurses to work safely and appropriately with people with learning disabilities who are using health services.

**Recommended reading list**


**Biography**

As registered nurse, Ruth has experience of working in the community, hospital and residential settings in Wales, Patagonia and Australia. Since 1997 she has lectured at Bangor and Cardiff Universities. In 2008 she was a recipient of a Coleg Cymraeg Cenedlaethol Research Scholarship and completed a doctorate in Healthcare Sciences at Bangor University. In her current post as a Coleg Cymraeg Cenedlaethol Lecturer in Nursing & Lecturer in Learning Disability Nursing she designs, develops and promotes learning opportunities through the medium of Welsh. Furthermore, Ruth contributes to the BN Learning Disability nursing programme and facilitates a service user research group.

**Poster number 30**

**Reducing pressures on practice whilst enhancing competence and confidence in student nurses.**

Elaine Hill, B.Sc, M.Sc, PGCE, Dip. H.E. (RN), ODP, FHEA, Dip. Tropical nursing, MBPsS, Senior Lecturer, University of Central Lancashire, England
Karen Blake, MEd PG Cert Professional practice in HE, RGN, RSCN, Senior Lecturer, School of Nursing, University of Central Lancashire

**Aim**

To discuss the use of simulation as a potential way of relieving pressure on practice placement areas.

**Abstract**

Two major changes are likely to impact upon the delivery of nurse education in the UK from Autumn 2017: - The removal of the cap on student numbers which may result in more students and increased pressures on already under-resourced placement areas and staff. - The discontinuation of bursaries which may result in increased demands from students viewing themselves as consumers who are purchasing particular placement and learning experiences. - Clinical placement areas are often busy, the number of available placements is generally falling and consequently students are often competing for the same learning opportunities (Brooks, Moriarty and Welyczko, 2010). In conjunction with the changes highlighted above, this may make it increasingly difficult for nurse education providers to offer an appropriate range of quality placements for students. Failure to gain the necessary breadth and depth of exposure during training will in turn affect the ability of newly qualified staff to work effectively and safely within the UK healthcare system. Students themselves also report feeling unprepared for practice, despite good theory and skills teaching. - Simulation is being increasingly used in nurse education to develop, maintain and formatively evaluate clinical competencies, for non-technical and interdisciplinary training, and for learning more about approaches to patient safety. Simulation may effectively complement practice learning, which may become increasingly important as obtaining good quality clinical placements grows more difficult. Research has demonstrated that students undertaking placements in appropriate simulated learning are equal in competence and readiness for practice to those undertaking clinical placements only (e.g. Hayden et al, 2014). In the UK, up to 300 hours of students’ total placement time may be spent in simulated learning (NMC, 2010). - A week of simulated scenarios, non-technical skills training, debriefing and discussion/reflection on the emotional impact of caring was used to replace one week of clinical practice for students training as adult, children’s and mental health nurses. The approach used was mostly low-tech with a small amount of high-tech simulation. - The potential for relieving pressure upon practice placements and the impact upon student confidence and competence will be discussed. -
**Intended learning outcomes**

1. Raising awareness of pressures on practice placement areas and the potential implication of this for student learning.
2. Providing insight into innovative ways in which simulation may be used to develop and assess the technical and non-technical skills required for safe and effective practice.
3. To appreciate additional potential benefits for learners which may arise from using simulation in this way.

**Recommended reading list**


**Biography**

Elaine has 20 years’ experience in anaesthetic and recovery nursing and as a Senior Lecturer. She has a special interest in non-technical skills (NTS) and simulation and leads various modules, including one on NTS, organises CPD workshops in simulation/NTS and has devised and delivered NTS training for a local NHS Trust. - Karen has over 20 years’ experience in Acute Paediatrics and as a Senior Lecturer. She holds an Honorary Contract with a local trust. She leads a number of modules and has a particular interest in the use of Simulation to encourage the personal and professional development of students.

**Poster number 31**

**Impact of the Acute Illness Management (AIM) Course on student nurses confidence in managing the acutely ill patient**

Melanie Rushton, RN (Adult); MSC Research, PGCE, BAHONs, Lecturer in Adult Nursing, University of Salford, England
Joyce Smith, RN, MSc Nursing, BSc , PGCE, Lecturer in Adult Nursing, University of Salford

**Aim**

To measure the impact of the AIM course on the confidence levels of student nurses when using a structured assessment framework in a simulated environment.

**Abstract**

Background: Studies over the last two decades (McQuillan et al 1998; Goldhill et al, 1999; National Patient Safety Agency,2007) have identified a failure of health care professionals to recognise clinical signs of deterioration and inconsistencies in recording the frequency of physiological observations. Equally concerns raised by the National Confidential Enquiry into Patient Outcomes and Deaths (2005, 2012) identified a lack of recognition or appropriate action as factors that impacted on the assessment of deteriorating patients. Previously seminal studies by McQuillan et al (1998) highlighted that suboptimal care was linked to poor assessment and recognition skills by healthcare professionals. Quirke et al (2011) refer to suboptimal care as an international problem and a significant issue in patient safety. To ensure high quality structured assessment of critically ill patients, the AIM course has been implemented within all NHS Trusts across Greater Manchester. The course consists of lectures, workshops and scenarios focused on recognising responding and managing the acutely ill patient. The University of Salford introduced the one day Acute Illness Management (AIM) course for third year student nurses to equip them with the necessary knowledge and skills to enable them to respond appropriately to the acutely ill patient in line with the Department of Health (2009) recommendations. - Participants: One hundred and ninety two third year adult student nurses completed a questionnaire one month prior to attending the AIM course. Students were then required to complete the same questionnaire on completion of the course - Method: This was a quantitative study which used a five point Likert scale questionnaire to measure students’ confidence. Qualitative data about the experience of the course was captured through open ended questions. Data was analysed utilising Statistical Package for the Social Sciences (SPSS) version 23. Ethical approval was granted by the Research and Ethics committee at the University of Salford. - Findings - The findings
indicated a significant increase in the students’ confidence levels when assessing and managing critically ill patients in a simulated environment. The AIM course provides student nurses with more confidence which can be transferred into clinical practice when caring for acutely unwell patients.

**Intended learning outcomes**

1. Improve student nurse confidence in assessing acutely ill patients
2. Improved patient outcomes for the acutely ill patient
3. Facilitate the development of student nurses knowledge, skills and decision making

**Recommended reading list**

2. McQuillan, P; Pilkington, S; Allan, A; Taylor, B; Short, A; Morgan, G; Nielsen, M; Barrett, D; Smith, G; Collins, C.H (1998) Confidential inquiry into quality into quality of care before admission to intensive care. British Medical Journal 316 (7148, 1853-1858

**Abstract**

A launch day was identified to fully explore the role of a mentor champion. This event gave PEFs the opportunity to discuss with mentors and SCNs the Mentor Champion role and potential development needs. The Mentor Champions felt to fulfil their role, they would need support from the SCNs, information and role development. From the launch day a series of master classes were planned for over the year for mentors to attend. These would provide the mentors with tools required to make an impact on mentors and their learning environments. These sessions, which consisted of 5 sessions totalling 10 hours out of practice, involved topics such as the mentorship course, mentorship retrieval, grading in practice and Flying Start. - At our launch event, mentors defined a Mentor Champion as “someone who would support existing mentors, staff and students to deliver safe, effective and person centred care” meeting the outcomes of the 2020 Vision for Health and Social Care. This role would enhance the quality of practice placement experiences and support the Quality Standards for Practice Placements (2008). Having an identified individual in each placement area supports and reinforces best practice for practice placements and ensures that NMC mentor standards are maintained. - The Mentor Champions evaluated the year and felt that continuing these sessions helped them fulfil their roles. The Mentor Champion role has now been extended to include community and mental health placements. - The masterclasses have continued this year and new Mentor Champions have been in

**Biography**

Joyce Smith is an Adult Nursing Lecturer at the University of Salford. During the last eight years has implemented and facilitated the Acute Illness Management course at the University of Salford and is a member of the Greater Manchester Critical Care Advisory Group. Clinical experience is in Intensive Care Nursing. - Melanie Rushton is an Adult Nursing Lecturer at the University of Salford. Clinical experience in Critical care nursing. Melanie is a facilitator of simulation for pre-registration students and Advanced Life Support Instructor, a member of the AIM facilitator faculty group, and the lead lecturer for basic life support training. -

**Poster number 32 Championing Mentors**

Karen Stitt, RGN, Practice Education Facilitator, NHS Dumfries & Galloway, Scotland
Christine Loy, RGN, Practice Education Facilitator, NHS Dumfries & Galloway

**Aim**

To enable the PEF team to develop and take on new projects we needed to find ways of devolving some of the work which is embedded into practice eg identifying new mentors, mentor updates and reminding mentors of their NMC obligations of meeting the NMC standards to support learning and assessment in practice (NMC, 2008). Following consultation with the Senior Charge Nurses (SCNs), the projects aim was to introduce a Mentor Champion to each of our acute inpatient clinical areas.
attendance. The benefits of these roles have helped enhance practice placements through the flow of communication and discussion of contemporary topics.

**Intended learning outcomes**

1. Mentor Champions to attend masterclasses and engage in the workshops to develop their role.
2. For Mentor Champions to apply their knowledge of mentorship and share in practice to colleagues.
3. Mentor Champions to develop an action plan to sustain and enhance mentorship practice in their areas.

**Recommended reading list**

1. Quality Standards for Practice Placements (QSPP), NHS Education for Scotland (2008)
3. Setting the direction, NHS Scotland (2010)

**Biography**

Karen and Christine are both Practice Education Facilitators based in the practice development unit within NHS Dumfries & Galloway. Christine has been in post for 9 years, while Karen is relatively new being in post for just over a year. Their role includes supporting mentors who support students within their placement areas and provide the placement areas with opportunities to enhance their learning environment providing a positive experience for student nurses. Our background is in medical and surgical nursing with many years experience between us and both are passionate about the education of our nurses and future nurses.

**Poster number 33**

**Armour for Practice: Increasing first placement resilience in student nurses**

Judith Francois, MSc, BSc Hons, PGDip, HV, RN, FHEA, Senior Lecturer, Kingston and St Georges University London, England

**Aim**

Raise awareness of the importance of bridging academia and practice, for first year first placement students

**Abstract**

The retention of nurses in practice is a critical component in ensuring there is sufficient staff to provide NHS care. The 2006/2017 Health Education England commissioning plan includes contingencies to try to assuage this, however, Adult Nursing, has been identified as an area most at risk of not fulfilling the necessary targets. Hence a call for a systemic approach, by other parties, which not only includes retention of trained staff by recruiting organisations, but points to the responsibilities of training institutions to mitigate the loss of students on courses (HEE 2016).

The likelihood of student nurses remaining in training is usually influenced by their experience in the practice setting Crombie et al (2013), and thus the university provides preparation for practice sessions. Nonetheless, student nurses can find the journey from theory to practice personally and professionally challenging, with first placement experience being one of the critical factors in determining whether a student chooses to remain on the programme (Cooper et al 2015). In order to redress student lack of confidence, a joint problem based workshop between the university and practice partner was devised. The primary focus was to increase confidence and resilience amongst first placement students.

The workshop was aimed at first year first placement student nurses, in an acute Trust environment. The students were required to utilise both current clinical and personal skills as baseline tools to explore the scenarios. The problem solving element required acknowledgement of current confidence, combined with peer led discussions. Each group would then decide a strategy for managing the situation. This decision-making process and rationale would ultimately be shared and debated by their larger group of peers.

This workshop was evaluated using a pre and post questionnaire measuring the impact of the workshop on students’ confidence. Post Workshop data showed significant improvement. Findings will be presented, followed by a discussion of lessons learned and a reflection about the sustainability of developing and implementing future workshops.

**Intended learning outcomes**

1. Explore and reflect on strategies for improving student confidence whilst in clinical practice
2. Participate in discussions relating to strategies for facilitating activities to engage both the student with expertise and those who lack confidence
3. Develop a plan to increase resilience in first year first placement students in their local partnerships.

Recommended reading list


Biography
Judith Francois is a Senior Lecturer in Clinical Leadership and Management at Kingston and St Georges University London. Judith holds responsibility for teaching and leading on a range of modules, including Foundation, Pre-registration and MSc programmes. She is an advocate of ensuring mechanisms are in place to support the student experience, and is currently the Faculty lead for personal tutors. She has been involved in monitoring the practice experience through working with a range of practice providers, with the aim of ensuring that designated practice areas, as well as students, are supported during their placement allocation.

Poster number 34
Getting the most from e-learning for end of life care

Victoria Winlow, Assistant Programme Manager, Health Education England e-Learning for Healthcare
Christina Faull, Consultant in Palliative Medicine. National Clinical Lead for e-ELCA, LOROS Hospice, Leicester, UK

Abstract
Background
End of Life Care for All (e-ELCA), part of Health Education England’s award winning e-Learning for Healthcare programme (e-LfH), was launched in 2010 and has over 150 e-learning sessions grouped in eight modules: assessment, advance care planning, symptom management, communication skills, social care, spirituality, bereavement and integrated learning.
e-ELCA is freely available to all NHS, independent hospice and social care staff across the UK. Access can also be purchased, via eIntegrity, by anyone worldwide.

In 2014, 25,587 sessions were launched and 24 million seconds of time was spent learning.

With the aim of further increasing the use of e-ELCA, an online survey and a number of focus groups were undertaken consisting of both users and non-users to identify what organisations would ideally have in place to support learners, their mentors and those providing education and training programmes.

Findings

There were four main areas of feedback:
1. Benefits of using e-ELCA within blended learning
2. Factors within organisations that can provide support to those using e-ELCA
3. More help with access and navigation
4. Better communications telling people about e-ELCA

Actions
Access: Users are able to register via OpenAthens to access e-ELCA. Also hospice and care home staff are able to register easily by using a registration code for their place of work.

Navigation: Several learning pathways have been developed to support specific learner groups, curricula and qualifications (e.g. NVQ). Learning pathways are also in place to support key policies such as the Priorities for Care of the Dying Person and the NICE guideline [NG31] Care of Dying Adults in the Last Days of Life.

Resources: ‘case’ examples of using sessions in a blended learning approach are growing. ‘Top Tips’ are available to support trainers and mentors in integrating the vast resources of e-ELCA into their teaching. Exemplars of how e-ELCA use can support evidence for revalidation are in development.

Impact

In 2015, 86,432 sessions were launched and almost 86 million seconds of time was spent learning.

Usage is increasing and supporting the workforce in developing skills
and confidence in providing person-centred end of life care.

**Intended learning outcomes**

1. To be aware of the opportunities for learning that e-ELCA provides.
2. To know how to access and navigate e-ELCA.
3. To know which e-ELCA secessions support priorities for care of the dying person and the NICE guidance on care of the dying adult.

**Biography**

Victoria Winlow is the Assistant Programme Manager within Health Education England’s e-Learning for Healthcare (e-LfH) programme. Victoria has been a part of the End of Life Care for All (e-ELCA) e-learning programme since its inception working with the original clinical lead, Professor Bee Wee and the current clinical lead, Professor Christina Faull to enhance the training and education of the health and social care workforce.

Christina has been a consultant in palliative medicine for over 20 years. She has published two award winning text books and many papers. She has been the national clinical lead for e-ELCA for nearly 3 years. She has a passion for supporting the challenging work that is required of nurses in leading excellent end of life care for every patient.
Making a Mess: Creating a meaningful mentor update.

Catherine Palmer, RMN, DPSN, BSc(Hons), PG Dip Ed, MEd., Practice Educaiton Facilitator, Birmingham and Soliull Mental Health Foundation Trust, England
Karen Cross. Senior Lecturer. RMN MA

Aim
The aim of the presentation is to share a quality initiative that we developed as a partnership, between Birmingham and Soliull Mental Health Foundation Trust and Birmingham City University. We wanted to develop a more meaningful mentor update as well as allowing mentors to meet their triennial review requirements. It was designed to give mentors the space to explore their teaching and mentorship skills as well as explore assessment decisions.

Abstract
Abstract - Background - It is recognised that assessment of students in practice settings has been of serious concern to mental health nursing as it has been to other practice based professions. We became increasingly aware that a number of third year pre-registration nursing students were failing practice in their final placement. This made us consider what and how our mentors were teaching students in practice and the consistency of assessment decisions? - - Our question was how can we improve the inter-rata reliability of assessment in practice and improve the quality of mentoring along with the student experience, whilst reinforcing the standards specified by the Nursing and Midwifery Council (2008). - - Objectives. - We gained a small amount of funding to run a pilot workshop exploring mentoring in practice. The specified outcomes were; - • To increase confidence with teaching and facilitation of learning and subsequent decision making. - • To enable a full appreciation of the assessment process, including fitness to practice issues and consistency of assessment. - • To allow the opportunity for peer support. - - Methods. - The one day workshop developed from the initial pilot used Kolb's experiential learning cycle to underpin the approach to learning. Sessions were planned in order to allow mentors to work through their approach to mentoring as well as discussing and defending their assessments in order to improve consistency of the practice assessment. - - Results. - The workshop workshop remains on-going, however to date results suggest mentors have gained increasing confidence in applying their mentoring skills to teaching and facilitating. Evidence suggests that student fails in practice are now earlier in the programme than previous years suggesting that mentors are applying more confidence and conducting a more robust assessment. - - Conclusion. - The development of an experiential workshop for mentors in practice has reinforced the evidence suggesting that mentors at times struggle with assessment in practice due to the competing demands in the workplace. This has offered mentors space in which to explore their decision making, reflect on the underlying culture that effects student learning, re-evaluate skills of mentorship and demonstrate the ability to defend and be accountable practitioners for their decisions in practice. -

Intended learning outcomes
1. To demonstrate the power of experiential learning in the workplace.
2. To show an innovative approach to mentor update and triennial review.
3. To demonstrate through the presentation how we managed, through partnership working, to begin to improve consistency of teaching and decision making, thus improving the student and service user experience.

Recommended reading list

Biography
Karen Cross. Senior lecturer at Birmingham City University. RMN since the late 1980’s and Currently senior lecturer for practice education. Previous positions
Anne Falloon. Pre-registration nursing students’ perceptions and experience of Structured Simulated Clinical Assessments (SSCA) as a method of assessment of competencies.

Dr Mary Lynch, PhD, MSc, RGN, PGCE, Lecturer, Cardiff University, Wales
Mrs GL Stacey-Emile RMH, MSc, PGCE(RCN membership number 1913065) Lecturer, School of Healthcare Sciences, Cardiff University.

Aim
This evaluation study investigates SSCA perceptions and experiences among third year pre-registration student nurses undertaking a degree in nursing. The aim is to gain an understanding of students’ opinions of undertaking an SSCA as an objective method of assessment.

Abstract
In line with professional standards and quality assurance educational institutions employ an array of assessment methods in the assessment of educational attainment (QAA, 2014). Structured Simulated Clinical Assessment (SSCA) format is gaining momentum as a method of evaluation of health professionals’ theoretical and clinical knowledge as well as developing critical thinking and problem solving skills associated with leadership and management strengths (Cant and Cooper 2010, Mikkelson et al 2008). The SSCA scenarios were developed focused on evaluation of leadership and management skills and approved by the school examination panel and external examiners. The purpose of this evaluation is to gain an understanding of students’ opinions of undertaking an SSCA as an objective method of assessment. Data was collected approximately six weeks post SSCA between December 2015 and June 2016 from (n=215) third year mixed field (adult, child and mental health) pre-registration student nurses by means of a self-administered questionnaire. The questionnaire was designed to explore the students’ perceptions and experience of undertaking an SSCA as a method of assessment of theoretical and clinical knowledge as well as competencies. The questionnaire design consisted of twenty questions investigating students’ perceptions and experience of SSCA assessment preparation, resource and learning environment, the assessment process, organisation and management of the SSCA, level of satisfaction with SSCA as well as assessment result. The questionnaire was constructed of a five point likert scale with ranking from definitely agree to definitely disagree. Respondents rate their level of agreement or disagreement which best reflects their current views for their SSCA assessment. Results indicate that 59 percent of students were satisfied with the quality of the SSCA evaluation with a further 46 percent of students agreeing that SSCA is an excellent format for evaluation of competencies. In addition, over 80 percent of student’s rate a high level of agreement that tuition and workshops provided adequate preparation for undertaking their SSCA with 63 percent of students agreeing that SSCA scenarios were realistic. In conclusion, the novel use of SSCA’s facilitates the assessment of not just knowledge but additional exploration of competencies and interpersonal skills in an objective and structured manner.

Intended learning outcomes
1. To gain and understanding of third year student nurses perceptions of undertaking an SSCA.
2. To explore current SSCA evidence in relation to effective assessment and level of student satisfaction with the assessment process.
3. To make recommendations for future assessments based on SSCA format as an effective evaluation in nursing education.

Recommended reading list

Biography
Dr Mary Lynch joined the school of Healthcare Sciences in Cardiff University in February 2014. Mary is a Registered General Nurse (RGN) and obtained in MSc in Sustainable Rural Development. Mary completed her PhD in Health Economics in Queen’s University Belfast, which was part funded by the Institute for Public Health in Ireland. Mary is a member of the module team delivering Leadership and Management in Health organisations and involved in developing SSCA as a method of assessment. Mary delivers teaching on health economics on the undergraduate nursing, midwifery, physiotherapy and occupational therapy programmes as well as postgraduate taught programmes.

Poster number 3 Working Together to Enhance Education in the Care Homes

Mrs Donna Craig, RMN, Practice and Care Home Education Facilitator, NHS Dumfries and Galloway, Scotland
Lynn McCourtney, RGN, Practice and Care Home Education Facilitator, NHS Dumfries and Galloway

Aim
In Dumfries and Galloway following Nursing students evaluations of Care Homes as a practice learning environment the Care Home Education Team (CHEF) identified a need to provide mentors and staff within the Care Homes with training which supports current evidence based practice. This will enable them to support student nurses to meet the NMC standards to support learning and assessment in practice (NMC 2008) Meet the requirements of the Quality Standards for Practice Placements (QSPP), NHS Education for Scotland (2008) and support the aims of improving Education through working in collaboration as identified in Setting the direction, NHS Scotland (2010)

Abstract
The CHEF team worked in partnership with Mentors and Care home managers to facilitate the development of training opportunities using a number of strategies. - The team sent out questionnaires enquiring about training needs and from this developed care home study days. - Working in collaboration with specialist nurses within NHS Dumfries and Galloway two full days of training were delivered covering topics from diabetes management, oxygen therapy and practical sessions covering a wide range of topics such as, subcutaneous fluids and intramuscular injections and manual blood pressure. - The team negotiated access to places on training sessions provided by both the University of the West of Scotland and NHS Dumfries and Galloway covering topics such as venepuncture and cannulation, catheterisation, medicine administration, verification of death and anaphylaxis. - The team developed further training for the wider staff team based on feedback from the study days and on priorities identified in the Care Inspectorate reports for example MUST, Waterlow and pressure area care. - Impact - Care home staff have expressed that they feel more confident in the delivery of care due to new skills acquisition and that they feel valued. - Care homes continue to engage in further quality improvement work to support the delivery of safe effective person centred care to residents as a result of establishing new professional relationships. - Positive feedback from students who have had placements within the care homes and Year 3 Students seeking Care Homes as a management placement.

Going forward - The Team will continue to facilitate learning opportunities for Care home staff throughout the region and promote the sharing of knowledge and training cross sector to support the Health and Social Care Integration agenda.

Intended learning outcomes
1. To work in an integrated way across Private Sector, Health Service and Educational Institution to support the creation of a positive learning environment within the Care Homes.
2. Increase staff engagement in continuing professional development
3. Create a learning environment which promotes safe effective person centred care delivery

Recommended reading list
1. Quality Standards for Practice Placements (QSPP), NHS Education for Scotland (2008)
3. Setting the direction, NHS Scotland (2010)

**Biography**
Donna Craig and Lynn McCourtney are members of the Care Home Education Facilitator Team in Dumfries and Galloway. Their role includes supporting Nurse Mentors to support students within placement areas, in addition to this the Team provides placement areas with opportunities to audit, review and enhance their learning environment. They work with the practice areas supporting all staff to ensure that a positive learning environment is available not only for student Nurses but all staff working within the Care Homes. The Team believes that this focus of education and learning ultimately leads an enhanced quality of care delivery to residents.

**Poster number 4**
**First year student nurses’ experience of caring for older people with dementia**

Mrs Helen Potter, BSc, Lecturer, University of Liverpool, England

**Aim**
To explore first year student nurses’ experiences of caring for older people with dementia

**Abstract**
There are an estimated 800,000 people with dementia in the UK (Alzheimer’s Society, 2012) and approximately 25% of hospital beds are occupied by people with dementia. People with dementia also stay in hospital for longer, and are more likely to be re admitted (Care Quality Commission 2013). It is acknowledged that patients with dementia do not always receive optimal care for a variety of reasons (Care Quality Commission, 2011, Cowdell, 2009). In acknowledgement of this, all NHS staff who look after people with dementia are required to complete dementia awareness programmes in order to enable them to identify symptoms, and how to interact with patients with dementia. - Health Education England (2015) outlines the need for our future health workforce to have the right skills, values, and behaviour to meet patients’ needs and deliver high quality care. There is however limited research which explores students’ experiences and preparedness for caring for patients with dementia: Robinson and Cubit (2007) noted studies that related to care home settings and Baillie (2012) identified that no studies had focused on the experience of student nurses caring for older people with dementia in hospital. - Thus a qualitative design has been selected to explore student nurses experiences of caring for older people with dementia. The proposed methodology for this study is phenomenology. Six to nine students will be recruited purposively to a single focus group interview, inclusion criteria will include that students have direct experience of caring for patients with dementia. - A thematic approach will be employed in order to look at emerging themes, sub themes and behaviours derived from the interactions and viewpoints of the participants. The researcher proposes to use Braun & Clarke (2006) thematic analysis model. - The poster will report the results of this study.

**Intended learning outcomes**

1. Delegates will understand first year student nurses’ experiences of caring for older people with dementia
2. Delegates will understand students’ perceptions of their preparedness to care for patients with dementia
3. Awareness of students perceptions towards caring for patients with dementia will be raised.

**Recommended reading list**

2. Alzheimers Society (2016) Fix Dementia Care Hospitals

**Biography**
I have been a qualified registered nurse since 1997, before this I was an enrolled nurse for some ten years. My nursing journey has taken me from working in an acute hospital setting for a total of thirty years. Across that time I have enjoyed the experiences of being a staff nurse, audit nurse, before becoming a Practice Education Facilitator for eleven years. Three years ago I applied and successfully gained a lecturers position which is an honour and privilege as it places me at the heart of the students educational programme and experience.
Poster number 5
Team Based Learning and The Student Experience: Reconceptualising the Student Teacher-Relationship.

Dr Venetia Brown, DProf Studies, MSc, PGCE (Health Professions); BSc, RNT, RGN, Director of Learning and Teaching/Director of Programmes (Nursing) Department of Adult Child and Midwifery, Middlesex University, England

Aim
The aim of this paper is to present the results of study focussing on student and academic staff experiencing of using Team Based Learning in a pre-registration nursing curriculum

Abstract
Team Based Learning (TBL) is a learning and assessment strategy that aims to foster learning through the facilitation and development of group cohesiveness which transforms small groups into effective learning teams. It is based on four principles: large teams; student accountability; use of assignments which promote learning and team development and frequent and immediate feedback. The aim of this paper is to present the results of study designed to evaluate TBL in the pre-registration nursing curriculum from a student and an academic staff perspective. As such it will add to the body of knowledge on the use TBL in the nursing curriculum in the UK.

During 2014/15 a team of nursing academics collaborated in the development of a new module based on the principles of team based learning (TBL), the aim of which was to facilitate the development of critical appraisal skills among pre-registration students. Implementation commenced in October 2015. - A module evaluation form was designed to obtain student feedback on two elements: the experience of TBL as a teaching and learning strategy and on the development of skills in critical appraisal of evidence. Using a work-based, practitioner enquiry approach, the teacher evaluation focused on TBL from a process and outcome perspective and explored the potential for use in other modules in the pre-registration nursing curriculum in the context of the forthcoming pre-registration nursing curriculum review. - The advantages of using TBL relate to both academic learning and professional practice. They include: higher order learning; responsibility for active learning; accountability; development of problem solving skills and team decision-making. - Student feedback via the module evaluation questionnaire was generally positive. The narrative commentaries provided deeper insight. - Key findings: - 'Good way to learn' (some disagreed) - Focus on 'learning for assessment' not 'assessment for learning' - Team Readiness Assurance Tests – benefits of learning as a group - Initial findings from the staff indicate the need to reconceptualise the role of the teacher and the nature of the student-teacher relationship particularly in respect of how they respond to student expectations of the teachers’ role.

Intended learning outcomes
1. Outline the key features of TBL as a learning and assessment strategy
2. Identify key issues which need to be taken into account from a student perspective when implementing TBL
3. Discuss the challenges which TBL presents for student-teacher relationship

Recommended reading list

Biography
Venetia Brown has a Doctorate in Professional Studies and wrote her doctoral thesis on the experience of healthcare CPD students in HEI. She recently became a Senior Fellow of the HEA. She has an interest in the cultural capital of nursing academics, pre-registration students and nurses engaged in CPD in HE. Current work streams include: implementation of Team Based Learning in pre-registration nursing; curriculum development in pre-registration and CPD provision with a focus on technology enhanced learning. She is keen to explore strategies which facilitate the development of a clinical academic career on
quality through joint clinical/education roles.

**Poster number 6**

**ASPIRE to LEAD**

Mr Bill Irving, BSc Nursing (adult), Clinical Education Lead, NHS Dumfries and Galloway, Scotland
Karen Hills LBC / RTC Coordinator
NHS Dumfries & Galloway

**Aim**

NHS Dumfries and Galloway recognised there were limited opportunities for leadership development for registered band 5/6 nurses. To ensure there was a robust process in place for succession planning it was acknowledged there was potential to build on an appreciative relationship centred leadership programme previously run in the Board (Dewar and Cook 2014)

**Abstract**

Background and Aim - NHS Dumfries and Galloway recognised there were limited opportunities for leadership development for registered band 5/6 nurses. To ensure there was a robust process in place for succession planning it was acknowledged there was potential to build on an appreciative relationship centred leadership programme previously run in the Board (Dewar and Cook 2014) - •To enable selected participants to build on existing knowledge, skills / experience. - •Develop their leadership skills via transformational development through appreciative inquiry using caring conversations, action learning and improvement science. - •Spread sustainability of innovation across the organisation with the ultimate aim; enhancing the quality of patient care and relatives/carers/staff experience. -

**Methodology**

The programme was co-created by Alice Wilson (Deputy Nurse Director), UWS partners, Clinical Education Lead and Leading Better Care Coordinator. - Participants recruited through rigorous selection programme, gathering data about hopes as well as perceived leadership strengths. - Implementation of an appreciative relationship centred programme comprising workshops, masterclasses, action learning and clinical leadership skills, etc. - Post intervention discussions groups to explore impact. - -

**Results/Outcomes**

- All aspiring leaders have developed both professionally and personally, successfully implementing improvement projects meeting the Quality Ambition – Person Centred, Safe, and effective Care. - 83% of the aspiring leaders in cohort 1, 57% within cohort 2 and 30% of cohort 3, have been successful in achieving promotion throughout the organisation, by applying new transformational leadership skills.

- Conclusion - Due to the success of the collaborative programme, the current cohort 3 comprises of a group of Aspiring leaders from a Consultant, Allied Health Professionals and Nursing. Invitations to all health and social care partners have now been invited to apply for Cohort 4. - Local facilitators are developing their skills with UWS partners, to enable sustainability of the programme for the future.

**Intended learning outcomes**

1. To enable selected participants to build on existing knowledge, skills / experience.
2. Develop their leadership skills via transformational development through appreciative inquiry
3. Spread sustainability of innovation across the organisation with the ultimate aim; enhancing the quality of patient care and relatives/carers/staff experience

**Recommended reading list**


**Biography**

Bill Irving - Initially worked in retail management for 20 years before undertaking adult nursing in 2002 in NHS Dumfries and Galloway. After qualifying worked in Medical High Dependancy and anaesthetics before becoming a Practice Education Facilitator following up on a desire to develop student nurses and health care professionals. Bill undertook a secondment for 7 months as a Lecturer with the local University for undergraduate nursing programme before successfully becoming Clinical Education Lead for NHS Dumfries and Galloway. Bill now leads a team of Clinical Educators, Practice & Care Home Education Facilitators delivering
support and education across the region.

Poster number 7
An exploration into the curricular development of a master’s programme designed to support advanced nurse practitioner education

Julie Reynolds, RGN, BSc (Hons), MA Ed, RNT, FHEA, Senior Lecturer, University of Derby, England
Gerri Mortimore RGN, BSc (Hons) MSc, PG Cert, NMP

Aim
The aim of this paper is to explore current local and national debate regarding the question of advanced nurse practice education. It will consider the development of competencies designed by professional bodies and the experience of developing an educational curricular to meet advanced nurse practice theoretical and clinical need.

Abstract
With such fluidity within the NHS, the need to provide provision for health care to the general population is a challenge for government, professionals and the structures that support that development. This has necessitated a need to consider the current workforce and how it can be expanded and adapted to meet these expectations without compromise to patient safety and satisfaction. As nursing is one of the largest professions within the NHS this has meant that advanced nurse practice has grown to meet that demand, but without a consistent and clear framework for the underpinning educational development. Whilst this is certainly under current review and there is much local and national activity to address this issue, debate continues as to what educational provision should be in place. - The development of competencies by professional and governmental bodies is offering a national perspective on the skills and knowledge required by advanced practitioners. However, these competencies are left to be interpreted at a local level whilst trying to map to the proposed national view. The development of an educational programme is influenced by these external forces, with the additional need to accommodate the students’ professional standards of practice and acquisition of characteristics conducive with academic study at master’s level. - Agreeing what an educational curricular should entail in light of the fore mentioned complexities may prove problematic and result in a plethora of titles with differing underpinning knowledge and skills and as such a worrying lack of consistency.

- Aim - To develop a programme which meets the academic requirement offering a systematic understanding of knowledge and critical awareness within the field of advanced practice.

- Objectives - Establish the knowledge and skills required to support advanced practice - To constructively align the students’ acquisition of knowledge and skill development within the curricular design - To support the development of a practitioner who can demonstrate safe, autonomous practice and problem solving skills in complex and unpredictable situations.

Intended learning outcomes
1. To raise awareness of the complexities in developing a curriculum aimed at meeting the national, local and educational drivers
2. To explore the potential skills and knowledge required for the education of advanced nurse practice
3. To open debate surrounding a suggested format for advanced practice education

Recommended reading list
2. Royal College of Nursing (2012) Advanced Nurse Practice, an RCN guide to advanced practice, advanced nurse practitioners and programme accreditation London, Royal College of Nursing

Biography
Senior Lecturer and Programme Lead for the MSc Advanced Practice at the University of Derby with a background in adult nursing spanning 36 years with nine of those years in higher education. The area of specialism lies within adult intensive with additional experience in neonatal intensive care, infection control and clinical education. Currently lecturing at the University of Derby, mainly in the field of advanced practice.

Poster number 8
Generation Z: Recruiting and Retaining Digitally Native Nurses.
Denis Parkinson, MSc RN, Lecturer, University of Liverpool, England
Emma Addie, Post Grad Cert HE, RN, Lecturer, University of Liverpool

Aim
To explore the meaning of Generation Z and strategies that can be implemented to ensure the next generation joins the profession successfully.

Abstract
There is a nursing shortage in the UK. 1 in 10 nursing roles are unfilled, 29% of nurses are over 50 and 13% of nurses are from overseas. Nurse training places were cut by 17% between 2009 and 2013 and although this is reversing the shortfall persists. Student nurses will lose their bursaries and be charged fees for university courses from 2017. The UK economy is in flux due to the uncertainty of Brexit and the NHS remains overstretched and under resourced. Within this climate the importance of recruiting new nurses to university, engaging them and retaining them is of critical importance to the future of nursing. - The influence of generational characteristics on workforce planning is not a new concept but the application of this knowledge to nurse education is undeveloped. Generation Z is the latest section of the population to enter university and awareness of their drives and characteristics could ensure efficient recruitment, engagement and retention by the profession. - Members of Generation Z were born in the late nineties onwards and are “digital natives”. They have grown up completely integrated with mobile technology and this technical expertise is a valuable asset. They are entrepreneurial in nature and are interested in careers that mean something to them. They are globally connected and interact through video as second nature. They access information differently and are used to finding things out on their own. - Senior nurses shape the processes we use and often do this in a way that reflects their own generational approach. Nursing needs to adapt to and prepare for generationally different ways of working as this new generation matures. Changes to communication, knowledge acquisition and career aspirations need to be addressed as nursing recruits and educates the next generation. - The University of Liverpool is examining its admission processes and teaching to fully engage with this group of potential nurses. This presentation will explore the meaning of Generation Z and strategies that can be implemented to ensure the next generation joins the profession successfully; resulting in a growing profession and the delivery of the best possible nursing care to patients.

Intended learning outcomes
1. To explore the meaning of Generation Z.
2. To demonstrate the relevance of Generation Z to nursing education recruitment and retention.
3. To raise awareness of strategies to address the needs of Generation Z in nursing education recruitment and retention.

Recommended reading list

Biography
Denis Parkinson is a Lecturer in Nursing at the University of Liverpool. His clinical background is in adult cardiac nursing on coronary care units and in accident and emergency departments as a cardiac nurse specialist in several North West hospitals. He has also previously worked as a lecturer at the University of Salford. He has an MSc Clinical Nursing from the University of Liverpool and is a qualified teacher. His experience of teaching at a variety of academic levels is extensive. Denis has a keen interest in technology enhanced learning and the application of gamification and MOOCs to nurse education.

Poster number 9
An Intrapreptive Phenomenological Analysis exploring the perceptions and experience of eLearning students undertaking post registration education

Julia Neal, RGN, MA Education, Director of Education, Education for Health, England

Aim
To explore the student experience of their learning to inform future planning and development of the organisation’s online delivery
Abstract
Technology has changed the delivery of distance education and online learning is becoming increasingly common. It has been suggested however, that there is some ‘catching up’ to do in relation to design and evaluation of online environments (Joiner et al 2008) and a growing need to understanding the learner's perspective in the development of tools, pedagogy and teaching practices (Sharpe et al 2005). As Director of Education for an organisation providing distance education to post registration nurses, I have strategic responsibility for its technology enhanced learning strategy which is based on the approach suggested by Sharpe and Benfield (2011). - - There are many ways of approaching online course design and given that students' learning is influenced by their satisfaction with their experience (Espelan and Indrehus 2003), it is important to understand their perceptions. However these are largely overlooked in the literature, particularly in relation to the relevant student demographic; post registration nurses undertaking professional development. The aim of the study was to explore the experiences of the institution's eLearning students. The findings were not intended to be generalisable to other learning environments, but to generate themes to inform strategy. The supporting literature review focused on studies investigating the experiences of qualified nurses in relation to eLearning, anticipating that their experience would be unique. A qualitative approach was taken to the subsequent study, using Interpretive Phenomenological Analysis (IPA) to elicit the individual perspectives of the nurses and gain a deep understanding of the phenomenon. Recorded telephone interviews were carried out using a semi structured approach based on a pre-existing theoretical framework. Interview recordings were transcribed manually in detail and analysis aimed to make ‘sense of the personal experience of the research participants' (Smith et al 2009). Four central themes were generated and used to develop recommendations for future eLearning enhancement.

Intended learning outcomes
1. To critically evaluate key relevant research relating to registered nurses' perceptions of eLearning
2. To understand students' perceptions of their experiences of their eLearning with Education for Health
3. To formulate recommendations for future design and development of the organisation's eLearning delivery

Recommended reading list
2. Campbell, T 2012 Online Learning is Here to Stay Passion in Education 22 December

Biography
Julia is Director of Education at Education for Health, a charity that trains primary health care professionals to manage people with Long Term Conditions. She is a registered nurse who worked for 20 years in a variety of specialist and managerial roles in tertiary, secondary and community care settings. She has recently undertaken an MA Education, focusing on the use of qualitative methodologies and has a particular interest in the role of eLearning in post registration education and its value in supporting distance learners.

Poster number 10
THE DEVELOPMENT OF PEER REFLECTIVE SUPERVISION AMONGST NURSE EDUCATOR COLLEAGUES: AN ACTION RESEARCH PROJECT
Ms Katie Mills, RN, DN, BN, MA., Senior Lecturer, Oxford Brookes University, England

Aim
To present an action research study (Bulman et al 2016) developing the use of peer reflective supervision (PRS) amongst 8 nurse educators within an Adult Nursing programme in the UK.

Abstract
Introduction: This study developed the use of peer reflective supervision (PRS) amongst eight nurse educators within an Adult Nursing programme in the UK. - Design: During one academic year, nurse educator co-researchers met for an introductory workshop and then met regularly in pairs to facilitate each other’s reflection. This provided an opportunity for nurse educators to reflect on
identified issues linked to their role with a facilitative peer. Educators met three additional times in a Reflexive Learning Group (RLG), to gather data on their use of PRS. Audio-recordings from the RLGs were transcribed and analysed using Norton's (2009) thematic analysis framework. Co-researchers iteratively validated the data and an external validation group critically viewed the evidence. - Findings: Overall, seven themes were generated from the three research cycles. These were: PRS as a Valuable Affirming Experience; Time Issues; Facilitation- Support, Trust and Challenge; Developing a Flexible ‘Toolbox’; To Write or Not to Write; Drawing on Literature; and Requirement for Action. - Findings add new evidence regarding use of a flexible toolbox of resources to develop reflection and offer practical guidance on the development of PRS. Nurse educators often experienced similar concerns, and a facilitative supervision structure allowed co-researchers to positively explore these. Recognition of work pressures and requirement for time and space for reflection was highlighted, to develop critical analysis of experiences. The importance of action as part of the reflective process was emphasised. Co-researchers reported positive personal change as well as the opportunity to highlight issues through their reflection for further action within the organisation. - Conclusions: The study adds constructive evidence for the use of reflection to explore professional work, make sense of experiences and develop positive action. It has transferability to a wider international audience interested in the development of reflection amongst colleagues and the use of insider research techniques to challenge and develop practice. - Norton, L S (2009) Action Research in Teaching and Learning: a practical guide for conducting pedagogical research in universities. Abingdon, UK: Routledge.

**Intended learning outcomes**

1. To explain the background, context and motivation for completion of the action research study.
2. To share selected findings and conclusions
3. To discuss the potential for the use of peer reflective supervision in other settings within the nursing community.

**Recommended reading list**


**Biography**

Katie Mills (MA,BN,RN,DN) is Senior Lecturer in Nursing at Oxford Brookes University. Her research interests include clinical skills, community healthcare, mentorship, and reflective practice. She is the co-author of Bostwick et al (2015) Clinical Pocket Reference Fundamental Care. Oxford. Clinical Pocket Reference. Her clinical background is as District Nurse Team Leader and Community Practice teacher.

**Poster number 11 Preceptorship; good to outstanding**

Tracy Clifton, PgDip Specialist Practitioner in District Nursing, Clinical Practice Educator, Berkshire Healthcare NHS Foundation Trust, England

Tina Lucas, Clinical Practice Educator, Berkshire Healthcare NHS Foundation Trust

**Aim**

To formalise the existing preceptorship programme

**Abstract**

The Department of Health (2010) states that Preceptorship is a period of transition for the newly registered practitioner during which time he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of lifelong learning. - - - The employing Trust is fully committed to ensuring that every newly registered nurse, social worker or allied health professional commencing employment within the organisation has access to the comprehensive preceptorship programme. - - - Following the creation of the Clinical Practice Educator role within the Trust it can be recognised that the preceptorship results are heading from good to outstanding, due to the preceptorship lead, sitting
within the team, prioritising this period of transition for the newly registered practitioner. - By using retrospective data, a comparison was made of the staff and their professions during the tax year of 2014/15 and 2015/16 attending the Trust preceptorship programme. - During this time all preceptees were identified at Trust induction by request that they register themselves, placing their name on a list; details of this list are entered onto a spread sheet, allowing for audit. - On examination of the data it was noted that following clinical practice educator involvement (October 2015) there was a marked increase in preceptees, both being identified and attending the programme. This can be attributed to an actual presence at induction and increasing the preceptorship programmes profile across the Trust. - Proposal to reach outstanding results: - • It is the intention to continue this upward trend by improving the capture and identification of preceptees during the pre-induction checks and the change in the corporate induction format. - • Link the preceptorship programme to ESR, to formalise the attendance at workshops and completion of portfolios/workbooks. - By implementing these markers, areas where support is required will be more easily identified. - Failure to make the changes could mean that newly registered professionals may not be captured and miss out on the support that the preceptorship programme offers and that the Trust is committed to.

**Intended learning outcomes**

1. Share the uptake improvements with a wider audience
2. Explore ways of developing and enhancing this transition period
3. Critically analyse the concepts and processes

**Recommended reading list**


**Biography**

Tracy came to nursing later in life and went straight into the community, working in a District nursing team. Wanting to improve herself and her practice she completed the Specialist Practitioner in District Nursing course. - The opportunity arose to be part of setting up a clinical practice educator team, where all those leadership skills, as well as the clinical ones, could be utilised and shared with others. - As part of this role, Tracy has become the preceptorship lead for the Trust and preceptors many newly registered practitioners. She is a registered mentor on the Thames Valley and Wessex mentor register.

**Poster number 12**

**Developing mentor skills in written feedback on student performance in practice settings.**

Dr Sarah Burden, PhD, MRes, SFHEA, RN, Co-Director HSS Practice Learning / Senior Lecturer, Leeds Beckett University, England

**Aim**

To outline an innovative workshop focusing on the development of mentor skills in providing written feedback to students in practice settings, and provide an opportunity to participate in an activity adapted from the workshop.

**Abstract**

Providing feedback to students has an important and powerful part to play in any future learning. Constructive and timely feedback can support the development of mastery in a subject; helping students to make sense of their achievements, take ownership of their learning, support a student’s motivation to move forward and increase self-esteem and confidence (Race 2014). Nowhere is this more important than in the feedback that mentors provide to students on their performance in practice settings. Mentor feedback not only acknowledges student achievement and feeds into future development, but more crucially supports assessment processes designed to safeguard the public and uphold the reputation of the profession (Wells & McLaughlin 2014). However, a longstanding discourse exists identifying difficulties experienced by mentors in providing feedback, as well as inconsistencies or failures by
mentors to provide feedback identifying deficiencies or supporting processes to fail a student (Duffy 2013). Given the continuing nature of this discourse, especially with respect to mentor written feedback in student assessment documentation, and the expectation that mentors be professionally accountable for providing students with constructive feedback on their achievements (Duffy 2013), a workshop was developed to support neophyte mentors to develop their written feedback skills. Following theoretical input on feedback principles, trainee mentors were provided with real world vignettes of student cases including mentor documented feedback to review, using a structured feedback development tool. Evaluation of the workshop revealed specific learning and improved confidence in mentor ability to provide constructive and specific feedback to students in practice settings. This concurrent session will provide a brief overview of the context of the workshop and evaluation of mentor learning occurring as a result. In particular, the session will adopt a participatory and interactive approach to enable the audience to sample a workshop vignette, use the mentor feedback development tool and consider ways to improve written feedback in their own practice settings.

**Intended learning outcomes**

1. Learn about an innovative teaching approach to develop mentor skills in providing written feedback to students in practice settings.

2. Experience the use of a vignette, designed to promote mentor reflection and development of written feedback skills.

3. Discuss and contribute to further refinement of the mentor feedback development tool.

**Recommended reading list**


**Biography**

Sarah is a Registered Nurse who moved into nursing education, following clinical practice in intensive care and acute medicine. She has been instrumental in a number of practice focused projects to support situated learning and the assessment of professional knowledge and competence. Teaching responsibilities include nursing modules in Clinical skills, Long Term Conditions, End of Life Care, Medicines Management and Mentor preparation. Her research studies include an exploration of the anxiety experienced by student nurses involved in End of Life Care, and a mixed methods study examining mentor judgements and decision making regarding student competence in practice.

---

**Poster number 13**

**The student experience of academic supervision on a Pre Registration BSc Nursing programme**

David Gallimore, BSc, MSc, RN, PGCE, Senior Lecturer, Swansea University, Wales
Sharon Harvey, MAEd, RN, Senior Lecturer, Swansea University

**Aim**

The overall aim of this paper is to present a study which will explore and better understand the perceptions of academic supervision for undergraduate nursing students in order to guide future policy development in this area.

**Abstract**

This is a mixed methods research project undertaken at Swansea University and investigates the students’ perceptions of the academic support they received when writing assignments. The participants were all current students on a pre-registration BSc nursing programme. The rationale for this project was the current recognition in higher education that the views of the student should be considered at all levels of study. This is evident in the perceived importance of the National Student Survey (NSS) throughout the sector and specifically at Swansea University the undergraduate Student Experience Survey (SES) and the two postgraduate student surveys. However, most surveys of students are broad in context and don’t ask detailed questions about particular areas of the student experience. Specifically in the context of this study, when considering support received by students the NSS asks...
only 3 questions about this, and one of those asks specifically about academic support. When reviewing the literature it is clear that there is very little written about the provision of academic support from the students’ perspective. This is especially limited when considering undergraduate students, with the majority of studies investigating postgraduate research students’ experiences of academic supervision. The research had a number of specific objectives.

To identify and explore students’ views on the quantity and quality of academic supervision they currently receive - •To identify and explore students’ reasons for engaging (or not) in academic supervision - •To explore the students’ views on the availability of academic supervision - •To identify and explore the students’ expectations on the timing of supervision - •To identify and explore the students’ preferences for type and style of academic supervision - •To identify students’ perceived strengths, challenges and areas for improvement in the current system of academic supervision - •To explore the students’ views on future development for the provision of academic supervision - The potential benefits identified by undertaking this study include; - •Recognition of areas of student perceived good practice in academic supervision - •Establishment of student led evidence for the development of new policy or guidance on academic supervision - •Identification of student areas of concern in relation to academic supervision - The initial data finding and analysis will be presented with suggestions for future directions of enquiry.

**Intended learning outcomes**

1. Establishment of student led evidence for the development of new guidance on academic supervision
2. To identify and explore the students’ preferences for type, style, and timing of academic supervision
3. To identify and explore students’ reasons for engaging (or not) in academic supervision

**Recommended reading list**


**Biography**

David Gallimore joined Swansea University in 2003 to become a Tutor in the School of Health Science following a 20 year career in a variety of nursing roles in the NHS. He is now a Senior Lecturer in the College of Human and Health Sciences and also the college lead for the Swansea Academy for Learning and Teaching (SALT). His main interest in the field of learning and teaching is student assessment and supervision, eLearning, and simulation. He is still involved in the BSc Pre-Registration nursing programme as module leader, placements adviser, and personal tutor.

**Poster number 14**

Watch the Garden Grow: Collaborative Working in a UK wide Palliative Care Charity to Engage in Practice Development and Person-Centred culture

Melanie Jane Legg, RN, PG Cert Public Health, PGDip Nurs Science Oncology, Head of Practice Development, Marie Curie, Northern Ireland

**Aim**

Practice development is not a one-time event but rather a continuous systematic and collaborative process (Wilson & McCance, 2015). Throughout this paper I will explore practice development and person-centred cultures within the context of myself, team and organisation focussing on nursing perspectives. Marie Curie is shifting towards person-centred cultures inclusive of service users and staff. Working in collaboration with Queen Margaret University
(QMU), Marie Curie (MC) are working to embed this into practice through the practice development team. Through exploring values and beliefs, engaging with the practice development journey, the learning achieved through various processes and methodologies, challenges and achievements. I hope to give insight to the journey so far.

Abstract

Background - Nursing practice is significantly impacted by the constantly evolving societal, environmental and organisational context in which nurses work (Keyko, 2014; McCormack et al. 2013a). The dominant NHS approach in recent years has been described as ‘pace-setter’ (Kings Fund, 2012), a command and control culture with little delegation or collaboration, which is primarily driven by top down targets (Riley, 2014). Our charity is reliant on partnerships with NHS trusts therefore this culture impacts our own climate of care (Patterson et al, 2011). - The present health care environment is paternalistic (Newton, 2000) and predominantly task orientated which can lead to fundamental care falling short (Shannon & Peelo-Kilroe, 2012; Francis, 2010). From a professional perspective there is a desire to reaffirm the importance of fundamental care (RCN, 2008) not just emphasis on the areas of practice that are quantifiable (McCor-mack et al, 2013b). - Method - Four monthly workshops and 10 monthly active learning sets to increase PDF teams understanding of practice development and prison-centred cultures. - Results - Early results show an increased feeling of acknowledgement and support by local teams and at a national level by the charity. Increase in reflective practice and use of creative spaces and methodologies as well as the adoption of CIP principles (collaboration, inclusive, participative) has resulted in higher engagement amongst the practice development team and the wider locations in which they work.

Intended learning outcomes

1. Engagement is key to adopting new approaches.
2. Person-centredness starts with the individual and needs to be adopted as such.
3. Knowing yourself - your values and beliefs is key to engaging and building relationships with others.

Recommended reading list


Biography

Mel is currently the Head of Practice Development for Marie Curie. Mel trained in Australia specialising in oncology & haematology and this is where she picked up her passion for palliative and end of life care. - - Since completion of her Bachelor of Nursing she has undertaken a Post Graduate Certificate in Public Health, Graduate Diploma in Oncology Nursing and is currently undertaking Masters in Palliative and Supportive Care. - - Mel is committed to developing sustainable person-centred cultures, evidence based practice, education and development, advocating for patients, families and staff and fostering growth and development.

Poster number 15

Marking a structured simulated clinical assessment for final year nursing students; design and use of a suitable tool

Alex Nute, RMN, BN, MSc, PGCE, Lecturer Mental Health Nursing, School of Healthcare Sciences, Cardiff University, Wales, Wales
Jayne Hancock, RGN, ONC, Dip N, BSc (Hons) Nursing, PGCE, MSc Education. Lecturer Adult Nursing, School of Healthcare Sciences, Cardiff University, Wales

Aim

Outline the development of a structured simulated clinical assessment tool that examines management and decision making skills of final year student nurses

Abstract

In 2012 the new undergraduate nursing curriculum at Cardiff University embraced the opportunity to examine student performance in a simulated
setting. This structured simulated clinical assessment (SSCA) built on the traditional Objective Structured Clinical Examination (OSCE). Students were assessed during an unfolding medium fidelity simulation situation where co-players interacted within a given script. - Designing a marking tool that would be fit for purpose was a challenge. Over a period of four months the module team explored marking tools, many of which were designed for OSCEs or clinical practice. There was not a suitable tool in existence that was applicable to different fields of nursing, adaptable for use across different scenarios and yet specific enough to test the module learning outcomes. - Following a series of working groups involving clinicians, students and academic staff an innovative tool was designed that captured all four NMC domains of practice, and embraced generic practice outcomes in keeping with the module outcomes. - The marking tool was used across phase 2 and 3 of the SSCA.

Phase 1: Preparation - where students have 5 minutes to read a scenario and make notes. Phase 2: Simulated assessment – where students interact with role-players over 20 minutes. Phase 3: Debriefing – an opportunity for students to articulate their decision making. All examinations were conducted and filmed in a high fidelity simulation suite using SMOTSTM camera system. This allowed the examination team and external examiner to review footage during and after the event and moderate the final mark. Following the first cohort, student has subsequently given permission for their footage to be used as examples. This now forms the basis for the mock examination and students are able to use the marking tool to assess the recorded performance of previous students. This has proven valuable for both the module team to ensure parity in marking and also for the students to gain an insight into how the examination is conducted and expected performance. - Further exploration is underway to consider: - Students perceptions of this type of examination - Testing the tool for validity and reliability - Standards for SSCAs.

Intended learning outcomes

1. Appreciate the complexity of marking tool design
2. Identify the marking criteria and rubric descriptors
3. Describe the structured simulated clinical assessment process.

Recommended reading list

3. Patricio M, Juiano M, Fareleira F, Carneiro A. (2013) Is the OSCE a feasible tool to assess the recorded performance of previous students. This has proven valuable for both the module team to ensure parity in marking and also for the students to gain an insight into how the examination is conducted and expected performance. - Further exploration is underway to consider: - Students perceptions of this type of examination - Testing the tool for validity and reliability - Standards for SSCAs.

Biography

Alex Nute began his career in Cardiff as an acute Mental Health nurse in the mid 1990s, moving on to clinical management with a peripatetic specialist neuropsychiatric service 2 years later. After an enjoyable and fulfilling 6 years he left direct care to take on a Clinical Teacher role in 2004, with his NHS career ending in 2014 following a successful 3 years as a quality improvement lead across Cardiff’s Mental Health services. He is currently a full time lecturer, module co-ordinator and admissions tutor with Cardiff University’s School of Healthcare Sciences.

Poster number 16 Enhancing the student experience in large cohorts using an emotionally intelligent approach

Allison Evans, RGN, MA(Couns), PGCert(Supv), PGCert(Education), PGCert(Research Methods), Senior Lecturer, Birmingham City University, England

Chris Jones, RGN, RSCN, MA(Education). Senior lecturer. Birmingham City University

Aim

To outline effective strategies utilised to maximise engagement and enhance the student experience of joining a large BSc Nursing cohort.

Abstract

Beginning your university career
can be a daunting experience and a significant achievement following years of study to pursue what is viewed by many as their vocation. Birmingham City University is one of the largest providers of nurse education in the UK and has a rich and diverse student population. A significant proportion of students recruited to the BSc (Hons) Nursing programme do so as a result of completing an access course and arrive with a variety of life experiences. There are also a considerable number of students who have recently left school or college and often their family homes for the first time. In addition to this as part of a culturally diverse community the University is also fortunate enough to be able to recruit students from a wide variety of ethnic backgrounds. - 

Leading the first large core module of the pre-registration nursing programme with 400+ students across all four fields of nursing in a way which supports individual students needs and maximises the potential for engagement demanded a unique approach. This core module entitled Professional Values and Academic Skills (PVAS) was historically less popular with students than the more attractive core skills module delivered simultaneously. Students perhaps understandably more excited about the prospect of learning how to perform the tasks associated with nursing than the principles of joining a profession. Assessment pass rates and student satisfaction with the module were both in need of improvement. - 

By using an emotionally intelligent approach, responsive to the student’s unique experiences and through the introducing of a variety of changes to the module leadership, teaching methods and sympathetic timetabling a significant rise in the module’s pass rates and student evaluations were achieved. The ability to engage at an emotional level by perceiving, managing and responding to the student’s experiences at the beginning of their programme created the opportunity for students to establish supportive and nurturing relationships despite being part of a large cohort. Through modelling an emotionally intelligent approach although some of the content remained conceptually unattractive students were able to engage and remain highly motivated despite a range of personal challenges. - 

**Intended learning outcomes**

1. Be able to provide a definition of the term emotional intelligence
2. Be able to apply the principles of emotional intelligence to teaching practice
3. Be able to identify three transferable ideas for teaching large groups of student nurses in your own educational setting

**Recommended reading list**


**Biography**

Allison qualified as a RGN in 1988 and worked in primary and tertiary care settings before becoming a qualified counsellor/psychotherapist. Relocating to the voluntary sector she developed and led a counselling centre in the community and a private supervision practice. In 2010 she joined Birmingham City University as a lecturer in adult nursing. Allison worked on a variety of pre and post registration courses before becoming a senior lecturer leading a large core module on the BSc(Hons) Nursing programme. She remains passionate about equipping students to become competent, compassionate practitioners and is currently undertaking a PhD in Emotional Intelligence.

**Poster number 17**

**Development and use of a virtual environment simulated patient to develop students clinical decision making**

Dr Victoria Allen, PhD RN BNurs FHEA, Senior Lecturer in Adult Nursing, University of West London, England
Janet Deacon, Dip.Nurs, RCNT, RN. Lecturer in simulation, University of West London

**Aim**

To evaluate the use of an online simulated patient and subsequent face to face debrief to facilitate student nurses clinical decision making skills.
Abstract
Simulated clinical experiences have been utilised in nurse education to obtain knowledge, skills, and clinical judgement. This uses strategies from high-fidelity simulators that provide realistic physiological responses, to Standardised patients where actors are utilised to portray realistic patients (Decker et al, 2008). However, these activities are resource intensive and in large class-sizes some students may not be able to directly interact with the case patients. - It is argued that it may not be the simulation in isolation that enables student nurses to develop their clinical reasoning, with the debriefing process considered to be the essential component that enables students to make connections between their theoretical knowledge and clinical practice (Mariani et al, 2014). Therefore, to reduce the resources required within the simulation centre, an online simulated clinical patient was devised. - This online simulated clinical patient programme consisted of a pre-recorded nursing handover and the ability for the user to ask the patient questions, undertake vital signs, give the patient oxygen or medication, and call the doctor. The online simulated clinical patient responded to the care provided enabling the student to re-assess the patient. - Students were instructed to use this at home prior to attending the lesson and document their care. This was debriefed in the classroom as evidence suggests the use of a personalised oral debriefing was favoured over multimedia debriefing with no educator present (Cheng et al, 2014). - 95 students completed the questionnaire relating to their experience of the online simulated clinical patient and subsequent debrief. 92.6% of students either agreed or strongly agreed that this was a good way to practice their clinical decision making skills. However, only 32.6% of students stated they preferred the online simulated clinical patient compared to using the simulation centre, though some recognised “that each [session] is a building block ... enabling me to gain confidence and improve my knowledge”. - An online simulated clinical patient may help facilitate learning of clinical judgement and decision making if adequate time is given to a face-to-face debriefing session to support students learning. However, it should not replace the use of other simulated experiences or clinical practice.

Intended learning outcomes
1. To develop and pilot an online programme of an interactive simulated clinical patient
2. To evaluate student perceptions of the new online simulated clinical patient programme
3. To evaluate the use of a class-room based debrief to support students clinical decision making

Recommended reading list

Biography
Victoria is a Lecturer in Adult Nursing at the University of West London. She undertook her nurse training at the University of Birmingham and commenced her career at the Queen Elizabeth Hospital, Birmingham before undertaking a PhD at Reading University in collaboration with the Royal Berkshire Hospital. Janet is an experienced Lecturer in Simulated Learning at the University of West London. Prior to this she was a tutor in the School of Nursing at Brent and Harrow. Both authors have worked together to develop a new strategy to support student learning in a modified simulated environment and class-debriefing situation.

Poster number 18
The impact of journal clubs on pre-registration nursing student’s attitudes to research.

Sebastian Meighan-Davies, N/A, Student Nurse, Keele University, England
Ella Jade Carrington, Student Nurse, Keele University

Aim
To share how participation in a journal club has changed student’s
attitudes towards finding and implementing evidence based practice.

**Abstract**

As a nursing student, reading and articulating research is a daunting process which can often provoke a negative attitude. All nurses are bound by the Nursing and Midwifery Council Code (2015), to implement safe and effective evidence based practice. Negative attitudes towards research are portrayed in the literature surrounding undergraduate perceptions of research. Halcombe and Peters (2009) highlight that nursing students often find engaging with research confusing, anxiety provoking and distressing. This is further supported by Ax and Kincade (2001) who suggest that students fail to see the usefulness of research in practice. Furthermore; Bloom, Olinzock, Radjenovia and Trice (2013) highlight that students nurses can perceive research as "not real nursing", "boring" and "not useful". Kennel, Burns and Horn (2009) also suggest that nursing students often fail to engage with research due to other academic responsibilities within their program. As undergraduate nursing students, our attitudes towards research were very similar to that highlighted in the literature. During the first few months of academic study, we struggled to engage with research as we lacked the necessary skills and tools needed to understand it properly.

Upon commencing our first module, we were introduced to the concept of a "Journal Club". This provided us with a forum to raise our opinions surrounding research, as well as introducing us to the process of critically analysing what we were reading and not simply believing everything we read. In module two we were able to select our own papers to critique. This task was well received by all students as we were able to select papers that related to our own fields/interests. We then presented these papers back to our peers in a supportive and non judgemental environment. This presentation will explain the successes of journal club in significantly changing our attitudes towards research. As students we undoubtedly feel that we have benefited enormously from being part of a journal club and we have come to wonder how we could have ever hoped to be providing evidence based practice without being armed with the right tools to critically appraise the literature.

---

**Intended learning outcomes**

1. To understand the barriers to engaging student nurses with research.
2. To further knowledge and understanding of the most succesful aspects of a Journal Club in engaging undergraduate nurses with research.
3. To identify the benefits of a student lead Journal Club.

**Recommended reading list**


**Biography**

Sebastian Meighan-Davies is a third year Children's Nursing student at Keele University. He is currently Chair of the Staff Student Liaison Committee and is an active member of Keele University's Boat Club in his spare time.

**Poster number 19 Implementing a Specialist Cardiothoracic Rotation Programme - Lessons learnt**

Miss Alexandra Wilson, BSc, Sister - Clinical Education, Royal Brompton and Harefield NHS Foundation Trust, England
Liz Allibone, MA BSc RN FHEA, Head of Clinical Education and Training, Royal Brompton and Harefield NHS Foundation Trust

**Aim**

This presentation outlines initiatives set up help meet challenges of facilitating a rotation programme in a cardiothoracic specialist NHS Trust.

**Abstract**

Introduction - At the Royal Brompton and Harefield NHS Foundation Trust, it was locally identified that rotation
programmes are an attractive option as first destination for newly qualified nurses. However, there are challenges of supporting the transitional period of rotation candidates and their theoretical and clinical development alongside the demands of working within a complex specialist environment. Therefore it has been vital to implement initiatives to ensure that the programme meets the objectives of recruiting and retaining nurses who become confident, skilled autonomous practitioners (Willis 2015). - - - Educational Supervisor - - - This dedicated role provides a single point of contact and co-ordinates the entire 18 month programme; from recruitment and selection to ongoing academic and clinically based support and evaluation. The Supervisor chairs the rotation faculty group, and liaises closely with the clinical and corporate senior teams and mentors. The Supervisor is only partially office based, ensuring visibility and clinical credibility through working clinical shifts with each candidate, and also facilitating the academic programme. - - - Creating a Sense of Belonging - - - As the rotation nurses are not designated to one ward/unit it is vital to promote a sense of belonging, identity and social support (Malouf and West 2011). In addition to “walking the floor” the Education Supervisor has established various modes of communication e.g. whatsapp group, social events, posters, and regular drop in sessions. - - - Preceptorship - - - The rotation programme runs alongside the Trust’s established preceptorship pathway. This helps reduce potential isolation and ensures the candidates meet all newly qualified nurses Trustwide. - - -

Recruitment and Retention - - - Selection of appropriate candidates is vital to ensure commitment to staying on the programme, with an ability to cope as a newly qualified nurse with the demands of working in three complex specialist environments. Timely advertising in line with peak availability and engagement of potential candidates as well as rigorous selection is led by the Educational Supervisor. - - - What next - - - Candidates are required to complete a variety of assessments. Academic accreditation is currently being explored. Increased opportunities for simulation are also planned, facilitated by the rotation faculty. Future cohorts are also being aligned with the Capital Nurse Project

Intended learning outcomes

1. Integral to the rotation programme is to have an education supervisor to support rotation nurses clinically and academically
2. Through rigorous recruitment, ensuring the right candidates are selected for the programme who are committed to the programme
3. It is vital to promote a sense of belonging, identity and social support due to moving from ward to ward, preventing isolation.

Recommended reading list


Biography
Alexandra is the Sister in Clinical Education and specialises in cardiothoracic intensive care nursing. She leads on the Rotation Programme currently running at Harefield Hospital which will role out to Royal Brompton in 2017. Alex works and teaches both clinically and in the classroom maintaining visibility to both qualified nurses and nursing students, who she also supports. - - - Alex is a firm believer in educating and developing nurses from and early stage in their career, both clinically and in the classroom.

Poster number 20
Moving Students through the "Threshold" Finding commonality in distinctively different areas of nursing.

Mrs Deborah Leetham, RGN. MSc. FHEA, Senior Lecturer, Northumbria University, England Fiona Watson, Senior Lecturer, Northumbria University
Aim
The aim of this poster is to demonstrate the use of a pedagogical theoretical framework to underpin formative assessment in nurse education within the fields of mental health and adult nursing.

Abstract
Formative assessment is accepted as an integral part of the teaching and learning process. This type of assessment is described as being assessment for learning as opposed to the summative approach being assessment of learning (Black and Williams 2006).

It is therefore widely accepted within nurse education programmes as being a way of improving student engagement and learning. The aim of formative assessment is to assist the student to move to a higher level of learning through self-regulation. Formative assessment strategies should therefore provide the learners with opportunities to practice regulating aspects of their own learning and reflect on that practice. To help students move beyond instructional and didactic learning and develop the capacity for self-regulation teachers need to introduce structured frameworks for the assessment of students towards this goal.

Students on nurse education programmes can encounter “difficult” or “troublesome” knowledge. This can be related to the subject being studied or students can find themselves exposed to “alien knowledge” which is unfamiliar concepts difficult to accept. These educational dilemmas can often arise because of conceptions held by the student through past experiences of exposure to them. These concepts were recognised as threshold concepts due to the transformative and irreversible nature of the learning and the repositioning students undergo once exposed to them. Once meaning is internalised by the learner connections can be made to what is already known about the subjects (Meyer and Land 2006).

The occupation of a liminal space the student inhabits whilst mastering a threshold concept can be used as a pedagogical framework to formatively assess students’ grasp of the conceptions being taught (Allan et al 2015).

Two such curricula inclusions are genetics and the concept of recovery in mental health. - - This poster presents findings from two distinct phenomenographic pilot studies. The context of nurse education was the basis for both. One focussed on the concept of understanding recovery in mental health, the other investigating strategies used for learning of genetics. The trans-application of the liminal space as a pedagogical framework for formative assessment is demonstrated as a possible strategy to assess the progress towards self-regulation.

Intended learning outcomes
1. Appreciate the utility of a pedagogical theoretical framework as a strategy for formative assessment
2. Identifying the nature of troublesome knowledge which inhibits learning in nurse education
3. Explore the utility of the liminal space to support student transformation and mastery of concepts

Recommended reading list

Biography
Deborah Leetham Is a Senior Lecturer in undergraduate nursing at Northumbria University where she has taught for 11 years. She has been qualified as an adult nurse for over 30 years and gained clinical experience in surgery, oncology and genetics. She is also currently a PhD student at Northumbria University investigating how student nurses learn about genetics. - Fiona Watson is currently a senior lecturer at Northumbria University. After 21 years in mental health practice she now teaches undergraduate nurses. She is currently undertaking a PhD exploring mental health students conceptions of recovery.

Poster number 21
The impact of memorable events on the student nurse journey.

Robert Mapp, MEd Higher Education, Deputy Programme Director Adult Nursing,
Birmingham City University, England
Lisa Abbott - BCU Head of Department for Children and Young People’s Health, Birmingham City University

Aim
To share our creation of a series of memorable events and their impact upon the student experience. To demonstrate how these events have built social capital and a sense of belonging within large cohorts. To share how the events impact upon student self-awareness, resilience and mindset.

Abstract
A nursing student’s journey at university is challenging, combining the physical and emotional demands of placement with academic study, alongside maintaining a life-work balance. Quite often students return from placement, straight back into academic work with little time to reflect or consolidate their journey so far. Involvement in the ‘What Works’ project (Thomas, 2012) led to the development of a programme of memorable events. The provision of memorable events as landmarks in recognising student’s achievements can have a multi-faceted approach in developing social capital, social engagement and belonging to the university. They create an opportunity for building a social identity with peers as students who have had a shared experience. The event focus should be away from the curriculum, to make it feel less like work and the aim should be to create a positive, unusual experience for the students. Increasing connectivity between the students as peers; students with staff and students with the university, will have a positive impact upon the student experience, with a potential lasting effect on retention, success and student satisfaction. - This poster will showcase a series of memorable events which are facilitated during the students three year journey. These events acknowledge the challenge of the nursing programme and enable students to reflect upon their journey and celebrate their success as a whole group. This creates a shared experience which should inspire and motivate them both in their studies and in practice. Key themes within the memorable events surround the development of self-awareness, confidence, resilience, mind-set and empower them to be future thinking nurses. Furthermore, key professional support services are promoted, as students understanding and accessing the support available to them will have a positive impact on their potential for successful completion of the course. - Students who are self-aware, resilient and have growth mind-set will be more likely to survive and thrive as newly qualified nurses, therefore improving retention of NQNs within the practise setting (Akerjordet & Silverinsson, 2008; Walters, 2015).

Intended learning outcomes
1. To understand what a series of memorable events might look like for an undergraduate nursing programme.
2. To consider how memorable events can build social capital and a sense of belonging for large cohorts of students
3. To have an awareness of how memorable events can inspire and motivate students to be successful and keep growing.

Recommended reading list

Biography
I am currently working at Birmingham City University as a Senior Lecturer in Adult Nursing. My role is the Adult Deputy Programme Director for the BSc (Hons) Nursing Degree course; I have been in this position since September 2014 and worked at the university for the past 6 years. Whilst undertaking my Masters, I did work around student engagement and how this related to attrition. Since this point I have real interest in both of these areas and am currently working on several projects within the university to enhance student engagement and foster social capital.

Poster number 22
Technical wizardry, the smotsTM camera system: integral to the final year
undergraduate nursing students summative structured simulated clinical assessment

Anthony Pritchard, RN, BA,MSc PGCE, Lecturer Adult Nursing, School of Heealthcare Sciences, Cardiff University, Wales Karl Rowe, Simulation technologies Manager, School of Healthcare Sciences, Cardiff University

Aim
Illustrate the use of the smotsTM camera system to capture summative structured simulated clinical assessment of final year student nurses

Abstract
The promise of clinical simulation in nurse education as an education tool has now expanded to capture summative assessment of student’s performance. At Cardiff University a structured simulated clinical assessment (SSCA) built on the traditional Objective Structured Clinical Examination (OSCE) was developed to examine final year student nurses. Students were assessed during an unfolding medium fidelity simulation situation where co-players interacted within a given script, monitored and recorded using the smotsTM camera system. - - The live feed and recording capability of the smotsTM camera system was used across phase 2 and 3 of the SSCA.

Phase 1: Preparation - where students have 5 minutes to read a scenario and make notes
Phase 2: Simulated assessment where students interact with role-players over 20 minutes
Phase 3: Debriefing – an opportunity for students to articulate their decision making -

There were challenges to using a recorded SSCA cross all fields of nursing, particularly the resource intensive nature of simulation coupled with and the subsequent data extraction. However the enthusiasm to effectively use hardware and software technologies to support and even enhance the academic vision of the concept drove the team forward and approximately 400 students have now undergone this examination. - - Further exploration is underway to consider: - •Use of recorded footage to further facilitate personal reflection on performance - •Correlation between simulation performance and clinical performance -

Intended learning outcomes
1. Explain how smotsTM camera system supports a medium fidelity structured simulated clinical assessment
2. Appreciate the benefits and challenges of managing technology to support simulated assessments
3. Recognise the potential for using recorded footage to enhance reflection and knowledge transfer

Recommended reading list

Biography
Anthony is a lecturer in Adult Nursing and Professional Head of Adult Nursing at the School of Healthcare Sciences, Cardiff University, and formally the Programme Manager for the Post Graduate Certificate in Non-Medical Prescribing. Anthony main teaching activities are clinical science applied to nursing, assessment and diagnostic reasoning and resuscitation skills at undergraduate and post graduate levels. Anthony has a specific interest in resuscitation and recognition of the deteriorating patient which links back to his clinical career in critical care nursing. Anthony is an Accredited Resuscitation Council (UK) Advanced Life Support Instructor and a trained ALERT instructor.

Poster number 23 Embedding personal and professional values into the Newly Qualified Nurse Induction Programme.

Jo Sessions, Dip He (Pre Reg) Nurse, Learning and Development Facilitator, Sheffield Teaching Hospitals, England
Lou Mycroft Masters Education. Lecturer. Northern College
Aim
To explore the role of social purpose education in the NHS

Abstract
At Sheffield Teaching Hospitals the first week of any newly qualified Staff Nurses working life is spent in classroom conditions. The purpose of this is to ensure that the Newly Qualified Nurse is compliant in mandatory training when they arrive in their clinical area. - I have a particular interest in social purpose education as I am studying for a Cert Ed at Northern College, which is one of only two centres in the U.K whose ethos is around social purpose education. By following a social purpose education methodology, education is used to bring about social change. I have spent hours reflecting on the viability of the NHS and social purpose education. STH has a defined and embedded PROUD values base by which we put our patients first, we are respectful to everyone, we display ownership and unity and we deliver good quality safe care. - This paper will explore how social purpose values are embedded throughout the induction programme, as well as my own value base and that of the newly qualified Nurses. I feel extremely lucky that I have been part of a learning environment which advocates straying away from the designated reading list and encourages open and frank discussion amongst my peers. - I will present insight into the broader range of thinkers that underpin my practice to apply social change within my Trust and beyond. I hope that through this paper you will think about applying these principles to your areas of work. The works of Nancy Kline, Paolo Freire, bell hooks and Stephen Brookfield all explain the importance of social purpose education and how it can be applied through all areas of education. Freire way back in 1970 speaks about “action and reflection upon the world in order to change it”. The Mind the gap study (2015) is particularly relevant as itexplores the generation Z nurses’ educational needs and this will be reflected upon throughout this paper. -

Intended learning outcomes
1. To understand the ethos of social purpose education.
2. To reflect how it is embedded into an individuals practice.
3. To explore our responsibilities as educators.

Recommended reading list

Biography
The author of this paper has been a qualified Nurse for fourteen years working in a range of specialisms in clinical areas. Since working at Sheffield Teaching Hospitals I have had opportunities to work in learning and development. Initially the author worked with others to devise and roll out the STH Hydration and Nutrition Assurance Toolkit (HANAT). Since June 2016 the author has been part of the practice, placement and student support team working with a range of learners across the Trust. The author is due to complete a Certificate of Education in May 2017.

Poster number 24
Improving the Health, Wellbeing of Students & Mentors and ensuring a positive student experience, in a Large Community Mental Health Trust

Carol Snape, RGN. SCPHN/HV. PT. PgCE, PracticeEducation Facilitator, Lancashire Care Foundation Trust, England
Pamela Dalton. RGN. DIPHE midwifery. Cert Ed. Practice Education Facilitator. Lancashire Care NHS FT

Aim
To identify the impact of The PEF Team tracking and targetting the journey of learners and mentors, improves the Knowledge, Skills, Health and Wellbeing and experience of Students & Mentors in practice.

Abstract
Lancashire Care NHS Foundation Trust covers a large geographical area with over 200 placements and 789 Mentors supporting students in practice. The aim of this work was to ensure within the Trust mentors and students are supported and are cared for through the Trust values: Teamwork; Respect; Accountability; Compassion; Integrity and Excellence. Effective support of students and mentors was considered to be one of the main factors influencing their working for the Trust within a culture of excellence and care. To embed this further, a number of processes were developed within
practice and fed into the level of excellence by staff already working for the Trust through the celebration of success, recording compliments and thanking mentors and students for their contribution to the learning process. Along with this, the use of clear pathways was introduced for raising and addressing student concerns and feeding back the resulting actions and changes of practice. To support mentors within their roles regular updates are held within practice areas, Inter-professional Learning opportunities are offered, and closer relationships with the Practice Education Facilitators nurtured. The resulting outcomes included: increased recruitment from careers and internship days and a raised number of compliments for mentors. Datix reporting and the introduction of PEF Duty identified a number of concerns that have been dealt with and increased student and mentor confidence that concerns are taken seriously. The feedback mechanisms show that PEF support and interventions are making positive impact on the student and mentor experience. Mentor compliance and Triennial review compliance has increased, with many more coming forward to take on the role of Sign Off Mentor. Students are contacted in the event of an incident and offered support with their health and wellbeing. Students are increasingly feeling part of the trust and that they are listened to and cared for, wanting to continue within this positive environment as qualified nurses.

**Intended learning outcomes**

1. Understand the impact that increased support & interventions has on the student & mentor experience, health & wellbeing.
2. How timelines, flow charts & action plans assist with the smooth delivery of services the PEF Team supply
3. How the student engagement timeline & calendar assists with providing evidence to meet KPI’s, PEF Outcomes & HEI/NHS HEE outcomes and meeting some areas within the proposed Transforming Learning Environment agenda

**Recommended reading list**


**Biography**

Carol started in the NHS in 1986, completing her RGN Part 1 in 1989. Following this she worked in Medicine & Haematology from 1989 to 1998, when she did her SCPHN Health Visiting training. She was a practice Teacher from 2004 until 2014, when she then worked for 12 months as a Team Leader for children & families. In June 2015 she became a Practice Education Facilitator. - Carol has a long standing interest in education having completed ENB 998. City & Guilds D32 & D33. PgCe in higher education.

**Poster number 25**

**Supporting the diverse educational needs following International Nurse Recruitment in a District General Hospital (DGH)**

Deborah Eaglefield, RN, DiPN, MSc, Lead Nurse Practice Development, Burton Hospitals NHS Trust, England
Vannessa Roilinson RN, BSc Learning & Development Manager Burton Hospitals NHS Trust

**Aim**

To create and deliver a robust programme to optimize International recruitment

**Abstract**

Background: Challenged with an increasing number of Registered Nurse vacancies, high attrition rates, insufficient student investment in training and an aging work force, like many other hospitals across the UK overseas nurse recruitment has intensified. Europe, particularly Spain, Portugal and Italy being the most favourable as globalisation and free movement allowed the process of registration to the Nursing and Midwifery Council (NMC) easier and economical. The extensive depletion of this workforce would not be sustainable and hence an International recruitment strategy was needed and a process developed to facilitate a transition
to local, social and cultural demands of working as a Registered Nurse in the UK.

Method: It was immediately clear that a diverse programme of education, with a challenging agenda and strong leadership, mentorship, supervision, simulation and an aspect of supernumerary status was required to accelerate a smooth relocation and settlement into an NHS Foundation Trust. The programme needed to be robust and reactive to the global educational and pastoral needs of both newly qualified and experienced International nurses. Being a small DGH it is vital that we provide a comprehensive support package in order to remain competitive. - Using a collaborative approach the Practice Development and the Learning and development team planned an evolving curriculum: -

- Organisational Induction to include mandatory training -
- Socialisation to local culture and area -
- Hospital Orientation and clinical supervision -
- Establishment of mentorship and preceptorship -
- OSCE preparation through simulation training -

The presentation will demonstrate how a diverse approach is required to help sustain an international workforce within a small DGH.

Intended learning outcomes

1. Recognise the importance of ongoing pastoral and cultural diversity provision to ensure workforce retention
2. Understand the complexities of international recruitment through clinical support
3. Discuss the value of simulation for OSCE preparation

Recommended reading list

3. None

Biography

Deborah Eaglefield is the Lead Nurse for Practice Development at Burton Hospitals NHS Foundation Trust (BHFT) where she is responsible for supporting the workforce to deliver best practice. Deborah has a wealth of clinical experience. She has a passion for excellence, Quality and patient safety. - Vannessa Rolinson is the Learning and Development Manager of BHFT where she is responsible for the continual professional development of the registered workforce, leads on the Talent for Care agenda and is the quality nominee for the Trust’s accredited centre. Vannessa is an active RCN Learning Rep, accredited to facilitate the RCN Clinical Leadership programme.

Poster number 26
Exploring the impact of leadership on patient experience.

Dr Deborah Fox, Ph.D, RGN, RNT, SFHEA, Senior Lecturer in Nursing, Vice Chair Leeds East Research Ethics Committee, Leeds Beckett University, England

Aim

The aim of the paper is to consider the effectiveness and impact of leadership courses/development upon the patient experience in an acute hospital environment.

Abstract

Following the enquiry into the catastrophic events of Mid Staffordshire Hospitals, the Francis report (2013) identified a significant number of recommendations to improve the safety and quality experience of patients. The recommendations were remarkably similar to the Garling Report (2008) of New South Wales, Australia which found a significant lack of nursing leadership and argued this as a contributory factor to poor patient experiences. Both reports were pivotal in challenging poor leadership and reflect a broader consensus of the importance of nursing leadership education and a plethora of courses/workshops emerged. - Despite a significant investment in leadership courses, there remains little evidence directly linking the practices of senior nurses who have undertaken leadership courses, with the patient experiences. There have been some attempts to understand this impact from a practitioner's perspective, however, there is a disconnect in evidence reviewing the effectiveness/impact of leadership courses upon the patient experiences, from the patient's perspective. Currently, a staged research study is being undertaken to link these approaches. - This paper will present the first part of the study exploring the impact of leadership upon the patient experience from a senior nurse perspective. Utilising hermeneutic phenomenology, the paper will present the findings of a study focussed on senior nurses (bands
7&8) and their perceptions of changing practices to positively influence patients’ experiences, following leadership education. The findings from the first part of the study will be used to refine and develop existing leadership courses delivered at degree and masters level to enhance the clinical practice of senior nurses and consequently have a positive impact on the quality of care delivery and patient experience. The findings will be presented and subsequently used to develop the research design of a further study focussed upon the patients’ perspectives. It is anticipated that once the research design for patients’ perceptions of leadership upon their care experiences has been refined, the research will be replicated with our collaborative partners in New South Wales.

**Intended learning outcomes**

1. Recognise the perceptions of senior nurses' leadership upon patient experiences
2. Consider the effectiveness of nurse leadership courses and how they influence patient experiences
3. Understand the importance of patient focussed research to explore patient experiences in UK and NSW

**Recommended reading list**


**Biography**

Debbie is an experienced, highly motivated senior nurse. Debbie lectures in nursing with particular focus on leadership, ethics and governance. Debbie joined the transformation team at Mid Staffordshire Hospital and has provided consultancy and guest lectures in learning the lessons. In 2013 Debbie was awarded a Florence Nightingale Travel scholarship and visited Sydney, Australia, presenting guest lectures and exploring ‘leadership in a failing organisation’ following the Garling Report. Debbie is a reviewer for Nurse Researcher and is Vice Chair of NHS Ethics Committee. Research interests focus on leadership, governance and the patient experience and she currently supervises 6 doctoral students.

**Poster number 27 Enhancing placement experiences of nursing students: preparing students for practice.**

Gina Williams, BSc BNurs, Staff Nurse, The Christie, England
Natasha Wragg, Undergraduate BNurs student, University of Manchester

**Aim**

Evaluating a student-led project aiming to enhance practice placement education experiences for nursing students via peer support using online reflections in conjunction with traditional publications

**Abstract**

Peer-learning partnerships support first year students during their transition to practice whilst preparing experienced students for preceptorship, registration and mentorship by improving self-confidence. - A student working group representing all course fields provide sources of peer-support to succeeding cohorts (Dennison, 2010). Supported by academic staff and grants, primary aims were to improve nursing preparation, address student-identified concerns about practice placements, maximise learning opportunities and signpost individuals to available sources of support in a group context. - The ‘Placement Enhancement Project’ created reflective blogs, professional video materials and printable guides; adapting university guidance and developing specific user-focused material to create student-related publications, bridging the gap between practice and university experiences. This poster/presentation explores this process of preparing nursing students for practice, critically reflecting on current literature and policy and presents responses to the pilot launch and project evaluation. - Initial surveys showed 74% of respondents acknowledged a dearth of information about placement-specific areas and opportunities; reflective blogs by experienced students were launched in response. Respondents identified preferred methods of accessing information to prepare for practice, topic requests and qualitative feedback. - Independent evaluation using focus groups targeted key student demographics, 18-24 years, mature students and student parents. Feedback regarding dissemination, professional development and student-mentor relationships was reflected upon and resources updated. Further emerging themes included online formats of peer-support resources and issues.
affecting specific demographics with potential to impact on their placement experiences. - Future developments include collaboration with nearby universities and practice education leads within the North-West. In light of ‘Devo-Manc’, it is hoped that regionally-focused projects help increase topical discussion whilst highlighting development opportunities for nursing and midwifery students. Developing supportive online platforms and raising the role of students working as partners within higher education is a key goal to enhance peer-led placement learning. - The project encouraged staff-student collaboration; enabling staff insights into undergraduate experiences and evidencing benefits of peer-learning and support. This project would inform the development of the future nursing workforce by utilising untapped potential in online peer-learning networks; increasing satisfaction and developing leadership skills of volunteer students, and reducing anxieties and social isolation regarding novel practice experiences to improve student retention. -

**Intended learning outcomes**

1. Benefits of peer-learning in undergraduate nursing students
2. Impact of practice learning experiences on pre-registration student nurses
3. Evaluation of a student-led peer-support project

**Recommended reading list**


**Abstract**

Background: To address the General Practice Nursing (GPN) workforce crisis (RCN, 2009; RCGP, 2014) and the shift of healthcare provision from secondary to primary care, undergraduate student nurses need to be exposed to the skills and role of the Practice Nurse through placements in General Practice. - Project Aim: A Community Education Provider Network (CEPN), HEI and individual GP surgeries collaborated to evaluate the feasibility of regularly placing student nurses in local general practice from 2014-15. - Method: Pre-registration student nursing cohorts (Adult Nursing) were invited to offer expressions of interest in undertaking their 2nd year Elective placement in a GP surgery. Local practices were invited to participate in supporting student nurses interested in having a GP elective experience. Practices with a nursing mentor, completed a bespoke return to mentoring update, or were provided with the opportunity to undertake a mentorship qualification as needed. A hub and spoke model was designed through educational audit establishing the learning experiences and skills to be achieved during placement. Evaluation feedback was obtained from all key stakeholders: Student Nurse, GPN, GP, and Practice Manager, with practices considering regular placements once the elective was completed. - Outcomes: 19 practices supported a student nurse on their elective placement (2014 and 2015). 18 practices now regularly host student nursing placements.

**Biography**

Gina Williams is a recent BNurs graduate from The University of Manchester currently working at The Christie as a chemotherapy nurse; during her studies she was involved in the ‘Placement Enhancement Project’ team and the creation of the accompanying publication for new students. With a background interest in research and education; she hopes to combine this in future practice and mentorship. She would also like to acknowledge the continuing hard work and support from the team and hopes the project can develop over the coming years to help future generations of nurses begin their journey in nursing.
with 2 more awaiting nursing mentorship preparation. GP Nursing placements are now an integral part of community placement opportunities offered within the pre-registration nursing programme. - Discussion: Through effective collaboration, the development of sustainable placement experiences for pre-registration nursing in GPN is feasible, and offers student nurses the opportunity to consider working as a GPN from the point of registration.

Intended learning outcomes

1. Identify the challenges and opportunities in establishing regular student nursing placements in general practice
2. Evaluate first-time experiences for GPNs and practices supporting a student nurse in clinical placement
3. Critically discuss the need for robust resources to support and sustain general practices as valuable clinical learning environments within nurse education

Recommended reading list


Biography
Kathy Whayman has been a Senior Lecturer in the School of Health and Social Work at the University of Hertfordshire since 2013. Her background includes extensive clinical experience in gastrointestinal and cancer nursing, within the NHS and PVI sector, followed by nursing lecturer positions in both pre and post registration nursing education since 2005. Kathy has co-edited 2 nursing texts and has published a number of papers. Kathy’s responsibilities include Student Placement Experience Project Lead, Assistant 3rd year programme tutor and management of the 1st year pre-registration clinical practice modules within the BSc Nursing programme at the University of Hertfordshire.

Poster number 29
Using an innovative approach to engaging students to enhance their experience of blended learning programmes

Dr Janice Koistinen-Harris, PhD, Student Experience Manager, Education for Health, England

Aim
To demonstrate how a higher education organisation has gained a deeper understanding of students’ perspectives and priorities through expanding its approach to gathering feedback from the student population of healthcare professionals

Abstract
Introduction
Education for Health offers part-time higher education blended learning programmes to healthcare professionals, predominantly nurses, across the UK. Students are geographically disparate and modules are delivered through eLearning, some with optional taught days in various locations. Student feedback is collected through survey-style evaluation forms supplemented by information from student representatives and anecdotal comments. We wanted to develop a richer understanding of students’ experience and priorities to inform learning delivery. Opportunities for in-depth discussion, such as student staff liaison meetings or focus groups, are limited given the student population. We therefore developed an enhanced approach to engaging with students using a ‘pyramid model’.

Education for Health Pyramid Model of Student Engagement

Methods
The model summarises the approach to gaining feedback, particularly through the Student Reference Group which includes the student representatives plus other members and operates online to enable student participation without travel. Discussion topics are generated by the students and the organisation. Opportunities for involvement are promoted on the eLearning platform and in the student newsletter and discussion forum, which are also used to disseminate outcomes of engagement and ‘close the loop’ for all students. A member of staff coordinates student engagement work to ensure communications flow smoothly and students’ time commitment remains manageable.

Results
The Student Reference Group has provided feedback on key topics such as enhancing communication with students in greater detail than is possible on evaluation forms. By operating online the group is also a flexible resource, enabling rapid collection and use of feedback to inform issues such as the development of information and resources for students. In turn, students involved have reported that they have developed a greater sense of connection with the organisation and other students, thereby addressing some of the known challenges of blended learning particularly for part-time adult students.

Conclusion

Enhancing student engagement has been a mutually productive means of gaining an in-depth understanding of students’ perspectives and priorities for change. The pyramid model will continue to be used to promote student engagement and highlight its impact upon the student experience.

Intended learning outcomes

1. Understand how a strategy for using electronic resources can be used to promote student engagement and gain additional feedback
2. Understand how enhanced methods of engaging students on distance and blended learning programmes can produce direct benefits for students themselves as well as the organisation
3. Understand how an integrated approach to gaining student feedback can be used to inform operational and strategic issues

Recommended reading list


Biography

Janice Koistinen-Harris is the Student Experience Manager at Education for Health, a UK charity offering part-time HE blended learning programmes to healthcare professionals. Her role is to enhance the student journey including the information and support provided to students. Previously she worked at Warwick Medical School on various projects including eLearning, the medical education curriculum and palliative care, and also taught writing and analytical skills to university undergraduate students.

Nicky Horne, RN,Cert PN, BSc, GPN SPA, NMP (v300) PCGE,Msc AP,QN, Head of Education and Professional Practice, Betsi Cadwaladr University Health Board (BCUHB), Wales

Members of the RCN GPN Forum Steering Committee 2016

Aim

This Poster aims to bust the myth that primary care particularly general practice is not a suitable career for new registrants by presenting effective models of student nurse placements in General Practice and good practice in recruitment and retention of the GPN Workforce

Abstract

All the evidence is that the GPN nursing workforce is aged 50 plus and in some areas nearly 80% of the workforce is due to retire in the next 5 years. If we are to meet the aims set out in the 5 year forward review we need a robust plan to grow the workforce from the bottom up. Firstly by starting with exposing student nurses to general practice and the new models of community care such as Primary Care Home and GP Federations. Then by moving on to provide an identified career framework and a period of supported preceptorship we can entice new registrants to a career in primary care.

Intended learning outcomes

1. Be more aware of the rich learning environment of General Practice for Student Nurses
2. Understand that General Practice is a suitable first career step for new registrants.
3. To be able to consider new models of workforce growth

**Recommended reading list**

1. The NHS five year forward view NHS England (2014)

**Biography**

Nicky Horne Head of Education and Professional Practice for BCUHB. She is the only Welsh member of the RCN General Practice Nurse Forum Steering Committee.

Education and development are the key elements of both service redesign, retention of staff and recruitment.

She is a registered teacher and has worked part-time as a seconded lecturer for Bangor University. She was the lead for the practice nurse degree pathway with the SPA award in general practice nursing and also non-medical prescribing.

She has worked as a practice nurse and a nurse practitioner in the GP out of hours service.

**Poster number 31**

**Footfall v Footprints: Following the Footsteps of Preregistration Nursing Students in Practice**

Mrs Claire Clinker, RN, BSc, MSc, Senior Lecturer Nursing, University of Northampton, England

**Aim**

To introduce a new concept for students in their clinical practice to support their experiences and provide individualised and pastoral support.

**Abstract**

The role of the lecturer in student placement has been one of great debate over the last 20 years. As nurse education has shifted from hospital to university base, the roles have become ill defined with variance in practice and altered expectations from students, clinicians and academics.

The healthcare climate is politically challenging at present as the NHS struggles to cope with its demand. As a result of this, student nurses are vulnerable while on clinical placement due to a variety of reasons. Levels of mentorship and placements can vary significantly and the students can struggle to deal with this. Students can find themselves isolated from their peers and university lecturers while on placement.

In an attempt to improve student experience, the academic team responsible for supporting students in clinical placement have embarked on a process to change protocol and address some of these issues. Traditionally, lecturers have linked with a placement area to support mentors in practice. The University of Northampton have changed the focus of these links to be student focused.

Each student has a designated link throughout their 3 years of education for their placement learning. This has many potential benefits for the student the least of which is consistency. They have reported that they feel valued, appreciated and empowered. From an academic viewpoint, learning a student’s strengths, weaknesses, fears and joys has proved beneficial in offering bespoke advice and support in a bid to facilitate students to excellence!

**Intended learning outcomes**

1. Understanding of current practice placement support
2. How the demands of healthcare can influence student experience
3. The benefits of individualised student support in practice.

**Biography**

Claire has been an RN for 19 years working in both the acute and critical sector. She has been a senior lecturer for 10 years at the University of Northampton. She is the lead for practice and has been influential in driving change and improving student experience and links with practice. She is married with 2 children and a dog.

**Poster number 32**

**Building resilience and emotional intelligence during transition.**

Joanne Forman, RNCB, BSC, PGCert HE (fellow HEA), Clinical Skills Practitioner, Birmingham Children’s Hospital, England

**Aim**

To demonstrate that transition from student to NQN can be supported by a Keep in Touch Day to develop emotional intelligence, self-awareness and resilience. The integration in to trust values and professional expectations and accountability supports the preparation of the student for registration.
Abstract
Successful and smooth transition from student nurse to Newly Qualified Practitioner requires preparation and investment from employers.

The original aim of the introduction of a Keep In Touch day was to smooth the transition from student to staff nurse and support the recruitment process in “growing our own”. Over a 3 year period of running the days and collaboration with HEIs to ensure constructive alignment with the 3rd year programme they have now evolved in to a development of emotional resilience and equipping with the tools to support the development of self-awareness.

The study day is delivered during the students CAP period and delegates are invited to sign to up to attend at the point of recruitment. The day starts with meeting the basic needs such as HR questions, booking annual leave and uniforms etc. Once these needs are met the focus moves to emotional intelligence and self-awareness exercises and activities.

Three key areas are covered:
• Developing emotional intelligence and self-awareness
• Professional expectations and accountability
• Integration in to trust values and vision.

The evaluations show that the delegates feel more prepared and anxieties are reduced before starting in their new role. They are integrated in to the teams in a more cohesive way and Ward Sisters described the NQNs as better prepared and show more resilience during the transition from student to staff nurse.

Intended learning outcomes
1. 1. Recognise the need for preparation in the transition from Student to newly Qualified Nurse.
2. 2. Recognise the importance of developing emotional intelligence and self-awareness to help build resilience.
3. 3. Invest in input with newly recruited staff to enable smooth transition and support workforce development.

Biography
Joanne Forman is a children’s nurse working in the Clinical Education Team at Birmingham Children’s Hospital. Her main focus is the Newly Qualified Practitioner Preceptorship Programme. As an RCN Learning Representative she has a genuine interest in people development and supporting staff to achieve their potential. She achieves job satisfaction from sharing her knowledge and experience, and supporting staff to develop from NQNS in to emerging leaders within the healthcare organisation.

Poster number 33
Development of a specialist educational pathway to meet the needs of a growing biologics population.

Joanne McKee, RN, Dip HE adult nursing, BSc Orthopaedics, Clinical Lead, Biologic Services, Healthcare at Home, Wales
Mrs Lynda Gettings

Aim
To showcase the development of an innovative nurse educational pathway within the private sector.

Abstract
Within the last 16 years, the selection of biologic medications being used within the specialist fields of Rheumatology, Dermatology and Gastroenterology, have expand greatly. Through the route of Homecare, these drug innovations offer new treatment options to the respective patient cohorts and are supported by national guidelines. This niche area of immune targeting, cytokine inhibiting medications has led to collaborative working between NHS Trusts and Clinical Homecare providers, such as Healthcare at Home (HaH).

HaH is one of the leading providers of clinical homecare and biologic services within the UK. The company have seen a rapid increase in the number of drug products that are becoming available these groups of patients. Furthermore, it is widely recognised that in order to deliver best practice care models, care providers should offer individualised and holistic care solutions to the people they serve. As a result, HaH recognised the demand on NHS specialist services and identified that, alongside the NHS, could offer each of their service users holistic support delivered by a local homecare nurse.

In line with national recommendations and guidelines, key themes concerning care standards were summarised and a specialist educational pathway was developed. The course was offered to HaH nurses, who were already
proficient in the use of the drug products.

The aim of the educational programme, was to facilitate deeper learning about the patient journey across three different and unique clinical specialities. The course agenda encompassed advanced knowledge topics, such as disease assessment and advanced communication skills, so that a holistic care experience could be delivered to patients who were also set to receive medication administration training.

The course is now fully accredited at level 6, by BCU university and qualitative feedback from delegates has identified that it has provided a valuable solution for both HaH as a business, but also to promote job satisfaction amongst nurses. Overall, the development of nurses also standardises care and improves care standards within the company.

Intended learning outcomes

1. Gain insight on how to begin to develop an educational programme which can meet the needs of both patients and nurses.
2. Know how to efficiently mobilise an educational plan into an effective learning tool.
3. Develop awareness on how to successfully collaborate with universities to gain formal accreditation.

Recommended reading list

1. IBD Standards Group (2009) Quality Care Service standards for the healthcare of people who have Inflammatory Bowel Disease.

Biography

In 2005, Joanne completed a Dip HE Nursing (adult) at Birmingham City University. She went on to complete post graduate training within the specialist field of Rheumatology and went on to work as a Clinical Nurse Specialist within the East Midlands.

Joanne’s current role as Clinical Lead for Biologics, is aligned to clinical training and governance initiatives which aim to ensure that clinical biologic services are delivered in line with best practice nationally.