Education in Healthcare

Abstracts for Theme Papers, Symposia and Posters
# CONTENTS

<table>
<thead>
<tr>
<th>Theme</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Group of Theme Sessions</strong></td>
<td></td>
</tr>
<tr>
<td>Curriculum Innovations</td>
<td>1 - 8</td>
</tr>
<tr>
<td>Developing Teachers</td>
<td>9 - 16</td>
</tr>
<tr>
<td>Education in Clinical Practice</td>
<td>17 - 26</td>
</tr>
<tr>
<td>Flexible Learning</td>
<td>27 - 34</td>
</tr>
<tr>
<td>Interprofessional Learning</td>
<td>35 - 44</td>
</tr>
<tr>
<td>Learning and Teaching Strategies A</td>
<td>45 - 52</td>
</tr>
<tr>
<td>Learning and Teaching Strategies B</td>
<td>53 - 60</td>
</tr>
<tr>
<td>Policy Drivers</td>
<td>61 - 68</td>
</tr>
<tr>
<td>Research in Nurse Education</td>
<td>69 - 76</td>
</tr>
<tr>
<td>Student Experience</td>
<td>77 - 86</td>
</tr>
<tr>
<td>Work Based Learning</td>
<td>87 - 94</td>
</tr>
<tr>
<td><strong>Second Group of Theme Sessions</strong></td>
<td></td>
</tr>
<tr>
<td>Developing Teachers</td>
<td>95 - 102</td>
</tr>
<tr>
<td>Education in Clinical Practice</td>
<td>103 - 110</td>
</tr>
<tr>
<td>Flexible Learning</td>
<td>111 - 118</td>
</tr>
<tr>
<td>Innovative Approaches to Assessment</td>
<td>119 - 128</td>
</tr>
<tr>
<td>Interprofessional Learning</td>
<td>129 - 136</td>
</tr>
<tr>
<td>Learning and Teaching Strategies</td>
<td>137 - 144</td>
</tr>
<tr>
<td>Policy Drivers</td>
<td>145 - 154</td>
</tr>
<tr>
<td>Research in Nurse Education</td>
<td>155 - 162</td>
</tr>
<tr>
<td>Student Experience A</td>
<td>163 - 170</td>
</tr>
<tr>
<td>Student Experience B</td>
<td>171 - 180</td>
</tr>
<tr>
<td>The Role of the User</td>
<td>181 - 186</td>
</tr>
<tr>
<td>Symposia</td>
<td>187 - 194</td>
</tr>
<tr>
<td>Posters</td>
<td>195 - 219</td>
</tr>
</tbody>
</table>

**Note**
References are as supplied by authors
Papers included are those attending the conference at time of going to press
First Group of Theme Sessions

Curriculum Innovations
New beginnings: developing an undergraduate occupational therapy programme as a new subject area

Joanne Stead, Senior Lecturer, University of Huddersfield, UK

The University of Huddersfield is one of the most recent higher education institutions to develop occupational therapy education as a new subject area. The undergraduate programme is offered within the context of the West Yorkshire Collaboration for Occupational Therapy Education. This new collaboration includes the University of Bradford, University of Huddersfield, Leeds Metropolitan University, and local occupational therapy services. As the first cohort of occupational therapy students prepare to graduate from the University of Huddersfield it is timely to review the process of design and delivery of this innovative curriculum.

Developing a new subject area and new course has been an exciting and challenging undertaking. Beginning with a blank sheet of paper provides endless possibilities, however Higgs and Edwards (2002) identify significant challenges in delivering health and social care programmes including increased access, funding restrictions and quality demands, which impact upon curriculum ideals.

This paper will evaluate some of the unique approaches to the design, and development of this new subject area of occupational therapy education, and the constraints which impacted upon its delivery. The paper will focus on the areas of occupational philosophy, early practice education, interdisciplinary working, and project management. It will also consider how facilities to support teaching were developed in response to learning needs, and reflect more broadly on curriculum development issues as applicable to health care educators generally.

The programme reflects the current international philosophical movement within the profession to redefine itself focusing on the roots of the profession; that of the importance of meaningful occupation. During the 1970s and 80s occupational therapy aligned itself closely with the medical profession in order to enhance its scientific credibility. Consequently many interventions became reductionist and lost their occupational focus. In response to this occupational therapy is now asserting its own unique identity and reclaiming its specialist skills in using occupation as both an intervention and an outcome, (Creek, 2003; COT, 2004). The programme reflects this philosophy by ensuring that occupation is the focus of the studies throughout. The delivery does not focus on diagnosis and modules are constructed around contexts rather than conditions.

There has been significant input from service colleagues and service users in the curriculum development to ensure that students develop skills which are current and valued in practice. Additionally by using service colleagues and users in the delivery of the programme in the programme, students have been exposed to real scenarios and dilemmas to trigger meaningful learning. Early integration of practice placement education has challenged the students to apply theory to practice very early in their learning and has created opportunities for them to contextualise issues and identify future learning needs.

New alliances have been forged to include social work students in shared learning opportunities as interagency working across health and social care is becoming an increasing feature of the way in which occupational therapy services are delivered.

The changes in health care delivery are creating many challenges for professionals requiring them to work ever more flexibly and creatively; initiating, managing and responding to change as well as developing leadership skills. By engaging in an independent piece of work in year three students are required to integrate both practice and theory using evidence to inform practice development.

A flexible teaching facility was designed after detailed consultation with a variety of occupational educators, and practice colleagues to support a wide variety of educational approaches and methods including creative, experiential, group work and classroom based teaching.

In conclusion the paper will conclude by reflecting on the success of the first three years and will broaden the lessons learnt to all those involved in curriculum, design, development, and delivery for education in health care.

References
(T2)

The development of a collaborative suite of pre-registration health programmes

Michael McGovern, Principal Lecturer/Curriculum Coordinator for the Pre-registration Health Programmes, Northumbria University, Newcastle-upon-Tyne, UK

The School of Health Community and Education Studies at Northumbria University currently provides first level education programmes in the areas of nursing (adult, mental health, learning disability and children’s nursing), physiotherapy, occupational therapy, midwifery and operating department practice.

During 2007 the approval and revalidation of these programme were aligned to maximise the opportunity for collaborative learning. Fundamental to the rationale for this alignment is the acknowledgement of the necessity for health care professionals to work collaboratively in health care settings and across other public sectors, to better meet the needs of patients, clients and their carers.

Building on the success of the school’s interprofessional education initiatives this curriculum innovation will provide all students with the opportunity to learn with and from each other across professional groups, both in a university setting and in the practice learning environment.

Aligning the curricula, required agreement on a shared philosophy and underpinning value base that would enable the programmes and staff to work collaboratively and constructively.

A model was developed which highlights the need for all programmes to produce students with the skills, knowledge and professional identity to work safely and effectively in a particular professional role. All students will need to be equipped with well developed interpretation and interaction skills to enable them to engage with a range of stakeholders, policies and professional evidence bases, in contexts which are characterised by constant change. Service users and their carers were identified as the key stakeholder group and this suite of programmes acknowledges the central importance of the user/carer perspective in the education process. Thus, all programmes need to produce practitioners who are adaptable to change, can cope positively with uncertainty and who are responsive to the different needs of the service users and carers that they work with. In order to reflect the current reality of the practice context, this development has been undertaken in collaboration with a variety of other stakeholders. It has thus been cognisant of a range of national, regional and local requirements for the preparation of individual students as future employees across a range of health and social care settings.

We have undertaken a number of consultation events with service users, exploring in general terms the type of health care professional they would wish engage with in future. Also we have held more focused service group consultation events in relation to areas such as working with people with sensory impairment, establishing partnerships with people with learning disabilities and developing a holistic caring approach to the care of older people. These events have directly influenced the development of modules within the programmes. The partnership with clinical partners and service users are seen as being ongoing projects which will be manifest within all aspects of the new curriculum as it is implemented.

There is one interprofessional education module in each year of the programme which is shared between all pre registration health programmes, these models will centre on collaborative working with other professionals and with service users.

These modules closely link together within the key theoretical themes identified as part of an integrated curriculum framework built around the preparation of students for practice in a user/carer focused, interprofessional working environment.

The use of year-long modules allows for greater flexibility in relating theory to practice, better use of portfolios of learning opportunities and a more efficient use of resources. Year long modules also increase the potential for creating interprofessional learning opportunities, both in university and in practice settings.

Year-long core professional practice modules will allow preparation for clinical practice placements and reflection following clinical experience. These modules will play a major part in monitoring the suitability of new entrants’ in to health professions and ensure that there are adequate risk management controls.

The overall curriculum structure provides an innovative approach to the identification of core professional learning and collaborative working across a suite of pre-registration programmes with a novel approach to advancing inter professional learning whilst maintaining and enhancing professional identities.
An exploration of pre-registration nursing students self-assessment and reflective summaries after ‘breaking difficult news’ to simulated patients

Maureen Campbell, Teaching Fellow; Isabella McLafferty, Senior Lecturer, University of Dundee, UK

Nursing is an applied vocational and academic discipline that is often practiced in a variety of complex situations across the health-continuum. A defining feature of nursing is that its knowledge base is wide and encompasses natural, human and social sciences. Given the complex nature of nursing and the diversity of health care situations encountered, nurses must be skilled practitioners that are knowledgeable in a range of subjects and accomplished reflective professionals able to adopt an enquiry–based approach to the delivery of care. (Watkins, 2000).

The Quality Assurance Agency for Higher Education (2002) states the need for contextualisation of knowledge, understanding and skills that is characteristic of the learning required in specific health care programmes. Communication skills are prioritised throughout this document with the principle of developing educational programmes to enable nurses to be fit for practice. A fundamental aspect of developing critical thinkers is the promotion of reflection as a means of extending learning. Schön (1983) describes reflection as the means by which the complex epistemology of practice may be uncovered and this belief is mirrored in a broad spectrum of the literature. (Atkins and Murphy, 1993; Pierson, 1998).

Reflection and reflective practice is critical to the development of nursing students as critical thinkers. Coupled with the organisational move away from using Benner’s (1994) framework of competence assessment there is an identified need for further research in alternative methods of assessing students. (Calman et al., 2002). The importance of effective communication skills in contemporary nursing is now widely recognised with several papers clearly demonstrating that communication skills can be taught and are retained. A high proportion of the literature is derived from medical text; this further emphasises the need for research that is directly aimed at nursing. The use of video interaction analysis with simulated patients has been proven to be an effective teaching strategy in communication skills and enhancing reflective practice. (Alnieri et al., 2004)

An innovative teaching session at the School of Nursing and Midwifery, University of Dundee is the use of videotaping second year pre-registration nursing students breaking difficult news to a simulated patient, as a component of the curriculum pertaining to the development of communication skills. There is a scoring element from the simulated patient, during the ‘role play’ using a modified scoring sheet developed by Miller, Hope et al., (1999). The student then self assesses the video also using the scoring sheet and proceeds to complete a reflective summary using Marks Maran and Rose reflective model (1997) over a period of two weeks on their experience of the scenario. A lecturer then reviews the student’s video, compares the scorings and evaluates the student’s reflections to ensure they are reflective of the process and outcome of the simulation.

The aim of this action research study was to explore the levels of reflectivity and student experience gained from a newly introduced educational process in relation to communication skills. Ethical permission to recruit the student nurses into the project was granted via the research ethics group within the University of Dundee, with twelve participants being recruited for this study.

The content data analyses of the reflective summaries were approached qualitatively, to uncover the rich, descriptive data that is vital to the understanding of the student’s experience. The data were then coded to enable a new perspective on the material. (Denzin and Lincoln, 2003). The iterative approach of the data analysis facilitated the emergence of common themes that culminated into five main categories: norms/social etiquette, emotions, related theory, significant statements and future actions. Worthy of note was that the students of the more critically reflective summaries tended to rate themselves lower than the simulated patient and lecturer did. The process of dealing with their new knowledge of their experience was understood by applying Mezirows concept of critical reflection. (Mezirow, 1981, 1991). Interpretations were that thoughtful reflection-on-action was taking place and the shift to evolving as double loop learners demonstrated.

Descriptive statistics were collected in relation to the participants and imputing of the students, lecturers and simulated patient scoring sheets into SPSS facilitated comparisons between scorings that interestingly demonstrated for example good inter-rater reliability between the lecturer’s scoring of student performance. The findings from this study have provided further information that will inform the modification of the teaching session.

References


(T4)

Flexing the curriculum: extending practice through workplace and online activities in a distance learning context

Anthea Wilson, Lecturer, The Open University, Milton Keynes; Annie Turner, Professional Lead in Occupational Therapy, University of Northampton, UK

The Open University has created a new level 2 work-based learning course (K214: Extending Professional Practice) within their foundation degree in health and social care that is aimed at support workers who aspire to work as assistant practitioners or equivalent. The K214 course team pioneered a new course design based on an independent study framework in the OU’s Virtual Learning Environment (VLE). The emergent independent study framework offered a transferable model for students to negotiate a personalised curriculum that is work-context-specific, within the constraints and opportunities presented by the broad course learning outcomes and the distance learning context.

K214 design draws on collective experience and expertise within the OU on distance learning, e-learning and work-based learning and responds to national agendas for relevant, flexible and responsive higher education.

These national agendas include the skills escalator (linked with the UK Department of Health lifelong learning strategy and Agenda for Change) (DH, 2007a), new ways of working (DH, 2007b) and the UK government drive for foundation degrees (DIES, 2003) that preceded an expansion of vocational work-based learning courses in higher education. The success of foundation degrees in health and social care is vulnerable to outcomes of the debates around how support workers should be regulated in future (DH, 2007c), and partially dependant on centrally regulated funding streams that govern how money is spent on workforce education and development.

The challenge for the K214 course team was to create a course whose curriculum was partly defined by the local work context of each individual student, while delivering a generic core that is sufficiently robust and universally appealing across a wide range of contexts. The OU’s traditional supported distance learning model needed adaptation to encourage students to learn collaboratively online and to help them link their own work context to the course. Our innovative approach adopted an imaginative blend of online learning guides, resources and tools (within an ePortfolio system) and an assessment strategy that encouraged students to share some of their work with their tutor group and give feedback to peers in a supported, ‘safe’ environment. We developed a theme around communities of practice, in which distinctions between the world of work and the world of the student in the online community were made. In addition to online and telephone support and written feedback in their academic work, students also had workplace visits by their tutor and one face-to-face tutorial. The focus presented to the students was on them managing their own learning. This was supported by a process of negotiating and agreeing learning needs, goals and actions with a designated workplace supervisor, priming students with skills in finding and using evidence for practice, and by foregrounding methods of learning in practice.

The pedagogy has drawn on socio-constructivist learning concepts such as situated learning in communities of practice (Lave and Wenger, 1991); learning as relationships rather than transfer of knowledge (McDermott, in
Murphy, 1999); learning networks and e-learning (e.g. Salmon’s (2004) model of teaching and learning online). In bringing together work and learning processes through directing learning activities in the workplace, in individual study and in the tutor group, K214 reflects Eraut’s typology of early career learning that involves: work processes with learning as a by-product; learning activities located within work or learning processes; and learning processes at or near the workplace (Eraut, 2007). Tutor group activities, individual study and portfolio-keeping take place primarily in the VLE, providing a virtual space for creating, storing, organising, and sharing learning materials, ideas and outputs and reflecting on learning.

This paper discusses the process and examines the issues raised during course production in developing activity in three main ‘learning spaces’: the workplace, the tutor group forum and the ePortfolio. It also critiques the model of delivery by a preliminary anlysis of student feedback and links to existing theory. The work has implications not only for the future of course development at the Open University but also for adding to debates around the use of online technology for learning in higher education and for work-based learning. In terms of workforce development and continuing professional development in health care, it will be proposed that the K214 model has the potential to offer an innovative solution to the challenge of supporting new ways of working.

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How can you do what I do, when you don’t know what I know? The art of the mentor

John Carmichael, Lecturer Practitioner / Author, Carmichael’s Ltd, East Kilbride; Iain Rennie, Clinical Educator, NHS Tayside, Dundee, UK

The action research project ‘Are We Really Putting Patients First?’ reported benefits to mentors, preceptors, their students and consequently their patients, from an insight into the conceptual model of incremental competence, as reductions in all prescribed indicators.

- Medication Errors (78%)
- Incident Forms (IR1) (24%)
- Sickness and Absence (1.54%)
- Formal Complaints (17.4%)

The innovative model proposes a six-stage, elemental process of accumulation (and delegation) in a perceived natural sequence, to structure and guide the learning of procedures, symptoms, processes, conditions and responses.

Stage 1

Skills:
A skill is the ability to perform the steps necessary to accomplish a well-defined objective under controlled or isolated circumstances. This does not necessarily involve understanding why it is done or how it fits into a total process towards a prescribed aim. Skills can be acquired, practiced, refined and assessed remotely in a neutral context.
Stage 2 Tasks:
Tasks are sets of activities aimed at reaching a specific goal. They involve a number of skills but stipulate what needs to be done and when, but do not indicate why. The tasks provide a contextual application for remotely acquired skills.

Tasks recognise the contribution made by objective scoring systems, assessment tools and the behavioural aspects of vocational education models, which by design elicit a pre-determined response to given criteria.

Volume is a reliable indicator of competence. It is reasonable to assume that the higher the volume of exposures the greater the variety and therefore the repertoire of responses.

Stage 3 Values:
A broader term, to replace, attitude but include statistical and numerical values and subsequently prioritisation issues. Values can be prescribed, delegated, acquired and/or learned through repeated practice and are best seen as non-routine, the unfamiliar or the complex application of the skills suite.

Stages 1-3 are considered lower-order and therefore low order assessment strategies are required. This may include remote simulation, calculations, and assessment of dexterity, recall of facts, numbers, ranges and locations. However a broader contextual assessment may be required, perhaps in the form of an Observed Structured Clinical Experience, but preferably as directly observed and supervised practice.

It is argued that the appropriate level of knowledge is implicit in steps 1-3 of our sequence; it is fundamentally community based as opposed to individual and accumulates through exposure to task and value questions in real situations.

Stage 4 Knowledge:
Knowing the relevant theory is not enough if it cannot be put into practice. Knowledge is more than memory, information given needs to be practised in sufficient volume to allow it to become knowledge.

The term knowledge needs to be broken down into factual, applied and theoretical knowledge. However, it is also observed that further divisions into common (or public) and individual knowledge need to be recognised. The strengths and characteristics of each have to be acknowledged in order to subsequently address the issues of credibility, quality and ultimately assessment of competence.

Much of what we consider as essential pre-requisite knowledge is given out of sequence or not assessed in the context in which it is to apply. It is entirely reasonable and acceptable for learners and junior staff to safely function using somebody else’s knowledge as theirs accumulates and transfers to practice.

The main problem with the knowledge we acquire during education is its short half-life, which seldom exceeds 12 months. Only the knowledge that is reinforced, or used, remains.

Stage 5 Responsibility:
Traditionally responsibility is assumed or conferred at too early a stage and therefore the consequences are poorly understood. Incremental Competence requires learners to be in possession of individual knowledge of stages 1-3 and demonstrate an insight into responsibility...for what, to whom, for how long and to what degree.

Stage 6 Autonomy:
The central feature of the model is the promotion of autonomy, not merely signifying freedom from constraints but a positive notion to assess personal choices, decisions and judgements and have the ability and confidence to experiment and hypothesise.

We need healthcare professionals who are knowledgeable, responsible and autonomous: capable of critical thinking. An essential shift from learning from to contributing individual knowledge to the service has to be identified by the acquisition of theory and the broadening of care principles and a clearer view of the transferability and application of elements in unfamiliar contexts.

Higher order assessment methods are required to assess higher-level function and include the expectations of the professional bodies and academic institutions, assessed in practice.

The process must be productive however and for stages 1-3 requires a ‘what to do’ (perpetration) but in stages 4-6 rightly, the academics would expect a ‘change’ (alteration) in behaviour, knowledge and/or performance.
First Group of Theme Sessions

Developing Teachers
(T6)

Crossing the divide: the development of professional identity in teaching

Nicola Andrew, Senior Lecturer; George Wilkie, Senior Lecturer, Glasgow Caledonian University, UK

This paper focuses on the development of professional identity in teaching. Snyder (1997) suggests that professional competence implies not just a level of attainment linked to professional qualification but a career long approach to knowledge building. Peer collaboration is crucial to this process and it is important that novices engage with both peers and experts in the field. In professions such as nursing and teaching, much of the learning is centred on a way of being or tacit knowledge, which, although not explicit, is often the way that individuals develop professional ways of knowing (Booth et al., 2007; Cox, 2007). Novice nurse educators are not ‘empty vessels’. By virtue of their past experience they will have directly or indirectly contributed to the developments within nurse education (Kenny et al., 2004, p. 638).

Starting an academic career can be complex and challenging. Making the transition from clinician to educator or in fact, increasingly, maintaining and managing a dual role, with a foot in each camp, now presents novice nurse educators with an added complication. Becoming an academic involves a socialisation process that leads the individual on a journey, either moving from one organisation to another, or often requiring them to span two organisational cultures, one, clinical and known territory, the other educational and unknown (Andrew and Wilkie 2007, Andrew et al. in press). The need to create a learning culture within higher education (HE), for academics as well as students, is a pre-requisite for professional/personal growth and development of novice nurse educators (Kenny et al., 2005). Clark et al. (2002) suggest, in their discussion piece on becoming a teacher in HE, that Universities should help novice educators develop ‘a breadth of vision’ that will allow them to embrace new and innovative ways of teaching and learning, in a dynamic and evolving HE environment (Clark et al., 2002, p.129).

Within Glasgow Caledonian University, School of Nursing, Midwifery and Community Health, there is a thriving cohort of novice nurse educators fulfilling a variety of teaching responsibilities within the School. In common with many practice based disciplines, talented clinicians who wish to further their career increasingly look to teaching and/or research as a way of developing a robust professional profile; however for many this means joint roles or limited seconded input.

A small team of experienced teachers within the School has responded to a defined need to create a learning culture by the development of a number of support mechanisms aimed at new module leaders but in particular those clinicians who bring their clinical expertise to the classroom but have no experience of the Higher Education Institution requirements for this role.

Part of the function of this strategy is not only to support our new teaching colleagues but also to try and include them as members of the school and university rather than only delivering modules on our behalf.

The Post Registration Division within the School of Nursing, Midwifery and Community Health are responsible for the development of these support mechanisms which include the following:

- allocation of an academic lead
- an annual module leader update which is hosted by the division within the school prior to the start of each new academic year
- induction sessions prior to both semester A and B for all new academic staff and new module leaders
- a virtual learning environment (Blackboard) to support new members of staff with useful links to university documentation
- a teaching and learning newsletter which will be issued each semester to update and inform staff of current educational requirements within the school and the wider academic community
- provision of a resource pack outlining the support provided for module leaders
- invitation to participate in divisional away days and divisional discussion fora.

The paper will discuss these support mechanisms and the presenters would hope to engage in discussion with the audience on their views in light of their own experience. The presenters would then hopefully be able to further enhance our support strategies for our new colleagues moving into the HEI sector as academics.

References


(T7)

A narrative of a nurse lecturer: useful classic or meaningless anecdote

Sharon Edwards, Senior Lecturer, Buckinghamshire New University, Chalfont St Giles, UK

There needs to be a caring commitment and hope that through the identification of a lecturer's own personal journey will help other less experienced teachers to improve their teaching, learn from their own and others experiences, reflect and invest in their own professional development. Our own experiences impact on how we teach, develop and facilitate student nurses’ learning. The journey of a teacher’s career is viewed by many as distinct but inter-related phases delineated as career entry, exploration, stabilisation, experimentation and diversification, reassessment and serenity.

Career entry is the initial stage in a teacher’s career and has been identified by others (Watts, 1979; Field, 1979) as a period of survival and discovery. The survival aspect of my role as a teacher related to the unfamiliar classroom environment and my performance, which at this time amounted to just an amalgamation of trial and error. On the other hand the element of discovery explained my enthusiasm as a beginner. The latter experience allowed me as a teacher to bear up under the former.

Huberman and Neufeld (1993) identify the theme of ‘exploration’, within the first two or three years in teaching, which can be expressed in many ways. For me this described the limited opportunity to develop my creativity, share my ideas and ‘explore’ issues related to higher education with other like-minded academics or practice other roles than that of a lecturer. The increased workload and the thankless tasks undertaken compounded the situation.

The stabilisation phase is a moment of transition between two distinct periods of life (Levinson et al., 1979). In this stage I feel I was in a period of transition from beginner to master. In this era I am liberated and emancipated, more natural, more at ease with my performance in the classroom. I developed my philosophy of teaching and learning - a facilitator to encourage students to identify their own learning needs and take some responsibility for their own learning. This approach is what Lightfoot (1985) alluded to as allowing both students and oneself to be a whole person in the classroom and not have to prove any dominance. The stabilisation phase has other meanings related to independence and autonomy in the classroom (Hubermann and Neufeld, 1993). In this phase I am more spontaneous, more efficient and better armed with a greater number of resources. It is in this phase that the word humour appears (Lightfoot, 1985), my humour surfaces as I leisurely enact amusing tales. In telling these amusing stories I am totally at ease with my performance, a general feeling of relaxation and calm is enacted.

The experimentation and diversification phase is less unanimous in the routes observed than those outlined in the initial phases of teaching (Hubermann and Neufeld, 1993), I have observed areas similar to my own journey, which resonates with the literature in this phase. Feiman-Nemser (1985) and Cooper (1982) argue this phase leads to a natural attempt to increase one’s impact in the classroom. To heighten my impact on the classroom, I began to write about and share my knowledge by publishing and presenting papers at conferences. Empirical studies also propose this phase is one whereby the teacher posses a more activist thesis (Sikas, 1985). It is from here that I am currently attempting to raise questions and issues, which need to be analysed by the discipline of education.

Reassessment is solidly documented as part of a teacher’s life cycle, but its defining characteristics remain vague (Hubermann and Neufeld, 1993). As, it is suggested by many empirical studies this stage is delineated by a period of uncertainty and doubt (Hubermann and Neufeld, 1993). Similarly, I have questions about my future course in my career path aided by the sense of emerging routine, coded rules, the restrictive official texts and regulations which have to be strictly and rigidly adhered to.

There is no clear delineation for me between the phases of experimentation and diversification, reassessment and now serenity. These stages appear to be less distinct as they merge as one enduring progressive phase. This image of the phase of serenity is reflected in other empirical studies (Lightfoot, 1985; Hubermann and Neufeld, 1993). Here is me as a teacher who is at ease in the classroom, I can anticipate anything and answer most of the questions that come my way. It is here that my ambition for promotion and higher management level within the organisation has declined and I am now more inclined to invest in my own professional development.
In expounding my appointment in these final three phases is to never reach the final two:
1. Conservatism and complaints – gradually becoming an ardent complainer
2. Disengagement – a gradual withdrawal near the end of the professional career, disenchantedment, disinvestment and detachment.

My career in nurse education has now begun to afford me inspiration to develop myself, learn from my journey, a restlessness that makes me disinclined to aspire to the phases of complaint and disengaged tranquility.

References

(T8)

The lived experience of the preceptor in evaluating undergraduate nursing students’ clinical practice

Louise McDonnell, Lecturer in Nursing Studies / Course Co-ordinator in Postgraduate Specialist Diploma in Specialist Nursing, Trinity College Dublin, Ireland

The role of the preceptor in undergraduate nurse education is summarised as one of providing supervision, teaching, provision of feedback as well as the clinical evaluation of undergraduate nurses’ clinical performance (An Bord Altranais, 2003). In the Irish nursing context the evaluation of students’ clinical practice is an additional dimension of the preceptor’s role, since the introduction of the BSc degree programme in October 2002. Furthermore, the preceptor has had to learn about and adapt to a new method for evaluating students’ clinical practice: competence-based assessment. However, according to McCarthy and Higgins, (2003) ‘... it is accepted that in the Irish context assessment will be embraced within the preceptor role’ (p.92). Internationally, the literature is abundant with studies which have explored the concept of preceptorship in both nurse education and clinical practice (Manchur, 2003; Baltimore, 2004; Myrick, 2004). However, while many have addressed student nurses’ experience of being evaluated from a clinical perspective, there is a dearth of research which has addressed the preceptor’s experience of evaluating students’ clinical nursing practice. A review of published literature in Ireland revealed that no research study was found to have examined this phenomenon. Additionally, the literature is strewn with findings relating not only to the complexity concerning clinical evaluation but the whole notion of clinical competence-based evaluation (Robb et al., 2002; McMullan et al., 2004; Watkins, 2004). This paper is important for nurse education and clinical practice as all of this occurs within a clinical learning environment where a diversity of forces can influence the clinical learning practice of nursing students’ (Dunn and Hansford, 1997).

This presentation aims to explore one theme relating to the experience of being a preceptor in the evaluation of undergraduate nurses’ clinical practice. A hermeneutic phenomenological approach was employed to interpret the meaning of the lived experience of the preceptor in evaluating undergraduate nurses’ clinical practice. A purposeful sample of ten preceptors was employed and a field study was conducted. Semi-structured interviews were utilised to collect data. In relation to data analysis Colaizzi’s seven stage process framework was applied, One central theme, teaching and evaluating clinical competence and four related themes emerged from the data. These are:

• Knowledge and learning
• Questioning competence
• Competing Demands
• Confidence in ability
The final related theme, confidence in ability shall present the focus for this presentation as it demonstrates the participants’ need for support, acknowledgement and feedback on their role as preceptor. It appeared that for most preceptors’ the additional aspect of evaluating student nurses’ clinical practice affected their confidence in the ability to perform this function. Many individuals indicated that they required more input in relation to the preparation of being a preceptor and required support from other sources. As Baltimore (2004) points out preceptors need support including guidance on the clinical evaluation process, as well as provision of feedback on their role. It was also revealed that several preceptors were unfamiliar with the area of reflective practice and found it difficult to assess students’ self-reflection on clinical practice as written within their portfolio. Yet, Macmullan et al. (2004) assert the importance of reflective practice and that the reflective portfolio is seen as a holistic approach to evaluating students’ clinical competence when used in integration with other evaluation methods. As Robb et al. (2002) argue the importance of the evaluation of students clinical nursing practice cannot be overestimated as development of their clinical competence depends on it.

It is anticipated that revelations from the participants will initiate insightful and enriching discussion within an international audience. Additionally, this may form the basis for recommendations for future support mechanisms for preceptors and highlight the importance of the preceptor’s role in nurse education and practice.

References

Nurse lecturers: evolving or revolving? A qualitative study exploring nurse lecturers’ perceptions of their role
Margaret Woods, Senior Lecturer; Barbara Jack, Head of Research and Scholarship, Edge Hill University, Ormskirk, UK

The role of nurse lecturers is considered to be complex, diverse and evolving. (Ramage, 2004; Gillespie and McFetridge, 2006). This has been reflected in the changing titles of the role, which have included nurse tutor, nurse teacher, nurse lecturer and rarely nurse academic. The past twenty years has witnessed unprecedented changes in nurse education. Undoubtedly, a significant change was the redesigning of the nurse education curricula in conjunction with the integration into higher education. The integration into higher education had a considerable effect on the role of the nurse lecturer in terms of workload and status giving rise to challenges in the interpretation of the role (Luker et al., 1995).

The limited evidence would suggest that the role is multi-faceted and evolving with competing demands limiting the fulfilment of the clinical component of the role (Carr, 2007). Moreover, although nurse education moved to the higher education sector more than a decade there was little evidence in relation to the academic aspect of the nurse lecturer’s practice. This study aimed to explore nurse lecturers’ perceptions of their role and potential future challenges

Methodology
A qualitative methodology using focus group interviews was adopted for the study. Focus groups were selected enabling group discussion and interaction, allowing participants to use their own frames of reference and identify
topics. A purposive sample of nurse lecturers with various years of experience was invited to participate. The
study population were staff members in one British university and were therefore a relatively homogenous group
in that they had similar and shared experiences of the lecturer role. A total of eighty members of staff were invited
to participate in the study. Twenty-one nurse lecturers participated in four audio taped focus groups. Data were
analysed for emerging themes using thematic analysis. The following general themes were identified:
professional identity - a multi faceted role, teaching and learning, supporting teaching and learning, the clinical
component - clinical reality, professional development and future challenges.

Results and Discussion
The role of the nurse lecturer for the participants that contributed to this study appeared to be complex and multi-
faceted but central to it was teaching and all other activities appeared to support and enhance this role.
Encompassed within the teaching role were activities such as assessing, supporting students both academically
and pastorally and monitoring their progress.

Nevertheless, tensions were experienced in reconciling the demands of meeting current provision and the pursuit
of professional development as university lecturers. Ongoing professional development whether it was related to
teaching, clinical credibility or academic pursuits was judged to the pivotal to the evolution of the nurse lecturer
role. The issue of clinical credibility for nurse lecturers was indeed complex and an aspect that which may be in
direct competition in the lecturers timetable with scholarly activity and academic pursuits. Academic credibility
seemed to be less of a concern than clinical credibility although it was acknowledged that it was part of the role.
The findings in this study were similar to those outlined in Sastry’s (2005) report, that nurse lecturers were much
less likely to be involved in research and research had not replaced teaching as the central preoccupation.
Getting the balance right may be key for the successful interpretation of the role and ultimately may be an
individual decision based on the lecturer’s background and professional expertise.

A challenge in the future was the continued development of technology to support learning. The nurse lecturers
in this study were keen to develop new skills particularly in learning to develop material for virtual learning
environments although time for professional development appeared to be a major issue. Some lecturers were
concerned about their perceived lack of skills and the pressure to produce course material within strict time limits
but in general technology was viewed positively. This paper discusses the results and explores potential reasons for
the findings.

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(T10)

What a performance! Developing nurse teachers’ lecturing persona and identity: a
performing arts perspective

Paul Street, Teaching Fellow, University of Greenwich, London, UK

‘I find that good performing artists, not just actors, have an element of danger about them. It is a
dangerous business, standing up in front of several hundred of your fellow human beings and
saying, I am interesting enough to watch’


When a lecturer steps into a lecture theatre to teach they take centre stage, adopt a suitable persona and engage
in a series of actions that grow out of a specific educational objective (Phillips, 1995; Parini, 2005). To deliver that
objective within a lecture requires a confident persona, a sound knowledge and well developed teaching skills.
Delivering a lecture to 250 or more students, however, can provoke high levels of anxiety particularly for those
who are new to teaching in a higher education setting (Exley and Dinnick, 2004, Quinn, 2000). In the current
educational climate of consumerisation, with the increased evaluation of teaching by students, having the ability
to deliver high quality, informed, and interesting lectures assumes greater significance for both lecturers and universities (Car, 2007; Higher Education Founding Council, 2008; Glass et al., 2006). Thus new lecturers often need experience and supervision to develop the tacit knowledge and insight of their own persona and self identity as a lecturer so potentially enhancing their development and performance.

This paper will present the results of a two-phase mixed method study with 81 nurse lecturers and 62 nursing students in one University in the United Kingdom. The study investigated the notion that lecturing has similarities to acting and in doing so has empirically tested the work of Tauber and Mester (1994/2007). Their model proposes that if teachers use the elements of acting, animated voice and body, space, humour, suspense and surprise, props and role play, within a class, they will promote student interest, attention and positive attitudes towards learning. In order for this to occur it must be underpinned by the teacher having a good subject knowledge of the topics they teach. The findings of this study support this tenet, but the findings from phase two propose a series of steps that go beyond that proposed by Tauber and Mester (1994/2007) and propose how lecturers both develop and take on a persona when lecturing, that is often different from that in other parts of their working life.

Results from stage one of the study suggested that students in a lecture could identify if the lecturer was enthusiastic, confident or not confident via the verbal and non-verbal cues he/she presented. It was also clear that lecturers were not seen to be credible unless they were knowledgeable about their subject and had the skills to communicate that knowledge when delivering a lecture. Both lecturers and students showed high levels of agreement with Tauber and Mester’s (1994/2007) model suggesting that elements of acting do enhance both the lecturer’s ability to deliver a lecture in a confident manner and the effectiveness of the lecturer.

Findings indicated that these lecturers assumed a persona when lecturing, particularly, but not exclusively, when they were nervous. These lecturers went through a process of assuming and maintaining this persona before and during a lecture using the elements of acting proposed by Tauber and Mester (1994/2007). This study offers a development of Tauber and Mester’s (1994/2007) work that integrates the models elements of acting into a process of persona adoption. These lecturers went through a process whereby they compare the demands of the lecture with their own knowledge base and skill, this resulted in them undertaking specific preparation in terms of content and delivery style, then they adopted their persona immediately prior to entering the lecture, maintain it throughout the lecture via the use of the elements of acting to achieve an informative interactive lecture. The results of which then feedback into their self-concept as a lecturer and may affect the persona they project in future lectures.

This study concluded that lecturing has dramatic, managerial and self-identity performative elements, all of which enhance the lecturer’s ability to communicate their subject knowledge in a meaningful way. The social performances that occur during a lecture clearly have dramatic elements and are more like the improvised end of the performing arts rather than the professionally staged, planned and rehearsed performances in the professional theatre. If lecturers, therefore, can take a step back to consider how they deliver lectures and how they can deliberately, yet apparently naturally, use their voices, bodies, space and humour in meaningful ways, to engage their students in lecture, it will not just result in them being perceived as a good lecturer, but also be a genuine act of education.

References


First Group of Theme Sessions

Education in Clinical Practice
Guidelines for undertaking a clinical skill in clinical practice: the decision making process for mentors and students

Jacqueline Rattray, Lecturer; Theresa Callaghan, Clinical Teacher, Community Nursing; Dawn Casey, Clinical Teacher, Child; Jane Gray, Clinical Teacher, Midwifery, Cardiff University and Cardiff and Vale NHS Trust, Cardiff; Helen Knight, Clinical Teacher, Adult, Gwent Healthcare NHS Trust, Newport, UK

Aim: To describe the development and implementation of a tool to aid mentors in their decision as to a student nurse’s readiness to perform a skill in clinical practice.

Outcomes:
• To identify reasons for developing a tool to help determine the readiness of students nurses to practice specific skills whilst on placement.
• To describe the development of the tool and its implementation in practice.
• To discuss the future use of the tool in pre-registration and post registration skill acquisition.

This paper will discuss the recent development of an algorithm entitled ‘Guidelines for undertaking a clinical skill in clinical practice: The decision making process for mentors and students’ (see appendix 1). The decision-making tool (as it shall be named for the purpose of this paper) aims to enable nursing students to learn a variety of skills while ensuring patient safety.

In the 21st Century pre-registration nursing students are being placed in a wide range of clinical areas and are facing complex clinical situations. Fifty per cent of a three-year course leading to registration with the NMC is spent in clinical practice. No amount of clinical preparation in a theoretical or simulated practice area can fully prepare a nursing student for all that will be experienced on a clinical placement where the student is exposed to a wide range of complex skills from the outset of training.

Part of a mentor’s role as a knowledgeable and skilled practitioner is to help students develop skills and confidence (RCN, 2005). However, mentors often question at what stage in the programme a student can perform a particular skill under supervision. Prior to the introduction of the decision-making tool a ‘progression of skills’ table that identified where skills were taught in the 3-year degree programme guided mentors. However, the skills timetabled frequently did not occur where students might be exposed to the actual skills in their practice. Also some skills encountered were not taught in the programme. There was also anecdotal evidence that students were frustrated that they were not able to be involved in performing more complex skills in practice. Whist it was recognised that students’ need to spend time making sense of a new clinical placement and the patients being cared for before expecting to become competent with new skills (Kelly and Sharples, 2007) students’ who had settled into their placement sometimes missed opportunities to practice certain skills despite observing them in practice, and there were no guidance available to identify an individual student’s readiness to undertake a particular skill. The decision-making tool was therefore developed to meet the needs of both mentors and students.

This paper will discuss the factors that were considered necessary to guide decision-making to undertake a certain skill safely. These factors include the preparation of the mentor; the student’s knowledge base regarding to the skill to be practised; the need for the to student to sufficiently observe the skill to be practised; and the professional issues addressing the safety of clients’, nurses’ and students’ such as consent, accountability and confidence. These factors are then incorporated into an algorithm to form the basis of the decision-making process (see appendix 1).

The decision-making tool guides nursing staff to use their professional judgement in making a safe and informed decision regarding the capability of a student to perform a skill, irrespective of stage of training, while maintaining patient safety. Furthermore the mentor is responsible for ensuring that the student has the opportunity to meet learning outcomes (NMC, 2006). In the early stages of a student’s placement the mentor takes on a more active leading role, with the student observing practice (Glen and Parker, 2003). The mentor, with the aid of the tool then makes the decision to allow the student to take on a participatory role and guides the student through the experience.

The tool, with minor adjustments could easily be applied to students in any healthcare profession practicing skills in clinical practice, providing them with the same process of safe decision-making.

This initiative was introduced to the clinical areas by their link clinical teachers in October 2006 and formal evaluation commenced in March 2007 using questionnaires for students and mentors. The feedback received so far is positive suggesting that this decision-making tool is helpful for both students and mentors. Further, more rigorous audit is being planned for 2008.
References

Appendix 1
Guidelines for undertaking a clinical skill: the decision making process for mentors and students
The School of Nursing and Midwifery Studies have an expectancy that the mentor will supervise a student undertaking any skill that is at a level appropriate to their training. As an accountable practitioner if the mentor is in any doubt as to the student’s level of knowledge commensurate to their stage in training, referral should be made to the link clinical teacher or link lecturer for the ward and adhere to local and national policies/guidelines.
Seeing the light: working together to develop tomorrow’s competent, reflective practitioners

Moyra Baldwin, Senior Lecturer; Joanne Greenwood, Lecturer, University of Chester, UK

The aim of this paper is to share experiences and observations of teaching pre-registration nursing students and to stimulate discussion about a model of integrating education and practice. A recently revalidated curriculum has offered opportunity to operationalise and formalise reflection in practice. Enabling students’ understanding of the professional values and responsibilities of professional practice is essential for securing the public’s trust in professional nursing (NMC, 2004).

Universities have the potential to influence professional practice. This is achieved at the University of Chester by providing students with opportunities that facilitate learning so that they embrace the values and responsibilities inherent in professional practice. Nursing education has responsibility for developing professional competence and critical thinking. To become critical thinkers demands that practitioners discriminantly question and evaluate practice. Students of nursing need to be able to analyse arguments, defend and challenge decisions relating to health care (NMC, 2006). Students at the University of Chester engage in deliberate reflection throughout their pre-registration programme. Reflection requires that the students examine and explore issues and experiences from practice it involves both intellectual and affective activities in order to gain new understanding resulting in a changed perspective (Boyd and Fales, 1983; Boud et al., 1985). Structured reflection exercises guide students towards developing competence, professional knowledge, reasoning and cognitive processes that are commensurate with the role of a registered nurse able to assume lifelong learning.

Initially students apply general theories and principles inflexibly to practice. In terms of progressing towards developing competence they sometimes claim they have ‘done’ little or not learned anything new on placement. This relates to Benner’s (1984) concept of the novice where there is little understanding of the contextual meaning of applying knowledge to practice. They unwittingly devalue essential nursing practice sometimes believing that supernumerary status equates with observing technical or medical aspects of healthcare rather than ‘doing’ nursing which we assert is the very essence of professional nursing care. Theoretical content is linked to practice and we graphically represent this as ‘seeing the light’ at the end of the tunnel. The graphics are unique and abstract to each student experience thus represent the individuality of reflective accounts. The role of the educationalist in clinical practice is to facilitate the student’s journey in what can be a somewhat dark and lonely place and transform the perceived situation into ‘seeing the light’ and a positive learning experience.

Recent revalidation of the MaD curriculum has given lecturers at the University of Chester the opportunity to strengthen existing links with clinical practice. The revalidated curriculum explicitly supports education in clinical practice. Dedicated time has been given to reinforce theory content during practice placements. This responsibility is within the remit of the module leader.

Our role in enabling application of knowledge to practice is to challenge students’ assumptions, preconceived ideas and expectations. We engage them in reflection to explore alternatives and appreciate that action in practice is never context free. As their skills, experience and confidence develop they assimilate professional values and understand the ‘whole’ (Benner, 1984) clinical experience. Preparation for their registered practitioner role (NMC, 2008) thus allows development of competency and will lead to proficiency in their post-registered practice.

The concept of professional practice is thus operationalised, demonstrating reality rather than rhetoric. In line with the concept of lifelong learning for professional practice our experience of engaging in reflection in action with students has been beneficial for the students, practice colleagues and lecturing staff in developing effective partnership working consistent with clinical governance (DH, 1998). Commensurate with the concept of clinical governance, our experience with students also facilitates development of commitment to the concept of reflection.

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(T13)

Addressing the ‘terrors of life’: using the arts and humanities as educational resources to foster the personal and professional development of palliative care nurses

*Sally Lawton*, Senior Lecturer in Palliative Care (Nursing); *Tracey Petrie*, Ward Manager, Roxburgh House, Aberdeen; *Andrew McKie*, Lecturer, The Robert Gordon University, Aberdeen, UK

This paper seeks to report upon a recent innovative educational development in which the arts and humanities are used to foster the personal and professional development of nurses practising within a palliative care setting.

The arts and humanities find increasingly prominent place within professional health education curricula (Macnaughton, 2000; McKie and Gass, 2001; Tschudin, 2003; MacAteer and Murray, 2003). Representative of one aspect of professional practice, the ‘arts’ include literature, poetry, painting, architecture, dance and music and can be considered as ‘expressive’ of many aspects of human life. The ‘humanities’, by way of contrast, are academic disciplines and can be characterised by critical and analytical approaches to human life itself. A key question links the disciplines of literature, music, art, history, theology and philosophy: ‘what is it to be human?’ (Edgar and Pattison, 2006) Answering this question invites us to engage with, and participate in, the varied aspects of the arts and humanities.

Part of this emphasis on the arts and humanities in professional health care education derives from the ‘whole person’ concerns of liberal education (Languill, 2000). Education for professional practice in higher education settings is not solely a matter of attaining specific practice competencies or skills. Instead, attention to the ends of such education views preparation of the individual in personal (responsible citizen) terms as no less significant as professional terms (empowered, competent and compassionate nurses) (Hermann, 2004). These undergraduate educational concerns for the ‘whole person’ can be applied to the ongoing educational support of nurses practising in palliative care.

A key element of this personal development in liberal education is to equip individuals to address the ‘terrors of life’ (Languill, 2000). This includes ways to help them face the inevitable disappointments, failures, problems, frustrations and crises that they will experience personally within the course of a professional career. In particular terms, professional development within palliative care may include addressing issues of mortality, fostering hope and purpose, deriving meaning in suffering, social and cultural expectations of nurses’ roles and interpersonal relations (Stirling, 2007).

In the context of this Scottish specialist palliative care unit, the arts and humanities are considered as rich resources to help palliative care nurses develop a ‘how-to-live’ ethic (Frank, 2004). These ‘humanities learning activities’ (Hermann, 2004) can be linked to concrete personal experiences of practitioners as part of exercises in reflective practice. A number of examples follow:

- engaging with examples of literature and poetry used as ‘mirrors’ to reflect how the reality of nursing is presented e.g. when things go wrong, social and cultural images of nurses, clients’ perceptions of nurses’ practice (McCrum, 1998; MacDuff, 2007; Rush, 2006)
- engaging with examples of literature and poetry used as ‘windows’ to be looked through or to imagine ‘how things could be’ e.g. personal qualities of nursing practice, empathy/distance distinctions, using narrative or poetry to reflect upon one’s own practice (Austen, 1968; Ondatti, 1984, 1998; Bolton, 1999; Robinson, 2007)
- using examples of literature and poetry to explore personal and professional dimensions in palliative care e.g. awareness of diagnosis, the nurse as ‘wounded healer’, the experience of suffering and pain, death and dying, communicating with relatives (Solzhenitsyn, 1968; Nouwen, 1979)
- engaging with the fine arts e.g. visiting local art gallery to view paintings and photograph exhibitions and to consider one’s response in personal and professional terms (Wikstrom, 2000)
- considering examples from other disciplines in the humanities (e.g. music, history or theology) and how exploration of these might foster personal and professional development (Downie and Macnaughton, 2007; Newell, 1989; Simons and McCormack, 2007).

These arts and humanities resources can be used in flexible ways with the care unit’s professional development programme e.g.

- individual practitioner use of an arts and humanities ‘activities’ folder
- use of such ‘activities’ as sources for small group discussion facilitated by senior lecturer in education
- individual practitioner visit to local art gallery with clinical supervisor or senior lecturer in education.
Evaluation
Evaluation is drawn from narrative responses of practitioners’ engagement with sources within the learning materials and seeks to establish the extent to which such engagement contributes to personal and professional development in palliative nursing care practice.

References


(T14)

The blended learning approach through the master class

Angela Hudson, Senior Lecturer; Mandy Freeman, Lecturer, University of the West of England, Bristol, UK

The Faculty of Health and Social Care (HSC) at the University of the West of England in Bristol (UWE) renewed its CPD contract with our service partners in 2006. As part of the contract trusts expressed a commitment to using a blended approach to teaching and learning including flexible delivery at NHS Trusts and a more flexible, inter-professional learning approach.
In order to meet these key objectives the faculty launched 2 projects to be completed by September 2007; one of which included a specialist Inter professional blended learning package in neuroscience.

A further benefit of this project was the opportunity to work in partnership with 2 local NHS trusts, delivering educational learning packages with the experts in the subject. This combined to provide economies of scale in areas of practice that are quite specialised and have in the past attracted low numbers of students. The benefits to this approach were that the partnership was truly inter professional both in delivery of the packages, and student cohort. Secondly delivering the modules in trusts ensured ownership of the content and interest in the enhancing of practice.

The Faculty’s current neurological modules were selected as the first specialist phase of the blended learning project. A project team was selected to examine the current provision and use ‘blue sky’ thinking to explore different ways of delivering a module that had traditionally followed the old ENB style of course delivery, and had in the past four years only attracted nurses working in the local specialist neurological units. Numbers had not exceeded 10 each year. There was also a growing recognition that practitioners across all health sectors, such as stroke units, older person units, children with long term conditions and community practitioners would benefit from specialist neurological educational provision, in order to deliver improved care standards in their practice areas. These practitioners would not have attended the existing neurological modules as they perceived they were ‘too niche’.

The project team was interprofessional, and led by a subject expert. Meetings occurred in practice and the Faculty lead academic for the project worked in partnership with the trust team to refine the ideas and assist with the development of blended learning provision.

Blended learning is not a new concept (Campbell-Gibson, 2000); it involves the aspects of learning that will encourage the student to experience a variety of environments that will affect and emphasise this period of study within the continual professional development programme (CPD).

The blended learning approach involves all allied health professionals (AHP), through a personalised lifelong learning module; it reflects their individual needs, as well as offering shared knowledge, understanding and experiences through the creation of an environment of shared learning.

The patient journey evolves through specialist modules; and their design is set to encourage flexibility towards the learning process. These allow the more positive aspect of self directed learning through a culmination of face-to-face, (F2F) sessions with their tutor, online material with tasks, scenarios and multi choice questions. This concept has encouraged many educationalists to question their selection process, regarding the selection of material for F2F teaching and that which can be adapted as an online package, Rosenberg (2001), debated whether educationalist were able to choose effectively.

The master class concept evolved quite naturally when the specialist module for neurosciences was being developed. Master classes are delivered by nurse specialists and consultants/registrar within their specialist field as well as physiotherapists and occupational therapy leaders.

It was established that if a subject was to be covered in a comprehensive and succinct manner, through the patient journey, it was essential that each subject area was covered through in its entirety, within a theme over the course of the day; workshops followed at the end, for the transfer of ideas and the consolidation of information. It was also necessary to ensure that the students were able to demonstrate an understanding of the information and the comprehensive ability to adapt this information into their practice area. This therefore enabled the teaching of subject rather than professional group; this was demonstrated and achieved through scenarios, quizzes and case studies.

Master classes are incorporated within the module timetable as they offer flexibility to all professional groups whether they wish to access the day or the whole module.

To aid the students who attend the master class only, a workbook has been designed which allows the opportunity to develop their own working document for their professional portfolio. As such the success of the master class can be judged by the work the attendees produce and the satisfaction the educationalist feels regarding the effectiveness of this blended learning approach. This presentation demonstrates that working in partnership to deliver education in new ways and to harness expert knowledge in clinical practice requires tenacity, innovative thinking and change management skills

References
(T15)

Nursing interventions in medication management

Tinne Dilles, Master in Nursing Science, PhD-student; Bart Van Rompaey; Monique Elseviers, University of Antwerp, Belgium

Introduction
In order to provide nursing students with the appropriate pharmacotherapeutic education, it is necessary to know which tasks nurses fulfill in practice. This study aims to describe the interventions of nurses concerning the delivery of pharmacotherapeutic information, the observation of non-compliance and the recognition of adverse drug reactions in three different settings in Belgium: community care, hospitals and nursing homes for the elderly.

Methods
During the past three years master students in nursing and midwifery of the University of Antwerp participated in collecting data. Nurses of community care, hospitals and nursing homes for the elderly were questioned about some personal characteristics and their interventions concerning medication management in the past month. Data was analysed using SPSS.

A p-value <.05 was considered as significant.

Results
A total of 1445 nurses participated in the study. Pharmacotherapeutic information was given by 53% of the nurses in the past month, most frequently by nurses in community care (83%). In community care 82% of the nurses based their information on the instruction leaflet and on their own knowledge, while in nursing homes only 21% trusted on own knowledge. As a source to give information, medical doctors were more often consulted in the nursing homes (63%). The higher the degree of education, the more nurses relied on their own knowledge.

Non-compliance was observed by nearly 65% of the respondents in the past month. In community care and nursing homes considerably more nurses (80%) observed non-compliance. In the nursing homes 66% pointed out the importance of compliance to the patient, compared to 82% in community care. In nursing homes 75% controlled the intake more accurately, whereas in hospitals extra controls were performed by only 49%. In all settings half of the nurses reported non-compliance to the medical doctor.

Adverse drug reactions had been noticed by 43% of the nurses in the past month. In reaction 14% advised the patient to stop the medication, 45% reported to the head nurse and 90% reported to the medical doctor. There were no relevant differences between the settings. Relatively more bachelors in nursing than graduate nurses noticed an adverse drug reaction.

Conclusions
Nurses have to take responsibilities in giving pharmaceutical information, following up compliance and detecting adverse drug reactions on a regular basis. Therefore pharmacotherapeutic education for nurses needs to be evaluated in view of these demands.

(T16)

A pilot study to explore the development of supervision strategies used by novice practice placement educators

Shari Rone-Adams, Lecturer; Margaret Gallagher, Lecturer, Brunel University, Uxbridge, UK

Background
Healthcare students undertake a range of practice placements during their programmes of study which provide practical experience in the care of patients and clients. During practice placements clinical staff provides supervision to support the student’s progression. Supervision in the practice setting aims to provide a process to facilitate learning and teaching that assists the achievement of learning outcomes, contributing to the summative and formative assessment (COT, Standard for Education, 2004; Andrews et al., 2006). Maximizing opportunities for learning through supervision by the placement educator is crucial. Currently a variety of supervision frameworks are utilised by placement educators (Edwards et al., 2005), and there are no agreed standards within or across the healthcare professions.

The variety of supervision approaches used during placement education has given rise to concern about the quality of supervision provided to students on practice placements (Turnock, 2005; McKenna et al., 2004). Supervision and the quality of the supervisory relationship are key to effective supervision (Cottrell et al., 2002). Previous studies have indicated that the supervision models used by some practice educators have limited the students’ development of critical thinking and reflective practice (Laitinen-Väänänen et al., 2007; Richardson, 1999a; Richardson, 1999b), two skills that have been highly regarded as important skills for healthcare
professionals to develop (Fowler, 1998). There are no large scale studies describing supervision practices in healthcare education, therefore relatively little is known about how supervision takes place within the healthcare environment (Kilminster et al., 2000; Grant et al., 2003).

Effective supervision in the current NHS and Social Care climate is particularly important given the large number of healthcare students within the system (Craik et al., 2005) and the need to develop efficient and effective professionals for the future workforce. There is a need to further develop the process that ensures the quality of the student experience through supervision, creating a transparent process (Kilminster et al., 2000; QAA, 2003). One of the first steps in developing this transparent process involves gathering information about what is currently happening in the practice settings.

**Purpose**
This pilot study was undertaken in order to begin the process of gathering information on how the novice practice educator is prepared for their role as an educator and in particular for student supervision. Additionally, information was gathered on what support is available for them and what supervision strategies are being used by physiotherapists and occupational therapists with students.

The aims of this pilot study were:
- To explore how supervision strategies are developed by educators
- To describe what student supervision strategies are used by educators
- To determine how student supervision style is modified in relation to student needs
- To determine what support is available to educators

**Methods**
Qualitative research was conducted involving novice practice educators, occupational therapists (OT) and physiotherapists (PT) (N=49, 25 OT and 24 PT) who were attending a clinical education training session at the University. An interdisciplinary group of educators (OT and PT) were asked to answer a series of questions that focused on how student supervision strategies were developed by the educator, what support is available to the educator and the strategies used to supervise students. Participants answered a series of questions individually and written responses were collected. Participants then discussed these same questions in interdisciplinary groups of approximately 8-9 individuals in each group. Each group made written notes that were collected at the end of the discussion. A further large group discussion was then held incorporating all participants and notes were taken of the discussion. Data from the three sessions was triangulated and subjected to thematic analysis.

**Findings**
This research can inform our discussion about the ways in which practice educators develop their supervision skills and assist in designing interdisciplinary good practice guidelines (Rozsa et al., 2007). A significant finding of this study was that educators are knowledgeable about learning styles and use them to determine how supervision will take place. Additionally, educators use feedback from the interdisciplinary team to assist them in selecting strategies to supervise students. Surprisingly, the linking of student supervision with the learning outcomes was not a significant finding. Key themes that emerged indicated that educators typically developed their supervision skills through undertaking training courses and obtaining feedback from colleagues and students. The support the educators identified included the university, their supervisor and colleagues.

The presentation of this paper will explore in more depth the findings, including a comparative evaluation of supervision approaches used within occupational therapy and physiotherapy education, and the discrete but important differences that have emerged in the conceptual understanding of supervision in practice education. A consideration of the impact of the practice setting on the approaches adopted in healthcare and social care settings will be provided. Recommendations for development of practice educators and interdisciplinary collaboration will be given.

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First Group of Theme Sessions

Flexible Learning
(T17)

Application of case study methodology in online nursing education

James Hauschildt, President, United Partners Consulting, LLC, Overland Park, USA

The online environment provides unique opportunities for dynamic and engaging interaction. This seminar provides professional nurse educators the framework for enhancing online course delivery through inductive teaching methods. Specifically, it presents how applying case study methodology in online communities or in primary work areas provides the context for evaluation of adult-learner readiness and incorporates use of instructor facilitation to guide learning.

This paper represents an initial effort to describe how a case study methodology can be used in the context of online nursing education. It describes how to improve students' content specific knowledge of various nursing topics and facilitate critical thinking processes vital to decision making. It describes the transformation of an online, graduate-level nursing course from a traditional approach to a case study approach.

The traditional approach addressed the content through abundant teacher-centred presentation, but did not require students to actively engage in discourse or apply critical thinking skills to real nursing problems. The case study approach provides students with opportunities to apply critical thinking processes in the context of actual executive-level nursing situations.

The use of case study methodology facilitates creation of a student-centred 'online classroom' environment, which includes facilitating student discourse in group settings. Successful execution of case study methodology requires faculty to become skilled in the process of questioning students, thus encouraging an environment where students actively participate in discussion. Although there are numerous variables that impact the quality of discourse, the quality of student interaction that occurs is the result, in part, of the quality of questions asked by the instructor. Other variables that relate to quality classroom discourse that necessitate consideration include: participant grade level, communication apprehension, group size, and vocabulary.

This paper contributes to a growing body of literature regarding an understanding of how case study methodology can be utilized in nursing education. It demonstrates that careful implementation of case methodology, in the context of online courses, will provide students the opportunity to apply content knowledge and demonstrate their decision-making abilities and higher order thinking skills. Because case study methodology is premised on a student-centred classroom characterized by critical thinking and problem solving, it more fully matches the goals of the nursing education program and the demands of the profession.

Nursing education faculty can expect changes in their online environments through implementation of case study methodology. Student-centred classrooms provide opportunities for participation, particularly when faculty and student involvement in discourse provides a context in which to speak openly about course content and discuss controversial issues related to professional practice. Additionally, well-crafted open-ended questions will increase the likelihood that students participate in discussions.

This study represents an alignment of nursing instruction to clinical and administrative practice. Themes that emerge from this alignment include the changes to instructional practice, changes to student participation in class discussions, and changes to the nursing curriculum. Nursing education advocates the development of critical thinking and problem solving in clinical practice and case study methodology provides opportunities for students’ learning and participation through hypothetical case scenarios.

This presentation describes the transformation of an online, graduate-level, Health Care Policy and Finance nursing course from a traditional online approach to a case study approach. The traditional approach addressed the course content through teacher-centred presentation, but did not require that students actively engage in discourse or apply critical thinking skills to real nursing problems, as the case study methodology does. A case study approach provides students with opportunities to apply critical thinking processes in the context of simulated nursing situations.

Faculty can expect that, in addition to using a student-centred teaching methodology, when the online ‘classroom’ environment is arranged to enhance communication, increased participation is a likely result. Case study methodology, premised on higher order thinking skills and application of content knowledge, more specifically matches goals of nursing education programs and skills nursing professionals will be required to apply in their own practice.

References


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(T18)

The importance of utilising flexible learning methods in delivering Welsh medium nurse education to student nurses.

Carwen Earles, Academic Lead Public Health and Policy Studies, Swansea University, UK

Although an individualised and holistic approach is central to the philosophy and delivery of health and social care in Wales, UK (Welsh Assembly Government 2001), the evidence suggests a significant shortfall in the language awareness of its practitioners and a lack of commitment within healthcare organisations to enhance communication with minority language speakers (Misell, 2000, Roberts et al., 2004).

Such findings are not exclusive to Wales. Indeed, further research studies examining the healthcare experiences of minority language speakers in the UK (Cortis, 2000, Gerrish, 2001); and Australia (Cioffi, 2003) confirm the significance of language and language choice as a means of effective communication in healthcare. Furthermore, they demonstrate the detrimental effects of language barriers in compromising the quality of care and treatment, particularly for vulnerable groups.

Enhancing language appropriate practice in health and social care is therefore an important factor in improving health and reducing inequalities. This is particularly relevant in Wales where 21% of the population speaks the indigenous Welsh language (National Assembly for Wales, 2003). Although most Welsh speakers are bilingual (speaking English as well as Welsh), many prefer to use Welsh with service providers, particularly when they are feeling stressed and vulnerable (Misell, 2000). With the introduction of the Welsh Language Act in 1993, the Welsh language, like many other minority languages across Europe, is enjoying a revival (National Assembly for Wales, 2005) and its legal position is enhanced to the extent that service users have right of access to health care in their preferred language.

The numbers of Welsh speakers within Wales is on the increase and children and young people speak more Welsh than any other age group in Wales (National Assembly of Wales, 2003). This has been reflected in provision of Welsh medium education in schools and more recently universities within Wales. At Swansea University there are 18-20% of the student body who are first language Welsh speakers. As their clinical nursing experience is within Wales they will come across between 20-60% of patients who are Welsh speakers (Misell, 2000). Misell’s work also noted that there were four vulnerable groups regarding use of Welsh language within the National Health Service i.e. elderly children, patients with learning disabilities and patients with mental health.
problems. In response to the stress of illness and hospitalisation the above groups automatically revert to their mother tongue.

Within the School of Health Science English is the language used at present to teach nurses. Thus student nurses do not have many chances to discuss and develop many care skills through the medium of Welsh. Therefore they will not have the confidence to use the skills of nursing assessment and care treatment through the medium of the Welsh language once qualified.

Thus it was decided to utilise a flexible mode of learning to achieve this. The mode of study will be through an electronic learning package. These interactive multimedia care scenarios are known as eWARD. This is the ‘virtual’ electronic ward, a package of multimedia remote-learning care simulations currently being developed and delivered for nursing, midwifery and other health care students. It has a modular structure simulating the care of a patient and their family from admission to discharge. Each module will help students learn about the care of patients and their families, with particular conditions and develop skills of problem solving and the design of care planning. Each scenario will be based around one patient with a set of conditions that change over a period of time. The student will have to design an appropriate plan of care for the patient and family. This plan will be assessed electronically with feedback being given on the choices made. This will also assist them in becoming proficient in different aspects of healthcare terminology in Welsh.

They are being used alongside other teaching methods. The Welsh speaking nursing students can utilise the Welsh version alongside English language speaking students using the English version. The scenarios will be formally evaluated later this month. Thus there will be specific data on uptake, usefulness and their learning.

In health care good interpersonal skills are essential in promoting holistic care to patients. Therefore this flexible mode of learning will benefit quality of care to Welsh speaking patients and increase students confidence and willingness to use Welsh health care terminology in the workplace.

References


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**T19**

**Learning numeracy and drug administration skills: an evaluation of a computer programme by pre-registration student nurses**

*Ann Wilson, Senior Lecturer; Nina Godson, Senior Lecturer, Coventry University, UK*

The Nursing and Midwifery Council (NMC) require student nurses to be proficient in numeracy skills prior to qualifying as registered nurses (NMC, 2004). Nursing curricula are required to test these numeracy skills at some point in the three year course.

The literature identifies that student nurses may demonstrate high levels of anxiety and stress about numeracy and nursing calculations (Glaister, 2007; Pozehl, 1996), especially knowing that accuracy in clinical practice is crucial for maintaining patient safety (DH, 2000, 2005). A variety of support should be offered for the developing of numeracy skills (Wright, 2007; Jukes and Gilchrist, 2006) and there is evidence that e-learning is a useful new option (Weeks et al., 2005).

At Coventry University a variety of support for student nurses is available for them to practice and improve their numeracy skills. There are teaching sessions, individual support via personal tutors and the maths support unit, practice papers, booklets and tutorials. In addition we provided a commercial e-learning drug administration package. It included patient simulations and case studies, and a calculations test. It was decided to investigate its
usefulness and ethical approval was obtained for a small study, which sought to determine if the use of this virtual learning package had any impact on the students’ numeracy skills.

For this evaluation we chose one cohort of nursing students. Sixty consented to take part in the study. They were asked about their confidence in their numeracy skills. Five students identified that they expected to fail the numeracy test, and only twelve expected to pass. The whole group took a pre-test (formative) numeracy test (T1). In fact thirty four students failed this pre-test and thirty seven passed. The students were then split into two groups. Group 1 were able to access all the maths support, except for the e-learning package, as desired. Group 2 were offered all the maths support and additionally were allocated a time to use the e-learning package.

Both groups then undertook the summative numeracy test (T2) and then filled in an evaluation form. This provided data about their feelings of confidence in their numerical skills, what support they had used to prepare for T2 and their opinions of the support accessed. Data showed that only one student now expected to fail T2 and thirty six expected to pass. In fact thirteen students failed the summative test, and sixty seven passed.

Fourteen students used the commercial e-learning programme, although thirty had been allocated. These fourteen commented that they liked the simulations in the programme, that it was worth using and showed them that they needed more practice in drug administration. It helped them visualise the drug administration process and made them practice numeracy. It gave them drug knowledge and prescription interpretation practice. It was nearer to practice, and thus helped them apply their numeracy more accurately than paper and pen tests do. However scores between T1 and T2 showed that using the e-learning programme had not made a significant difference to their test scores. It has to be acknowledged that this sample group of fourteen students is too small for this result to have any wider implications.

They also commented that it was difficult to understand how to use the programme and a big fault was that the programme would tell them if they had made an error but then did not specify what the error had been. They were left unsure as to whether their maths, drug selection procedure or patient ID check had been the error, and this was not helpful.

The study also identified that those students who felt the need to practice numeracy skills before T2 used a variety of approaches, as recommended in the literature. In fact the most used method was a maths practice workbook. This takes the paper and pen approach, but it is readily available and does not require computer access which students find an advantage. It encourages repetition and mental arithmetic and the old adage ‘use it or lose it’ may be what was helpful about the workbook (Wilson, 2003). Paper and pen is how the numeracy test is delivered, so it could be considered more appropriate as preparation for T2. Student evaluations of the e-learning programme also identified that is was not necessarily easy to use.

Altogether the students who wanted to accessed a variety of resources to enable them to practice their numeracy skills. The majority improved their score between T1 and T2 (fifty two). Fourteen students got worse scores between T1 and T2 and two students the same score. Comments indicate that students would like a programme like the one evaluated to be freely available for their use through the university online module support mechanism so that they can make use of this additional learning tool at their own convenience.

References


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Using technology to teach HIV

Barbara Kiernan, Associate Professor, Medical College of Georgia School of Nursing, Augusta, USA

Current statistics estimate that 40 million people are living with HIV/AIDS with nearly 25 million deaths from the disease since 1981. Although this virus is epidemic world-wide, resource limited countries are most affected. It is highly likely that at some point during their career, professional nurses will encounter the care of persons with HIV. To provide nursing students with a comprehensive appreciation of the multivariate problems affecting persons infected and affected by HIV/AIDS, the School of Nursing has offered an elective focusing on the spectrum of HIV disease. One of the potential outcomes is to enable students to develop safe and compassionate care. Over the past eight years, as the School of Nursing has embraced the use of technology in pedagogy, this course has evolved from a face-to-face didactic format to a web based and video conferencing design. There is no textbook assigned to course, thus students use information presented from a variety of reliable and legitimate resources on the internet.

The students come to the course with basic knowledge of pathophysiology and management issues related to HIV but often express concern and hesitation about caring for patients with HIV disease despite emphasis on universal precautions. Many students have had a family member with HIV and felt this course would help them gain better insight. Initial web-based discussion boards provide the students with an opportunity to share their interests and reasons for taking the course. Generally by the end of the fourth week of class, students are amazed at the wealth of information available beyond their basic knowledge and they often remark about how little they did not know or realize prior to enrolling in the course. Course evaluations often demonstrate how misconceptions about HIV are clarified.

Two in-class sessions that are broadcast to distant campuses via video conferencing expose to the students to an expert HIV educator whose specialty is medication adherence, a panel of HIV health care specialists, and lastly, a panel of persons who are living with HIV/AIDS. The last session gives the students a unique opportunity to interact with people who are living and coping well with the disease. Students consistently have evaluated this experience as having a positive impact in their thinking about HIV.

Each week of the 15-week course, students follow a guideline related to a particular theme. Following a brief overview, students research specific questions and post their responses on a discussion board within the course. Some of the themes include impact of HIV on adults, children, pregnant women, gay and lesbian relationships, adherence to medication, political/ethical/legal issues, prisoners, epidemiological trends, community issues, comorbidities, prevention, and the global impact of HIV/AIDS. Discussions are graded using a rubric that evaluates the comprehension of the response.

One of the course requirements is an experience with medication adherence. Students are given a specific simulated regimen of HIV therapy (the medications are candy that represent the different drugs). They are asked to take the regimen for a week as if they are patients living with HIV. At the end of the week, they discuss their results in class with the HIV educator. They then write a short paper documenting their personal response to the assignment citing both the supporting factors as well as barriers that impacted their ability to be successful. Using theory on adherence as well as their personal experience, the students recommend potential interventions that could be used with any patients on long-term drug therapy.

Another course requirement involves a group project designed to promote team work among a group of students with a common interest in one aspect of HIV disease. Students are asked to demonstrate how it affects patients, families, and communities from local to global including members of the health care community. Some examples which result in a short paper as well as a slide presentation for the course include participation in the local AIDS Walk, interviews with care providers, analyses of media productions involving HIV themes, investigation into political outcomes related to HIV, and tracing the history of the AIDS Quilt.

Overall reaction to the course has been most favourable. The students’ evaluations have recommended changes that have taken place over the years. They found that this course has refocused their viewpoints about HIV/AIDS and given them more confidence in their ability to care for patients they may encounter in the future.

Resources
www.cdc.gov
www.avert.org
www.aidsinfo.nih.gov
www.aegis.com
Initial reactions to the distribution of mobile devices to learning disability students for use in practice settings

Niall Dew, Course Leader and Senior Lecturer in Learning Disability Nursing, University of Huddersfield, UK

This paper aims to discuss the initial views of learning disability nurses to the distribution of handheld computers via the Assessment and Learning in Practice Settings (ALPS) programme. At this stage the mobile devices, supplied by the ALPS programme, were given to help the students access information and keep in touch with colleagues and staff back in the university ahead of the implementation of their use for assessment. The paper will present results from the first year of practice use of the devices including, if and how the devices have been used, looking at variables such as age, gender, and previous use of technology.

Whilst it is acknowledged that the impact may be minimal in terms of supplementing the methods already used by the students, primarily mobile phones, the device offers a number of other potential possibilities. The presentation will discuss what the students think these are, from their own perspective, and not that of academics, and will discuss how the students have used the facilities of ‘on the go’ access to the internet; e-mail; picture taking; and voice recording facilities. It is acknowledged that the students may find the devices limiting and this will also be acknowledged and explored. Finally there will also be a discussion of the ethical implications for the use of the devices as already identified by some local organisations.

This paper will therefore help other nurse educationalists gauge the potential use of mobile technologies as we move to a more community based focus to some of our educational preparation and provision. The importance of the findings is also important when we consider learning disabilities nursing provision at the University of Huddersfield, primarily because of the range of non-traditional community settings it currently uses. Where other branches of nursing use a high percentage of NHS settings we use primarily voluntary, charitable, and private sectors in providing student placements. This along with the fact that students often work ‘independently’ in clients own homes often means that they can be disadvantaged in terms of access to technology and mixing with their peers. Hospitals for example often have libraries or computer facilities where students can access information and meet peers. This is something that other branches may experience as care provision evolves.

About the devices
The ALPS mobile device is a handheld computer with the ability to access the Internet and e-mails. It also has the facility to store information e.g. word documents, excel files etc, in its internal memory or on a micro SD card. It is also capable of taking voice notes and capturing images via an inbuilt camera. The device itself is a T-Mobile MDA Vario.

About ALPS
The ALPS programme aims, amongst other things, to improve the use of technology within practice settings. This they hope to do by ‘implementing mobile technologies to support both formative and summative assessment and learning for the students, university staff and professional practice staff ….’ (ALPS, 2008a)

ALPS is one of the 74 Centres for Excellence in Teaching and Learning (CETLs) funded by the Higher Education Funding Council for England (HEFCE) promoting excellence across all subjects and aspects of teaching and learning in higher education. Funding of £315 million over five years from 2005-06 to 2009-10 represents HEFCE’s largest ever-single funding initiative in teaching and learning.

Assessment and Learning in Practice Settings (ALPS) is a collaborative programme between five higher education institutions with proven reputations for excellence in learning and teaching in health and social care: the University of Bradford, the University of Huddersfield, the University of Leeds (lead); Leeds Metropolitan University, and York St John University. There are 16 professions across the partnership from audiology to social work, and a wide range of partners including Yorkshire and the Humber NHS, practice networks and professional bodies. ALPS aim is to ensure that students graduating from courses in health and social care are fully equipped to perform confidently and competently at the start of their professional careers. This is being achieved by extending excellence and innovation in assessing practice, helping students learn both within their professions and across professional boundaries. ALPS is raising the status of teaching in practice. ALPS works with practice-based educators so they can assess generic skills (e.g. communication, team working and ethical practice) and professional competences common to many groups. Practitioners who teach can benefit from and contribute to the work of ALPS and its networks. (ALPS, 2008b)

References
ALPS (2008a) http://www.alps-cetl.ac.uk/Corework/MobileTechnologies.html (accessed 11/1/08)
ALPS (2008b) http://www.alps-cetl.ac.uk/index.htm (accessed 11/1/08)
First Group of Theme Sessions

Interprofessional Learning
A retrospective study of final year students’ experiences of interprofessional collaboration to inform future curriculum design

Sophie Willis, Lecturer; Christine Heales, Lecturer; University of Exeter; Christopher Cobb, Senior Lecturer, University Campus Suffolk, Ipswich, UK

Background
Within the Department of Health (DH) 2001 publication ‘Working together, learning together’ (DH, 2001a), the government set out its intention that by 2004, common learning would be an integral part of pre-registration education. Two years subsequently to the date envisaged for this integration, Barr and Ross (2008) asserted that; Interprofessional Learning (IPL) had been incorporated into the curricula for all professional health and social care programmes within the United Kingdom (UK). However, whilst the proposal of common learning within health and social care education curricula has been realised; the anticipated emergence of a greater sense of collaborative work ethic between professionals within the practice setting, has been less clearly documented.

Various government reports have highlighted devastating examples of the failure of health and social care professionals to collaborate (DH, 2001b; 2003). Amongst the recommendations to emerge from these enquiries were that; multi-professional teams should learn together and share such learning across professional boundaries. And those collaborative approaches, fostered through education, needed to be adopted across health and social care contexts. As tomorrow’s health and social care workforce begin to commence their first posts within their respective professions; evidence for the success of this educational intervention at the point of service delivery is still being sought. Furthermore, although an abundance of published literature relating to IPL exists, both from the UK and globally, few studies have been able to quantify the benefits of these new curricula to the health service user. There remain many unanswered questions pertaining to the effectiveness of such educational interventions as IPL. Consequently, different approaches to the inclusion of IPL within curricula are still being investigated.

With the acknowledgement that the NHS of the twenty-first century is increasing in both its complexity and sophistication (Adams et al., 2005), higher education institutions are focusing increasingly on the development of practice education curricula; affording students the opportunity to engage with one another whilst undertaking IPL in a clinical context. Consideration of the students' context and perceptions of their current experiences are two ways by which to expand the IPL opportunities within curricula, and potentially increase professional collaboration at the point of service delivery.

Aim
This study intended to provide a deeper understanding of the issues surrounding the IPL practice education curricula by investigating students’ interprofessional collaboration experiences during their practice education. With the intention of identifying examples of interprofessional learning opportunities within the clinical environment to inform future curriculum design, and suggest curriculum models that may be employed to support it within a practice education context.

Study method
Third year undergraduate radiography students were invited to participate within the study. A case study methodology was selected and based upon transcendental realist ontology, which assumed that social phenomena exist in an objective world, and that there are some lawful and reasonably stable relationships amongst them; and a relativist epistemology, which assumed that in order to gain insight and understanding, the researcher was required to get close to the phenomenon under investigation. Data were gathered in two phases; initially questionnaires were administered to participants midway through their third year (n = 41), subsequently three focus groups where conducted (n = 19), to contextualise and explore further the results returned to the questionnaire.

Results
Findings are presented with particular emphasis on factors which might influence future curriculum development to incorporate IPL into the practice education curriculum for health and social care programmes. The study found that students valued their experiential interprofessional working experiences, and perceived that these had contributed towards their professional development and successful negotiation of the undergraduate curriculum. In particular, their experiences had promoted positive role modelling of other professional groups, most notably, experiences articulated had involved the nursing profession. However, discussions within the focus groups also echoed many of the complexities identified in previous studies, associated with facilitating IPL within practice education curricula.

Conclusion
Practice education has been identified as both challenging and stressful for students, whilst simultaneously presenting evermore diverse challenges for those in education to design and implement successful IPL curriculum initiatives, which are capable of addressing the requirements and demands of all stakeholders. The
students who participated in this study have self-reported an increase in their awareness and understanding of nursing and other professions with whom they engage with in a clinical context. This study has evidenced that opportunities to make IPL provision within undergraduate education in the clinical environments where students currently undertake their practice education.

Ethics
Prior to commencement of this study, written permission to undertake the research was obtained from the Research and Ethics Committee of the Higher Education Institution where the research was conducted.

References


(T23)

Evaluation of the effects of an interprofessional ward simulation exercise on medical and nursing students’ readiness for interprofessional learning

Ella McLafferty, Senior Lecturer; Maureen Campbell, Teaching Fellow; George Hogg, Lecturer (IPE); Jean Ker, Director of Clinical Skills Centre, University of Dundee, UK

Interprofessional education (IPE) for health professionals has increasingly moved up the political agenda. This has occurred for a number of reasons including the overlap in relation to knowledge and skills. Tunstall-Pedoe et al., (2003) state that there is a pressing requirement for health professionals to work together in cohesive teams to provide holistic care. IPE has been described as learning together to promote collaborative practice (Hamick, 2000). Using a simulated ward exercise for interprofessional learning permits medical and nursing students to practise skills in a safe environment. Our Interprofessional Ward Simulation Exercise (IPWSE) consists of a multidisciplinary team (MDT) meeting where fourth year medical and third year nursing students take on the roles of members of the MDT and a ward exercise where they work together to provide medical/nursing care for three simulated patients. At the beginning of the exercise the students receive a handover relating to their patients. The patients are volunteers from a bank of simulated patients. There is a list of timed interruptions that the students must cope with and at the end of the exercise the students feedback to the facilitators. The facilitators include a medical and a nursing lecturer. At the multidisciplinary team meeting, the students are required to discuss the progress and management of a fictional patient; they also have to consider the roles of the multidisciplinary team in relation to patient management. The ward exercise has been a feature of the medical and nursing curricula for a number of years and has been evaluated positively by both medical and nursing students. The multidisciplinary team meeting is a new feature of the programme. Student participation in both exercise is part of their learning requirements.

The aims of this study were to investigate:

- Third year nursing and fourth year medical students’ stereotypes of each other before and after the ward simulation exercise or before and after the MDT meeting
- Their perceptions of interprofessional learning prior to either of the exercises.

The methods used were validated questionnaires including the Health Care Stereotypes (HCS) Scale (Carpenter, 1995) and Readiness for Interprofessional Learning Scale (RIPLS) (Parsell and Bligh, 1999). Both questionnaires collect quantitative data. The RIPLS was distributed at one time point prior to commencement of the session. The HCS was distributed for completion at the commencement of the exercise, then after the first part of the exercise so that half the students received the questionnaire pre and post the MDT meeting and half received them pre and post the ward exercise. All medical and nursing students from one cohort were invited by letter to participate in the research Participants consisted of a cohort of fourth year medical students (n=287) and third year nursing students (n=120). Data were analysed utilising descriptive and parametric tests. Comparisons were made between the medical and nursing students using the RIPLS. There were only two significant differences between the students using this scale. Those were; Teamworking skills are essential for all health care students to learn

NET2008 Conference, 2-4 September 2008  Theme Paper, Symposium and Poster Abstracts
and Clinical problem solving can only be learnt effectively with students from my own department. There was strong agreement for the first statement and strong disagreement for the second statement. However there were some significant differences using gender as a comparison.

There were a number of statistical differences between the two groups for the HCS. The MDT had a more significant effect on a number of characteristics than the ward simulation exercise.

The type of shared activity in a clinical skills setting seems to have a positive effect on students’ perceptions of each others profession. What we don’t know is whether this change in perceptions continues in the longer term.

References

(T24)

‘Do not worry about your problems in mathematics....’ (Albert Einstein)
interprofessional collaboration in intravenous therapy education

Christina Ronayne, Lecturer Practitioner; Margaret Connolly, Lead Nurse for Specialist and Advanced Practice Practice Development; Pinky Virnia, Lecturer Practitioner, Marianne Fairley; IV Educator, Alison McGuire, IV Educator NHS Greater Glasgow and Clyde, Glasgow, UK; Debbie Thompson, Adult Literacy / Numeracy Co-ordinator Glasgow Get Ahead Project, Glasgow, UK

The report reflects the work undertaken by Education and Practice Development staff within NHS Greater Glasgow (NHSGG) Acute Division between August and December 2007. This work followed a successful bid to NHS Education for Scotland (NES) to improve the numeracy skills of registered nurses in clinical practice. The project involved the generation of a collaborative partnership between the intravenous drug administration educators and the resident ALN (Adult Literacy and Numeracy) co-ordinator for the Get Ahead Project (Glasgow Community Learning Strategy Partnership ALN Project).

NHSS Education for Scotland has identified ‘numeracy’ as an issue of concern in the provision of health care across the many disciplines supported within the framework of the NHS (Sabin, 2006). There are numerous references in the literature that interprofessional working and education may improve health care in the long term (Gelmon et al., 2000; Mattick and Bligh, 2003; Barrett et al., 2003). With the amalgamation of different NHS boards to form NHS GG the need was seen for the intravenous (IV) drug administration educational programme provided in the Acute Division of NHSGG to be harmonized and include greater emphasis on the teaching of numeracy skills. In view of the literature advocating interprofessional learning, a close collaboration with the resident ALN co-ordinator was viewed as essential.

The ALN co-ordinator peer reviewed all of the programme documentation both pre and post harmonization and where appropriate made suggestions for changes to wording and presentation in order to ensure that the material appealed to various learning styles. In addition to this, the ALN co-ordinator attended the study-days across the three main sectors to review the delivery of the numeracy calculations session within the programme. The ALN co-ordinator is now an integral part of the programme as a co-teacher of the calculations session.

The educational programme now includes:

• a baseline calculations self assessment for prospective course participants to identify their numeracy learning needs
• a self directed study workbook that has been adapted to take on board these identified learning needs and styles
• the social model of ALN supported learning in the workplace has and will continue to be an integral part of the IV drug administration educational programme: The ALN co-ordinator is directly involved in all calculations teaching and her support is available to all students who desire pre-course. The objective being to increase the confidence and competence of staff in both their approach/attitude to dealing with numeracy issues in the workplace
• there is now harmonization of calculation testing across these acute sectors of NHS GG&C
The revised programme has generated significant interest from colleagues from other organisations who are also involved in the delivery of IV drug administration programmes.

The impact was measured by:

- students evaluations pre and post study-day
- overall pass rate of the test
- feedback from a focus group drawn from course candidates from across the acute sector

The service need for more RNs to be competent in the administration of IV drugs is high and likely to increase. The revised education programme seeks to accommodate this within an adult learning context. This small study emphasises the need to continually stress the level of preparation required and the excellent numeracy resources available to individuals. It is anticipated that a growing ownership for learning will generate more numerically competent and confident future candidates.

There is an appetite for a national educational programme to be introduced to ensure a recognised standard. This would eliminate the need for RNs to complete an IV course every time they move from one organisation to another. This may require some national infrastructure to support it. This project has gathered valuable information to enable us to further revise our programme and a detailed action plan has been drawn up. Given the interest from other organisations the working party are confident that our programme could meet national needs.

References


(T25)

**Learning and teaching for collaborative practice: evaluation of a novel learning, teaching and assessment strategy in a final year module of a pre-registration interprofessional learning (IPL) programme**

*Alison Smith*, Principal Lecturer, Canterbury Christ Church University, UK

**Background**
This presentation is based on the final project report the interim findings of which were presented at the NET 2007 conference.

The pre-registration IPL Programme at Canterbury Christ Church University has eight pathways and includes a work-based collaborative practice module in year three. The module was delivered for the first time to 284 students between October 2006 and February 2007 and involved 27 facilitators. Students were allocated to an action learning peer group, which met on four occasions during the module. Based on evidence from previous work Colyer and Parsons (2005) the themes of; roles and boundaries, respect, trust and power and conflict and difference were used to guide the action learning set activity. Additionally, the module was assessed by patchwork text (Winter *et al.*, 1999) where students drew upon their experience of collaboration in practice.

**Aims**
The aim of the study was to evaluate the use of an integrated learning, teaching and assessment strategy; action learning sets linked to the production of a patchwork text.

**Methods**
Within a realistic evaluation framework (Pawson and Tilley, 2004), a mixed method, triangulated data collection was undertaken. Student data comprised; individually completed module evaluation forms, facilitated nominal groups to identify strengths and weaknesses of the learning, teaching and assessment strategy and group activity to develop a consensus statement about effective collaborative practitioners.

Facilitators were invited to participate in focus groups (Krueger and Casey, 2000), facilitated by the researchers. Qualitative data from students and facilitators were subjected to content analysis to identify common themes.
Marks awarded for the patchwork texts were analysed and compared with academic performance in other final year modules and between professional pathways using Minitab15.

Results
Detailed quantitative analysis demonstrated no significant difference in students’ performance when compared to other modules and no significant differences between professional pathways.

Students identified the key strengths of the learning teaching and assessment strategies as; having a deeper understanding of professional roles, the ability to empathise with service users and the development of reflective practice skills. They also valued the opportunity for peer support, consistent facilitation and the incremental approach to assessment.

Weaknesses were process related; time available, number of action learning sets and heightened student anxiety. Thematic analysis of consensus statements identified the ability to communicate as the key skill required by effective collaborative practitioners with respect and boundaries featuring prominently.

Themes identified from focus groups with facilitators indicated that the learning teaching and assessment strategies proved to be an exciting but demanding way of enabling students to learn. Moreover, it was acknowledged that students were able to develop as reflective practitioners, to have a deep understanding of different professional roles and of the service user perspective of health and social care.

Conclusions
The innovative learning teaching and assessment strategies using action learning with patchwork text enabled students to achieve the module learning outcomes without disadvantage. Additionally, the novel approach to facilitating student learning and the assessment strategies utilised in the module conferred distinct benefits for student learning.

References


(T26)

Seek to understand before seeking to be understood – sharing the approach taken to promote work-based learning for allied health professionals in NHS Grampian

Valery Burnett, AHP Practice-based Education Facilitator, NHS Grampian, Aberdeen; Jenny Miller, AHP Practice-based Education North Region Coordinator, NHS Education for Scotland, Dundee; Jane Ormerod, Head of Professional and Practice Development, NHS Grampian, Aberdeen; Jane Reid, AHP Practice-based Education Facilitator, NHS Tayside, Dundee, UK

Background
The 21st century health care agenda requires health care professionals to be equipped and empowered to perform duties to the best of their abilities – education and training of the existing and future workforce is integral to this.

CAIPE (2002) highlights and promotes this mantra further by suggesting that in order to work together health care professionals need to learn together.

Recent policy drivers in Scotland refer to multi disciplinary education as a ‘strong element that supports the development of effective capable teams’ and that ‘multi agency education should pervade education curricula and continuing professional education activities’. (Delivering for Health SEHD, 2005)

In 2006 NHS Education for Scotland (NES) provided 3 years funding to each of the 14 territorial Scottish Health Boards for Allied Health Professional® (AHP) Practice Education Facilitator (PEF) posts to support and facilitate development of the workplace as a sustainable learning environment.
In NHS Grampian the funding allocated for this post was shared between two part time clinicians from different allied health professional backgrounds (a dietician and an occupational therapist).

**Aims**
This paper shares the methodology adopted by NHS Grampian AHP PEFs and their approach to and promotion of inter disciplinary work-based learning between AHPs.

The PEF methodology developed processes to progress interdisciplinary work-based learning, whilst the approach captured the cultures, values and beliefs of AHPs which impact on inter-professional work based learning.

**Methodology**
From the outset it was agreed to adopt the philosophy of the 5th habit of highly effective people (Covey, 1989). As this ‘habit’ is copyrighted it is represented by the authors in the following interpretation:

‘it is essential to understand the attitudes and cultures of allied health professionals towards work based learning before exploring with them the potential of approaching and developing this’.

Taking cognisance of current government policy drivers and previous work carried out by NES around practice education/work-based learning (please refer to references for full list), a semi structured interview schedule was compiled, piloted and modified. After stakeholder analysis, this schedule was used to complete a series of one to one meetings and focus groups with allied health professionals across Grampian Health Board.

This process yielded content rich qualitative data and provided a unique ‘helicopter’ view of the current attitudes, barriers and practices of AHPs around work-based learning.

**Findings**
The data was analysed for themes and a full report written and distributed to the stakeholders.

A consensus event aimed at representatives from each AHP profession was held. The purpose of the event being:
• to share the main themes from the data
• to share current innovative/good practice around work based learning
• use of world cafe techniques (reference), to gain consensus amongst the 9 disciplines of their priorities for the progression of inter disciplinary work-based learning and practice education.

These priorities are being developed and progress of the work-based education agenda for AHPs in NHS Grampian will be discussed.

**Focus**
This paper will share the background and methodology adopted by the AHP PEF post but the focus will be:
• discussion of the themes from the data collected via the semi-structured questionnaire
• the outcomes/priorities identified through the consensus event
• progression and development of inter professional work based learning.

Reference will be made to linking the findings with previous and current work by nurses and midwives and the paper will explore how, as health care professionals, we can adopt a more collective approach to work based learning.

*Allied health professionals* include: art therapists, dieticians, drama therapists, music therapists, occupational therapists, orthoptists, ortholists, physiotherapists, prosthetists, podiatrists, diagnostic radiographers, therapeutic radiographers, speech and language therapists.

**References**


The student experience of interprofessional learning

Katie Coleman, Third Year Student Nurse, Buckinghamshire Chilterns University College, Chalfont St Giles, UK

This paper will define interprofessional learning and the student experience of this from the three years of studying children’s nursing. This paper will outline the students experience and the thoughts of the effectiveness and the learning experience of this in university and in placement.

CAIPE (2007) state that inter-professional learning can be defined as professionals learning and working together to develop joint respect about each others roles and skills in order to overcome barriers to effective collaboration between professionals. This collaboration should occur between professionals and organisations within healthcare settings. Bradshaw et al., (2002) states that the overall aim of this is to improve healthcare services by working in collaboration with professionals and health care users. Therefore, it can be seen that this is only possible when professionals work in partnership with mutual trust and respect for one and others roles.

During the first year of the course, inter-professional learning was not made explicit. The focus of the student seemed to be on acquiring the skills in order to care for their patient. During the semester at university there was minimal reference to inter-professional learning. However, during the second semester whilst on placement the hospital fostered collaborative learning on a weekly basis for all professionals. This involved all professionals giving their professional opinion on particular scenarios and justifying their answer. All nursing students and medical students were allowed to attend. Thus, during the first year inter-professional learning was not apparent until attending placement. However, nurse education is provided fifty percent in practice and fifty percent in theory (NMC, 2004). Therefore, it can be seen that inter-professional learning is provided but within the first year it was not made explicit during the theory part of the first year.

During the second year of the course, during the university based semester, a whole module within the course content was devoted to inter-professional practice. Payne (2001) states that inter-professional practice is where a group of professionals or agencies work together to adjust roles, knowledge, responsibilities and skills in order to work effectively with other professionals or agencies. This requires effective communication, teamwork, partnership, education and equal balance of power. Overeit et al., (1997) state that this is only possible when professionals work together to achieve common goals. Thus, the whole module was devoted to the fundamentals of inter-professional practice.

During this module, the child branch students and mental health students were placed together to practice inter-professional working/learning. However, it must be noted that both the mental health and child branch students were not very good at mixing between branches and tended to stay with what was familiar. Therefore, on reflection it can be seen that at student level it is difficult for student nurses from different branches to work together so this may prove difficult in a health care setting and the lecturer highlighted this on many occasions.

The module during university also examined the characteristics of inter-professional learning and the projects around that included specific inter-professional learning programmes (NMC, 2004; Laming, 2003) However, geography, timetabling, entry requirements and organisational difficulties were just some of the potential problems reported with inter-professional learning. During the theory part of the year it was not apparent how this would be beneficial to our nurse education, although when returning to practice it was one of the best modules from the whole of the nursing course.

When returning back on placement, as a student the reflection and learning from the inter-professional module was huge. The module allowed greater understanding and appreciation of other professional’s roles and responsibilities and the detrimental effects of poor inter-professional working on patient care. It also highlighted that often the biggest problems within healthcare are that professionals do not work in collaboration and this allows fragmented care to be received by the patient and their family (DH, 2003). The inter-professional module within university required the student to submit an essay surrounding a case of poor inter-professional practice. The Laming Inquiry (2003) was selected and this required the student to examine each mishap and state the ways in which this could have been improved if inter-professional working had been achieved. This also required the student to look at all of the government documents underpinning children’s nursing and the significance of inter-professional working is highlighted throughout these documents (DH, 2003, 2004, 2006). Thus, it can be seen that it is vital for students to be aware of inter-professional working and education in order for effective collaboration to occur when students enter healthcare settings as qualified nurses.

Coming towards the last year and just finishing the semester at university. The degree and diploma students were separated and the degree students were mixed with adult, child and mental health students. The learning between these separate branches was very different to the inter-professional module with the mental health and child branch students. All students within the degree course listen to each other, accept and challenged each others views and were willing to learn from each other. It is unclear why this may be the case. The mental health
and child branch students had received the inter-professional module, but the adult branch had not. Maybe it was because all students were focused on their work, or maybe it was dependent on the learning experienced over the two years, or maybe at degree level student nurses could identify the need for inter-professional learning. However, inter-disciplinary learning clearly worked very well for the semester at university and all branches learnt more broadly because of the mixture of skills.

Thus, it can be seen that the student experience of inter-professional practice/learning differs clearly between years one to three. However, it can be seen that universities do highlight the need for inter-professional learning/practice and that from one student experience it is worthwhile as it does affect patient care significantly. As it allows the patient to work as a partner in care within an organised healthcare system if the key aspects of inter-professional practice are used effectively. The key attributes of inter-professional practice are the same an inter-professional education. It may be said that inter-professional learning is the start of a more effective inter-professional workforce.

Reference
First Group of Theme Sessions

Learning and Teaching Strategies A
A literature review: an evidence-based approach to determining the value of simulation in nursing education

Ruth Tarantini, Advanced Practice Nurse, University of Pittsburgh Medical Centre, St Margaret Hospital, Pittsburgh, Pennsylvania, USA

Following the lead of educators in the military and aviation industry, nursing educators are using simulation to give students experience in complicated and rare clinical events (Jeffries, 2007). Simulation, as it occurs in nursing education, is ‘an attempt to replicate some or nearly all of the essential aspects of a clinical situation so that the situation may be more readily understood and managed when it occurs for real in clinical practice’ (Jeffries, 2007, p. 3). Clinical simulation offers a safe environment in which learners can practice a wide range of skills and scenarios without endangering patients (Feingold, Calaluce, and Kallen, 2004; Kneebone, Scott, Darzi, and Horrocks, 2004). Despite the perceived benefit of enhanced patient safety resulting from clinical simulation education, there is little evidence in nursing literature to support the use of clinical simulation in teaching cognitive and affective skills (Lasater, 2007), or transferability of skills into clinical practice.

The aim of this paper is to examine the current literature on clinical simulation in nursing education. Major themes which will be explored are: efficacy of clinical simulation in nursing education, clinical simulation measurement instruments, impact of clinical simulation on clinical performance, and the transferability of clinical simulation to practice. This author will also address the significance of simulation in nursing education as it pertains to the future of patient safety.

The current body of simulation literature which was examined supports that clinical simulation is effective in nursing education (Feingold, et al., 2004; Alinier, Hunt, Gorgon, and Harwood, 2006; Childs and Sepples, 2006; Jeffries, 2007; Lasater, 2007; Radhakrishnan, Roche, and Cunningham, 2007). Clinical simulation instruments have been developed to measure the effects of clinical simulation; however future instrument research must address the measurement of transferability. Nurse educators lack a tool to measure the application of knowledge to patient care, which is the inherent goal of clinical simulation (Jeffries, 2007). Future clinical simulation research must also focus on whether simulation improves critical thinking and clinical judgment.

Despite the lack of overall evidence supporting the transferability of skills to a ‘real life’ environment, simulation has been used in the military and aviation industry for decades. Gaba (2004) asserts, ‘no industry in which human lives depend on the skilled performance of responsible operators has waited for the unequivocal proof of benefit of simulation before embracing it’ (p.2). In addition, limitations in current nursing research regarding simulation must be considered. Most studies have small sample sizes and lack statistical power, as well as consistent reporting measures (McGaghe, Issenberg, Petrusa, and Scalese, 2006).

In 1999, the Institute of Medicine (IOM) published an alarming report, entitled, To Err is Human: Building a Safer Health System (Hunt, Nelson, Schilkoski, 2006). This report identified that medical errors rank anywhere from the fifth to eighth leading cause of death in the United States (Hunt et al., 2006). The 1999 IOM report prompted public concern over medical errors and forced the government to address patient safety (Jacobs, 2006). Jacobs (2006) cites, ‘To people who work in the field of patient safety, the conclusions were not new-they were based on decade-old data from the Harvard Medical Practice Study-but the report struck a chord in the media and public’ (p. 2).

The healthcare community is now beginning to acknowledge the benefit of simulation and education; however with that acknowledgement also comes the realization that the current method of provider education leads to a fragmented system full of errors. The focus of simulation centers is not only to educate in multiple areas, but also to specifically evaluate the ‘human factors’. The ‘human factors’ are identified as ‘fatigue, unfamiliarity with equipment, environment or situation, and stress-related memory failure’ (Hunt et al., 2006). Simulation has the potential to examine operator reactions in ways that cannot be achieved in real settings. Understanding the concept of simulation and its use as a teaching strategy in healthcare provider education is paramount in improving patient safety and mitigating future patient events.

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(T29)

**Making portfolios fit for purpose**

*Janet Barker, Associate Professor; Nigel Slater, Lecturer, University of Nottingham, UK*

Portfolios of evidence allow students to demonstrate a wide range of skills/knowledge, showing application of these in different arenas and are therefore widely used in nurse education. However, portfolios requirements vary greatly between contexts and they may serve different purposes. For example Smith and Tillema (2003) identified four different types of portfolios, those for assessment; reflective learning; as performance dossiers: and to meet specific course requirements.

Portfolios are identified as a key process in the education of health professionals, allowing them to gain insight into their progress through courses, whilst at the same time often being part of the assessment process. The duel nature of portfolios as a tool for demonstrating the process of learning and as an outcome through which learning can be assessed gives rise to problems for students and teachers (Shakespeare, 2002). How to deal with complexities of on one hand facilitating the development the skills/knowledge associated with professional practice such as reflection and critical appraisal and on the other providing a valid and reliable form of assessment has been the subject of much debate (Snadden and Thomas, 1998; Redfern, 1996; Smith and Tillema, 2003). Scholes et al., (2004) identify that portfolios have become complex entities, which students, practitioners and education staff often find difficult to make sense of. They go on to suggest that students need to learn how to use a portfolio before they can begin to integrate it into their learning approach or as evidence of such learning. At the same time lecturers and practice staff require clear and explicit guidelines and criteria against which to assess student development and performance.

This paper is based on the experience of one School of Nursing in developing the use of portfolios as part of the undergraduate pre-registration Diploma/BSc (Hons) in Nursing programme, whilst at the same time ensure that the needs of all stake holders were considered. Participation in a three year (2003-2005) educational development project: promoting key skills development through the use of portfolios facilitated the development of the portfolio framework. This project which was run in partnership across four English universities aimed to promote the development of students’ key skills through the use of portfolios and to explore ways of assessing evidence of key skills attainment.

In the initial project, within the University of Nottingham, School of Nursing materials to facilitate the development of communication, numeracy and improving own learning skills were developed and introduced to a group of pre-registration students. Internal and external evaluation identified a need to increase the relevance of the portfolio activities to students; this was achieved by linking of these more closely to assessment of practice skills. The materials were introduced to the original group of students; a new group and staff involved in supporting the students - both in the School of Nursing and in clinical areas. The new materials were found by all parties to be more ‘user friendly’.

Lessons learned from the project were transferred to the Diploma/BSc (Hons) in nursing course. Students’ skills related to portfolio work are now developed during the first year of the programme using a combination of
Enquiry-based learning techniques and patchwork text assessment. This incorporates both formative and summative approaches and is considered to encourage the development of skills related to study/literacy, critical appraisal and reflection. In years two and three, portfolio modules provide opportunities to further develop skills of reflection and critical appraisal of evidence, with a summative assessment of students’ ability to reflect on the relevance of evidence collected to demonstrate their achievement of practice skillfulness. The portfolio is also central to the achievement of NMC practice outcomes/ proficiencies.

References


Responding to globalised educational need

John Fulton, Principal Lecturer in Health; Kathryn King, Principal Lecturer in Health, University of Sunderland, UK

An increasing number of overseas students, whose first language is not English, are accessing programmes of study in the UK, (Harris, 1995). Assumptions are often made that it is the fault of the learner who does not engage with the process of learning. This presentation is based on experience of working with overseas students, over a number of years, both at home and abroad, who are undertaking a programme ‘topping up’ their diploma level qualification to a degree level.

The programme in question is well developed and a large number of British students have successfully accessed. With increasing numbers of overseas students in most higher educational institutions there is a clear need for a review of the degree programme to ensure the provision meets the particular needs of all students whilst insuring the integrity of the degree is maintained. Of particular importance is the need to recognise the strengths of the respective group of individuals' and to develop ways of building on these strengths to address both individual need and to ensure the degree is ‘fit for purpose’.

The problem highlighted to the programme team was that that whilst the programme addressed the needs of ‘home students’ and indeed the workforce need, it became apparent that overseas students are not a homogenous group. Furthermore, overseas students came from a diverse range of cultures, backgrounds and social classes, resulting in this group of students having different expectations and needs in addition to their educational need.

In particular, the background or demographic characteristic of the individual student was found to often determine and impact upon the way in which study was approached; especially personal characteristics and difficulties in adapting to western style of teaching and expectations (Luzio-Lockett, 1998). Also, the motivation and reasons for students’ undertaking the degree; significantly impacting on their course of study.

Biggs (1999) argues that whilst current literature does discuss overseas students’, emphasis is very much upon the limitations of these students rather than seeking to address the fundamental issues which have previously led to poor student performance when compared to ‘home’ students. Our evidence suggests that there are very real strengths displayed both on an individual, and, a cultural level, which need to be captured and applied to both programme design, and, its delivery, to ensure a positive student experience. Having an ultimate aim to address today’s globalised Healthcare Commissioning Agenda (DH, 2007). Moreover, to promote the need for all healthcare practitioners to contextualise healthcare provision; to meet the needs of service users.

The need to ‘upskill’, the overseas group of students in order to ensure successful achievement is commensurate the provision of support which is required for students both on and off site; which can facilitate their study. Skills deemed to be required include:

- developing language skills
- developing IT, and study skills
- developing critical thinking.
The results from this data have facilitated a review of current provision and led to the development of a detailed action plan to address the issues raised. This paper presents results of this work and offers a recommendation for future development.

References


(T31)

The use of video to demonstrate effective communication skills in clinical practice

Simone Bedford, Nurse Tutor; Mark Edwards, Nurse Tutor, Swansea University, UK

Whilst not disputing the body of opinion that maintains, in an ideal situation, all clinical skills education should take place in clinical areas (Boulay and Medway, 1999), much of the work, particularly preparatory to clinical placement, is done as face-to-face sessions with groups of students in classrooms. Traditionally, within the School of Health Science, Swansea University clinical skills and Interpersonal skills have been taught separately giving grounds for disjointed learning. Whilst interpersonal skills concentrates on developing communication skills and clinical skills focuses on clinical procedures, it was felt by both teams that these aspects of nurse education should be taught jointly. Using innovative teaching methods this would allow for the integration of two highly important aspects of nursing, whilst also taking into consideration the complexity of student learning.

The background to adopting a more flexible student oriented approach included the development of using digital video to teach both aspects of communication and clinical activities. We wanted the new innovation to demonstrate that what is taught is actually used in practice. Swain et al., (2003) believes that if a separation exists between what is taught and what is actually done, or between the theory taught and the theory supporting practice, then students will be conscious of it, and it will affect engagement. Each learner is an individual and will respond to the same teaching in different ways. Although the curriculum of nurse training is complex and thorough, it cannot be considered in isolation. The tutor / lecturer must take the student into consideration, recognising those factors which affect their ability to learn and adjust the teaching strategies accordingly.

It is fair to say that the nurse tutor / lecturer must have a diverse knowledge of teaching strategies in order to provide in depth knowledge to all the students. This is because of the differences in their learning abilities, life experiences and the fact that the students are allocated different practice placements throughout their training which, in turn, learn different aspects of nursing knowledge and skills at different times.

Taking this into consideration we developed five short videos which demonstrate key elements of nursing handovers and dealing with relatives. After editing, the video it is immediately available for use and has been currently implemented for teaching on the pre-registration nursing course. The aim of the project was to gather raw educational material which we believe improves the engagement of students with classroom teaching, this is currently being evaluated. The content of the video clips demonstrates good and bad practices during nursing handovers and with interactions with relatives; the objective is to highlight the consequences of both practices. As the video clip is played, the students are asked to take notes on what they have observed, followed by facilitative discussions of events. Questions are embedded within the video clips to encourage students to explore the positives and negatives of each scenario.

The primary benefit of this teaching method helps to strengthen the dialogue between education and practice which has been regarded as fundamental in the preparation of nurses for work in a modern clinical environment (Gillespie and McFetridge, 2006). A secondary benefit occurs when students subsequently access the video as a form of revision or they can recap on a particular situation within the scenario. Although, ideally students should develop their skills and broaden their knowledge through practice in their clinical placements (Jackson and Mannix, 2001), the opportunity to review specific skills associated with the placement may not arise during their time there. In addition, using the video reduces the lecturer’s preparation time and decreases the need for lecturer’s to repeat examples. It also allows different lecturers to deliver the same content to several groups of students and ultimately providing continuity of teaching.

In using the technology it has been possible to bring the sights and sounds of a clinical environment into classroom teaching. The realism of the video clips highlight what students may encounter in practice;
experiencing the scenarios in this format allows the student to reflect on the experience without hindering patient care.

References


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(T32)

Indigenous remote area nursing students learning ‘both-ways’

Jan Schmitzer, Head of School, Batchelor Institute of Indigenous Tertiary Education, Batchelor, Australia

Contemporary nurse education is highly complex and many universities have demonstrated innovative approaches such as summer semesters and web-based delivery (DEST, 2001). The strategy to encourage opportunities for Aboriginal and Torres Strait Islander people to become nurses and learn through community-based training has been supported by education ministers and government departments and welcomed by Indigenous people across Northern Territory. In 2006 a bachelor of nursing was offered by the school of health, business and science at batchelor institute of indigenous education, specifically for Indigenous students across Australia.

In 2006 a second innovative approach was taken to offer the nursing degree in a remote area of the Northern Territory-Tennant Creek-for a small cohort of Indigenous and non-Indigenous students. Aboriginal and Torres Strait Islander peoples have gained a level of expertise in culture and language that supports the learning process to understand the nursing practice. The ‘both-ways’ approach developed, and used, by Batchelor Institute allows students to explore difficult concepts and to apply their own traditional knowledge of health and culture that will support their understanding of Western Science and current nursing practice, in order to reach their goals as a qualified graduate.

This paper will demonstrate how the two nursing programs differ yet meet the national goal to provide an increase in nursing numbers especially Indigenous Registered Nurses (Dwyer, Silburn and Wilson, 2004; Australian Institute of Health and Welfare (AIHW), 2003). This will enhance their lifelong learning and will bring about change to improve capacity building by supporting their own people to address the poor health of Indigenous communities in remote areas.

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(T33)

Visual tools as a learning and teaching strategy within healthcare education

Nichola Barlow, Senior Lecturer; Caroline Taylor, Senior Lecturer; Rob Burton, Senior Lecturer, University of Huddersfield, UK

There are a wide range of visual tools that can be used within a structured approach to support learning and teaching. Visual tools include mind maps, concept maps and various other diagrams that can each be used in a variety of ways to aid, develop and represent learning.
Caviglioli et al., (2002) state that we all have schemas formed by our external and internal experiences. By representing schema externally they can be added to, adapted and changed, particular aspects can be scrutinised in detail and explored for further analysis. Visual tools can be used by students to develop maps which enables them to absorb and understand information. The utilisation of visual tools also enables students to identify and externalise their models of understanding. Through this process, problem-solving approaches to learning and teaching can be promoted. The visual tool is therefore used as a vehicle which enables students to develop conclusions after working through a problem.

Buzan (1995) states that, traditionally, education has been built on the structural patterns of speech, which are in the main linear in nature. However he argues that the human brain does not simply think in a linear fashion. What is not accounted for is the multi-modal nature of the human ‘holographic’ brain. Vision is a symbolic process and as images are inputted into the brain any number of representations of it can be formed. Visual tools can be used in order to assist students to assimilate their findings/conclusions and provide visual explanations of these representations.

Visuals tools may be used by students within educational institutions in a variety of ways to support them in both the planning and presentation aspects of their work. Within the practice based learning environment, students may use visual tools to develop their skills of problem-solving and decision making. The tools also enable students to develop their time management and organisational skills. All of which contribute to their overall professional development and growth as they work towards becoming an effective practitioner delivering high quality nursing care.

In addition, nurse lecturers can effectively utilise visual tools to support the planning of lectures tutorials and practice learning opportunities. Once experienced in the use of mapping and presentation of data using visual tools, healthcare professionals can further use the tools to enable them to plan their personal and professional development associated with life long learning.

These tools can be used for higher-level thinking and not just the merely descriptive. In using them, analytical thinking, where a subject is rigorously examined in a logical step-by-step manner (Rose and Nicholl, 1997), can be made easier, hence the suggestion for their use to provide portfolio evidence of information and reflections. This would fit the notion of Williamon and Valentine (2002) of hierarchical organisation as a cognitive principle that applies to the encoding and retrieval of both motoric and symbolic information. There is no Visual aspect that cannot be used within these and they can be adapted and developed in however the individual wishes to do so. The use of the tools relate to the representation of levels of sophistication of information, Burton and Bodenhamer (2000) suggest that humans make representations in the forms of nominal (sorted into categories), ordinal (compared or ranked against the qualities of other representations), interval (comparison with even more detail) and ratio data (highlighting interrelationships and meaning between representations). It is by recognising the tools used to represent types and levels of data the student and facilitator can utilise them in the presentation of data and demonstrate problem-solving.

An original project, funded through a teaching and learning grant, resulted in the development of a teaching package to support the use of visual tools within higher education. This work was undertaken within the School of Human and Health Sciences at The University of Huddersfield, the use of these tools is now integrated within the curriculum for pre-registration nurse education. Workshops for students and staff are facilitated by the project designers to support its dissemination across the school and university.

**Aim of presentation**

The aim of the presentation is to discuss the use of visual tools as a learning and teaching strategy within healthcare education.

**Objectives**

1. Identify the use of how visual tools can be used within healthcare education as learning and teaching strategy.
2. Share ideas on how these visual tools are used within the curriculum at The University of Huddersfield.
3. Discuss how these can be used as an assessment strategy and the development of there use within higher education to demonstrate levels of understanding and problem-solving.

**References**


First Group of Theme Sessions

Learning and Teaching Strategies B
(T34)

A strategy to improve the effectiveness of nurse health promotion practice by using a lived experience model of education

Susan Thompson, Lecturer in Adult Nursing; Derek Chambers, Vice Dean and Director of Education, University of Nottingham, UK

This paper details the results of two separate studies which examined the effectiveness of nurses undertaking health promotion practice, (Chambers and Narayanasamy, 2008; Chambers and Thompson, 2008), and their implications for nurse education. Based on the findings of these studies a curriculum framework for the teaching of nurse health promotion practice is proposed.

Both studies identified the inability of registered nurses to internalise taught public health and health promotion theory and operationalise this theory within their practice. From the first study, it was clear that much of what nurses said was logocentric, with two opposing value positions held without any feeling of contradiction by respondents: (i) a ‘role based’ value system, where nurses follow a learnt professional script and present their public self, (the ‘Me’), and (ii) nurses following their own personal value system, their private self (the ‘I’). Both these value systems appear to act in tandem causing role incongruity as nurses proffer both views concurrently.

The study showed that nurses are heavily influenced by the prevailing bio medical model of health which focuses on individual responsibility for personal health status and assumes individual autonomy over this. Such is the entrenchment of this socially constructed value system that it fails to be completely displaced by nurse education, which emphasises holism, but exists alongside, with nurses both acknowledging the sociological causes of ill health, but also indulging in victim blaming.

The second study sought to examine how, within their health promotion practice, nurses utilised the concept of empowerment, which has been the raison d’etre of health promotion practice ever since the 1986 Ottawa Charter on Health Promotion (WHO, 1986). Empowerment is widely taught in nursing schools, but despite this, reports have shown that patient involvement in care falls below that of other countries, (Healthcare Commission, 2005).

Chambers and Thompson’s (2008) study identified a possible reason for this. They found that two types of nurse health promotion practitioner, existed (i) convergent and (ii) divergent. The divergent practitioner was more likely to take a holistic, more empowering approach, taking into account the wider determinants of health and acknowledging socioeconomic status as being an important consideration. However the convergent thinkers, who were in the majority, adopted the bio medical approach, stressing the individual’s responsibility for their own health status, assuming personal autonomy and failing to acknowledge other causal factors or involve the patient fully in their own care.

In this regard the convergent practitioner adopted a ‘power over’ approach, whereas the divergent practitioner adopted a ‘power with’ approach.

Again, this illustrated the failure of taught public health or health promotion theory to be fully consolidated into nursing practice and highlighted the dominance of the bio medical model to influence personal value systems. Thus demonstrating that nurse education is failing to achieve the internalisation of both the role based value system and the empowerment model within nursing health promotion practice.

The challenge for nurse education is to find ways of breaking the chains that shackle nursing to medicines’ discursive frameworks. To this end, this paper will detail a strategy which will enable nurse education to overcome many of the problems highlighted in the above studies. The first stage of the strategy will identify ways in which curricula can develop student nurses abilities to recognise and discriminate between their own value systems and their clients. It will identify how nurse educationists can engender a more complex understanding of health concepts such as holism and empowerment and how these are impacted upon by personal value systems. Current educational practice of delivering concepts and theories without undertaking sufficient groundwork in self awareness and exploration, merely results in the overlaying of educational theory on top of entrenched beliefs.

Once this ethos is in place, this paper proposes a lived experience model of health promotion, the fulcrum of which is a symbolic interactionist approach. The aim of the model is to encourage student nurses to identify the origins of their own personal value systems, (the ‘I’) and how these are implicated within their nursing role (the ‘Me’).

The model consists of three stages; the computation stage, which involves the nurse engaging in self analysis and reflection of personal value systems prior to practice and an acknowledgement that health is socially constructed. The realisation stage is the client encounter, with the nurse uncovering and prioritising client felt needs and identifying where they may conflict with normative needs. Finally the evaluation stage will consider the ethics of the approach and the reactions of the client within a self evaluative framework.
Unless the issues identified are addressed using the above strategy, or something similar, both during pre registration education and also during ongoing professional development, nurses will persist in this dichotomy of health promotion practice and will continue to prove ineffective.

References

(T35)

A comprehensive approach to simulation

Martha Todd, Instructor; Julie Manz, Assistant Professor; Kim Hawkins, Instructor; Mary Parsons, Assistant Professor; Maribeth Hercinger, Assistant Professor; Creighton University School of Nursing, Omaha, Nebraska, USA

In an increasingly complex health care environment, educating nursing students to safely care for clients has become a challenging endeavour (Radhakrishnan, Roche and Cunningham, 2007). This challenge is made even more difficult when today’s educators are confronted with increasing enrolment and a reduced number of clinical sites (Seropian, Brown, Gavlakes and Driggers, 2004). Subsequently, educators are turning to high-fidelity simulation as an alternative strategy to some clinical experiences. High fidelity simulation allows students to practice a variety of skills, experience high risk or uncommon situations, and practice clinical reasoning skills in a safe environment (Henneman and Cunningham, 2005). Student outcomes that can be achieved with simulation include: improved communication and assessment techniques, mastery of technological skills, and enhanced problem solving abilities (Feingold, Calaluce and Kallen, 2004).

A comprehensive model of teaching and evaluating simulation has been developed. This project has three foci: A teaching method to organize simulation, the reliability and validity of a quantitative evaluation tool, and students’ perception of simulation evaluation. The components of the teaching method of simulation include orientation, case introduction, simulated clinical experience, care planning, documentation, and reflection/debriefing. Students are led through the simulation experience via one of two pathways which ultimately achieve the same learning outcomes. Through each of these phases the student is able to not only experience the simulated clinical experience, but also to critically analyze and develop the plan of care for the patient, document the actions taken during the simulated experience, partner with colleagues, participate as a team member, and reflect upon the experience as a whole. This method of clinical teaching through simulation including reflection creates a more comprehensive experience for students and promises to serve as a model for simulation education in the future.

Student assessment in the simulated clinical environment creates challenges not faced in the traditional clinical environment. The simulated environment is often perceived by faculty and students as less valuable than the clinical environment. Student assessment tools used in the traditional clinical setting do not necessarily apply to situations in the simulated environment where students are working in small groups. A quantitative evaluation tool has been developed based on the core competencies of critical thinking, assessment, communication and technical skills (American Association of Colleges of Nursing, 1998). A quantitative focus can provide a valid and reliable assessment of actual student learning based on identified student outcomes. Also, when students know that they will be evaluated in a quantitative manner during a simulated clinical experience, they may become more motivated to become involved. Increased involvement should contribute to improved learning outcomes. Content validity of the tool was established. Findings from six faculty reviewers of sixteen simulations demonstrated a percent agreement ranging from 84.375% to 89.06% on the four sections of the tool. An expert panel found the tool quick and simple to use. It requires minimal orientation for implementation and the results for student feedback are immediate. Quantitative evaluation of student learning in a simulated environment is essential to determine if, indeed, the desired learning outcomes are achieved.

The third component of this project is to qualitatively evaluate student’s perceptions of simulation evaluation and learning. Historically, qualitative evaluation has focused on student satisfaction and perceived learning of the simulation itself (Feingold, Calaluce and Kallen, 2004; Henrichs, Itself, Grady and Ellis, 2002; Nehring and Lashley, 2004; Robertson, 2006; Weller, 2004). Because quantitative evaluation during simulation is a relatively new concept, faculty were interested in the student’s perceived benefits of this method. A pilot study is planned to be conducted in April, 2008 to evaluate these perceptions. The quantitative evaluation tool will be retested at this time as well for further validation.
Faculty need to move forward with the teaching and learning strategies utilized in simulation to support the need for tomorrow's healthcare education system. Bringing together a comprehensive method of teaching through simulation and evaluation will best utilize the technology of today and meet the needs of tomorrow.

References


(T36)
From theory to virtual reality: using computer software to develop decision-making and problem-solving skills regarding both mental health and physical problems
Bernie Keenan, Senior Lecturer; Nigel Wynne, Senior Academic, Birmingham City University, UK

Currently two thirds of acute general hospital beds are occupied by elderly people and of these the frailest and most vulnerable group are surely the 61% of these who have a psychiatric illness (Holmes, 2003). The lack of training for staff to address these issues results in older people with physical and mental health problems ‘falling between two stools’, with their psychiatric conditions often poorly diagnosed and managed (Holmes, 2002). Traditionally there has been a parallel polarisation of mental health training which has resulted in similar gaps in knowledge regarding physical care.

Colleagues from both mental health and general nursing teams at the University of Central England in Birmingham have been involved in a series of initiatives to address this need to achieve a more comprehensive and ‘patient centred’ (Kitwood, 1993) training. Their response has been the creation of The Virtual Case Creator (VCC). The VCC is software that supports rich, highly interactive, multimedia, online, scenario based learning. A VCC scenario supports a number of ‘cases’ each of which may focus upon aspects of practice that reflect a range of clients or the same client at different stages in their care pathway. Figure 3 depicts the case choices for Lucille McKenzie, an older adult admitted with confusion and falls. Learners can risk assess, health assess, home assess and discharge plan for Lucille during her stay in hospital. The VCC provides a ‘safe’ environment to make clinical decisions and develop a range of cognitive skills.

Fig 1: Home Page Fig 2: Login Page Fig 3: Case selection with a specific scenario

A portion of this work has been developed in conjunction with colleagues from a parallel site in Holland who recognised the universality of this approach. The VCC has the potential to raise the bar in standards of training across traditional boundaries, both professional and geographical.

References


(T37)

Reinventing the wheel

Angela Whelan, Senior Lecturer; Jacqui Hitchen, Senior Lecturer, Edge Hill University, Ormskirk, UK

Learning outcomes
1. To explore the use of fairy stories as a teaching and learning methodology
2. To contextualize (Boulderise) legal and ethical principles into a student-friendly framework
3. To travel with Rapunzel from her home (4 The Ivory Tower) to work in the market place.

Since the inception of the National Health Service (NHS), care and service design have continually developed and evolved to mirror the society it serves. The only constant has been change. In recent years however, the rate of change has accelerated; indeed acceleration has accelerated.

Pushing forwards the boundaries of nursing practice and developing innovative solutions to some of the many contemporary challenges, it is vital that nurses feel they have a secure base from which to practice. The legal and ethical principles that underpin practice are sometimes viewed as impractical and divorced from reality i.e. ‘it’s okay, you talking in your ivory tower!’

Since time immemorial ethical and moral issues have been an integral component of everyday life, starting with the telling of fairy stories. However by adult hood, ‘ethics’; ‘morals’; ‘philosophy’; ‘unethical’; ‘immoral’ have become common place phrases, but ones which are often poorly defined and understood. Their very names imply value laden, rather than evidence-based judgements. This is probably one reason why some students find the study of ethics, morals and philosophy as remote, difficult and tenuously related to practice.

Equally, some professionals, seem to have taken a rather blasé, confused and somewhat superficial approach to concepts such as consent and confidentiality. A question of familiarity seems to exist, without consideration being given to the implications for practitioners, service users and for practice. A common fallacy, for example, being that a patient/client gives ‘informed’ consent, yet there is no legal concept in English law as ‘informed consent’ – information and information giving are only one of the constituents of a ‘legally valid’ consent. The implications are staggering, if not even scary, as increasing numbers of nurses take over gaining consent from patients to undertake procedures. Furthermore, dilemmas are more likely to occur when the practitioner is caring for an adult who lacks mental capacity (note the use of the term ‘adult’), however, as traditional job/role boundaries blur, not all practitioners recognise the significance of this ‘deficit’.

Whilst ethics and the law are not easy bedfellows, the inter-relationship between them is irrefutable.

Beauchamp and Childress (2004) identify 5 philosophical principles: autonomy; veracity, justice, beneficence and non-maleficence. Adherence to the law, whilst preventing a practitioner from being charged with professional misconduct, a civil or criminal offence, the legal action may in fact create or indeed be, an ethical dilemma.

The concept of beneficence implies the duty to do ‘good’. ‘Duty’ itself being a fundamental philosophical principle. Whilst non-maleficence requires the practitioner to ‘do no harm’. However there is the possibility that by being beneficent, the practitioner may in fact be maleficent. Equally, the practitioner must account for their action/non-action (professional and legal expectation). The philosophical principle of ‘justice’ can be interpreted in different ways, however, traditionally, it is viewed as either being; the concept of ‘just desserts’ – one gets what one deserves, a potential punitive approach or justice as ‘fairness’, which implies equity (equity being itself a fundamental philosophical principle).

Ethics and law are instrumental concepts in a professional’s tool kit. However, confusion and tension seems to arise for nurses as they journey through their career especially as they incorporate ‘medical’ jobs as traditional boundaries blur. The basic concepts however remain constant, resulting in the need for innovative teaching strategies which dovetail nurse, education, concept and reality.

Personal, creative writing as a process for reflection on patient care is well documented (Shapiro et al., 2006). Similarly, imaginative literature can play an important role in health care practice and education (Kirkland and Richardson, 2001).
Fairy stories can be a strategy that addresses the needs of various students’ learning styles journeying and exploring from the known to the unknown. Fairy stories can be used as a medium to reflect, question and debate prior learning. There is a wealth of literature that demonstrate fairy stories are indeed a dynamic in themselves that metamorphasize into relevant and contemporary context/situations. We are familiar with concepts such as accountability long before we can label or articulate the word. Story telling is not new, however generations have ‘Boulderised’ this media to engage with difficult ethereal concepts and apply them to everyday life. The old skill of reading fairy tales is given a new lease of life as a teaching and learning strategy.

Literature is used to challenge the current models of medicine and nursing not only to become broader, grappling with ‘dangerous’ topics in a safe environment attitudinal teaching is not easy the emotional aspect is not so cut and dried. Studying literature may not be able to make clinicians more humane, but it can foster a depth of human and humane understanding, knowledge and experience (Downie, 2002).

References

(T38)

Enhancing students learning experiences through poetry to develop their employability skills

Liz Day, Assistant Subject Head, University of Derby, UK; John Guiney Yallop, Lecturer/PhD Candidate, The University of Western Ontario, London, Canada

Context: Employability
Higher education has been presented with the challenge to prepare its students for the workplace in a way that is going to enhance individual employability.

Newly qualified nurses have the prerequisite knowledge and skills to satisfy the specific statutory requirements as set out by the Nursing and Midwifery Council (NMC, 2004). However, during the three year Advanced Diploma in Nursing Studies, students need to harness their individual learning and demonstrate how it equips them to be a more effective and unique employee.

Students need structured engagement with the concept of employability skills to see the relevance of continued commitment to personal, professional and academic development.

This paper sets out to illustrate how medical humanities can be used to support students’ engagement with the concept of employability skills.

An example of an innovative arts based teaching approach
The opportunity to be creative in one’s teaching sometimes derives from unexpected encounters. One such encounter at the Seventh Conference on Diversity in Communities, Organizations, and Nations, Amsterdam (2007) with a poet and researcher John J. Guiney Yallop, who presented poetry from his doctoral studies, inspired me to use poetry to promote self awareness and evaluate beliefs around issues of difference.

‘A poem is a journey into moment, a place, an experience,’ writes Guiney Yallop (personal communication). ‘The life of the poem invites us to reflect upon our own lives and what the poem offers us at this moment in our journey and the journey of others which is being shared with us, or in which we now find ourselves having a role.’ Susan Griffin (1995) writes, ‘Poetry does not describe. It is the thing’ (p. 191). The use of arts in health care training is well documented: for example, Charon et al. (1995) and Hunter et al. (1995) claim that literature promotes sensitivity to diversity.

Guiney Yallop’s poetry is about identities, communities, and emotional landscapes. I chose one of Guiney Yallop’s poems from his presentation relevant to a subject benchmark for nursing; namely, interpersonal sensitivity that recognises and ‘respects different perspectives and appreciates the benefits of being open to the ideas and views of others,’ (CIHE 2004), for use in one of my classes.

Methodology
In small groups the students read the poem and talked about the sort of emotions, memories, experiences it evoked in relation to the anticipation or recall of a life event and the biases, fears and anxieties contained within these emotions etc. Students were then asked to reflect on how their experiences influenced their relationships with others.
Analysis of the group work summaries illustrated some insights gained by the students. These included, ‘I think the poem relates to anxiety and not feeling completely in control in a new situation and in that sense I can relate to those feelings.’

Finally the students were asked to think about how the poem had helped them to evaluate their beliefs or opinions around issues of difference; about what initiatives could be taken to improve their knowledge with regard to diversity. Finally, to write a statement using this evidence to incorporate into their personal development plan. Abbs (2003) says that the arts ‘can deepen and refine our sense of what it means to be alive… they invite us to see again free of the occluding stains of habit… free from the easy smears and cheap distortions of received opinion’ (p. 67).

Discourse and critique of arts based teaching
‘Arts-informed research,’ writes Suzanne M. Thomas (2004), ‘holds the power to transport, to awaken, and to transform’ (p. 238).

In this presentation I will expand on how one of Guiney Yallop’s poems was incorporated in a teaching approach to enhance understanding of employability skills and personal development and using the same teaching approach how other emotional triggers can be used.

I have invited John J. Guiney Yallop to join me in this presentation to share some of his poetic research insights with us and to expand upon what he believes it might offer to others.

References

(T39)

Learning to weave an argument using Blackboard threads

Lioba Howatson-Jones, Senior Lecturer, Canterbury Christ Church University, UK

Returning to study, or doing so in a second language, is a daunting prospect, with academic writing creating particular anxiety. This presentation outlines how post-registration nurses on an academic development study skills course in the UK might be facilitated to begin to express different stances in their writing through the use of a Blackboard virtual learning environment (VLE) discussion board in association with class interaction. It looks at how discussion threads can be elaborated to build the infrastructure of an argument. The students own writings have been used from such a course with their permission, to illustrate how different stances on a topic can be arrived at. The resultant key points are listed and then categorised into possible strands that can be woven together into an argument, as part of developing academic writing.

Background
The academic development post-registration course is designed to assist those who often have no prior experience of higher education study, or are used to an exam based system that has not required any sustained writing for assignments. The course content encompasses searching for information, critical reading, academic writing, and reflective practice, and is designed to enable participants to explore arguments in relation to their practice. The ten nurses involved in producing the writing demonstrated here came from a range of roles and professional status, but were all equally anxious on starting the course. Although students may be novices when
facing academic study processes, nevertheless, they have expertise in their own fields of practice where they are used to articulating their ideas. This can provide a rich resource of knowledge and confidence which may be drawn upon when developing ways of thinking and writing. Providing opportunity for activities that integrate these aspects as part of learning together is likely to be perceived as valuing student identity and help build confidence.

Methodology
Students entering the academic development course are first orientated to the use of information technology and the virtual learning environment as part of supporting their learning. The medium of the Blackboard VLE system is used to enable students to develop argument points through posting threads onto the Blackboard discussion forum after viewing a video clip displaying questionable healthcare practice, as a method for stimulating debate. Posting a response onto the discussion forum requires being able to make a critical judgment from among multifarious impressions that are then articulated in language that is accessible to others.

The students are encouraged to take the first step in writing that at this point, by convention, may not be particularly academic or scholarly, but which, nevertheless, allows them to begin to express themselves and develop their ideas. To make the writing accessible and encourage debate, the points are collected onto one page and displayed via PowerPoint for class discussion where explanatory justification follows on. Each posting is examined for key issues by discussing with the class what the focus is and why. The key issues are then listed on flipchart paper. These are identified as forming the basis of argument points that could be made, and of possible keywords for searching for relevant literature if going on to write on the subject. Interrelatedness with other issues is considered by using different colours to group argument points together. These groupings can be used to form sequential paragraphs that include the relevant argument point. Overlaps emerge from the class discussion in considering areas where points might not be confined to just one category and where these issues could be used as linking sentences between points, helping to develop logical flow.

Discussion
Such a hybrid delivery promotes flexibility in taking account of the diversity of learners’ needs and cultural backgrounds (Howatson-Jones, 2004), and encouraging participation through not allowing the few to dominate, thus equalising discussion (Morris, Buck-Rolland, and Gagne, 2002). In this way argument can start to build by drawing out the main points and considering how these might be manipulated in a text. At the same time, it not only develops academic skills, but also those needed for engaging with information technology and computers that are likely to help with sourcing information and evidence in the future.

Conclusion
Academic literacy is an alien concept to many nurses who are starting out on a study journey. Fear and perceptions of difference, are likely to become barriers unless ways can be found that enable practical engagement and the building of confidence, in seeing how personal compositions of writing are acknowledged and affirmed. Using technology in course design to facilitate student written discussion and integrate this with classroom interaction opens up new dimensions to learning that enable the student to visualise their contributions and constructions, and that of their peers. In this way they are facilitated in a ‘real’ way to practically engage with the writing process with simultaneous instant feedback.

References

First Group of Theme Sessions

Policy Drivers
(T40)

Educational leadership in unchartered waters. A critical review of the development of an innovative pre-registration nursing curriculum, which addresses the community/primary care agenda

Jane Arnott, Professional Lead and Senior Lecturer in Community Nursing, Canterbury Christ Church University, Canterbury, UK

This paper provides a critical overview of the development of an innovative pre-registration nursing programme at Canterbury Christ Church University, to prepare first level adult nurses for working in the community/primary care setting at the point of registration. The rationale for this project came about in response to a range of national and local factors and in particular, themes which have emerged from the NHS Plan (DH, 2000), National Service Frameworks, Our Health, Our Care, Our Say (DH, 2006) and Modernising Nursing Careers (DH, 2006), which refocus where and how health care is delivered.

The shift into primary care has lead to a review by service managers of the type of workforce, knowledge and skills required to fulfil the needs of future health service provision and has posed significant challenges for community nursing education and nursing service delivery across Kent. Liberating the Talents (DH, 2002) describes the need for more nurses to be prepared appropriately for working in the primary care/community setting and particularly focuses on pre-registration nurses level. The outcome of a preliminary review within Kent takes this one step further and has lead to an exciting collaboration between the university, Nursing and Midwifery Council, Strategic Health Authority, Kent Primary Care trusts, local medical committee and general practice and from September 2008, a cohort of 20 fully sponsored pre-registration adult nursing students will undertake a BSc in Adult Nursing Studies where taught content and a greater percentage of placement learning will be focussed in community and primary care. The main objectives of the pilot study are to develop individuals who will be possess sound clinical skills but also a greater flexibility in thinking, in order to manage the unpredictability of the community/primary care setting and have confidence to work more autonomously. It is also envisaged that these nurses will require less continuing professional development to fulfil their roles and will have clearer career pathway in community/primary care. The programme will enable nurses who may at some future stage wish to shift in the acute care setting. These themes are described in the NMC’s pre-registration curriculum review, (Longley, Shaw and Dolan, 2007).

An analysis of the project so far, has identified several key themes, which include the role of educational leadership in the university and practice setting and how leadership is adapted and implemented across different organisational cultures to achieve the aim and objectives of the pilot. A key outcome of the impact of the leadership has been the quality of collaboration across six organisations, which have facilitated an exchange of knowledge and skills, which will not only be of benefit to this project but will inform other educational developments outside of this project.

Innovative practice often demands a level of risk and will lead to criticism and concern about the legitimacy of any given project. This is healthy and necessary to the integrity of any development. The structure of the pilot is innovative as it challenges traditional modes of adult nursing education programmes and practice learning and has integrated clear priorities identified in the Modernising Nursing Careers (DH, 2006) into the programme. Nursing students will spend a greater amount of time in general practice and community nursing developing clinical skills and still achieve the NMC Standards and Proficiencies of Pre-registration Nursing programmes.

Rogers’ diffusion of innovation theory (1983) describes the relationship between the communication of a new idea, its acceptability and whether it becomes adopted practice. The changes within NHS Service delivery are moving fast and the process of developing new curriculae can be a slow and unwieldy process. This project has come together in a relatively short period of time and provides a bridge between the current pre-registration programme at Canterbury Christ Church University and the new programme, which will come into place in 2009. The greatest criticism of this project is the appropriateness of the practice placement experience to meet students’ learning needs. Rogers (1983) sees the role of the change agent, (the individual bringing about the innovation) as pivotal to the successful adoption of an innovation. In the context of the project, the project lead has a very clear educational role to persuade colleagues that the shift in practice learning is appropriate, and provides and an equitable learning experience.

The pilot cohort is small but the developmental work has been extensive and has identified many key streams of work, which will support this educational programme, as well as those of the future. The success of nursing programmes demands a true collaborative approach where the realities of practice are understood and a balance between professional and educational bodies are balanced. Educational leadership is challenging and requires a range of skills not least the ability to communicate and work across different organisational cultures. This abstract attempts to identify the complexities of delivering an innovative pre-registration programme, which will be discussed in more depth in a theme paper.
Legislation and policy drivers in competence requirements for registered nurses in New Zealand

Rachael Vernon, Head of School of Nursing, Eastern Institute of Technology, Hawke’s Bay, New Zealand

What are the relationships between current legislation, policy drivers and the statutory requirements to ensure registered nurses are ‘competent and fit to practice’?

How has the introduction of the Health Practitioners Competence Assurance Act (2003) impacted on New Zealand registered nurses’ understandings of the Registered Nurse Scope of Practice and competence to practice?

The enactment of the Health Practitioners Competence Assurance Act (HPCA Act) in New Zealand in 2003 heralded a significant change for all health practitioners, including nurses. The principal purpose of the HPCA Act is stated as being:

‘...to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions.’

(Section 1, HPCA Act, 2003)

The legislation previously regulating the registration of nurses in New Zealand, the Nurses Act 1977 and amendments, was the last iteration of legislation regulating nurses, and stemmed from the Nurses Registration Act 1901. Between 1901 and 1977, this legislation, although addressing public safety, was silent on the issue of competence. Instead, it referred to other terms such as fitness and properness. These terms are possibly more associated with the notion of suitability rather than capability or ability which is the focus of competence. This is an area to be further explored as it denotes a significant shift in the regulation of nurses. Under earlier legislation, once nurses were registered, the onus was on an individual nurse to maintain competence. An annual practising certificate could be obtained simply by paying the required fee to the regulatory authority. This remains the case in many commonwealth jurisdictions.

The HPCA Act also provides for registering authorities to specify scopes of practice, and the Nursing Council of New Zealand has developed four separate scopes of practice for nurses – registered nurses, nurse practitioners, enrolled nurses and nursing assistants. Each of these scopes of practice has an associated set of competencies. While all these scopes are important in the broader picture of nursing practice in New Zealand, the area I am interested in is registered nurses.

Other areas for exploration include relationships between competence requirements and other legislation or codes of practice – for example the Crimes Act, The Health and Disability Commissioner Act and Code of Consumer Rights and the Nursing Council of New Zealand’s Code of Conduct for registered nurses.

Directly related to the enactment of the HPCA Act are the Nursing Council of New Zealand statutory requirements in relation to programmes that lead to the entry to the register of nurses and the ongoing monitoring of the ‘competence’ of these nurses once registered and in practice. In New Zealand entry to the register of nurses is through successful completion of an approved Bachelor of Nursing programme, followed by a pass grade in the

References
Nursing Council State Examinations. Interestingly with the introduction of the HPCA Act the requirement for a 'State Examination' is no longer enshrined in the legislation and is at the discretion of the statutory body. Following the enactment of the HPCA Act and a change in statutory requirements in terms of registered nurses achieving and maintaining annual practicing certificates, the Nursing Council of New Zealand released guidelines for the introduction of Professional Development and Recognition Programmes. These programmes are administered by district health boards and other health provider groups as a way of assisting nurses to demonstrate that minimum competence requirements are met. These programmes are accredited by the Nursing Council of New Zealand, and are therefore subject to significant control by the regulatory authority.

A preliminary literature search reveals that little research exists around the implementation of the HPCA Act (2003) and the subsequent Nursing Council of New Zealand competence requirements to ensure fit to practice nursing professionals. Additionally, the linking of policy and legislation is an area in which few nurses have written about or researched. However, there is a significant amount of international literature associated with competence, competence assessment and examinable competence. The statutory regulation of nurses has been an area of international interest for many years; the International Council of Nurses (1986) published a report to provide guidelines how countries could develop and assess systems for the regulation of nurses followed by the document Nursing Continuum Framework and Competencies (2007).

In summary this doctoral research is currently in progress. The author will present and discuss policy drivers, legislation and practice within the context of the New Zealand and Australian health systems.

References

(T42)

Partnership working: mission impossible?

Sean Mackay, Head of Primary and Out of Hospital Care, Liverpool John Moores University;
Jan Snoddon, Deputy Director of Governance, Sefton PCT, Liverpool, UK

Community matrons are an example of how policy from the Department of Health filters through to higher education institutions (HEIs) and primary care trusts through the commissioners of education, in this case, NHS Northwest. Clinical case managers were identified to meet the needs of people with high complexity long term conditions, with an additional agenda of admission avoidance (Department of Health, 2005). In order to reach their target of 250 community matrons trained and in post within two years, Cheshire and Merseyside Teaching Primary Care Trusts worked with the four local universities to facilitate the development of a programme of academic preparation for community matrons/case managers.

The presentation provides an outline of the development of the project and an update of its delivery. The aim of this project was to ensure the staff completing preparation for these new and highly significant roles were fit for purpose and that a consistent approach was used to training.

This paper explores the practical issues of such a collaborative programme, and seeks to draw out the lessons learnt for successful partnership working between commissioner, practice and education. In particular, tensions are explored:
- different interests
- delivering policy which was, in the early stages of the programme, not fully defined
- short timescale
- getting it right: national vs. local priorities
- engaging the nay-sayers.

The paper outlines the process of negotiated curriculum design, which ran concurrently with role design in the local PCTs, and how the national competencies for the role were integrated into the programmes. This partly proved to be a challenge, since the individual PCTs were designing the clinical case manager role based on local interpretation of the competency framework (NHS Modernisation Agency / Skills for Health, 2005), which itself was published only a few months before the first intake of students. An additional challenge for the HEIs was to design a programme which met the commissioned brief, so that staff in the region could study at any one of the four universities, and also meet the individual frameworks and individual university regulations. Experiences of leading the project with wide yet changing stakeholder representation are explored in the paper, along with the identification and preparation of suitable mentors.

Despite the difficulties encountered, the programmes were validated and run, demonstrating tripartite partnership working between HEIs, Trusts and commissioners. However, as funding for education in health care becomes tighter, and competition increases, it is vital that the lessons learned from this process are noted. Presentation of this paper provides an opportunity for reflection and discussion.

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(T43)

A review of Malawi’s maternal and child health policy process: strategies for involving stakeholders in policy development

Judith Daire, PhD Student, University of Cape Town, South Africa

Introduction
The progress of improving maternal and child health is not making progress as it should despite existing Maternal and Child Health (MCH) policies and programmes since independence in Malawi. For example, maternal mortality rate almost doubled from 1992 to 2002 (from 620 to 1120 per 100 000 live births) and still remains high to this date (984/100 000 live births). In addition, for the past 15 years (1990-2005) infant and under-five mortality decreased at a slow rate. The estimates indicate that Infant Mortality Rate declined by 30 percent (from 104 to 76 per 1,000 live births), and Under Five Mortality Rate declined by 27 percent (from 190 to 133 per 1,000 live births). This indicates that existing MCH policies seem not to be impacting mothers and children’s health as expected despite MCH being a priority health issue in the country.

On the other hand, the process of the existing MCH policies in Malawi since has not been clear. The Ministry of Health planning unit is supposed to be the policy developing department of the MOH. However the practice is characterised by uncoordinated policy formulation often at the influence of donors. This study therefore aims to analyze maternal and child health policy process in Malawi and recommend strategies for involving stakeholders in policy development in Malawi.

Methodology
The analysis of Malawi’s maternal and child health policies covers the period 1964 to 2007. It focuses on policy content, process, context and stakeholders to identify lessons, gaps and strategies for involving stakeholders in policy development. The study was based on secondary data collected through reviewing of official documents (maternal and child health policies) from 1964 to 2007. The policies were analyzed in terms of the policy content, context, process and actors (stakeholders). This is the first phase of data collection for a PhD study. The policies’ content was analyzed according to the objectives and the data was reduced into themes addressing each of the objectives.

Findings
MCH has been a priority in all policies and there is a progressive shift from MCH to MNCH and RH agenda. The study found out that MCH policy development in Malawi is mainly driven by donors, politicians and government officials Health policy processes in Malawi is not structured and therefore does not provide opportunities for stakeholders’ involvement. In addition the process is initiated from top-bottom not provider or community initiated and it is uncoordinated and mostly donor driven.
Lessons
Although policy is driven by donors, politicians and government officials, it affects service provision since it impacts and influences the local structures. For example Current policies determine resource allocation which has a direct impact on accessibility and availability of a service. While acknowledging that the direction of the national policy as being appropriate, MCH remains high on the list of unfinished agenda in Malawi. The shortcomings alluded to need to be addressed by structuring a policy process that provides opportunities for involvement of target groups, service providers and educational institutions. In addition efforts should be made to include greater use of evidence as a basis for policy. MCH policies unless informed by evidence and participation of interest groups are unlikely to address gaps in MCH programmes late alone improve the health of mothers and children.

Recommendations
• Opportunities are available for involving members of educational institutions through technical working groups, research, policy reviews/evaluation and impact assessment. The Ministry of Health should therefore involve members of educational institutions through the existing opportunities.
• MCH policy process should be a country led process as such Ministry of Health should involve health providers and beneficiaries of MCH as local partners to ensure ownership and acceptability of MCH programmes through strategies like:
  o Service providers should have means of informing policy development for ownership and commitment to implementing it
  o Communities be mobilized into discussion groups to inform policies
  o Existing operational plans should be followed and governments should ensure the partners participate within existing coordination mechanism
  o MNCH policies should be country demanded, local partners coordinated and their support should be mainstreamed into the existing plans.

(T44)

Teaching and learning to enhance employability: whose job is it anyway?
Wendy Mayne, Programme Leader, University of the West of Scotland, Hamilton, UK

Within the world of nursing, as each decade passes, nurses become more knowledgeable, more competent, and more accountable. The personal and professional development of qualified staff and modernisation of the National Health Service is essential to meet the challenges of healthcare delivery within Scotland, and although the development of post- registration education within nursing is high on the political and professional agenda (Presho, 2006), and nurse education perpetually debates the issue of continuous professional development (CPD) for nurses, literature within nurse education focuses firmly upon the development of pre-registration education. There is little research exploring the value of post-registration education within higher education, despite the fact that the government advocates continuous professional development as a method of improving care within the United Kingdom (Department of Health, 1998; 2000).

Nationally and internationally, post-registration education is seen to be essential to ensure clinical effectiveness, and in Scotland this is reflected in the national strategy for nursing and midwifery, Caring for Scotland (Scottish Executive, 2001) and by a series of political initiatives introduced by the Scottish Executive. The introduction of the National Workforce Planning Network (2005) was intended to support reform of the NHS, The Scottish Executive declared they wanted to create a health service that is ‘better, quicker, closer and safer’ (Scottish Executive, 2005). Actions were identified to implement these recommendations (Delivering for Health, 2005), and a key determinant to the success of these recommendations is the size and composition of the workforce. Drivers such as the Agenda for Change (2003) and Modernising Careers (2006) all acknowledge the need for a flexible, competent workforce, able to implement the vision of the Scottish Executive.

Delivering Care, Enabling Health (2006) also acknowledges that staff are aware of the satisfaction gained from developing their knowledge base and acquiring new skills and competencies which will improve delivery of patient care.

Within the world of employment, many stakeholders, employers and government bodies now expect graduates to possess skills, understandings and personal attributes as well as discipline related knowledge. This is also true in nursing and remains the responsibility of nurse educators within higher education institutions to design and deliver a curriculum which will facilitate development of such ‘Graduateness.’

The Quality Assurance Agency in Scotland and the Qualifications and Curriculum Authority in England both acknowledge the importance of employability, a concept defined as:

’a set of achievements- skills, understandings and personal attributes- that make graduates more likely to gain employment and be successful in their chosen occupations, which benefits themselves, the workforce, the community and the economy.’

(Yorke and Knight, 2004)
Employability is a cornerstone of post registration role development and extension, and this paper discusses the emergence of the concept of employability within the context of post-registration education, reflecting upon the enhancement and embedding of employability within the curriculum.

This paper focuses upon the design and delivery of a top up degree programme which seeks to meet the educational and professional needs of qualified staff who require or desire a degree level qualification. It is part of a larger study which aims to explore the inter-relationship between post-registration education and qualified staff. Within post-registration education the focus of continual professional development is most usually the improvement of patient care, however, Hughes (2005) argues that this improved care will only emerge if the educational needs of qualified staff are met. Barriball et al., in a seminal study (1992) suggest that continuous professional development must be carefully planned in order to equip registered nurses with the necessary knowledge and skills which are required. The learning needs of staff must be identified and appropriate learning and teaching strategies require to be implemented. Within this context the paper considers:

- How teaching, learning and assessment can assist students in developing the skills, understandings and personal attributes which are deemed desirable by employers
- How students can be supported in managing their own learning and career development
- How employers/stakeholders can be involved in curriculum design and delivery.

References.

Becoming a learning community: a transformative journey towards a sustainable model to support student learning in practice

Carrie Sanders, Head of Department; Sue West, Academic Placement Coordinator, Canterbury Christ Church University, UK

This paper will present the findings of a project to implement a learning communities model to support student learning in practice. It will (i) outline the key rational and local drivers and rationale for creating a learning communities model, (ii) explore the theory of communities of practice and apply this to learning in the workplace, (iii) identify the key elements of the model, (iv) describe the processes used to move a large academic department through a significant change process to win hearts and minds of participants, (v) present the experiences of academics, practitioners and students currently involved in setting up learning communities across Kent, and (vi) conclude with an action plan of where we are heading in the future. We aim to invite the audience to share their own concerns about the huge challenges associated with academics supporting student learning in diverse practice settings and to share best practice.

The literature on the challenges academics face in supporting student learning in practice settings indicates that the role of a ‘link lecturer’ needs to be diverse and flexible in order to reflect the changing health care context we expose our students to (Brown et al., 2004; Maslin-Prothero and Owen, 2004) and should have the support of the student as central to the role and yet not ignore the needs of mentors and qualified staff (Duffy and Watson, 2001;
There is no right or wrong way to do this, indeed there is no nationally recognised benchmark standard, but it must meet local need. Our work aims to establish clarity and purpose for our role as academics supporting student learning in practice; adapt to reconfiguration of services and to ensure that we make the best use of available placements and resources; provide equity for placements across the health and social care spectrum, improve the quality of the practice learning experience and promote ‘Fitness for Practice’ in a manner that is able to be responsive to the outcomes of the NMC (2007) review of pre-registration education and the Interprofessional agenda.

The model is based on community of practice theory (CoPT) which asserts that learning is best understood as not only arising from, but crucially, as being participation in social practices (Lave, 1996; Lave and Wenger, 1991; Wenger, 1998). These social practices are situated in particular contexts that are socially and culturally legitimated by those that engage in and develop the particular practices: the community of practice, in our case the professional health care community (Lave and Wenger, 1991). Although developed as an explanatory tool to understand learning, and explicitly not a pedagogical approach (Lave and Wenger, 1991), it has also been taken up as a guide to changing practice: if learning takes place in communities of practices. Our learning communities model is centered on the patient experience and draws together those in public, private and voluntary services who contribute to care delivery and ultimately the student learning experience. As Kent is a large and diverse county we have created four learning communities in Ashford, Canterbury and Thanet, Medway, Maidstone and Tunbridge Wells. Each community of academics has adopted a co-operative team approach to supporting student learning in practice.

Each team has set aside individual and professional barriers to enable them to be responsive to local needs and resource limitations in order to enhance relationships with practice within the whole community. Each community is taking responsibility for managing and monitor placements and enhancing the practice learning experience for students. The model is underpinned by a shared vision for learning in practice, a commitment to meet the needs of the learning community and to work effectively as a ‘community team’. The role of learning community coordinator is to facilitate and develop community based learning teams, work with colleagues and practice placement facilitator’s to enhance the learning experience across the ‘whole’ community, undertake quality monitoring and enhancement activities and ensure that essential ‘practice based activities’ (listed below) occur.

- Liaise with clinical areas
- Maintain specialist practice interest and links
- Update and supporting mentors
- Provide structured reflection activities for students
- Support ‘failing students’
- Provide good career development and programme advice
- Work collaboratively on promoting audit standards
- Prepare new placement areas
- Support students with special needs (NMC, 2006)

Our vision for the future
Our key medium term strategic aim is to strengthen and develop the learning communities model to include other professional groups to ensure that our model for learning in practice reflects the Interprofessional nature of our programmes and the workforce.

References


First Group of Theme Sessions

Research in Nurse Education
Health related quality of life and self-care management among hypertensive patients in a rural area of Thailand

Supunnee Thakul, Assistant Professor; Karn Chaladthanyagid, Instructor; Pennapa Unsanit, Instructor, Ramathibodi Hospital, Mahidol University, Bangkok, Thailand; Praneed Lundberg, Associate Professor, Uppsala University, Sweden

Background
Circulatory disease (ICD codes I00-I99) are important public health problems. They account for the top three leading cause of death in Thailand (Ministry of Public Health, 2002). Hypertension, an important risk factor for the diseases, is a silent killer that claims more than 50% of the people, most of whom do not have any major symptom of hypertension until detected during health check-up or late in disease progression course when severe symptoms or complications develop. The World Health Organization also advocates self-care including avoidance risk factors for non-pharmacologic treatment of hypertension. Behavioural change and lifestyle modification are important means to control hypertension (Svetkey, et al., 2005).

Objective
The aim of this study was to assess the level of health-related quality of life (HRQOL) and self-care management among patients with hypertension and to investigate whether there were any differences in gender.

Methods
A quantitative method with the descriptive survey was used. A questionnaire was handed out to eighty hypertensive patients, 40 males and 40 females, at Ban Sang Health Center, Bang pa-in District, Ayutthaya Province and during home visits. The patients were asked to voluntarily participate and interviewed by a questionnaire which consisted of three parts; demographic data, HRQOL using the SF-36-scale consisted of eight items: (1) physical functioning, (2) role limitations due to physical health, (3) role limitations due to emotional problems, (4) energy/fatigue, (5) emotional well being, (6) Social functioning, (7) pain, and (8) general health (Cote, et al., 2004); and self-care management (McLean, et al., 2007). The Cronbach’s Alpha Coefficient reliability of the questionnaire was 0.78. The data were collected from July to September, 2007. The source of the data was patients with systolic blood pressure ≥ 140 mmHg, and/or the diastolic blood pressure ≥ 90 mmHg, and being diagnosed hypertensive patients. The frequency and percentage were used for data analysis.

Results
Twenty eight (35.0%) of the patients had the blood pressure between 140-159/90-99 mmHg, and one patient had the blood pressure 210/120 mmHg. About 92.4% of the patients have heard from the doctor or nurse that they had high blood pressure. Seventy one (88.8%) patients have been told to take medicine; 61.3% of those were advised to control their body weight; 93.7% were told to reduce intake of salty food; 91.3% of the patients were advised to do physical exercise in order to reduce hypertension and 86.3% were educated to limit their consumption of alcohol. Sixty (75.6%) patients have taken medicine to reduce their blood pressure more than one year. The results of this study showed that the hypertensive patients in this study perceived their health related quality of life and self-care management as good. There were no significant differences between the genders in health related quality of life but there were significant differences in some items of the self-care management. Regular appointments with a doctor/nurse for hypertension were the most popular self-care practice among men and women but physical exercise was more practised among men and controlled diet was more practised among women.

Conclusion
The majority of the participants had good health related quality of life and self-care management. Even though the results showed good perceived health related quality of life and self-care management, there is a need of interventions such as programmes in physical activities and quit smoking programmes. The majority of the participants had knowledge of their chronic condition, however, further guidance and support for improving their health related quality of life and self-care management would be needed.

References


(T47)

The clinical practice of the final year nursing students in Greece: an exploratory study of staff nurses’ perspectives

Papadatou Zoi, MSc Student, University of Aberdeen, UK

This research paper discusses the clinical practice of the final year nursing students in Greece. It is an exploratory research study of the staff nurses’ perspectives. This research study is the first of this kind that explores nursing education in Greece. The study explored the views, the experiences and the opinions of staff nurses about the quality of clinical practice that student nurses experience at the last year of their nursing education programs. In addition, this study explored any suggestions or recommendations that the staff nurses may have so that students may be enabled to get a better quality of experience and clinical supervision during their clinical practice.

Clinical experience for nursing students is the period during which they practice in the clinical area as a part of their educational programs. Among countries all over the world, and according to both the nursing educational system and the health system that each country follows, the duration varies. However, the World Health Organization has offered some general guidelines concerning the context of clinical experience for student nurses that are adopted.

‘Clinical experience should include a variety of kinds and degrees of illness and health problems so that the student has the opportunity to apply the principles she/he is learning in many different situations. However, variety is not as important as using every existing opportunity for teaching and learning’.

(World Health Organization, 1961)

A qualitative questionnaire was administered to thirty Greek staff nurses.

The aims of this research study indicated the need of using mainly a qualitative approach. This research study aimed to provide an in-depth exploration of the experience that staff nurses had in the clinical area as nursing students and their views about the contemporary quality of nursing students’ clinical experience. The most appropriate research tool for this research study was a questionnaire that comprised mainly open questions and a few closed questions. The questions explored the qualified nurses’ views and opinions about the student nurses’ clinical experience on the ward. Moreover, the qualified nurses were asked to share any ideas for changes or recommendations that they may have, as regards the clinical experience of student nurses.

The research sought to appraise both the effectiveness and the adequacy of the current nursing educational environment in the clinical area. The results showed that clinical practice for the final year student nurses is considered as a period of great educational importance and consists of their acclimatization with the nursing profession. The findings also suggested that the existence of an assigned supervisor is not only a necessity but is a fact that will support and assist significantly in the progress of the students. In addition, the findings of the data analysis suggest that there is a plethora of facts that needs to be improved and reconsidered regarding both the learners and the teachers. Participants also noted that the evaluation of the adequacy of the current clinical practice that student nurses get nowadays indicates the insufficiency of the staff, the heavy workload and the ambiguous concept of clinical supervision need to be taken into consideration from the relevant carriers such as the Greek National Ministry of Education and Religious Affairs and the Greek National Ministry of Health and Social Welfare in order to provide student nurses with a good quality experience while they are practicing in the clinical area. Finally, this study will hopefully guide future research studies about nursing education, and it is hoped that the ultimate outcome of any developments in nurse education would result in the enhancement of care delivery provided to patients worldwide.

Reference

(T48)

A study to explore lecturers’ perception on how the BSc (Hons) professional studies in nursing and social work can prepare students to work with people with profound learning disabilities and multi-sensory impairment

Denise Yuen Megson, Nurse Lecturer, University of Salford, Manchester, UK

Introduction
Current policies directly related to learning disabilities (Department of Health, 2001, The National Service Framework for Children, Young People and Maternity Services, 2004) have changed the way services are
provided but the needs of people with profound learning disabilities and multi-sensory impairment are not being addressed. Recent reports have highlighted the problems in developing appropriate services and barriers encountered when trying to access services to meet their needs (Disability Rights Commission, 2006 and Mencap, 2007). It would appear that positive steps are needed to improve the health of people with learning disabilities, particularly of the more vulnerable group of people with profound learning disability and multiple sensory impairments. A review and action plan based on recommendations from this research of an educational programme may contribute to change in the current situation.

Aim of the research
To investigate the perceptions of lecturers on how the BSc(Hons) Professional Studies in Nursing and Social Work (Learning Disability) can prepare students to work with people with profound learning disabilities and multiple sensory impairments.

Objectives
To investigate the knowledge, skills and attitudes which enable students to work effectively with people (adults and children) with profound learning disabilities and multiple sensory impairments and to identify resources for use in the teaching and learning of students to prepare them to work with people with profound learning disabilities and multiple sensory impairment.

Methodology
The research followed a naturalist paradigm as its aim was to explore the perceptions of lecturers and the paradigm allows for the collection of richer data (Crookes et al., 1999). The author wanted to explore the themes and draw on the experiences of the sample group.

Ethical approval was sought from the university where the research originated from. There were also discussions with the Chair of the Ethics committee where she works and the research will be carried out at. One of the main areas for consideration was researching ones colleagues and the historical role of the researcher in relation to the programme. An information sheet and consent form were sent to all potential participants and consent to participate was indicated by the return of the consent forms. Transcripts were to be kept in a locked cupboard and destroyed on completion of the study.

The study used focus groups (Krueger, 1994; Krueger and Casey, 2000) to gather data on the lecturers’ perception on how a specific programme of study could prepare students to work with people with profound learning disabilities and multiple sensory impairments. The inclusion criteria for the sample were influenced by Denscombe (1998) and Krueger (1994). Denscombe (1998) discussed non-probability sampling; a purposive, handpicked group to give most valuable data. This type of sampling homes in on people who are critical to the study. The choice to sample just the team members who are involved in the programme as their main responsibility was because these are the people who have intimate knowledge of the programme (Krueger, 1994).

A vignette was introduced and probes were used to instigate and facilitate the discussions (Denscombe, 1998). The focus group meetings were recorded and notes were taken of significant items that were discussed. Dawson (2002) suggested a checklist for evaluating focus group meetings which had been used to help in the evaluation of both meetings and particularly evaluation and reflection from the first focus group meeting led to changes to the second meeting.

Transcripts of the focus group meetings were analysed using thematic networks (Attride-Stirling, 2001). One hundred basic themes were identified using a coding framework which resulted in six global themes: needs of people with profound learning disabilities, core skills, influencing factors, teaching and learning strategy, issues about working with people with profound learning disabilities, and problem areas.

Results and discussion
The data highlighted the areas for development in the current programme and provided clear ideas on these could be improved. The recommendations were to provide an overall strategy to structure the students’ experiences. Named lectures should take the lead in the development of the recommended areas. Working groups involving people with profound learning disabilities and multiple sensory impairments, their carers and employers of staff who work with people with this group would ensure the voices of important stakeholders are heard and heeded. Core themes and threads needs to be developed with the assistance of staff in Information Technology and practice mentors and teachers. These core themes need to be developed in a way that ensure learning is continued at a progressive level. The experiences of contact with people with profound learning disabilities and multiple sensory impairments and learning from these experiences could be facilitated by experts who are working in the area.

Dissemination
The result and its recommendations were sent to participants in the focus groups and then presented at a management steering group meeting for discussion.
Student nurses demonstrate knowledge decay in safe transfusion practice

Fiona Smith, Lecturer; Jayne Donaldson, Director Academic Development (Undergraduate), Napier University, Edinburgh; Liz Pirie, Transfusion Nurse Specialist, SNBTS, Effective Use of Blood Group, Edinburgh, UK

Aim
This research project ascertained student nurses’ knowledge retention of safe transfusion practice following a standardised teaching and learning programme (produced by Effective Use of Blood (EUB) Group), and a short simulated exercise.

Background
Several studies including the Serious Hazard of Transfusion (SHOT) annual reports demonstrated that there are risks to the patient in receiving blood components: receiving the wrong blood was the most common risk associated with blood transfusion (Ottewill, 2003; SHOT, 2007).

In 2000, the Scottish Blood Transfusion Service (SNBTS) developed a standardised training programme for all healthcare professionals including student nurses in order to promote safe practice. This programme is currently being rolled out across NHS Scotland, and Gray, Buchanan and McClelland (2003) anticipated that it would impact on the quality of patient care by ensuring that students and trained staff use a consistent and comprehensive clinical skills base when caring for patients receiving blood components. It is therefore timely to determine the impact of this programme, in a sample of student nurses, on knowledge retention. The aim of this study is to provide information on the effectiveness of a standardised approach and to inform a potential timescale in which to implement refresher courses or updates to help to ensure safe practice.

Evaluation study
The evaluative study used a questionnaire to assess the level of knowledge students attained on the day of the session, 4-6 months after the session and, finally 11-12 months following the session. Twenty-nine questions, of which there were five ‘killer’ questions, tested the students’ knowledge. ‘Killer’ questions were identified by practitioners within the SNBTS as potentially fatal knowledge errors (but these were not made known to the students).

Sample
A convenience sample of undergraduate and diploma (Adult) students (n=118) within Napier University was used.
Data analysis
Both descriptive and inferential statistics were used to compare and contrast the data collected from the three time points.

Results
The study provides an insight into the effectiveness of a standardised approach to a teaching and learning programme and highlights areas for review in light of consistent incorrect answers elicited. Of the 118 students who completed at initial time point, there is a wide range of overall score achieved despite all receiving the Standardised Programme. The study demonstrates, within the small sample completing at all 3 time points, that there is clear degradation of knowledge during the study period. Other clinical skills such as cardiopulmonary resuscitation have been researched and demonstrate that knowledge decay over 12 months is very common (Semeraro et al., 2006; Su et al., 2000; Anthonypillai, 1992). The influence of experience on knowledge retention indicates that experience appears to have a positive effect at 6 months but no appreciable effect at 12 months. This effect is also observed in analysis of the 5 ‘killer’ questions.

These outcomes merit further, more robust and multi centre investigation to identify if there is replication of results. If replicated, we recommend that student nurses should receive an initial preparation followed by an update in safe transfusion practice before completing pre-registration training. Further investigation is merited within the areas of qualified healthcare professionals; if the same effect is observed in a larger more robust study then the current recommendation for at least bi annual updating for all healthcare staff involved in transfusion may also require to be reviewed.

Further research would also be recommended into the effect that this knowledge decay could have on safe transfusion practice: this could be tested within the simulation environment.

References


(T50)
Governmentality, student autonomy and nurse education

Chris Darbyshire, Lecturer, Glasgow Caledonian University, UK

Aim
This paper is a report of a study that mobilised Foucault to explore how governmental practices operated in nurse education (Darbyshire and Fleming, 2008a).

Background
Since the 1980s nurse education internationally has been strongly influenced by educational theories that aim to promote student autonomy by encouraging self direction and critical thinking. Newer curriculum models advocate transformative approaches leading to greater emancipation, social equity and inclusion. Although these changes have been positively evaluated there had been limited critical research on how student behaviour is governed.

Method
A discourse analytic study was conducted using interviews (n=30) with a purposive sample students and teachers in one United Kingdom university. Data were also collated from the course curriculum and student handbook for the students’ programme. Data were analysed to identify how student behaviour is governed.

Findings
Two governing practices are described: control and technologies of the self. These practices contribute to an overall system of governing student behaviour that creates tension between the avowed progressive
empowerment discourse and taken for granted everyday educational practices. Students are subjected to a range of governmental and disciplinary strategies and, through a process of normalisation, ultimately become their own supervisors within the system.

**Conclusion**
The tensions between the demands of a professional outcome-based nursing programme and notions of empowerment and student autonomy have not been resolved. Instead, present educational practice is characterised by normalising discursive practices that aim to produce a specific version of a student subject as autonomous learner. Thus, discourses of both empowerment and professional behaviour govern students.

This paper explores how the work of Michel Foucault can be mobilised to think about autonomy in three different yet overlapping ways: as a historical event; as a discursive practice; and as part of an overall strategy to produce a specific student subject position. The implications for educational practice are that, rather than a site where students are empowered, nurse education is both a factory and a laboratory where new subjectivities are continually being constructed. This suggests that empowering practices and disciplinary practices uneasily co-exist (Darbyshire and Fleming, 2008 b). Critical reflection needs to be directed not only at structural dimensions of power but also on ourselves as students and lecturers by asking a Foucauldian question: *How are you interested in autonomy?*

**References**

First Group of Theme Sessions

Student Experience
(T51)

An exploration of the needs and experiences of nursing and midwifery dyslexic students in clinical practice and how best they could be supported

Anna Crouch, Senior Lecturer, University of Northampton, UK

Aim
This paper aims to briefly report the method, and discuss the findings of a study in which the needs and experiences of nursing and midwifery dyslexic students in clinical practice and how best they could be supported were explored.

Background
Employers are required to not only eliminate discrimination and harassment, but also to promote equity as well as engage in activities that promote the inclusion of disabled people (DOH, 2002; Disability Rights Commission, 2004). The NMC (2006) also requires programme providers ‘to apply local policies in accordance with the Disability Discrimination Act (1995) for the selection and recruitment of students and employees with disabilities’. Evidence of how the students will be supported in both academic and practice is also required by the NMC (2006).

Therefore good knowledge of the needs and experiences of dyslexic students and how best they could be helped when in clinical practice is needed but there is little evidence from the nursing and midwifery fields to suggest that nursing and midwifery students with dyslexia have established support networks in clinical practice.

Research method
A qualitative study exploring the needs and experiences of sixteen nursing and midwifery dyslexic students in clinical practice and how best they could be supported was therefore carried out. Three qualified staff who had mentored, or were mentoring dyslexic students at the time of the research also took part in this study, which was funded by the Higher Education Academy for Health Sciences and Practice.

Except for one telephone-recorded interview, data was collected from the participants on one-to-one, face-to-face tape-recorded interviews, which was then transcribed. Constant comparative method was used to analyse the data collected manually following which the computer package namely NUD.IST (QRS N6) was used to assist with the generation, categorisation and re-grouping of themes and sub themes using tree nodes.

Ethical issues
Approval for the research was sought from and granted by the University of Northampton, National Health Service Research Ethics Committee and by two local research committees. Informed consent from participants who are all adults and fully competent was also sought.

The transcribed data were anonymised and confidentiality assured by the use of numbers on transcripts instead of names. The need to ensure that none of the participants will be recognised in the content will also be borne in mind.

Findings
Several themes were generated and grouped under three general headings as follows:
The impact of dyslexia on the student: themes
- Forgetfulness
- Difficulty with spelling, grammar and writing*
- Problems with words and numbers
- Slow at doing things

Experience in clinical practice: themes
- Non-disclosure
- Documentation*
- Dealing with information and task
- Mentor Support *
- Bad Feelings*
- Coping Mechanism
- Safety Issues

Needs/support needed in clinical practice: themes
- Mentor awareness and understanding of dyslexia*
- Time
- Use of appropriate learning aids
- Check over my work*
* = also a theme from mentor’s data
What this paper adds:
• Mentors need to be fully informed of dyslexia and be aware of the student’s need
• The students reported that they would like their work checked over
• Many of the students had developed strategies to help avoid and or minimise mistakes in practice but some mistakes did occur
• 43% of the sample studied had dyscalculia
• Almost a third of the sample studied do stutter

Summary
There are four major problems associated with dyslexia, namely forgetfulness, difficulty with spelling, grammar and writing, slow in doing things, and problems with words and numbers, the most common reported being ‘forgetfulness’.

The students reported that the difficulty with literacy and numeracy impacted on their clinical practice. The majority of the students recognised that safety was a major issue but the mentors did not mention this.

Positive mentor support is seen by the dyslexic students as important for their safe clinical practice. Inappropriate support on the other hand can lead to lack of confidence, low self-esteem, and frustration. It can also result in the non-disclosure of the student’s disability in future placement.

The majority of the students described coping mechanisms, which helped them in clinical practice and in their learning.

Both students and mentors recognise the need for the training of mentors to include information on dyslexia, Its impact on the students for safe clinical practice, and how best the student could be supported.

A poster with guidelines for the support of dyslexic nursing and midwifery students, based on the students needs have been developed.

References


Nursing and Midwifery Council (2006) Annexe 3 to NMC guidance- good health and good character. Appendix 1 www.nmc-org.uk

Nursing related degrees: graduates attitudes on their personal and professional impact

Oiria Sheahan, Nurse Lecturer, University College Cork, Ireland

Background and context
Nursing is central to effective health service delivery and nurses must be prepared through education to meet societies changing needs and enable people to achieve an optimum state of health. The acquisition of increased knowledge, skills and attitudinal change as a result of undertaking nursing degree studies and their subsequent translation into practice cannot be assumed (Francke et al., 1995). A review of the literature indicates that nursing practice is positively affected by nurses’ completion of degree studies (Spencer, 2006; Wildman et al., 1999).

Higher education in nursing is associated with improved patient care, increased ability to link theory to practice, enhanced critical thinking and increased ability to evaluate and apply research (Whyte et al., 2000; Johnson and Copnell, 2002; Long et al., 2002; Pelletier et al., 2003). However, some studies identified negative impacts of higher education that may serve as barriers to undertaking such programmes. The impact of completion of degree studies for nurses, merits examination in view of nurses’ increasingly demanding roles, the recent establishment of nursing in Ireland as a degree-based profession, the current emphasis on continuing professional development and the recent growth in post-registration degrees for registered nurses. Furthermore, there is as a paucity of research exploring the impact of higher education on nurses and nursing in the Irish context.

Aim
This research study was conducted to determine nurses’ attitudes on the personal and professional impact of having attained a degree in a nursing related discipline.

(T52)
Methodology
The author used a descriptive quantitative survey design. Data was collected using a self-report questionnaire which was adapted from that used by Whyte et al. (2000). The questionnaire was subject to peer review and then piloted with subsequent revision. The questionnaire was distributed to a convenience sample of 140 clinical and non clinical nurses who worked in different specialities in two regional teaching hospitals. Eighty eight nurses responded, which equates to a 63% response rate. Each study participant had successfully completed a degree at level 8 or 9 of the national qualification framework (National Qualification Authority of Ireland, 2003).

Analysis
Data was analysed using the Statistical Package for Social Sciences (SPSS), version 12.0. Descriptive statistics were used to analyse and present data on the demographic profile of the sample of nurses. Inferential statistics were used to explore relationships between variables.

Findings
This study supports the value and function of degree studies in the empowerment of nurses’ careers, preparation of nurses for practice, the procurement of promotion and the improvement of practice and enhancement of patient care. However, personal difficulties were also experienced by graduates, particularly in relation to loss of work-life balance. Many respondents experienced difficulty implementing new skills and changes. In addition, the findings reveal that nurses’ dissemination of information in the form of academic publication was underdeveloped.

Recommendations
The results of this study identified many personal and professional benefits to completing degree programmes. This supports the need to value and promote nurses’ access to and completion of these programmes. However, nurses need to be supported and empowered to overcome barriers to the translation of new knowledge and skills into professional practice and to promote evidence-based practice. Furthermore, additional student support structures are required to enhance research participation and academic publication.

References


(T53)

Student support on placement: the student experience and staff perceptions of the implementation of placement development teams

Lynne Callaghan, Postdoctoral Research Fellow; Emma Whittlesea, Research Assistant; Graham Williamson, Lecturer, Adult Nursing, University of Plymouth, Plymouth, UK.

It is clear from the literature that effective support and a supportive placement environment enhances the clinical learning of students (Henderson, Twentyman, Heel and Lloyd, 2006). The importance of clinical learning for students who are required to undertake professional placements as part of their training is in turn acknowledged as crucial by government and nursing regulatory bodies who encourage the development of partnerships to facilitate quality support structures for placement learners (ENB/ DoH, 2001).
Since September 2007 placement development teams have been implemented as such a partnership between the University of Plymouth and NHS Trust placement providers across the South West Peninsula as a new service to provide a structure by which support can be managed. It is intended that placement development teams will support the national audit process that the Faculty of Health and Social Work at the University of Plymouth piloted in 2004 (Ensuring Quality in Partnership, see http://www.skillsforhealth.org.uk), the evaluation of which indicated benefits for student support on placement. Teams comprise seconded members of academic staff assigned to work within clinical practice settings with fellow academic and practice colleagues in order to manage, organise and deliver supportive activities in the practice setting. A search of the current literature provided only one relevant study of such partnerships in the UK (Chapple and Aston, 2004). It is essential, therefore that the implementation of these teams and the effect on student support is evaluated.

This paper presents part of the first stage of a larger longitudinal evaluation of the impact of the placement development teams on student support and the processes by which this support is operationalised. The aims of this study are

- to gain a baseline assessment and needs analysis of students’ perceptions of support provision on placement in terms of type, level and source of support
- to evaluate the perceptions of staff working in and with placement development teams concerning provision and management of student support
- to evaluate the impact of the implementation of this new initiative on staff roles and the organisation of student support in practice settings.

This study employs a qualitative design in order to achieve rich data with which to understand the student experience and the processes by which they are supported. Focus groups with final year adult nursing students are being carried out at four university sites across the South West. Additionally, telephone interviews with placement development team academic leads, Trust representatives from six acute trusts and personnel from the Strategic Health Authority who have key roles in education are currently being conducted. Semi-structured interview and focus group schedules are used to guide the discussions.

All data is digitally recorded and transcribed for analysis. To ensure that the analysis is rigorous, trustworthy and credible (Cutcliffe and McKenna, 1999), all transcripts are coded independently by the three members of the evaluation team. Any differences in codes and emerging themes will be resolved through regular discussion until a mutually agreeable conclusion is reached. The data analysis itself is based on Miles and Huberman’s (1994) framework.

Although data collection is ongoing, in terms of student data, preliminary examination has uncovered student need in terms of both direct support (for example information, emotional and appraisal support) as well as a level of support that coordinates liaison and communication across both placement areas and university contexts. This need for what can be regarded as ‘organisational’ support indicates a requirement for facilitative partnerships such as placement development teams. Further, initial assessment of staff data has revealed an understanding of student support needs and proposals as to how the placement development teams can be managed and amended in order to meet these needs and enhance the student experience. Full analysis of the data will present emerging themes which will represent both the student experience of support on placement, and the perceptions of stakeholders involved in the new structure designed to enhance this experience.

References


Teaching nursing in China

Janice Clarke, Senior Lecturer; Karen Latimer, Senior Lecturer, University of Worcester, UK

In April of 2007 three lecturers from the University of Worcester travelled to Nanning in Guangxi Province in PR China at the invitation of the Dean of the Faculty of Nursing at the Guangxi University of Traditional Chinese Medicine to talk about a possible collaboration between our two universities.

This auspicious visit and the hospitality we experienced, led to a further visit in November of 2007 by two nursing lecturers to teach some professional nursing issues to a group of Chinese student nurses for five days. This presentation will be about what happened during that memorable week. We will try to describe the experience of teaching nursing in this fascinating country but most importantly we will focus on the experience of the Chinese students who so eloquently articulated their feelings about their introduction to UK style nursing, in their evaluations of the week.

Naturally we prepared for our trip by trying to read as much as we could about Chinese nursing education but discovered that there is little published that would help; most of the published work is related to Taiwan or Hong Kong. However we did discover that when researchers had compared curricula between the West and China, there were differences in terms of how professional nursing issues such as ethics or accountability were addressed in China as these may not appear in nursing programmes. We also discovered that Chinese nursing education was very influenced by physicians and models of medical training (Jiemin et al., 2001). When we saw the outline of the nursing curriculum which we had requested before our visit, it became apparent immediately that the differences were greater than we had anticipated. What, for instance, does military and political theory have to do with nursing? (Jiemin et al., 2001).

All our reading did little to prepare us for the differences we found in China, especially in relation to teaching methods and the way clinical practice is organised, at least in Guangxi province. Within 24 hours of our arrival, our planned programme had to be radically redesigned to meet the needs of these very different students.

Our plans were to develop a long term relationship of mutual collaboration with our Chinese hosts which would include research, exchange of teaching staff and ultimately, possibly exchange of students. Therefore this visit also included a student focus group which would be the start of one project to evaluate qualitatively the long term effect of our teaching, on the clinical practice of the students.

Although Chinese nursing is based on a Western model, it has suffered many vicissitudes and set backs in its progress because of the cultural revolution and the seclusion which China has experienced for so long (Smith and Tang, 2004). In addition it has been very influenced by medicine and has not yet found its own distinctive voice in Chinese culture. Consequently with the opening up of China to Western influence which is currently taking place, nurse educationalists are amongst those who are looking to the West to see what the next steps in the progress of Chinese nursing education should be. Our visit to China was our initial response to this reaching out, and this presentation will explore the differences we found as well as attempt to express what a profound and life changing experience teaching in China was. Our greatest surprise however was the response of the students and the Chinese lecturers who helped us, as it became clear during their week of experiencing our very different ideas and teaching methods, that their lives also would never be the same again.

References


Describing advanced practice in new roles in unscheduled primary care

Andrea Hiller, Lecturer/Programme Leader, Glasgow Caledonian University, UK

This paper describes an action research study which explored nurses and paramedics description of their new and developing roles and practice within unscheduled primary care. The study was conducted within a newly formed online community of practice. The community of practice was funded by the Queen’s Nursing Institute Scotland to provide a mechanism to support practice development for practitioners in a new area of role development. The community of practice was established from previous cohorts of students who have undertaken educational preparation at Glasgow Caledonian University for new roles in unscheduled primary care.
Unscheduled primary care services are undergoing structural redesign to meet changing workforce patterns. As a result of the General Medical Services Contract (Scottish Executive, 2004), General practitioners are no longer required to provide 24 hour care. Health Boards in Scotland, as a result, have undertaken a review of out-of-hours/unscheduled care services. One consequence has been the preparation of nurses and allied health professionals to assess and manage patients who present as unscheduled care.

Unscheduled care has been defined as:

‘NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is care which, unavoidably, is out with the core working period of NHS Scotland. It follows that such demand can occur at any time and that services to meet this demand must be available 24 hours a day.’

(Scottish Executive 2005 p.92)

Extending the scope of practice over time is not a new concept for nurses and allied health professionals. However, this development required these practitioners to be prepared to take on innovative new roles that were previously the domain of medical colleagues.

Participants of the community of practice identify a need to explore their evolving practice and frustrations with being identified as ‘mini doctors’. Ewens (2003) explores nurses developing their practice and their need to re-conceptualise their role. Re-conceptualising she articulates as the process of establishing a new identity in role transition. She further details nurses’ experiences of frustration and burn out, sometimes resulting in abandoning new roles when re-conceptualisation is not enabled. Gough (2001) suggests that as professional roles continue to change there is a need to reassess identity.

The emancipatory theoretical assumptions of critical social theory acknowledge the centrality of the socio-cultural and political realities of those participating and provide a framework on which this study was structured. The participants of this study are nurses and paramedics who have developed their practice into a domain traditionally held by medicine and driven by Scottish Executive policy. An action research methodology was utilised as the process of action research involves examining an issue systematically from the perspectives and lived experiences of the community members most affected by that issue (Kemmis and McTaggart, 2005). Due to the participatory nature of the process, action research seeks to bring about empowering benefits through an educational process to develop knowledge and understanding (Reason and Bradbury, 2001). The close philosophical alignment between community of practices, critical social theory and action research provided the community of practice in this study with an appropriate systematic approach to the development of a description of their evolving practice.

Data was obtained from the archived online discourse and reflective dialogue during a three month period within the life of the online community and from the audio-recording of a small focus group of members from the community. Members of the community of practice engaged in online critical discourse aimed at describing their new area of practice. The researcher drafted versions of the emerging themes, which the participants considered and provided critical comment. Themes generated from the data where; education, autonomy, clinical competence, experience and collaboration.

The emerging description was refined through a process of continuous critical discourse in which evidence from practice and theory supporting or challenging, the latest version of the description was considered. It may be likened to a consensus approach to conceptual refinement that involves either hypothetical or empirical testing to refine the emerging description (Pawson and Tilley, 1997).

Following the research process participants thus agreed on a working definition of the practice of members of the community practice as:

‘Members of the community of practice unscheduled care are registered health care professionals who have acquired the expert knowledge base, clinical competencies and complex decision-making skills to assess and manage patients presenting for unscheduled care. They are highly experienced in clinical practice and are educated to a minimum of degree level. They work autonomously within their scope of practice and in collaboration with patients and other healthcare professionals within the context of unscheduled primary care.’

Internationally there has been an unprecedented increases in the numbers and types of new roles, where nurses or other health professionals substitute doctors (Bryant-Lukosius et al., 2004). The inconsistency of terminology, titling and educational preparation, and misguided interpretations regarding the purpose of these roles pose barriers to realizing their full potential and impact on health (Read et al., 2001). Despite the need for this higher level of practice in new roles, there are many challenges to the successful implementation. This study provides further evidence of varied implementation, interpretation and the barriers to implementing advanced new roles in practice.
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**(T56)**

**Student immersion program: a path to promote cultural sensitivity in nursing**

*Wanpen Pinyopasakul, Lecturer and Associate Professor, Mahidol University, Bangkok, Thailand*

In response to an increase in international nursing, Faculty of Nursing, Mahidol University (FON, MU) has recently focused more on international health and cross cultural nursing. To enhance an awareness of the international health concepts and cultural sensitivity in nursing, the FON, MU has initiated a study program called the ‘student immersion program’ for nursing students overseas. Since 2002, the FON, MU has offered this program in collaboration with nursing schools in Japan, Sweden, and the US with an aim to expand it to other neighbouring countries.

Specifically, the objectives of this program are to: provide opportunities for nursing students from other countries to learn of Thai health care system and nursing, and to increase their cross cultural awareness and experiences. Researchers have studied the impact of international learning experiences in nursing and indicated significant changes in the perspectives on nursing practice and critical appraisal of health systems (Thompson et al., 2000; Button et al., 2005). Other benefits identified from these experiences include learning cultural differences and personal development (Thompson et al., 2000; Button et al., 2005).

To set up the program, the FON, MU will contact each collaborating university to discuss program objectives, appoint a program coordinator, and draft the program activities for mutual consideration. The next steps include negotiating cost and budget and preparing appropriate activities. The target population includes both undergraduate and postgraduate nursing students, and the number of overseas students participating in each program usually range from 6-6. On average, the length of this program is 2-3 weeks. Student Immersion Program can be conducted as an elective subject or independent study, and the credit is provided by home university.

In details, the program offers a variety of activities, such as lectures, observations, fieldtrips, presentations, seminars, and other social activities. Theoretical components are mainly related to global health and cross cultural nursing, Thai health care system, and issues in Thai nursing. Observations include visits to hospital settings; public and private, as well as community health centers. Fieldtrips cover a trip to Ministry of Public Health, Thai Nursing Council, Institute of Traditional Thai Medicine, and other organizations related to students’ learning needs.

During the program students are also responsible for writing a report and presenting on a topic of interest, in addition to attending classes and site visits. Seminars are further conducted to enable students to compare and contrast the Thai health care system with that of their own countries, and also to describe an impact of different health beliefs and culture on nursing practices. Besides these theoretical sessions, appropriate social environment and activities being arranged, such as having overseas students stayed at the nursing student dormitory, developing a buddy system between overseas and local nursing students to learn language, travel together, and share cultural experiences, as well as the conduct of a potluck party among them, have proved to foster their social and cultural immersion most effectively.
On completion of the previous programs, the evaluations have demonstrated that more than 90 % of overseas students were satisfied with the program, and over 80 % rated this program as outstanding. Most students reported that they had gained knowledge and understanding of the context of Thai health care and nursing, and received many cultural nursing experiences. Overall, the majority of overseas nursing students reflected a preliminary understanding of different health beliefs and social systems that might have impacted on nursing care delivery and health behaviours of people in different cultures.

In relation to cultural sensitivity, many of overseas nursing students revealed their greater awareness, concern, and respect for different cultural practices. Examples of this evidence include the following statements: 'I appreciate how Thai people integrate Thai traditional medicine into health care and nursing practice. This is brilliant, and I think we may have to think of how we should appreciate and integrate our traditional therapies to our own system'. The other excerpt is: 'I have learned a lot from the program. I must admit that in the past I never paid attention to any overseas students. I don’t even look at them. Here I feel so warm with the love and care of Thai students. I will behave myself and promise that I will take better care of international people'. The outcomes of this program demonstrate significant life transforming experiences, along with personal development of cultural sensitivity in human relationships and nursing.

In conclusion, this paper provides evidence of how nursing students could benefit from international nursing studies. Suggestions from this program include better preparation of necessary information on culture or language to enable the students to achieve learning goals and cultivate more cultural understandings. An extension of the program duration is also suggested to let the overseas students get connected with local nursing students longer in order to foster their positive relationships and gain more cultural experiences.

References

First Group of Theme Sessions

Work-based Learning
A higher education work-based learning project: diagnosing, supporting and validating learning in the workplace – developing transdisciplinary roles in health and social care

Claire Thurgate, Programme Director Foundation Degrees, Canterbury Christ Church University; Helen O’Keefe, Deputy Director of Nursing, East Kent Hospitals NHS Trust, UK

In response to a local NHS acute trust, who were restructuring their workforce, a Foundation Degree (FD) pathway was designed to allow health care assistants, from a variety of trust departments, with NVQ3 Care qualifications (band two KSF) to progress to associate practitioner status (band 4 KSF). The development of new roles in the NHS, as health and social care (HSC) provision responds to the service user expressed needs, requires ‘different’ knowledge and skills clusters to be validated for these transprofessional responsibilities. The move to interprofessional learning for all professionals allied to medicine has been embedded locally in pre and post registration education programmes for a number of years, it thus seems logical that interdisciplinary support workers require the same approach within their career development packages.

A preliminary meeting was held with the assistant director of nursing of a local trust to determine the development requirements of the local workforce, the demands of an FD in terms of time and resources and the amount of flexibility needed for a programme which would suit the various department needs.

A subsequent series of meeting was then held with the clinical directors to develop the pathway they required to complement the core provision of an established FDHSC at the university. A package was designed to allow the participants to join other disciplines in the core interdisciplinary modules and follow their own pathway for 50% of the award. These meetings ensured that the employer remained fully engaged and committed so that a programme was developed that met the needs of the workplace. It also meant that the knowledge component and skills training was focused to supporting new role development.

The pathway for the associate practitioner, for example in adult health care, reflects the knowledge and skills these workers require for a ‘band four’ role in the Trust and contains some content that could be used to articulate to pre-registration nursing programmes if they so wished. Their key topics included infection control, tissue viability, chronic conditions, medications, support of the acutely ill client and discharge planning. Core modules encompass skills for learning, major health issues, social context of health and illness, evidence based practice, ethics and law and a project focused to change within the workplace. At validation the importance of articulation to the NHS Knowledge and Skills Framework (KSF), occupational benchmarks for adult care and graduate skills was made evident, as well as the need to be cognisant of the Skills for Health (2006), Skills for Care ( being mapped at present) and QAA (2004) advice.

The student/employee is support in the workplace by a workplace facilitator who is instrumental in facilitating the participant’s learning in the workplace. The workplace facilitator attends two formal sessions outside of the workplace that are led by the programme teaching team which allows them to understand the programme content, work based learning and the expectations of their role.

The expansion of new roles for the associate practitioner in HSC is increasing, more flexibility to design packages for niche roles will demand more use of the workplace for module design – the workplace is where the innovation is happening. The universities have the expertise to ‘wrap’ creative working but it is the employer who must engage with them to make their dreams a reality.

References


(T58)

Evaluating a ward simulation exercise to support hospital at night practitioners adopt a safe approach to the emergency assessment of patients

George Hogg, Lecturer in Interprofessional Education, University of Dundee, UK

Changes to the working patterns of junior doctors as a result of the European Working Time Directive and changes in postgraduate medical training (Modernising Medical Careers) have had an impact on the working team. The care delivery process for patients at night can no longer be considered to be the responsibility of one health care professional group, but requires a combination of skills and expertise from the multiprofessional team.

In response to these pressures a new role has been developed with specific skills to coordinate and deliver a hospital at night (H@N) service – the H@N Nurse Practitioner.

As part of the H@N programme the Clinical Skills Centre at the University of Dundee in partnership with NHS Tayside created a generic skills course for the emergency assessment of patients as part of the Introductory H@N Programme. As part of the five day course a Ward Simulation Exercise (WSE) was developed to provide an effective means of giving individual H@N practitioners feedback on performance in relation to their new role as part of the H@N team. The same exercise was then undertaken by a group of H@N practitioners from NHS Fife.

Clinical simulation and ward simulation exercises are used to enable experiential learning (Cioffi, 2001) and allow the student to practice skills in a safe and realistic environment. This ward simulation exercise was developed to support the Clinical Skills component of the Hospital @ Night Generic Skills Course run in collaboration with NHS Tayside. The exercise was based on work already undertaken for the wide range of ward simulation exercises which the Clinical Skills Centre facilitates.

The aim of the exercise was to allow the Hospital @ Night Practitioner to practice in a simulated environment the emergency assessment skills learned during the five day introductory course, and to provide an opportunity for effective positive feedback on performance in the simulated environment.

A questionnaire was designed to give the course design team immediate feedback on the participants’ views following the exercise. Most of the respondents felt that the feedback had been useful, especially the written feedback from the course team and being able to observe others during the exercise. All of the respondents felt that the content of the exercise was relevant to their new posts and while 12 thought it was realistic 4 were unsure.

Following a period of 12 weeks in practice H@N practitioners were invited back to the Clinical Skills Centre to review the video of their WSE with a member of the CSC teaching staff. Practitioners were asked to think about what they saw themselves, to be positive about their performance and to identify what they had learned since and changed in practice as a result of the introductory course and WSE.

All of the practitioners reported positive changes to practice as a result of the WSE and subsequent personal reflection. Many of them found the use of the SBAR communication tool particularly useful and were keen to see it introduced into more widespread use in practice. Some reported that their initial reluctance to leave patients once the acute episode had passed had changed and that they now involved ward nursing staff early in the intervention. They also reported being more clear when giving ward instructions on when to contact them e.g. giving clear parameters within which to recall the team, rather than ‘if the patient gets worse, phone me’.

This presentation will describe how the pilot WSE was designed, implemented and evaluated for H@N practitioners in both NHS Tayside and NHS Fife. In addition the author will suggest how the exercise could be developed further to incorporate multiprofessional healthcare groups.

(T59)

Partnership working: the essential ingredient for success in work-based learning

Sally Hayes, Senior Lecturer and Course Leader Practice Teacher Course, Leeds Metropolitan University; Paul Mackreth, Senior Lecturer Course Leader Community Specialist, District Nursing; Debbie Myers, Practice and Professional Development Lead for Education, Leeds Primary Care Trust, UK

It is recognised that teaching in clinical areas requires different skills to those required in the classroom (Quinn and Hughes, 2007). All endeavours to promote clinical teaching in the clinical area therefore rely on collaboration, planning and partnership between clinical and teaching staff (Ferguson and Jinks in McIlpatrick, 2004). This partnership needs ongoing support leadership, vision, investment and a supportive infrastructure from both educational institutions and the health service. The practice teacher (PT) role is vital in this.
This theme paper will focus on the development of the PT role in Leeds through partnership between the HEI, the Primary Care Trust (PCT) and the PTs themselves. We will explore and evaluate how the major current drivers relate to the context of work based learning especially in relation to the changing nature of both HE and PCTs, and the introduction of the Nursing and Midwifery Council Standards to Supporting Learning and Assessing in Practice (2006). It will evidence the development of innovative solutions, developed in partnership which enabled the development of the PT role successfully within this changing context.

The NMC Standards/PT course – education for the National Health Service
The context for the PT course is one in which nurses from the NHS (and some independent employers) are being prepared to lead the development of specialist nurses with in context of lifelong learning policy of the NHS and the nursing professional regulatory body, the Nursing and Midwifery Council (2006). It is essential that continuing professional development for nurses in primary care is developed specific to the needs of both the practitioners, employers and commissioners and not in a haphazard way which has the potential to leave practitioners ill matched to the roles they are required to undertake and unwise investment of resources (Hicks and Henessey, 1997). It is necessary therefore to assess practice in order to establish competence and therefore safety and recent standards place total responsibility for the assessment of practice on PTs (for post-registration nurses qualifying as specialists) who, it is proposed, will ‘sign off’ the student as proficient at the point of registration (NMC, 2006).

There are therefore pervasive demands on educationalists to evidence educational quality based on actual outcomes (Glennon, 2006). Professional programs must respond to stakeholders by establishing program outcomes orientated towards professional practice (Glennon, 2006).

This has led in part to a competency driven curriculum where competencies differentiate superior performance from average or poor performance by focusing ‘on the person who does the job well – the characteristics and qualities that enable the person to do a superior job – rather than focusing on the job itself’. (Manley and Garbett, 2000). This highlights why work based learning is so important.

The context of the practice teacher role
The work based learning context is essentially a partnership between the NHS and the HE Institute (HEI) and necessitates the blurring of boundaries between education and practice. In order for the PTs to attain the prescribed competencies, maintain them and practice in order to promote Life long learning within the services in which they work, communities of learning need to be negotiated between the student and their NHS employer in order to increase integration between theoretical courses and practice (Hall, 2006). If academics collaborate with practitioners their closer relationship will have a positive impact on students achieving their educational outcomes (Duncan et al., 2005).

PTs must also engage in identifying and prioritising training requirements, and determining methods of delivery outside the traditional university or classroom setting. Rather than ‘traditional’ study days where staff leave the workplace to attend training, instead sessions can be delivered locally and related to workplace situations participants can identify with – this can help to consolidate the theory elements with the practical application and makes best use of time and therefore resources.

In order to demonstrate how this has been achieved the theme paper will demonstrate the way the PT role has been developed through a partnership approach with a local Primary Care Trust (PCT). The partnership has been on two levels:

1. Design and approval of the PT course.
2. Support of both the traditional PT role in terms of supporting specialist practitioner students and the further development of the role of the practice teacher in the PCT including the delivery of competency based training.

References


Evaluation of work-based learning modules completed as part of a Master of Arts in Clinical Practice

Shelagh Wallace, Senior Lecturer, University Campus Suffolk, Ipswich, UK

Introduction

This paper reports the evaluation of two work-based learning modules completed as part requirement of a newly validated master of arts in clinical practice. The modules focused on professional role development and related to either holistic assessment of adult patients in specific practice settings or the case manager role and management of individuals with long term conditions (DH, 2006). Each student was required to negotiate a learning agreement relating to development of specific skills to extend their current work role and identify a suitable practice assessor. The 20-week module enabled students to have some expert teaching input, encouraged sharing of individual expertise and promoted peer support. All the students recruited to the study were graduates working in senior specialist roles within inter-professional teams in primary or secondary care. The award of a teaching fellowship, funded by the Higher Education Funding Council for England, enabled the researcher to complete the study.

Literature review

Modern health care delivery needs to be dynamic and responsive to patient needs and requires a commitment to professional lifelong learning (DH, 2001; NMC, 2004; HPC, 2007). Work-based learning can be described as a modern way of creating university-level learning that can meet the needs of healthcare practitioner, their employer and ultimately patients and clients (HEA, 2006). It also promotes amalgamation of knowledge of self, expertise at work and formal knowledge and may lead to learning being accredited by a university (Burton and Jackson, 2003).

Curriculum development is complex; dynamic and contextual and implementation can be challenging. Evaluation is perceived as the process of making a detailed judgement about what has been achieved, what has been experienced and what can be improved. Internal regulation by universities using self assessment review and evaluation emphasises the need to dialogue with students; teachers and employers to enable appropriate adjustments to the curriculum (Green, 1994; Sander et al., 2002).

Research design and methods

Objectives of the study were to explore how the concept of work-based learning was established and adapted and how expressed issues; problems and concerns were managed. A general research strategy, illuminative evaluation, was selected for the study. Parlett and Hamilton (1983) consider it an anthropological paradigm that uses different data gathering methods to enable intellectual enlightenment. Following Research Ethics Committee approval five students, seven practice assessors, six line managers and five academic staff consented to participation. Data collection included semi-structured interviews with participants and written materials relating to learning agreements; e-mail correspondence; progress meetings; assessment results and end of module written evaluations. Analyses of student and practice-assessor semi-structured interviews are presented in this paper.

Findings

Thematic analysis of initial interviews identified a number of emerging issues and these were explored with the students and practice-assessors at a second interview. Students reported that work-based learning related to their world of work as it was considered ‘real’ learning highly relevant to their individual practice and that the structure of the module prevented drift and loss of focus. The students indicated that a formal module enabled them to challenge the status quo and frequently led to increased communication with their line manager. Case manager role students reported a lack of supportive structure as they tried to develop a new role within their practice and felt their encouragement to attend had been politically motivated. Students also reported that negotiating work-based hours in practice to develop their new skills were particularly challenging and they frequently resorted to using holiday entitlement.

Practice-assessors to case manager role students indicated that the culture of learning at master’s level had not been discussed sufficiently at manager and practitioner level within the primary care trusts. Despite preparation sessions and continuing support offered by one specific academic member of staff there was some hesitancy and concern about undertaking the practice-assessor role. In contrast, consultant physicians and surgeons (as practice-assessors) were extremely supportive when senior nurses, as post-graduate students, were developing...
their holistic assessment skills. The assessment load of practical skill assessment and written assignments was also perceived by students and practice-assessors as challenging but probably necessary at master's level.

**Conclusions**

If work-based learning at master's level is to be effective strengthening of the partnership between university and sponsoring employers is crucial. Academic staff need to facilitate increased engagement of the student with self-directed learning and self-assessment within the module and programme. The role of practice-assessor needs to be re-visited and refined to increase the rigour of assessment. An action plan for change will also be presented.

**References**


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**(T61)**

**A strategic approach to supporting the growing momentum of WBL in an acute hospital trust**

**Jessica Knight, Lecturer in Nursing; Debra Ugbona, Lecturer in Nursing, University of Southampton and Portsmouth Hospitals NHS Trust, UK**

**Background**

Learning beyond registration (LBR) is fundamental to the nursing profession and the development of clinical practice and care delivery (Department of Health, 2001). Lee (2006) has theorised that the profession is becoming lost in academia, with professional practice being diminished at the expense of higher education. However, there is now a growing trend to develop work-based learning (WBL) as a mechanism for learning for work, at work and through work with associated academic accreditation (Chalmers et al., 2001). Other drivers for WBL also include policy driven initiatives such as Working together- Learning together; a framework for lifelong learning in the NHS (DH, 2001), Agenda for Change and the Knowledge and Skills Framework (KSF).

**Introduction**

This paper will describe the process to support clinical staff and managers (including senior managers) to embrace and utilise WBL for the development of the workforce. Within this acute hospital National Health Service (NHS) Trust, the number of WBL modules purchased for the post-qualifying workforce increased by at least 30% over a 12-18 month period. In order to support this growing momentum of WBL, the then head of nurse education identified that there needed to be a strategic approach to rolling out WBL and that the potential for learning in this way was optimised. Two members of academic staff were seconded from the School of Nursing and Midwifery to work with the trust, and part of their remit was to consider and address the implementation of WBL at a strategic level across the trust as a whole, as well as on an individual level.

Initially, there was a scoping exercise and a local working party was set up to identify the drivers for the educational shift and to create a set of clear objectives to work with and respond to WBL. Activities of the working party and seconded academics also included; meeting clinical managers to present information the scope for using WBL, developing local information about WBL in the form of web pages, algorithms and flyers (designed to compliment the university information and resources about WBL) and meeting with and supporting individuals who were undertaking WBL credit.
The working party wanted to harness what was already ‘going on’ within the trust and identify opportunities where there was potential to gain academic credit. Linking WBL with the trust’s strategic generic competency framework and other valuable in-house learning programmes was important. Also, the WBL working party recognised the need for a pool or resource of learning outcomes, which could be generic, or specialist in nature, and which could also reflect the policy and clinical drivers of the trust.

Preparation for WBL was lacking for some students partly due to administrative processes but also due to the less tangible academic support. In the initial wave of WBL, it became apparent that some individuals needed significant support with the writing and negotiation of learning outcomes and learning contracts, both in practice and on university WBL induction days.

Summary
A robust structure to support WBL is currently evolving from the working party and academic rigor and professional practice issues are complementary to the individual learners needs and service provider’s expectations.

The value of WBL is not questioned, but as a result of the on-going development of this strategic framework and working party, some issues around WBL have been opened up for debate and potential evaluation including how to best utilise negotiated study time, and the role of the academic.

References


Second Group of Theme Sessions

Developing Teachers
(T62)

Knowles, knowing and kaleidoscopes of self-reflection

Lyz Moore, Lecturer, DHSS Education and Training Centre, Strang, Isle of Man, UK

Reaching the destination is important when studying towards a PGCE, but for me the destination has only become a pause along a much greater journey. Part of the PGCE assessment was to design and complete an Action Research (AR) project, for presentation to representatives of the awarding university.

Focus

I would like to share significant learning gained from an action research (AR) project, undertaken with the original aim to facilitate and empower first year pre-registration (student) nurses to become independent learners of anatomy and physiology (A&P). What I didn’t fully appreciate initially, was that I would learn about my own teaching style. The focus of my learning includes:

- issues relating to the apparent theory – practice gap between student nurses knowledge of anatomy and physiology
- application of that knowledge to practice
- recognising the relevance of Knowles (1980) theory relating to andragogy; focusing on the process of facilitating learners to acquire the skills to learn.

The AR project became a systematic process of enquiry, demonstrating different learning and teaching strategies to enhance learning within the context of pre-registration education, and the Higher Education (HE) environment. A cohort of ten common foundation year student nurses agreed to participate in this project. They described their recent experience of learning A&P as ‘complex and detailed’ and like ‘learning a whole new vocabulary’.

Action research process and reflection

Various research methodologies were employed in partnership with the students to confirm the direction of the AR process. Two themes became apparent. 1) The pre-registration nurses participating in the AR preferred to learn about A&P using a visual and experiential approach. 2) For many of the pre-arranged and agreed session dates, a limited number of the students attended. The kaleidoscopic nature of the AR process enabled me to reflect upon why the numbers of attendance were limited:

- I considered whether the students had felt obliged to agree to participate in the AR project;
- I questioned whether my ‘teaching’ skills were insufficient;
- I reflected upon whether the students may have anticipated a different outcome of the project from my own.

My perspective has been transformed to consider whether student nurses have had sufficient preparation to become independent learners within an HE environment; had the students been ‘enabled’ to develop independent learning skills and motivated to utilise their study time effectively, or had their study time become ‘an afternoon off’? Ironically, the students may have been displaying independent learning by deciding that they did not need to attend the planned sessions.

Whilst pursuing Knowles (1980) educational paradigm to become adult centred I reflected that a paradoxical process was occurring. Preparing the session content indicated a subconscious desire to control the learning environment by being seen to be the content expert; my time and effort was directed to the development and facilitation of the learning sessions. Therefore I was inadvertently encouraging the students to take on a more passive role, the opposite of my educational intent.

A new direction

Through the exploration of different learning methods, the students’ preference for visual and experiential approaches to learning was emphasised. My ideology continues to evolve due to recognition that to become independent learners, the students need to learn how to learn. This AR project unearthed an unwritten curriculum within the HE environment that infers students should be developing the skills to become independent, lifelong learners. Evidence for this comes from the students, who commented that they are regularly reminded of their new ‘adult learner’ status, and that their behaviour should reflect this. The expectation that students will embrace ‘adult learning’ when they begin their pre-registration education is not supported, with almost no formal preparation planned into the written curriculum. Having explored this process, I now hold the stance that it is not prescribing the learning of A&P that is essential – it is the skill of knowing how to learn that empowers the student to recognise what their individual learning needs are, and develop as a safe and competent practitioner.

The unwritten expectation that students will be able to adapt from their previous learning style to the independent learning envisaged within HE indicates that instead of being the ‘content expert’, a refocusing of the lecturers skills are required to encourage and facilitate student scholarship is a key learning point. The current written curriculum is content driven, appearing to offer little opportunity for students to take ownership of their own learning or empower them to become independent learners.
Recognising and facilitating how to promote thoughtful engagement between the pre-registration nurses to identify preferred approaches to teaching / learning A&P are aspects for my personal development. To expose the hidden curriculum, further exploration is required to review the processes involved in supporting students to become an adult learner, so empowering them to actively engage with HE within the nursing curriculum.

References

(T63) – WITHDRAWN

Clinical teaching a challenge for nurse educator in Pakistan
Fauziya Ali, Assistant Professor, The Aga Khan University, School of Nursing, Karachi-Pakistan

Clinical teaching is central to nursing education (Castledine, 2003; Morgan, 1991); it plays an important role in enabling students to learn to become nurses (Cansentino, 2003). Clinical learning is complex in nature and requires the integration of knowledge and skills into practice (Diekelmann, 1990; Karuhi, 1997; Scanlan, 1996). Changes in the health care system mean that nursing educators face new challenges in preparing nurses for the future. These challenges are related to ensuring that students acquire up-to-date and evidence-based knowledge, that they develop the ability to be independent lifelong learners, and that they develop attitudes and psychomotor skills necessary for the professional practice of nursing (Hermann, 1997).

A clinical teacher plays a vital role in nurturing nursing students for the above-mentioned professional roles. Clinical education, under the guidance of the nurse educator, has been depicted as a medium in which teacher, student, and patient exist in a triad for the principal purpose of allowing the student to learn to become a clinician (Paterson, 1997). Clinical practice allows students to learn and develop problem-solving skills, progress in their commitment, and collaborate with other disciplines in resolving client problems (Paterson, 1997; Pugh, 1988; White & Ewan, 1991).

Reilly and Oermann (1992) portrayed clinical education as a union of the clinical environment and experiential learning in which students step into the experience to acquire knowledge and skills. The acquisition of this knowledge may be unsuccessful if the clinical teacher is not competent in performing his/her role. Diekelmann (1993), Packard and Polifroni (1992), and White and Ewan (1991) questioned whether faculty members have been educationally prepared to assume the clinical teaching role. In these circumstances, teaching students in the clinical area is a most challenging professional task for clinical teachers (Wong and Wong, 1987).

The study aimed to explore clinical nurse teachers’ and nursing students’ perceptions of ‘clinical teaching’ in that country.

The research design selected for this study was qualitative descriptive. Indicating the importance of the qualitative approach, Field and Morse (1985) stated that ‘qualitative research combines the scientific and artistic natures of nursing to enhance the understanding of the human health experiences’ (p. 43). Qualitative research involves the systematic collection and analysis of subjective narrative materials by using procedures in which the researcher has minimum control (Morse and Richards, 2002). It is used to draw out in-depth information and thus provides insights into the subject matter. Qualitative researchers tend to emphasize the dynamic, holistic, and individual aspects of the human experience and attempt to capture these aspects in their entirety within the context of those who are experiencing them (Polit and Beck, 2004).

To maximize the understanding of clinical teaching in Pakistan, three hospitals in Karachi City in the province of Sindh for data collection, one private and two public; two government schools of nursing attached to hospitals; and one private school of nursing affiliated with a hospital. There are 77 government nursing schools in the country compared to 18 private institutions. However, even though there are few private institutions, these institutions have a major impact on nursing curriculum and the nursing profession at large. In total, 60 semistructured interviews were conducted with clinical nurse teachers and nursing students.

The selection of the schools of nursing were based on the following criteria: (a) the institution’s willingness to participate by signing the consent form, (b) whether the nursing school is attached to a teaching hospital, and (c) whether the nursing school produces more than 50 graduates a year.

In this study the ethical guidelines indicated by the ethics committee of the University of Alberta and the Aga Khan University Hospital were followed. This study shed light on current practices in nursing clinical teaching in Pakistan and thus brings to the forefront issues that should be addressed, or at least further examined, by schools of nursing and the nursing profession.
The relation between individual learning, team-based learning and organizational readiness for evidence-based education in bachelor of nursing schools

Olaf Timmermans, Innovation Manager Bachelor of Nursing Hogeschool Zeeland, Antwerp, Belgium

A widely spread interest for evidence-based practice (EBP) is known in nursing. EBP creates nursing interventions based on research, experts knowledge and patients values (Cox et al., 2004). Expectations in working with EBP focuses on improved quality of nursing care, a better justification of nursing practice, empowerment of the nursing profession and costs effects (Pravikoff et al., 2003).

A similar development is ongoing in nursing education. Educational programs about the use of evidence-based nursing are provided. However growing interest is noticed in the development and use of research based educational interventions: educational interventions that are based on research, expert knowledge and preferences of students. The improvement of quality in educational policy and practice is an important issue in nursing education. Teaching interventions are critically questioned to achieve a better quality. This process seems to be a part of a wider movement in 'evidence-informed policy-making' espoused by the current governments in Europe. The Dutch Advisory Council for Education proposed to base the educational interventions more on research (Onderwijsraad, 2006). The importance for EBE seems clear, but how to implement EBE in current bachelor of nursing schools?

Sufficient literature exists about implementing evidence-based practice, but the literature about implementing evidence-based education in bachelor of nursing schools is limited. Literature show a wide variety in implementation strategies, which different effects in different settings. Analysis of the barriers towards implementation of EBE centralize the concept of ‘learning’ (Shaw). Attention is given to learning at individual level (competences, learning styles, ‘life long learning’ of employees) and at the level of the organization (the learning organization). Learning at the individual level includes the concept of life-long learning. For lecturers in bachelor of nursing schools the life-long-learning concept is well known. It’s often related with the concept of self-directed learning. But the effect of individual self-directed learning in professional practice is unclear. Recent literature on organizational learning describe the shift from individual learning towards team-based learning; as people work in teams, they could learn in teams as well. One of the expected effects of working with teams is the development of a learning process on the level of the team (Van den Bossche, 2006). Learning and making new knowledge in teams goes behind the individual learning and knowledge creating capacities: teams are able to create and maintain collective mental models and memories, which are expected to have a facilitating effect on implementation of innovations.

This study explores the relationship between (individual and team-based) learning processes of the lecturers in bachelor of nursing schools and their readiness for working with EBE. It is a transverse correlation research study (quantitative) collecting data by means of structured questionnaires. The target population is nursing staff lecturers (n = 300) in all bachelor of nursing schools in The Netherlands.

The questionnaire is build of existing measurement instruments and covers the concepts; attribute variables, team-based learning, self-directed learning readiness, organizational learning climate, team-context, organizational readiness for evidence-based education. The attribute variables include age, gender, professional education and professional expertise. Team-based learning is explored with the questionnaire of Offenbeek (2001). For describing the organizational climate a questionnaire based on the work of Edmonson (2001) is used. Self directed learning readiness is measured with the Dutch version of the self-directed readiness scale for nurses (Fischer) To determine the team-context and the EBE readiness instruments based on the contingency theory (Van Linge, 2006) are used. In the contingency theory the relation between innovation and the context is determinative for the effectiveness of the implementation of an innovation. The core term in this theory is congruence: the degree of congruence is determinative for the implementation interventions on the structural, cultural, human resource and political aspects of an organization. Based on this theory a measurement instrument for organizational readiness for evidence-based education was constructed (Hermens, 2005). Data collection is currently occurring and will finish March 2008. SPSS 15.0 will be used for data-analysis.

Preliminary data analysis show a difference in scores of the bachelor of nursing schools on the variables team-based learning, organizational learning climate and organizational readiness for evidence-based education. Positive correlation are found between team-based learning, learning climate and EBE readiness. This preliminary analysis underline the theoretical assumption that team-based learning in a positive learning climate facilitates the implementation of evidence-based education. It seems important to structure learning activities in the implementation of EBE towards team-based learning. Also it’s important to provide a positive learning climate on the specific organizational units.

References


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**T65**

**The lecturer practitioner: case studies of principles, purpose and professional knowledge**

**Alison Smith,** Principal Lecturer, Canterbury Christ Church University, UK

**Background**

Within nurse education the role of the lecturer practitioner (LP) has been seen as a model of good practice (DoH, 1999). Simplistically it has often been seen as the solution to a misconceived perception of the theory practice gap in nurse education. Most studies of the role of the LP have been undertaken from the perspective of the clinical aspect of the role, however this doctoral study was designed to investigate the lecturing aspects of the LP role.

**Aim**

The study explored the lecturing aspects of the role of five lecturer practitioners (LPs) based in the Faculty of Health in one higher education institution.

It specifically aimed to:

- document the forms of knowledge and skill that lecturer practitioners bring to the education of nurses
- understand the perceptions and experiences that lecturer practitioners have in their role in the education of nurses
- elucidate the distinctiveness that lecturer practitioners have in the education of nurses.

**Methodology**

A case study approach to the investigation was selected as a suitable strategy to examine how individuals functioned in their natural setting (Yin, 1994). The study was a multi case descriptive study and adopted a cross case approach to analysis. The cases were assimilated by building up layers of information from data collected via semi-structured interviews, non-participant observation and documentary sources.

**Discussion**

The iterative analytical strategy identified two major overarching themes; the nature of nursing and lecturer practitioner professional knowledge; further themes were identified coded and categorised. It became apparent that within the key theme of LP professional knowledge; the further themes of; role modelling, delivery of teaching, elaboration and guidance, and reflection demonstrated that LPs were able to exemplify the intimate and symbiotic relationship between the practice and theory of nursing.

The recommendations of the study were:

- That lecturers and LPs are encouraged to articulate what they consider to be the most significant issues within their specific professional discipline in order to be clear about what they teach to students.
- The purpose of the role of the LP should be clear for all organisations and people involved in nurse education, including students.
• Stakeholders within organisations involved with preparing students for practice, as well as lecturers and LPs, should consider the importance and impact of lecturers and LPs being role models for students. They should consider how this can be undertaken with authenticity and authority, presenting appropriate values and attributes of a professional practitioner to students.
• In order to enable them to fulfil their potential at the start of their career in nurse education, LPs should be supported in their role by peer LPs as well as more experienced lecturers.
• Similarly, in order to support LPs, programmes of professional education should be provided with specific elements designed to enable LPs to understand the importance of different pedagogical approaches in order for them to use the most appropriate strategies within their lecturing practice.

References

(T66)

Clinicians as educators, leaders and agents of change: innovation in curriculum for future educational roles

Clare Morris, Associate Dean, University of Bedfordshire, Luton, UK; Judy McKimm, Senior Lecturer, University of Auckland, New Zealand and Visiting Professor, University of Bedfordshire, Luton, UK

The ‘professionalisation’ of education within medicine and health is evidenced by the increasing ‘credentialisation’ of teacher competence. Masters level programmes in medical and clinical education have proliferated and increasingly, those working in both higher and professional education contexts are expected to hold ‘teaching qualifications’. The General Medical Council (GMC, 1999), the British Medical Association (BMA, 2006), the Nursing and Midwifery Council (2006), the Academy of Medical Educators (2007) and the Higher Education Academy (no date) all emphasise the importance of teacher development through engagement in accredited programmes. A study of masters level programmes for clinical teachers (Allery, Brigley, MacDonald and Pugsley, 2006) indicates that there is wide variation in terms of the stated purpose and emphasis of such programmes, which vary with regards to the extent to which they aim to prepare individuals to undertake educational research and to enhance their educational practice.

In this paper we present an analysis of the factors that have influenced the successful design and implementation of a new M-level programme for medical and healthcare educators. The distinctiveness of this programme includes: explicit focus on educator skill development; emphasis on the development of educators as educational leaders and change agents; blended learning design combining study days and on-line elements to enable flexible approaches to learning and minimise the impact on service delivery; an explicit assessment for learning strategy, linked to the develop of masters level abilities in cognitive, behavioural and operational domains and the emphasis on developing a community of practice for our medical and healthcare educators (see Lave and Wenger, 2003)

Our analysis focuses on the macro, meso and micro levels of curriculum design. At the macro level we explore the influence of policy, demographic and contextual factors on shaped the learning, teaching and assessment methodologies as well as the curriculum content. At the meso level we explore the key curriculum threads: historical and contemporary perspectives on education and training; medical educator and leadership skill development and the development of a community of practice. At the micro level we explore the approaches to learning, teaching and assessment adopted with particular emphasis on innovation and impact.

This analysis draws upon a range of evidences to illustrate success; recruitment and retention data; student evaluations and feedback; external examiner reports and reflections from the programme team. This will be supported by data drawn from the students own reflective accounts, submitted as part of the assessment strategy, which illustrate the ways in which they have developed as educators and educational leaders.

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CARE – Building bridges, breaking barriers: the evolution of a multidisciplinary online journal

Nicola Andrew, Senior Lecturer; Evelyn McElhinney, Glasgow Caledonian University, UK

The purpose of this paper is to report on the background to and development of ‘CARE’, an online journal sponsored by Glasgow Caledonian University, School of Nursing, Midwifery and Community Health and HealthQWest, a Health based, inter-disciplinary multi-centred, research unit, based within the university.

The migration of nursing from colleges into the higher education (HE) sector in the late 1990s has presented challenges, in particular an emphasis on research and writing for publication, an endeavour not generally expected (or, in some cases encouraged) by the former colleges of nursing (Cooke and Green, 2000). At the time of the migration into higher education (HE) it was noted that the need to improve research capacity was one of the main issues facing nursing educators as they moved from a predominately teaching focussed environment to one that involved the development of a research profile (Traynor and Rafferty, 1998).

Nursing academics are inclined to spend less time engaged in research than academics from other disciplines. The reasons given for this range from the identified need to maintain a clinical presence and identity, to the demand of an extended curriculum and associated administrative duties (Traynor and Rafferty, 1998). There is also the issue of the motivation to publish. Jutel (2007) found that the most common reason given for not publishing was time closely followed by a lack of publishing know how and motivation to write.

The benefits of a supportive system of peer and editorial review are frequently cited in the literature (Lee and Boud, 2003). In 2007 a group of academics from the School of Nursing, Midwifery and Community Health at Glasgow Caledonian University formed a publication group aimed at educators who were motivated to write but for a variety reasons remained at the level of unpublished or novice authors. From this initial working group an online journal has emerged, providing a peer reviewed gateway, not only for novice writers from academia; but also postgraduate students and healthcare clinicians from nursing, midwifery and the allied health professions. The aim of the interdisciplinary approach of the journal is to foster relationships between professions and promote a publication ethos within these groups.

The first edition of CARE (September 2007) published papers from the disciplines of primary and secondary care nursing, podiatry, and physiotherapy. Many of these authors were ‘first time authors’. A second edition is planned for February/March 2008 and papers received have come from as far as Alabama, America. We would welcome the opportunity to showcase this initiative and discuss with colleagues their own experiences of writing for publication.

References
Second Group of Theme Sessions

Education in Clinical Practice
Do newly qualified adult nurses have the nursing skills required for the role?

Sue Bowers, Senior Lecturer / Award Leader Pre-registration Nursing; Karen Rose, formerly Staffordshire University, UK

Ensuring that nurses are competent to do the job when they qualify is clearly a matter of paramount importance, including their ability to undertake a variety of skills with confidence and competence. Nurse education is intended to provide training in practical skills coupled with knowledge of underlying theory, and changes in the delivery of nurse training in line with Department of Health requirements should facilitate this endeavour (DoH, 1999). Classroom-taught theory and practical sessions in the skills laboratory should enable students to learn more effectively when on clinical placement, and the introduction of clinical placement facilitators/co-ordinators should further assist this aim (Drennan, 2002; Kelly et al., 2002). However, concerns are still being raised about the presence of a theory-practice gap (Watkins, 2000; Spouse, 2001). To overcome this problem, it is clearly necessary to assess and evaluate qualifying nurses’ clinical competence accurately. This is in itself a complex task as the very notion of clinical competence and how it can be assessed is problematic (Watson et al., 2002; Dolan, 2003).

Nurses have often found the transition from student to qualified nurse status stressful (Bick, 2000), and some find adapting to their new role problematic, with some newly qualified nurses doubting their clinical competence (McKenna et al., 2003; Amos, 2001). Nurse training therefore needs to be comprehensive enough to allow newly qualified nurses to become competent and confident practitioners, equipping them with the essential skills required for professional practice.

It is clear that whilst there is a need to address what happens in the classroom, the skills laboratory and on clinical placements, a further factor is the role of mentors and preceptors. A study by Lloyd Jones et al. (2001) highlights the potential disadvantage to students who do not have access to named mentors, while work by Ohrling and Hallberg (2001) stresses the positive benefit of mentorship and preceptorship on students’ learning in clinical settings. Mentorship is an ongoing need (Northcott, 2000), and the period following qualification also needs to be recognised as a time when preceptorship is of great importance (Ross and Clifford, 2002) in order to ensure that newly qualified nurses continue to learn and grow in a supportive environment.

In order to explore the skills issue, a service evaluation study was conducted with adult nurse mentors from two local trusts, reviewing the skills that newly qualified adult branch nurses should possess, and comparing these to those skills that they do possess. A total of 300 mentors were invited to participate in a questionnaire survey, with a response rate of 28% (n=85) returning their completed questionnaire. The results from analysis of the data indicated that there were a range of skills that mentors felt that newly qualified adult nurses should be able to perform, and newly qualified nurses were performing some of these skills well. However, some nurses were not always able to perform some key skills on a consistent basis, and quite worryingly, around a quarter of the respondents indicated that newly qualified adult nurses could not always recognise an emergency situation such as anaphylaxis. Skills of nurses often depend upon the clinical experiences that they undertake during their training, and the situations that they encounter, however a qualified nurse will be accountable for her actions and needs a broad and comprehensive knowledge base on which to base his or her practice.

The recommendations of this study will help in continuing curriculum development for pre-registration nurse training, and will help to support developments within curriculum and course documentation. It is anticipated that the study will have a significant effect upon the link between theory and practice within our educational establishment and the clinical areas.

References


(T69)

**You only know what you know, when someone (or something) asks you a question! the practical curriculum**

**John Carmichael, Lecturer Practitioner / Author, Carmichael’s Ltd, East Kilbride; Iain Rennie, Clinical Educator, NHS Tayside, Dundee, UK**

‘The elements and stages of incremental competence and how they are best assessed’ was originally explicated as a curriculum development and programme design model. It contains 8 continua...

1. Doing and being
2. Journey and destination
3. Volume and complexity
4. Accumulation and delegation
5. Conscious and unconscious
6. Description and interpretation
7. Measurement and judgement
8. Reflection and learning

…which, when appropriately assembled provide an objective, concise clinical assessment matrix. The ‘coming together’ of these elements is dictated by context and frequency; therefore a practice curriculum (journey) can be quickly designed and constructed by identifying what happens ‘Once…a patient, a day, a week, a month, a year and a blue moon’…and the product is prepared for practice (destination).

The challenge, as always, in healthcare is to identify components without losing the sense of ‘the whole’. Incremental Competence utilises a ‘patient is mine’ approach’, because...

Category 1. He/she needs… Procedure(s)
Category 2. He/she has… Symptom(s)
Category 3. He/she is going through… Process
Category 4. He/she is… Condition
Category 5. He/she feels… Response(s)

…reflecting the reality of how ‘care’ is organised (Wilson and McCormack, 2006). The model advocates a ‘needs-led’ approach which matures into an anticipatory and preventative one as knowledge deepens and evidence is gathered as a natural consequence of interactions with a variety and diversity in the five categories. In essence the recipients of our care are advising and informing the practical curriculum by providing us with the questions, we as individuals and services have to answer. Importantly the ‘exceptions to our rules’ contribute enormously to our evidence by providing breadth.

There is always a routine within randomness and randomness within routine and our ‘case-base’ provides us with likely patterns rather than prescriptions of care; what is routine, in terms of frequency and normal in terms of statistics and values in one context is anything but in another. Therefore a depth becomes apparent and an expectation and journey-time emerge.

The incremental model suggests competence is the journey, not the destination and incorporates the ‘cardinal categories of reality’, doing-having-being. The journey must be staged by identifying what we expect learners to do (skills and tasks) and what we expect learners to be (responsible and autonomous); therefore, prioritising procedural competence is critical; doing the fundamental form of learning precedes and leads to being (Lesgold,
2001). Importantly not knowing why something gets done should never be a barrier to getting it done (it should however be a motivation); not knowing how, always is (Schank, 1995). The third category, what we expect learners to have (values and knowledge) is subsumed into the other two to emphasise its transience and amplify the importance of the having had... a volume and variety of exposures and experiences which have been appropriately and meaningfully interpreted and assessed. The theory suggests for learning to occur, variation must be experienced by the learner. Without variation, no discernment, and without discernment, no learning (Marton and Trigwell, 2000).

In a positive and productive culture, learning must be recognised and accredited through meaningful interpretation of unpredictable exposures, not just compulsory ones, which stimulate and substantiate alteration. Learning is characterised by variety and diversity of experience available as a past, which we can access to inform our present and project and predict our future. Incremental sustained learning occurs through cyclical hypothesis, enquiry and reflection; processes we need to practice to improve not only how we learn but perhaps more importantly, how we help others to learn.

Models are intended to convert the complex into the comprehensible, they are simulations and therefore should, as a minimum, have something that is applicable to reality; incremental Competence is no different, and provides where possible, accessible examples which contribute to an engagement with or understanding in the reader.

References

(T70)

The influence of the hidden curriculum on mentoring in healthcare settings
Gina Finnerty, Midwifery Lecturer and Research Fellow, University of Surrey, Guildford, UK

Aim
The aim is to encourage debate centered on influences of the hidden curriculum on the practicum for healthcare students on placement. It is intended that the session will complement a symposium which examines how the hidden curriculum is perceived by nursing, midwifery and mental health lecturers in one university in England. The focus is on mentorship because it forms the cornerstone of practice (Spouse, 2001) and, with new standards for mentors and teachers in place (NMC, 2006), the authors assert that much of the role remains invisible and open to individual interpretation and possible ‘engineering’ (Gray and Smith, 2000).

Margolis (2001) suggests that mentoring is often seen as a panacea and drawbacks to mentoring systems are frequently overlooked. He asserts that mentors are primarily ‘agents of socialisation’ (p79) and are expected to help maintain the hierarchy and status quo of the institution. Mentoring therefore forms a significant element of the hidden curriculum. Margolis (2001) adds that if the mentee wants to successfully move from novice to professional, they must accept the ‘tastes, and attributes, jargon, attitudes and institutional practices, as well as embracing certain ideologies’ (p 35). This will often mean the mentee must align with the values and dominant ethic of the institution, so potentially compromising the learning.

Problems which may arise from the mentoring process in any organisation are:
- ‘cultural conditioning’ of the students to the profession (Magill-Cuerden, 2004)
- ‘moulding’ of novices by ‘old-timers’ and coercion (Fuller and Unwin, 2004)
- the passing on of ‘rule-bound, ritualistic practices’ (Field, 2004) and
- covert and overt control mechanisms (Cahill, 1996).

Unless openly debated so that necessary changes can be suggested and implemented, the poor practice highlighted above has potential to prevent high quality teaching and learning occurring in practice.

The purpose is to stimulate lively discussion and debate to tease apart layers of the hidden curriculum which impact on mentoring. Video clips will be used as triggers to promote meaningful discourse in this area.

References
Creating a learning and mentoring culture in nursing at a hospital level

Kristin Thorarinsdottir, Assistant Professor, University of Akureyri and Project Manager, The Hospital in Akureyri; Sigridur Sia Jonsdottir, Director of Nursing Education, The Hospital in Akureyri, Iceland

The Hospital in Akureyri is a 185 bed hospital with thirteen in-patient units. The hospital is the main teaching hospital in clinical practice for nursing students at the University of Akureyri. Each year around 100 nursing students participate in clinical courses at the hospital.

During 2003-2006 faculty of health science at the University in Akureyri participated in a Leonardo da Vinci project. The purpose of the project was to develop a common European model for clinical mentorship in nursing in which the Hospital in Akureyri collaborated (Fulton et al., 2007). Among the results of the project was the development of a master’s level course in clinical mentorship. The course which was offered at the University of Akureyri during the school year 2006 -2007 had an organisational cultural focus and nurses from the Hospital in Akureyri participated among other nurses.

Organisational culture is a central element in all institutions and practices (Schein, 2004; Zachary, 2005) including clinical nursing practice; it influences how practitioners think, what they say and what they do. Culture also has explanatory value, and explains why things are done in particular way in organisation, and why rituals, stories, language and customs are shared. Furthermore culture also sets boundaries and provides stability.

Culture is rooted in behaviour which is based on shared values, assumptions, practices and processes, which all live within a learning and mentoring culture (Zachary, 2005).

In clinical practice nursing students connect theories and practice, which is one of the fundamental issues in nursing education.

Furthermore graduated nurses are faced with more continuous educational and professional challenges than ever. The main reasons for these challenges are the changes in medical technology and increased requirement of the use of evidenced based practice as well as sociological changes.

Thus it can be argued that it is of utmost importance for health care organisation of hospitals that a culture of learning as well as a culture of mentoring is fostered within the hospital environment.

In this master’s course of clinical mentorship, cultural analysis of the learning environment was developed as a final project. In this project the students who were clinical nurses mentoring nursing students, analysed the culture of their own practice as well as the learning environment with regard to Edgar Schein’s model of cultural analysis. In this model Schein analysed culture at three levels; level of artefacts, level of exposed values and level of basic assumptions.

The student’s projects clearly showed that Schein’s methods of cultural analysis are a promising method for cultural analysis of nursing practice on which improvement can be built upon.

In the beginning of the year 2008 Schein’s model was adapted to furthermore guide other clinical nurses at the Hospital in Akureyri to analyse the learning environment on their wards. This was done in focus groups. In addition the nurses were encouraged to plan action for improvements based on their analysis. The aim of this action research oriented approach according to Koch and Kralik (2006) was to create a culture of learning mentorship within the institution.

At the first meeting nurses in the focus groups analysed and reflected on the learning and mentoring culture in their wards at the hospital. In this cultural analysis strength and weaknesses were identified. Along with Schein’s model of the cultural analysis the participant used practical exercises as described in the book of Lois Zachary’s
(2005). Creating an organisation culture. These exercises proved to be a useful tool both in analysing the culture as well as planning action for improvement.

Further action cycles in focus groups have been planned after a few months since these first results were as promising as expected.

References


(T27)

A national approach to mentor preparation for nurses and midwives

Denise Gray, Project Leader, NHS Education for Scotland, Glasgow; Jim Foulis, Practice Education Co-ordinator NHS Education for Scotland, Dundee, UK

In October 2007, NHS Education for Scotland in conjunction with Scottish Government Health Directorates, launched a national approach to mentor preparation for nurses and midwives. This provides guidance for the implementation of a core curriculum framework for the preparation of mentors in Scotland and meets the requirements of the Nursing and Midwifery Council (NMC) Standards to support learning and assessment in practice (2006).

The launch was the culmination of over a year's work which began with a stakeholder consultation event in June 2006. This emphasised a desire from stakeholders to strengthen mentorship preparation in a way that would facilitate transferability across institutions. The consultation also demonstrated a need to refocus current mentor preparation on the principles supporting learning rather than on the content of pre-registration programmes.

The consultation also coincided with the publication of the NMC standards which specified a mandatory requirement for nursing and midwifery practitioners who support and assess students undertaking NMC approved programmes.

The development and production of the framework was a collaborative effort and was achieved through the establishment of a Working Group consisting of stakeholders from HEIs, NHS Boards, NES, Scottish College Sector, Independent Sector and the Open University. The group met on eight occasions between November 2006 and April 2007. Through discussion, debate and with reference to the evidence base, agreement was reached on a set of underpinning beliefs about mentorship and the core curriculum framework. This included the steps involved in the learning process which guide and support learners towards achievement. Consensus was reached on specific requirements which would be delivered on a national basis and also flexible elements to meet local needs. Three smaller groups were formed which identified learning outcomes and outline content for the core units; teaching, professional relationships and accountability and assessment. A fourth group produced a suggested template of responsibilities to support stakeholders in the implementation and maintenance of the framework and the NMC mentor standard.

Guidance was provided for the development of a national portfolio of evidence to demonstrate achievement of the NMC outcomes. It was recognised that student mentors may not be exposed to the range of situations in practice which will enable them to generate evidence of achievement of all the NMC outcomes. A range of scenarios which relate to the framework learning outcomes were developed as a resource to facilitate this process.

Formal evaluation of the framework has begun and is being addressed in two phases. Phase one will establish a base line of current practice in the delivery of mentor preparation programmes and scope the implementation of the curriculum framework by education providers and their service partners across NHS Scotland. Phase 2 will build on the findings of the first phase and be commissioned in autumn 2008, reporting in spring 2009.

El Ansari et al. (2001) suggest there is a place for different types of evidence from studies into collaborative working that use eclectic designs to reveal both the outcome as well as the nature of collaborative processes. A recently completed qualitative research study as part of a masters dissertation examined the experiences of the collaborative process amongst working group members in developing the framework and should enhance the overall evaluation.
The findings indicated that the process of partnership working was not an easy one, that knowledge and skills are required for working collaboratively and that legitimate authority is essential in representing the employing organisation effectively on a partnership group of this nature.

Despite the challenges, working group members described the experience as a valuable and positive one. Working group members shared a sense of pride and satisfaction in the end product and outcomes of the working group.

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Nursing and Midwifery Council (2006) Standards to Support Learning and Assessment in Practice. London: NMC.
Second Group of Theme Sessions

Flexible Learning
Camp nursing: an experience in learning about the management of chronic health problems in children

Barbara Kiernan, Associate Professor, Organization: Medical College of Georgia School of Nursing, Augusta, USA

Most US baccalaureate programs in nursing offer students the opportunity to take additional course work in the form of elective subjects in health related areas of interest. One offering which students have enjoyed has been Camp Nursing. The course offers an experience in the application of theoretical knowledge regarding chronic illness concepts in a non-traditional setting (Meltzer and Johnson, 2004; Trotten and Fonnesbeck, 2002).

Students learn the basics of camp nursing while volunteering as cabin counsellors at a residential camping facility that caters to the needs of children with chronic health problems. The course builds on students’ prior learning and clinical experiences.

Camp Nursing is primarily a web-based course with two face-to-face class meetings. It is offered over the 12-week summer semester before the senior year. The students who participate come from the main campus as well as a satellite campus 90 miles away. The first class introduces the student to the highlights of the specific camp setting. Camp sessions are held for 6 days each with each session devoted to the care of children with a particular chronic health problem. Students have a choice in camp selection depending upon their interests and time availability. Partnerships have been established with camps for children with haemophilia, cancer, diabetes, asthma, and HIV disease. The camp setting was designed to accommodate children with disabilities including access to the swimming pool. All camps have their own specialist physicians and nurses in attendance.

All nursing students have the experience of working as cabin counsellors living with a select group of children for the 6-day session. During this time, they gain an appreciation of what it is like to live with a chronic health problem and to apply the concepts of the chronic illness framework (Goodwin and Staples, 2005; Strauss et al., 1984) to the management of specific diseases. The framework includes the prevention of medical crises, the control of symptoms, the carrying out of prescribed regimens, social isolation, disease trajectory, normalizing, and funding. During the actual camp session, students are asked to keep a journal reflecting on their experiences and to focus on their relations with one particular camper. They then analyze their interactions using the chronic illness framework. The journal is evaluated according to established criteria.

During the web-based portion, content is delivered about the principles and practices of camp nursing. Students are required to post about the common health and safety issues encountered in camp settings such as first aid, communicable disease control, and common injuries and illnesses. They are encouraged to participate in a national list serve devoted to camp nursing that seeks inquiries, gathers opinions, and shares positive and negative outcomes. In addition, each student is required to find specific clinical or research articles related to either camp health or the specific chronic health problem. A summary of the article including nursing applications is posted for their colleagues and faculty to review. At the end of the course, an extensive bibliography list is provided for all students.

The last of the course requirements is a group poster project focusing on some aspect of the experience. Poster Day is held at the last session and open to all students and faculty to visit. For example, students have presented posters on adherence, dehydration in camp settings, self-infusion techniques in haemophilia, coping with cancer, and normalization. Thus, expertise is gained in the oral presentation of their research.

Overall reaction to the course has been most positive. Students have cited their camp experience with the children being the highlight of the session. In addition, the opportunities for critical thinking while in the role of counsellor and in the application of theory to practice were abundant.

References

Other Resources


(T74)

Flexible learning: a moveable feast?

Sinéad Mehigan, Head of Department of Acute and Adult Nursing; Venetia Brown, Director of Programmes, Post-registration Nursing, Primary and Child Health, Middlesex University, London; Lisa Smith, Assistant Director, Education and Development, The Whittington Hospital NHS Trust, London, UK

This presentation considers the impact of recent partnership working, which has resulted in the use of a more flexible and innovative approach to developing staff skills within an acute hospital trust.

Background

It is recognised that the nature of healthcare delivery is continually changing and evolving, and that this has a potential impact on the skills required of those working within the service. With a continual need to meet changing patient needs and expectations, it is necessary for staff within the service to continually develop their roles and competence. For this to happen, structures need to be in place whereby staff can be provided with the necessary educational provision when and where they need it. Such provision needs to be flexible, and be provided in a timely fashion to any changes in overall service priorities and needs.

Current challenges

In terms of staff development, the Whittington NHS Trust has used a combination of in-house study and access to longer courses of study within partner HEIs as the main mechanism to develop staff. However, in-house study days can be accessed by staff on a piecemeal basis, and are not normally associated with the acquisition of academic credit. Although there has been scope to meet specific staff developmental needs through access to longer HEI programmes and modules, it is not always possible or financially viable to develop totally tailor-made programmes at extremely short notice.

There was recognition by both the trust and Middlesex University, that there was a need to provide a flexible and cost-effective framework which would enable both the trust and university to respond to change more rapidly, and be able to provide educational solutions to problems arising within the healthcare setting. There was also recognition by both partners, of the need to tap into and enhance the use of work-based learning opportunities for a wider group of healthcare workers than those more usually catered for within current provision – i.e. HEI provision being mainly nurse-focused.

Following discussion and work by a team of practitioners and academics, a more flexible framework has been produced. This has involved the clustering of in-house study days to form a number of different pathways, which reflect current developmental needs for a wide range of staff within the trust – for example, health and safety or infection control. These clusters form the moveable feast, in that they can be modified or changed, depending on current trust need. These pathways are linked with both the KSF and key national occupational standards (NOS).

Following completion of relevant pathways, staff are given the opportunity of gaining accreditation of learning activities within the pathway, through completion of a ‘Study Day Learning Review’ module at Middlesex University. This has been designed to help the student develop and submit a portfolio of evidence of how they have applied what they have learnt in their study-day cluster into practice.

It is anticipated that using this framework will help the trust build staff confidence in their study skills and competence in their working practice. It is anticipated that it will offer a broader range of staff a stepping stone into higher education. This may be beneficial to them in terms of the skills escalator and inspire them to go on and study more (which would be beneficial to both the trust and staff!). For those staff that choose to gain accreditation, it is hoped that even if they do not use this credit, they will benefit from increasing confidence in developing a portfolio of evidence to support their learning. Although it is anticipated that this learning can be applied in a number of different ways, and is essential to lifelong learning, what will need to be assessed, is the extent to which work-placed mentors will engage with the framework, and work with staff to assist with the application of the learning identified in the module to practice. From a trust perspective, this approach presents a real possibility of finding a way of ensuring that staff apply what they have learnt back in practice, and there is a real feeling that using this flexible approach to developing staff may be a more effective way to make this happen – particularly as there will be an emphasis on ensuring that any learning gained is not just left sitting with the learner. Staff within the trust feel that the assessment process on the Study Day Learning Review module is such that it will enhance the possibility of leading to direct improvements on patient care and the services that we provide. This will make hopefully have a further knock-on effect in making the trust seem more attractive to patients and also commissioners, as well as to potential employees. From another perspective, it has the potential to provide the trust with strong evidence for Investors in People, in the future.
Inside out/inside in: nurse digital storytelling

Susan Hagedorn, Associate Professor Emeritus, University of Colorado at Denver; Lena Sorensen, Associate Professor, New York University, USA

Digital storytelling is a participatory strategy that makes reflection concrete and visible. Reflection is an active process of witnessing and reflecting on one’s own experience in making meaning. ‘Every community has a memory of itself. Not a history, nor an archive, nor an authoritative record...a living memory, an awareness of a collective identity woven of a thousand stories’ (Center for Digital Storytelling). Nursing is often done one-on-one with patients, ‘behind screens,’ with little collective memory. It is the purpose of this presentation to demonstrate through the screening of several 3- to 5-minute nurse digital stories and subsequent discussion, the importance of digital storytelling as a medium of reflective practice in healthcare, nursing, and patient story.

Digital storytelling is the intersection between the age-old art of storytelling and technology. Stories have been used throughout history and by all cultures to pass on important knowledge. With the advent of affordable digital cameras, scanners, video software, DVDs, and the Internet, we can now tell, capture and disseminate our stories in new ways and to broader populations.

As patients increasingly must manage their own care and illness trajectories, we as providers must incorporate new ways to represent health information and clinical encounters that will be accessible to the diverse populations we serve. Technology now gives us the capability of using multimedia to enhance people’s access to this needed information so they can more actively collaborate in their own care. On the Internet we have seen the birth of citizen journalism, the rise of self-publishing, and the explosion of user-generated content sites. Ubiquitous low-cost production tools have intersected with the creation of user-friendly open-source blogging environments. People more than ever are telling their own stories. We as providers must learn how to harness these new tools and expand the ways that we engage with our patients and their loved ones to ensure quality health care.

‘Digital storytelling is the modern expression of the ancient art of storytelling. Digital stories derive their power by weaving images, music, narrative and voice together, thereby giving deep dimension and vivid colour to characters, situations, experiences, and insights’ (Leslie Rule, Center for Digital Storytelling). The process of digital storytelling is one of the practitioner becoming reflective, heuristically understanding the totality of her/his experience using a spoken narrative, personal pictures, sound, music, and archival materials. Developing voice in nurses, health providers, and patients is part of the process of developing critical thinking, reflective practice and better health outcomes

The presentation will include a description of reflective practice, digital storytelling, and, then, using recently-created nurse digital stories that are part of a one-year nurse digital storytelling pilot project, demonstrate how stories can enrich nursing, healthcare, and patient experiences. Congruent with the heuristic process, the nurse digital storyteller learns from the inside out by reflecting from outside in, returning the experience out through more informed and reflective practice.

E-learning: A concept analysis and development of an e-learning resource to enhance midwives’ ability to manage obstetric emergencies

Jayne Samples, Senior Lecturer in Midwifery, University of Huddersfield, UK

Obstetric emergencies, although relatively rare, continue to result in maternal and neonatal mortality and morbidity and substandard care continues to be cited as a causative factor within Confidential Enquiry Reports (Lewis, 2007). Managing emergencies effectively requires rapid, systematic decision-making, and although decisions may be made amidst chaos and uncertainty, managing these emergencies remains within the midwife’s scope of practice (Nursing and Midwifery Council, 2004). It is imperative that midwives are, and feel, fully prepared to deal with emergencies and effective participation may result from training, although there appears to be little evidence to pinpoint the most universally effective strategy (Black and Brocklehurst, 2003; Anderson et al., 2005). Information and communication technology use is becoming the normal and the potential of e-learning to enable flexible, innovative educational approaches to health care continues to be valued (WHO, 2001; Wright, 2006).

The aim of this project was to develop an electronic-learning resource that could enhance local midwives’ ability to manage obstetric emergencies. Specific objectives were to explore the concept of e-learning as an effective tool in developing knowledge and skills, identify the attributes of an e-learning resource that are most effective for the development of key knowledge and skills and to develop and critically evaluate design aspects of an e-learning resource.
Any changes in practice should be implemented only through a framework of analysis, such as the examination of meaning and development of theory through concept analysis. Various approaches have been proposed for concept analysis including Walker and Avant (1995, 2005), Rodgers (1989) and Chinn and Kramer (1991). Walker and Avant’s model is well recognised, offering a structured approach, and was selected to analyse the concept of e-learning to determine an operational definition, which could be used to develop plans for an e-learning resource for midwives in managing obstetric emergencies.

An electronic literature search using the term ‘e-learning’ was carried out via Metalib. To improve the validity of findings in terms of the project aim, databases searched were restricted to those relating to human and health sciences between the years 2002-2006. Adopting a systematic approach was essential in maximising the potential for a representative sample and managing large amounts of data. A range of recognised critical appraisal tools and review protocols were used to assess the quality and relevance of data. 104 articles were obtained in hard copy for detailed review, of which 44 were included in the final analysis.

Defining attributes are considered to be those, without which a concept would not exist, isolating the concept, making it clearly identifiable and enabling further development (Rodgers, 1994; Walker and Avant, 2005). The defining attributes of e-learning were identified as ‘flexible learning’, ‘computer assisted learning’, and ‘supported learning’. Three strong model cases were identified through the literature and practice which clearly demonstrated these defining attributes. Identification of concept antecedents and consequences help to clarify understanding (Rodgers, 1994; Walker and Avant, 2005), are essential in the development of an effective tool and provide the analysis with purpose. Antecedents and consequences were determined as motivation to learn, time, funding, accessibility, ICT skills, technology, variety of learning methods, communication, working together, facilitator skills, age and gender and effectiveness of learning. A lack of formal structure associated with e-learning appears to be highly significant in facilitating flexible study for busy, post-registered health professionals.

In particular, community midwives were the initial driving force for this project, since they may be practising alone with less opportunity for learning with and from others and may be less likely to have experienced actual emergencies due to the ‘low-risk’ setting of their work. An e-learning resource plan was developed, based on a close understanding of local midwives, current knowledge about managing obstetric emergencies and findings from the concept analysis, which was invaluable in terms of providing a structured insight into e-learning. The resource incorporates a range of interactive computer assisted learning strategies which have been designed to facilitate maximum flexibility, focussing on the importance of a learning, rather than teaching, philosophy, since this emerged as significant for e-learning.

This project may have limited generalisability due to specific sampling and consideration of the local context, however addressing specific, local needs was a key objective. The need for a collaborative effort in developing a resource such as this has been highlighted, and it is anticipated that, working closely with experts in e-learning and obstetric emergency training, this project will be developed further to provide an additional effective strategy for learning about managing obstetric emergencies within a supported and flexible framework.

References


An innovative way of teaching handwashing to student nurses

Jacqueline Bloomfield, Lecturer, Alison White, Professor of Community Nursing; Julia Roberts, Senior Lecturer and Head of Department of Specialist Care, King’s College London, UK

Practical nursing skills form the bedrock of nursing practice, however, the clinical competency of newly qualified nurses has raised questions about the adequacy of current methods of clinical skills education (Bjørk, 1999; Hilton and Pollard, 2005; Farrand et al., 2006). This has emphasised the need for innovative and flexible teaching and learning strategies for this important aspect of nurse education (Jeffries et al., 2002; Salyers, 2007).

Clinical skills have traditionally been taught to student nurses in the clinical skills laboratory using didactic lecture and demonstration methods or during practice placements experiences (Jeffries, 2000). However, such strategies do not ensure consistency or accommodate the diverse learning styles of students (Jeffries et al., 2002). Furthermore, the changing nature of the clinical environment characterised by the increasing severity of illness of hospitalised patients, a greater turnover of staff and, resource shortages now make effective teaching in practice often difficult to achieve. This limits opportunities for student nurses to achieve clinical skills competency while on placement (Oermann and Gaberson, 2006). Additionally, teacher-focused methods are generally resource and labour intensive and may be uneconomical (Jeffries et al., 2002). This issue has pertinence in light of the current pressure within nursing schools to devise ways in which programmes can be delivered to large cohorts of students with increased cost efficiency without compromising educational quality (Nixon et al., 1996; Kenny and Kendall, 2001).

Computer assisted learning (CAL) is being increasingly integrated into nurse education and is promoted as a flexible, innovative and cost-efficient alternative to traditional classroom teaching (Washer, 2001; Wharrard et al., 2001; Aly et al., 2004) however, robust evidence to support its use for clinical skills education is limited. This paper will report findings from a large study that compared CAL with conventional teaching methods for handwashing education in a sample of student nurses. The influence of individual variables and learning style on the effectiveness of CAL was also examined in the study and will be discussed.

The study was conducted at a large university in London and employed a randomised controlled trial using volunteer participants (n = 232) recruited from a first year nurse programme. Participants were randomly assigned to an intervention or a control group to learn the theory and practice of handwashing. The control group were taught using lecturer-led conventional methods which included a lecture, discussion and demonstration of the recommended handwashing procedure. Participants in the computer assisted learning group (CAL) use a purposefully developed, self-directed, multimedia, computerised package. Both methods covered the same content and had identical learning objectives.

Handwashing knowledge was assessed at four different time points throughout the study (Baseline, Time 1, Time 2 and Time 3) using multiple-choice knowledge tests. Knowledge scores improved with both teaching strategies and no significant differences (p > 0.05) were detected between the scores of the two groups at any time. Participant demonstration of the recommended six-step handwashing technique was assessed at Time 2 and Time 3 by an expert assessor using a handwashing skill performance checklist. Scores were higher for the intervention group with significant differences (p < 0.05) emerging at Time 3. This finding suggests that CAL had a positive effect on both skill acquisition and retention. Outcomes for both groups were independent of learning style although factors such as age, first language and educational background were found to be influential in the intervention group.

To ensure competent nurses at point of registration, it is within the best interests of nurse educators to embrace flexible, alternative means of teaching clinical skills. Computer assisted learning is one such strategy. The findings from this study support the use of CAL to teach handwashing and have advanced the understanding of how CAL may be used in nurse education. The findings have also highlighted how the effectiveness of CAL may be influenced by individual variables. This knowledge will assist nurse educators in their selection of effective and flexible teaching strategies and it provides evidence for the wider implementation of CAL in nurse education.
References

(T78)

Developing a strategic approach to on-line learning: an organisational perspective
Philip Keeley, Director of Innovation in Learning and Teaching; Andrew Hall, Director of On-line and Blended Education, The University of Manchester, UK

The purpose of this paper is to critically examine the strategic approach to the promotion of excellence in learning and teaching adopted within a school of nursing, midwifery and social work. The focus of the discussion will be the development of on-line learning.

The school set an ambitious target of 100% of course units supported online and 40% of course units delivered online (blended learning, distance learning, work based learning) by 2010. This is consistent with a university strategic vision and school learning and teaching strategy to encourage and reward educational innovation. Progress is monitored annually.

The decision to invest in an infrastructure to support innovation in learning is outlined. This includes appointment of academic leaders, establishment of a Development and Innovation in Education Committee (with cross school representation), investment in information and learning technology and employment of specialist education technology staff.

The Development and Innovation in Education Committee uses an allocated budget to facilitate capacity building and a change in academic culture. Funding is used to promote innovation in education. The process of selection is competitive, and projects are funded on their merits. Increasingly the committee have commissioned studies designed to address priorities within the school operational plan.

From a low base in 2001, 90 academic staff are now involved in supporting on-line learning; 40 colleagues are involved in on-line project development, 10 administrative staff are involved in on-line course unit management and Trust based clinical colleagues have been trained to support on-line students in practice.

Numerous projects have been funded, including support for students in community practice, statistics units, development of course units delivered wholly on-line or using a blended learning approach. All undergraduate and post-graduate programmes have been involved in developments.
Flagship projects include the development of a distributed learning MPhil/ PhD programme and an online mentorship course unit and annual update - these will be described in more detail.

The distributed learning MPhil/ PhD attracted innovation funding from the university. The rationale for designing the programme was to promote access to post-graduate research training for busy health care practitioners who do not have access to an academic research centre due to work or personal commitments. To date ten additional students have elected to study for their MPhil/ PhD by this route. The structure and delivery format will be outlined.

Delivery of the mentorship course unit was enhanced following receipt of funding from the Strategic Health Authority and developed in partnership with three other higher education institutions. Development of the inter-professional programme addressed a course unit that comprises 37% of continuing education provision. In 2007, 140 students (27% of students attending the mentorship course unit) opted for on-line delivery.

Provision of mentorship updates is necessary to ensure partner organisations have sufficient mentors to support students in practice. Delivery of the updates is repetitive and costly for both clinical and academic colleagues. More than 4,500 colleagues need an update annually and on-line provision efficiently delivers increased access, quality and consistency of learning.

Ingredients for success include: funding of clearly focussed and effectively managed projects developed by small, efficient teams. Establishment of effective partnerships, for example between academic and educational technologists, and engagement and involvement of students is viewed as crucial to successful implementation.

A critical review of progress will be offered, including challenges faced and future opportunities. A major challenge is to sustain developments beyond the project phase and ensure developments are implemented in mainstream practice. A new development is the establishment of change teams to facilitate the process within academic programmes.

Finally, a discussion will ensue about the impact of developments on the enhanced profile of learning and teaching within the School and the increase in related scholarly activity – including conference presentations, publications and external funding.
Second Group of Theme Sessions

Innovative Approaches to Assessment
Assessing the quality assurance of peer assessment

Marion Welsh, Senior Lecturer, Glasgow Caledonian University, UK

Preamble
As a generic concept, with a wide and expansive remit, assessment occupies a considerable and hallowed position within higher education, representing the culmination and proclamation of student learning. Consequently, assessment has acquired a contemporary understanding which is indicative of a multifunctional process (Quality Assurance Agency (QAA), 2006a) which in recent years has given greater visibility to its linkage with active student-centred learning and the development of graduate qualities which match employment expectations (Boud, 2007). The shift to embrace these elements has to some extent been shaped by academics, but ostensibly been driven by educational policy, resulting in a clarion call to enhance assessment to ensure it aligns with current aspirations (Boud and Falchikov, 2006; Gibbs, 2007).

Contributing to this drive to evolve assessment practice, has been the development, over the past two decades or more, of innovative forms of assessment which seek to enrich and deepen the student learning experience (Falchikov, 2005; Race, 2007). These have predominantly been articulated within the context of peer and self assessment and whilst these have been seen as valuable adjuncts, their implementation and status have presented challenges and generated pertinent debate across a wide spectrum of issues.

This paper aims to consider the former, and its consideration in the context of the quality assurance mechanisms for nurse education programmes.

Peer assessment
At a national and international level, peer assessment has attracted notable attention within higher education, generating empirical study and authoritative comment which seeks to demonstrate its beneficence (Topping, 1998; Lapham and Webster, 1999; Sivan, 2001; Race, 2003; Rust, Price and O’Donovan, 2003; Falchikov, 2005; Cassidy, 2006; Sambell, McDowell and Sambell, 2007). This beneficence, based on the aforesaid volumes of empirical study, remains largely undisputed within the literature, and is depicted within the underpinning philosophy as having the unrivalled capacity to sustain the development of higher order cognitive skills, motivation, autonomy, confidence, reflection, communication skills, development of astute self-appraisal skills and deeper development of base knowledge within subject areas (Magin and Helmore, 2001; Freeman and Lewis, 2002).

Despite the strong evidence being proffered that, in assessing the work of peers, students can develop enhanced learning skills and earnestly desired graduate characteristics, peer assessment, like other forms of innovative assessment, similarly appears to occupy a less prominent position in direct comparison with traditional assessment approaches (Murphy, 2007). Consequently, peer assessment appears to have limited application within educational practice, and has predominantly remained within the ubiquity of group-based work (Falchikov, 1998). The literature would suggest, that whilst this stagnation may be contributed to by a raft of inherent management and resource challenges (Brown and Knight, 1998), the obstacles which prevent its more widespread acceptance are the associated quality assurance issues (Race, 2001; Bushell, 2007) which have spawned debate and dissent within the educational literature.

The level of dissent has been conspicuous in relation to scrutinising two particular facets of peer assessment, these being associated with the ‘process’ and the ‘product’ outcomes. These concepts, although intertwined within the construct of learning (Gronlund, 2005), are clearly distinguishable within the context of peer assessment and within the majority of the literature perused, appearing mutually exclusive of each other, despite the fact that both are inherent within the majority of definitions, as offered by Topping (1998, p. 250) as ‘an arrangement in which individuals consider the amount, level, value, worth, quality or success of the produces or outcomes of learning of peers of a similar status’.

Within the context of peer assessment, the ‘process’ is firmly entrenched in enhancing student learning within a supportive, collaborative and developmental culture. This aligns with the comments offered by Tosey (1999) and Elwood and Klenowski (2001), as they depict the creation and emancipation of ‘peer learning’ and ‘shared learning’ communities which, having correlation with the works of Vygotsky (1978), Bandura (1977) and Lave and Wenger (1991), argue for innovation in assessment approaches which evolve in a collaborative social context.

The ‘product’ outcomes of peer assessment are firmly located within the quality assurance mechanisms (McIveen, Greenan and Humphries, 1997). Whilst this appears a curt and simple explication, it masks a Pandora’s Box of intricacies and convolutions which have had a profound impact upon the acceptance of this mode of assessment within higher education.

Consequently, a palpable degree of literary dissonance exists regarding the process and product outcomes of peer assessment and questions whether these concepts can harmoniously co-exist or to what extent a balance can be achieved in order to promote and or sustain its viability as an assessment method.
References


Development project of improving quality assurance of graduating nurse student's medication knowledge and skills

Virpi Sulosaari, Lecturer, Turku University of Applied Sciences, Finland

Outline of problem
Medication is a health care activity that is carried out by health care professionals such as registered nurses, midwives and radiographers. This activity is therefore under their responsibility. Medication has been found to be a high-risk treatment and numerous mistakes have been detected in Finland and other countries. According to several studies Finnish nursing student's medication knowledge and skills are insufficient (for example Murtola 1999; Veräjänkorva, 2003; Grandell-Niemi, 2005). Unfortunately there is not similar evidence for example graduating radiographer’s medication knowledge and skills although radiographers work includes also medication administration. It is crucial nowadays in health care education to ascertain that graduating nurse student’s and radiographers have the needed knowledge and skills to practice safely in health care.

Key measures for improvement
By improving graduating nurse student's medication knowledge and skills and by developing interventions to ascertain their knowledge and skills, it is possible to affect directly to patient safety. Improvement in patient safety can be achieved by developing an intervention to ascertain graduating nurse student's medication knowledge and skills. Development is also needed in nursing and radiographer’s education. The medication education has to be made visible and the national consensus what are the basic knowledge and skills in medication in nursing education has to be achieved.

Developed intervention
The preliminary model of intervention to ascertain graduating nurse student's medication knowledge and skills, 'Medication - passport', was developed in Turku University of Applied Sciences during semester 2005-2006. The preliminary model is based on earlier research and national guidelines in safe pharmacotherapy. Medication-passport is nurse student's personal document, which contains his or her theoretic studies (pharmacology, clinical pharmacology, medication calculation tests) and skills she has practised during clinical practice periods (different tasks in medication administration and medication calculation). Nurse mentor in clinical practise placements will accept by signing nurse student's performance.

Strategy for further developing
In January 2007 the Development Project for Improving Graduating Nurse Student's Medication Knowledge and Skills was established. The project group is multiprofessional and it includes experts and representatives from different healthcare organisations. The developed preliminary model, 'Medication - passport', was given to those nurse students (n= 97) who began their studies in autumn 2006 and spring / autumn 2007 (n=180) in Turku University of Applied Sciences. This nurse student group will give possibility to gather data about the usefulness and effectiveness of this preliminary model.

Next steps
The next steps are to describe nurse student's learning process in medication and to develop a model of a medication education and learning in nursing education. We also need to explore what is needed knowledge and skills in medication in radiographers work to develop their education and modify medication passport also for them. And we cannot forget one group of professionals who also have tasks with medication, dental hygienist. That is a new group for us in year 2008. We will test those graduating nurse student's medication knowledge and skills which don’t have 'medication passport' when they graduate spring 2008 and autumn 2008. This gives us possibility to compare their knowledge and skills to students who had 'medication passport'.

It is reasonable to develop web-based 'medication-passport' to achieve more usefulness in the national wide level. Research is naturally needed to test the effectiveness of the developed intervention to support the nurse student's learning in medication. By making visible the needed medication knowledge and skills it will help the nurse student's to achieve the needed and expected knowledge and skills in this area to practice safely in health care. For that reason it is also necessary to develop effective instrument to evaluate graduating nurse student's medication knowledge and skills. It is also important to gather information about student's and their nurse mentor's experiences of the developed intervention, 'medication-passport', during nurse student's clinical practice.

References


Managing the practicalities of implementing peer assessment

Charmagne Barnes, Principal Lecturer; Kate Brown, Principal Lecturer, Middlesex University, London, UK

This paper will present for discussion the use of peer assessment as an important and exciting form of learning and will address the issues involved in managing the practicalities of implementing this type of assessment. The use of peer assessment within undergraduate nursing programmes is not a new concept. Its benefits to the individual and to their professional practice are well documented especially as it involves students in making judgements and being able to justify their ideas (Brew, 1999). Other transferable skills acquired through this process include reflective skills, listening, team working and self-assessment (Somervell, 1993). It has also been argued that peer and self assessment play an important role in the everyday life of health professionals and should be developed early in their careers (Heylings and Stefani, 1997). In a study of medical students (Paquet and Des Marchais, 1998) the participants agreed that peer assessment would be valuable to them later in their careers. However the implementation of this type of assessment presents many challenges for students and for staff and this may be one of the reasons why this innovative and creative type of assessment is not more widely used. This paper will address the challenges of implementation as experienced when using this form of assessment as a summative assessment within the Diploma (Advanced) Nursing –Child Branch programme, at Middlesex University, London.

The use of peer assessment in a summative context has been open to debate (Boud, 1995), however, given that the module related to this assessment was titled ‘Building Confidence in child health practice’, the authors rationalised that this type of assessment lent itself to preparation of students for professional practice, where peer and self assessment is an integral part of their role. The assessment took the form of a group presentation and the development of presentation skills; teaching and teamwork skills all contributed to the professional outcomes of the module and strengthened the rationale for choosing this assessment strategy. Falchikov (1986, 1995) and Stefani (1994) had also highlighted that peer and self-assessment procedures were associated with students self reports that the assessment procedures made them ‘think more’ and ‘learn more’ which were viewed as very desirable outcomes in students preparing for their final year placements.

Dann 2001 argued that research into peer assessments should progress from restating the benefits of the method and focus on the practicalities of its introduction and that issues of quality assurance and ethical issues should be adequately addressed. This paper will explore the strategies we adopted to address those issues. To date the literature regarding the accuracy of peer assessments has offered a range of opinions (Heywood, 2000). The role of the lecturer within peer assessment is not well described in the literature and the degree of time and effort involved in ensuring efficiency and effectiveness is not always acknowledged (Welsh, 2006). This presentation will therefore address the challenges in terms of preparation for the module, bringing the students on board with this assessment and execution of the process itself. Student preparation for the process of assessment and how to present feedback in a constructive manner will be explored. The preparation timeline and the management of the assessment event itself will examined in order to illustrate the quality mechanisms and processes for managing lecturer and student anxiety which can potentially be generated by using an ‘out of the ordinary assessment’.

Innovative methods of assessment should be adopted in full knowledge of the potential pitfalls and obstacles.

References


(T82)

Patchwork text assessment in pre-registration nurse education

Janet Barker, Associate Professor, Steve Eastburn, Lecturer, University of Nottingham, UK

The widening access agenda and the diversity of students entering higher education poses a challenge for teachers, requiring them to consider how best to facilitate and assess the development of appropriate knowledge and cognitive skills in such a heterogeneous students body. Nowhere is this more apparent than in nurse education. Patchwork text assessment is forwarded as an approach that may provide an answer to needs of both educationalists and students.

Patchwork text assessment consists number of short pieces (patches) written over a time period with a final reflective piece which ‘sews’ them all together, providing a synthesis of learning (Winter, 2003). Each patch is a complete piece of work in its own right reflecting specific module outcomes. At the same time the patches form part of an over-arching assessment. The patches are to be completed at regular intervals throughout a course/module, often requiring students to write about a variety of things in a range of formats. In small groups, facilitated by lecturers, students share their writing and receive formative feedback from their peers and teaching staff. Students are encouraged to reflect on the feedback and make adjustments to the patch as appropriate.

Winter (2006) proposes patchwork text assessment as a response to difficulties inherent in traditional forms of assessment. He suggests that assessment forms such as essays limits the range of skills that can be considered and do not encourages students to actively engage with the learning process. Examinations are seen as promoting knowledge reproduction rather that critical analysis. Both are proposed as promoting surface learning where students develop mechanisms which allow them to complete the task in quickest way possible, often resorting to rote learning rather than engaging with learning materials in a meaningful way. Patchwork text is viewed as facilitating deep learning. As a gradual model of learning, it provides opportunities for students to demonstrate learning and develop this over time. It also gives students opportunities to write in a number of ways, with writing being used to promote learning rather just as a demonstration of knowledge to assessors. It is also seen as allowing students to show their ‘working out’ not just their answer. Smith and Winter (2003) also suggest that this approach is a more inclusive approach, enabling ‘weaker students’ to engage with materials which encourage the development of cognitive skills without alienating them.

This paper outlines the use of patchwork text assessment in one module within the Undergraduate Pre-registration Diploma/BSc (Hons) in Nursing course at the School of Nursing, University of Nottingham. The module, which runs throughout year one of the course, is titled Foundations of evidence-based practice which aims to develop students’ understanding of the principles of evidence-based practice and ability to produce a portfolio evidence to underpin clinical practice. The module consists of a series of lead lectures, group activities and tutorials. Students are set five individual pieces of work (patches) for specific dates spread throughout the module which are presented in small, teacher facilitated groups. Students receive peer feedback on each patch and are able to edit their work as appropriate. All patches are handed in at the end of the module together with a final piece in which they reflect on their learning during the module.

Three cohorts of students have now completed this module providing feedback in the form of module evaluations. This has enabled the identification of problems/issues to be addressed and strengths to be built on. As with any new initiative, problems arise and adjustments have to be made, these will be explored and future plans discussed. However, overall the evaluation has proved positive and the use of the approach is proposed as appropriate for the undergraduate pre-registration nurse education context.

References


(T83)

Learning of patient education: an empirical study

Heli Virtanen, Assistant Researcher; Sanna Salanterä, Professor; Helena Leino-Kilpi, Professor, University of Turku, Turku, Finland

Theoretical background

This abstract focuses on a pre-experimental study designed to evaluate the learning of patient education of the nursing students at the University of Applied Sciences in Finland. The purpose of this paper is to provide a
theoretical background on evaluation of the learning and to present shortly study implementation. The main question of the study is: what kind of learning do nursing students demonstrate as analysed on the basis of students’ concept maps?

One area of the graduating nursing students’ professional qualification is patient education. It contains among others the identification of the patient’s learning needs, mastery of patient education interventions and evaluation of these interventions. (Directive, 2005/36.) In this study the patient education is examined from the point of view of patient’s empowerment. It is important to nursing students to master both the content of the empowering patient education (Leino-Kilpi et al., 1999) and the empowering discussion technique (van Ryn and Heaney, 1997; Virtanen et al., 2006) for performing empowering patient education.

There are only few studies concerning the graduating nursing students’ qualification of the patient education. Mainly in earlier studies (Leino-Kilpi et al., 2001; Räisänen, 2002; Salmela, 2004) this qualification has been studied at a general level. The nursing students have had moderate patient education skills, but the studies have been descriptive surveys and the perspective of the learning has not come forth.

In this study the learning of the patient education is examined from the constructive perspective. According to this perspective, the learning of patient education is conceived as a result of knowledge construction. The learning is seen as an active cognitive building of the knowledge based on earlier knowledge and experiences. There are three important factors: in learning: learning strategies, self-regulation and study orientation. The learning strategies contain the students’ ideas of the learning and the knowledge (Vermunt and van Rijswijk, 1988; Lonka and Lindblom-Ylänne, 1996). The control of the learning can be directed from outside in which case the learning takes place according to the instructions given by the teacher. In the case, that the students regulate themselves their learning, they participate in the planning, performing and evaluation of the learning actively. (Vermunt, 1996.) The student can be performance-oriented, task-oriented, avoiders and socially-oriented. The task-oriented and performance-oriented students have seemed the learning as a challenge and they have coped well in current education system, but the avoiders have given up easily in demanding learning situation. (Mäkinen and Oliknuora, 2004.)

**Study implementation**

The study design is a one-group pre-test post-test design (Cook and Campbell, 1979). The sample consist of nationwide final-stage nursing students (n = 101) at six University of Applied sciences in Finland. The nursing students studied by using the virtual patient learning program via Internet. Data has been collected in two phases, i.e. before and after learning with a computer-based virtual patient program in autumn term during four months period 2007. Learning strategies were measured with Finnish version of Inventory of Learning Styles (Lonka and Lindblom-Ylänne, 1996). Students regulation of learning was measured 14 statements adopted (Lonka and Lindblom-Ylänne, 1996) from the measurement Inventory of Learning Styles (Vermunt and van Rijswijk, 1988). The three subscales were: self-regulation (5 statements), external regulation (5 statements) and difficulties in regulation (4 statements). One subscale of Inventory of General Study Orientations, (IGSO, Mäkinen and Oliknuora, 2004) was used in measure of study orientation.

The learning of the patient education will be evaluated by using the concept maps. The concept maps will be analysed using Bigg’s (1998) SOLO taxonomy (structure of the observed learning outcome). Data analysis is ongoing and preliminary results can be presented in summer 2008.

**References**


Non-medical prescribing in Scotland: the collaborative works of the Scottish universities crossing professional boundaries in curriculum design

Heather McAskill, Lecturer, The Robert Gordon University, Aberdeen, UK

Abstract
The aim of this paper is to outline the work of the Scottish National Non Medical Prescribing Network during a project from 2006 to 2007.

Background
This project was undertaken within a period of change when all the higher education institutions (HEIs) in Scotland were preparing for the re-approval of their nurse prescribing programmes. The project had to take into account the needs of all the individual HEIs within Scotland and it was therefore important that the project adopted a collaborative approach with the key stakeholders involved in existing prescribing programmes in the HEIs across Scotland. Consequently the National Non-Medical Prescribing Network acted as the steering group for the project.

The National Non Medical Prescribing Network in Scotland was established in 2002. It originally consisted only of extended nurse prescribing course leaders from all the HEIs in Scotland. The network worked collaboratively to review the educational issues of implementing extended nurse prescribing. This group has continued to meet regularly and its membership has grown to involve educationalists involved in the delivery of both the V100 and V300 programmes. The group has continued to support one another in the developments in non medical prescribing and it has a national profile in its work with NHS Education for Scotland (NES) and the NMC.

In June 2006 NES supported a two day event to establish a commitment for the National Nurse Prescribing Network to work collaboratively with NES to develop a bank of assessment strategies which would be shared by all members of the network and be in line with the NMC standards of proficiency for nurse and midwife prescribers (NMC, 2006). This two day event also considered the preliminary findings from the research study ‘an evaluation of the extension of independent nurse prescribing in Scotland’ (Boreham and Doyle, 2006) and discussed how allied health professionals could be integrated into existing programmes that were scheduled for re-approval in 2007. This event concluded with the development of actions that needed to be taken on board prior to the re-approval events. Individual institutions took responsibility for specific actions and it was announced that NES would support the appointment of a project officer to facilitate this work.

Aim
The aim of this project was to develop assessment strategies across higher education institutes (HEIs) within Scotland for non medical prescribing and to support curriculum development.

Objectives
- To develop a bank of assessment strategies that will meet NMC standards.
- To provide support for HEIs to integrate the NMC (2006) Standards of Proficiency for Nurse and Midwife Prescribers into future education provision.
- To support the integration of allied health professionals into prescribing programmes.
- To contribute to mapping NMC standards with Health Professional Council standards.

This paper will present the main findings of this project (McAskill, 2007). A collaborative approach was taken with the project officer facilitating the work with the National Non-Medical Prescribing Network participating and acting as a steering group. The mapping of the NMC (2006) standards to DoH (2004) to HPC (2005) clearly demonstrated that an integrated approach to educational provision within non medical prescribing courses was feasible. A bank of assessment strategies that the HEIs in Scotland have developed will be presented and finally some aspects of good practice that support the integration of AHPs into prescribing programmes will be highlighted (NMC, 2006; Boreham and Doyle, 2006).
The National Non-Medical Prescribing Network continues to collaborate on educational issues relating to non medical prescribing in Scotland.

References
Second Group of Theme Sessions

Interprofessional Learning
Are first year medical and nursing students ready for interprofessional learning?

Maureen Campbell, Teaching Fellow; Isabella McLafferty, Senior Lecturer; Jean Ker, Director of Clinical Skills, University of Dundee, UK

Interprofessional education (IPE) is described in the literature as the process of collaborative learning that should result in a personal transformation in view and a change in professional identity (Freeth et al., 2005). The aims of inter-professional learning include fostering positive attitudes between different professions and being able to work in multidisciplinary teams. For teams to become cohesive, they need effective communication skills, respect and an informed understanding of each others’ roles. (Rudland and Mires, 2005, Tunstall-Pedoe et al., 2003). However learning together can be fraught with difficulties if students are not prepared for interprofessional learning or if they are operating from negative stereotypes associated with each other’s roles. Guidance in the literature relating to the most appropriate time for IPE to be introduced into medical and nursing programmes is debatable, with more credible research required to support the effectiveness of IPE. Furthermore little has been reported at undergraduate level. Much of the research to date has relied on quantitative methods using validated questionnaires including the Health Care Stereotypes (HCS) scale (Carpenter, 1995) and Readiness for Interprofessional Learning scale (RIPLS) (Parsell and Bligh, 1999).

The aim of this study was to qualitatively explore the effects of the shared learning experiences of clinical skills sessions in hand decontamination and urinalysis. The objectives that were evaluated included:

- medical and nursing students’ stereotypes of each other and their own professions.
- medical and nursing students’ knowledge and understanding of each others and their own roles.
- medical and nursing students’ perceptions of shared learning and teaching.
- medical and nursing students’ perceptions of team working and to investigate any changes that may occur as a result of the shared learning experience.

The design of the study was qualitative using exploratory focus groups interviews to facilitate in-depth discussion and to generate data that may not otherwise be highlighted using quantitative approaches. A purposive sample of first year, semester one medical and nursing students from the School of Medicine and the School of Nursing and Midwifery, University of Dundee was recruited. Four focus groups were completed with two nursing and two medical student groups. 25 students (12 nursing, 13 medical) participated in the interviews which were held within a month of completing the clinical skills sessions. Both, nursing and medical students are required to participate in the shared clinical skills sessions of hand decontamination and urinalysis at the beginning of their respective courses.

Informed consent was obtained from participants in accordance with the relevant research committees. Ethical permission granted from the University of Dundee’s Research Ethics Committee and an access to nursing students form was completed for deliberation by the School of Nursing and Midwifery’s for research committee.

Data were collected using an interview guide with prepared open questions and the use of tape recorders. Having a framework for the interviews not only allowed participants to highlight areas of importance to them but also ensured that all areas of the study were addressed (Polgar and Thomas, 1995). One researcher facilitated the interviews and another took field notes. Demographic data relating to past healthcare/clinical experiences were collected. Member checking was carried out, so researchers could verify and review their perception of the initial data. (Robson, 2002). QSR NVivo 7.0 computerised software package facilitated the coding of categories and themes. To reduce personal bias within the analytical process, one researcher identified the themes and categories while another checked the fit of the themes.

Emergent themes identified that both professional groups ascertain the need for ‘early exposure’ to each other, but proposed socialisation type events at the very start of their educational experience as possibly more beneficial than shared lecture time for example. Both groups of students already appeared to be holding firm stereotypical views of what being a nurse or doctor meant to them, however, they expressed even at this very early stage of their educational journey the importance of fostering team working and sharing common goals in the delivery of care.

Interestingly, the first interpretations of the data suggest that using topics such as communication and ethics as ‘shared modules’ to promote shared theoretical experiences and the use of appropriate shared clinical skills sessions to allow application and contextualisation of their learning, as favourable tenets of fostering interprofessional education.

References


A toolkit for mentors in practice to engage in interprofessional learning. Reporting and demonstrating the experiences of an interprofessional learning in practice facilitator as part of a pilot project

Trevor Simpson, Lead for Practice, University of Lincoln, UK

The main aim of the abstract is to introduce a series of innovative approaches to interprofessional learning in practice, developed as part of the TUILIP (Trent Universities Interprofessional Learning In Practice) project.

The NHS plan was a fundamental catalyst for the inclusion of interprofessional learning and working as an agenda for health and social care reform in the UK. The plan described the NHS as old fashioned in its approach to care delivery. Organisation and poor team working was also cited as a major contribution to the failure of the NHS in the past. Department of Health (2000)

The reason for past failure included NHS organisations infrastructure, preventing the opportunity for team work to be galvanised by constraints caused by working patterns and clinical remits of different professional groups. Rushmer (2005). In addition there is suggestion that NHS staff in the past have become a barrier to working collaboratively due to their attitudes, rigid working patterns and poor communication amongst and between teams. (McCulre, 1984)

The TUILIP project has been commissioned by NHS East Midlands Trent Interprofessional Deanery to enable Sheffield Hallam University and the University of Nottingham to take forward interprofessional learning (IPL) in the Trent region.

The main aim of the project is to develop sustainable models of IPL that will promote and facilitate the professional skills of students through collaborative working within the practice setting.

The pilot site characterised in this abstract was a trauma and orthopaedic ward in one of the largest NHS acute trusts in England. The ward had a reputation of possessing a forward thinking, innovative and learning-orientated staff group. As a result it is regarded highly by learners who access the ward.

The innovative approaches were developed using the framework for interprofessional capability. Gordon and Walsh (2005). The framework provides a blueprint for the type of exposure and experience required by learners enabling them to be assessed as competent in interprofessional working.

The opportunities created in the pilot site culminated in a re-useable series of documents finally entitled the ‘Workplace toolkit’. This title describes the documents well as they were designed to enable any mentor or student to pick up the toolkit, choose a section, and begin to use the tool in order to learn in an interprofessional way.

The tools included:
- The workshop calendar
- Students working together
- Interprofessional worksheets
- The learning menu.

The workshop calendar was a series of planned workshops, designed and delivered by mentors from the multi-disciplinary team. This proved to be a very popular model and each session evaluated positively. The participants particularly liked the idea of the session being interactive and developmental rather than traditionally didactic in its content.

Students’ working together was also very popular and this model steered the students towards interprofessional learning. The model set a group of students a task to complete as a team during their placement. The task could be anything related to health and social care delivery in practice and the scheme encouraged all the mentors to


be creative and reactive towards the needs of the learner. Therefore this model could be tailored towards a particular outcome a student has brought to the placement as a goal.

The interprofessional worksheet was a model designed to engage any student anywhere in an element of interprofessional learning as described by the CUILU framework. Five examples are provided in the toolkit, however many more could be written around the outcomes from CUILU. (CUILU, 2004).

Finally the learning menu was an idea that enabled a more structured approach to planning for learning during a placement. Traditionally a typical placement for a student would include insight visits to other departments, where there was the possibility of interaction with other professional groups and therefore interprofessional learning. This system fell down when no objective goals were set by the mentor/supervisor, student or the staff hosting the visit. Therefore opportunities for IPL were lost and the information gained could be disjointed and perceived as irrelevant by the student.

The learning menu was devised to enable the mentor to offer a menu of opportunities for their student which met their objectives and enabled a structured planned series of visits. The key to the menu was for the mentor/supervisor to accept a request for a visit by the student and also to demand of the student a set objective for them to demonstrate on their return to the base placement.

References


Interprofessional education: evaluating practice to drive the curriculum forward

Marianne Hensman, Clinical Tutor, University of Birmingham, Birmingham, UK

The need for health care practitioners to work collaboratively towards a high standard of patient care has long been recognised. Following publication of a consultation document on workforce planning (Department of Health, 2000), the government’s aim is effective teamwork across both professional and organisational boundaries in health care. The need for this to begin at undergraduate level is highlighted in a later document by the Centre for Advancement of Interprofessional Education, (CAIPE), ‘Creating an Interprofessional workforce’ (2006). This sets out an IPE framework for all those involved in patient care including pre-registration students.

Internationally, Canada has paved the way in the IPE field. Health Canada have funded a programme for IPE for collaborative patient centred practice since 2002 (Rethinking Interprofessional Education and Development, 2007). This has led to a range of projects across the country including both pre and post registration interprofessional education, and the setting up of localised interprofessional networks in both rural and urban areas. The European IPE network, launched in 2005, also aims to bring together health and social care professionals across the continent. A number of partnerships with higher education institutions have been formed. Through these international links, the UK’s current and future IPE initiatives may be made available to a wider international audience. For this reason, research on the best ways to deliver IPE is important to ensure that future initiatives achieve their desired goals.
The current qualitative study focuses on the work of the West Midlands CITEC (Centre for Innovation and Training in Elective Care) project that began in 2005. The aim of this project is to increase the inter-professional collaboration of students of different healthcare disciplines; in particular nursing, medicine, physiotherapy, radiography and operating department practice. The project has three strands. The first is an online simulation of a ‘patient pathway’ where students follow the patient’s journey in a specific field of care e.g. falls, TIA, peri-operative care. The second part is an inter-professional ‘plenary day’ with students working in multi-professional groups on patient-related activities to increase their knowledge of the roles of other professionals and to encourage collaboration in care. The third element is a clinical attachment. Here students together experience the patient pathways in the practice setting.

The study is based upon students’ evaluations of these educational activities. The focus is on the students’ views about the interprofessional learning activities, their fellow health care professionals and team working. Questionnaires, focus groups following the plenary days and individual interviews with some of the students have been used to evaluate their attitudes.

Although this analysis is not yet complete, early findings indicate the following key learning points:

- Students were very positive about the IPE interventions taking place in the practice setting. Morison and Jenkins (2007) also found that medical and nursing students involved in practice-based IPE activities, were much more positive about the use of IPE activities than those who had taken part in only classroom-based IPE.

- A multi-factorial approach to IPE appears to work well. Students in the current study reported positively on the varied aspects of the programme that allowed them to work together in different ways.

- In this time of IPE emerging as an area of undergraduate education, there remain barriers to its introduction, both in the attitudes of some students, and the organisation of practice-based educational opportunities within the constraints of health care courses.

- An unplanned outcome was the development of the facilitators’ skills in supporting the learning of a mixed group of health professional students.

More interventions of this kind are needed. This project so far has only been able to reach a relatively small number of students (approximately 10% of a single year group), so there is huge potential for larger numbers of students to take part. Continuing and evaluating this kind of work is the only way to improve our delivery of practice-based interprofessional learning and to ensure truly effective team working.

References


Rethinking Interprofessional Education and Development, Plymouth 8-9 October 2007, Centre for Excellence in Professional Placement Learning, Plymouth.

(T88)

An evaluation of the experience of students and staff who participated in an interprofessional and international honours degree programme in Sub-Saharan Africa

Geraldine Main, Director of Quality Enhancement and Practice Learning, University of Manchester, Manchester, England; Andrew Main, Degree Programmes Manager, Mildmay International, London, England

Background
Of the estimated 40 million people living with HIV/AIDS, 30 million live in sub-Saharan Africa (UNAIDS, 2003). Health systems in many countries in sub-Saharan Africa are overwhelmed by shortages of basic medicines, overcrowding at hospital level, poorly developed referral systems and limited community based support (UNAIDS, 2000).
As part of a comprehensive educational provision for the development of HIV/AIDS services in sub Saharan Africa, Mildmay International has offered a diploma programme validated by the University of Manchester since 1999. The aim of the programme is to equip participants with the knowledge and skills that they would need to develop effective services for people living with HIV/AIDS. There is an emphasis on the development of home based care.

In 2006 the Programme was developed and revalidated by the University of Manchester. The degree is BSc (Hons): A health systems approach to HIV/AIDS care and management.

Although there is a very high demand from suitable professionals who would like to participate in the programme, Mildmay uses a targeted approach to ensure that the students are recruited from those health care services in Kenya, Tanzania and Uganda that are identified as in need of specific development and where an integrated approach with other development programmes can have the greatest effect.

The student cohorts are truly interprofessional in that they come from a variety of backgrounds such as the armed forces, prison service, police, churches, public health departments’ medical training colleges as well as more main stream health service providers such as hospitals and local community services.

The individual students also come from a variety of backgrounds and include, doctors, nurses, social workers, nutritionists, environmental health officers, police officers, prison officers, clergy, and college lecturers.

The educational background of the students is also varied and in professional terms they have all been educated in traditional disciplinary frameworks. (Cooper, Bray and Geyer, 2004)

The level at which these students are employed in the health systems is also varied, from those working directly with clients in the field to those in senior policy making roles in government departments.

This paper looks at the experience of such a mixed cohort of students who have recently completed level II of the programme.

**Aims**

The paper will describe the progress to date of evaluating the degree programme. The focus is on the value, strengths and weaknesses of the interprofessional approach taken to recruitment and delivery.

It considers:
- the way in which students are recruited;
- the integration of students into the cohort;
- the achievements of students;
- gender issues and
- changes in practice resulting from the interprofessional nature of the programme.

**Methods**

A qualitative approach based on Bishop’s (2002) five step approach to evaluation has been used for this evaluation together with Kirkpatrick (1998) four levels of evaluation, Reaction, Learning, Application and Results together with a fifth level, Return on Investment, added by Philips (1997).

A literature review was undertaken together with a review of the curriculum to identify the extent to which the learning outcomes would facilitate interprofessional learning.

A questionnaire using open ended questions followed by focus group discussions was designed for students and staff. Course Unit Evaluations and notes of the Staff Student Liaison Group were also reviewed. Analysis of the information gained was used to formulate themes for further discussion and triangulation.

Structured personal interviews with stakeholders have also been undertaken and form part of the review.

**Findings**

The evidence to date shows a strong collegial and supportive attitude amongst the students and the feedback from teachers and students’ regarding interprofessional learning is positive. Because of the wide range of professional backgrounds, the different levels of working in the different systems and the international nature of the cohorts there is a wealth of learning from within the group. The way in which learning is facilitated exploits this knowledge and experience a students learn from one another. Students are often surprised at the knowledge, experience and insights that people from other professions and backgrounds have to offer. This also provides a trigger for individuals to reflect on their own practice and emphasises the value of team work in daily practice. It also provides opportunities to explore gender issues not only in professional practice but also as it influences care provision.
Conclusion
Work on this evaluation is still in progress and so far we have not reached a final conclusion. However the evidence to date supports the value of interdisciplinary learning as a powerful vehicle for sharing and developing knowledge and for the development of interprofessional teamwork. There is also evidence that it helps professionals to address gender issues as they affect health care.

References

(T89)

Fitness for practice: the student experience in Scotland
Karen Holland, Professorial Fellow; Martin Johnson, Professor in Nursing and Research Director, University of Salford; Michelle Roxburgh, Lecturer, University of Dundee, UK

Introduction
The term ‘fitness for practice’ has been the focus of many debates (Moore, 2005), including those related to being ‘unfit for practice’. (Duffy, 2003; 2006). It is the key aim for pre-registration nursing and midwifery education to ensure that students are ‘fit for practice’ at the end of their three or four year programme of study. An evaluation of the student experience in their journey to achieving this however has not been clearly articulated in the literature, despite many local and national studies which have focused on key elements of ‘fitness for practice’ curricula.

A national evaluation of pre-registration nursing and midwifery programmes in Scotland (funded by NHS Education Scotland) will form the basis of this presentation, and will focus on one phase of the study (Phase 2) which explored the student experience in becoming ‘fit for practice’ from the perspective of all the major stakeholder groups.

Research design
The methodology for this phase was qualitative, comprising a series of 41 focus groups and 60 one-to-one interviews with students, mentors, lecturers, academic and practice managers, service – users/carers and other key individuals involved in nursing and midwifery education. The data from the total of 311 respondents were analysed using a modified narrative analysis approach.

The overarching themes were a) Fitness for practice: meanings, knowledge, skills and attitudes b) Preparation for practice c) Being in practice and d) Partnerships and fitness for practice from which we derived a number of sub-themes.

Findings
It was apparent that there was a general agreement regarding the meaning of ‘fitness for practice’ but that ‘fitness for purpose’ was often confused with it in relation to end point expectations. Being confident and competent was a theme that traversed all stages of the evaluation study, and it became evident that here again there was confusion of expected outcomes for both the student nurse and midwife at the point of registration. Preparation of students for practice and their actual experience in practice were, as expected, inter-related. However, significant themes arose in relation to clinical skills, drug administration and numeracy, working in a diverse and multi-cultural community, working with other professionals and service user/carer involvement. Major themes were found in relation to the student experience in practice, especially around the role and practice of the mentors and their centrality in ensuring the ‘fitness for practice’ outcomes.

These will be examined against the overarching theme of partnerships and collaboration, which was concluded to be critical in determining, at all levels of curriculum development and delivery, the students’ achievement of being competent, confident and ‘fit’ for practice.

Conclusion
It is clear however that pre-registration nursing and midwifery curricula do not exist in a vacuum, and that the impact of health and social care policy, general education policy as well as the professional nursing and midwifery policy all have a significant impact on the outcome of pre-registration programmes, i.e. the student who is ‘fit to practice’ as a nurse or midwife.
When considering the overarching themes discovered however, there are very clear similarities with other professional groups. Lessons can be drawn therefore from this study in relation to determining the ‘fitness for practice’ of other professions, offering a possible framework for future study to explore the commonalities between these as a foundation and common approach to preparing all health and social care professions for working in practice as registered practitioners.

References


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**T90**

The development of an integrated strategy for multi-professional education and training

**Chris Lawrie**, Project Manager, Multiprofessional Clinical Skills Project, NHS Tayside, Dundee, UK; **George Hogg**, Lecturer (IPE); **Jean Ker**, Director of Clinical Skills Centre, University of Dundee, UK

In 2005 the National Framework for Service Change in the NHS in Scotland was drawn up by Professor David Kerr. The Kerr Report aims to bring together the voices of the public and health professionals in Scotland and to provide a framework for the future development of health services in Scotland. Amongst other key policy themes, the Report asserts that the workforce requires re-profiling and investment in training and education across clinical professions:

‘Solutions for training and education will lie with the development of a strategy for an integrated approach to joint and multi-professional training between the groups of education stakeholders and providers, including the Royal Colleges, universities, further education establishments, NHS Education for Scotland, the NHS and other groupings and institutions. Shared training, where appropriate, will foster trust between professions and allow more understanding of roles and responsibilities, and will hopefully result in more integrated and quality care.’ (Scottish Executive, 2005a)

The Report goes on to suggest that a systematic approach to this challenge is required including a review of current skills and competencies, the identification of shortfalls, development of ‘training and education programmes to fill the ‘gap’ (Scottish Executive, 2005a), ‘programmes to maintain these newly-acquired qualities and skills’ (Scottish Executive, 2005a) and the creation of national standards.

In November 2005, the Scottish Executive published their response to the Kerr Report in Delivering for Health. This further stressed the importance of ‘multi-professional team working’ (Scottish Executive, 2005b) and the requirement of ‘collaboration and coordination between professionals and across organisational boundaries.’ (Scottish Executive, 2005b)

In order to help achieve these national aspirations of multi-professional education and training and to exemplify the need for a ‘partnership approach’ (Scottish Executive, 2005b), the Multi-professional Clinical Skills Project has been undertaken by NHS Tayside, NHS Fife and the University of Dundee. This is a five year project to create multi-professional training material and educational resources for the three institutions and ultimately to standardise practice, therefore improving patient care. Through the development of an integrated strategy for multi-professional education and training, the project has managed to successfully achieve its main aims within timeframe and budget. This poster details our multi-professional education and training strategy and discusses some of the systems and approaches we have adopted. Hopefully this shall be of interest to fellow colleagues facing similar challenges within healthcare.

References

Second Group of Theme Sessions

Learning and Teaching Strategies
(T91)

An evaluation of gaming workshops to teach undergraduate nursing students about nursing older people

Ella McLafferty, Senior Lecturer; Lindsay Dingwall, Teaching Fellow, University of Dundee, UK

The numbers of older people continue to increase and are expected to reach 20% of the population in the UK by the year 2020. The reality for most ageing people is that they have relatively good health, activity and independence (Feldman, 1999). However when they are admitted to acute settings, older people are the least satisfied with the care they receive when they are acutely ill. Hospital admission itself can dramatically reduce the physical and psychological ability of an older person to self care. Commonly, within nurse education, nursing older people has been submerged rather than embedded in the acute focus of nursing curricula. Fagerburg et al., (2000) found that theoretical preparation in older people nursing compared unfavourably to acute nursing. Current educational provision does not yet reflect the changing demography and health needs of the older population. In response to anecdotal evidence that suggested the theoretical component related to older people was not addressing their needs in clinical practice, lecturers designed a one day gaming workshop to stimulate interest in nursing older people. Gaming can encourage interaction between learners while increasing interest in a topic; the learner’s level of motivation; the opportunity to learn from each other (Corbett and Lee, 1992; Gruending et al., 1991). It can also improve the link between theory and practice (Sealover and Henderson, 2005). The gaming workshops included quizzes and teacher led discussions for each topic. The topics included falls in older people, continence promotion in older people and elder abuse. The workshops were facilitated by two or three teachers and students were organised into their case based learning groups. The groups had to work together on the quizzes. Points were awarded for the correct answers in the quizzes and for any additional contributions during discussions of the topics. At the end of the day, the group of students with the most points were awarded prizes in the form of sweets.

The aim of the study was to explore the influence of gaming workshops on undergraduate nursing students’ learning, knowledge and practice of nursing older people.

A between methods triangulation of qualitative and quantitative methods were used. A questionnaire with a likert scale and additional open ended items was constructed from the literature review and distributed pre and post gaming workshops to a cohort of second year nursing students (n=116) The return rate was 86%. Students (n=9) were then invited to participate in a semi structured interview on completion of their placement approximately 12 weeks post workshops. Ethical permission was sought through the university Ethics Committee.

Reliability of the questionnaire using Cronbachs alpha was .826. Wilcoxon matched pairs tests were used to compare the data prior to the workshops with the data post workshops. There were significant differences for all responses. They were more positive for all items in the questionnaire post workshop when compared to the responses pre-workshop. Thematic analysis was used to code the qualitative interviews. Five themes were identified from the interviews. They included teacher interaction where most interviewees commented on the level of interaction between the teachers and the use of humour. Level of student engagement came through all of the interviews where comments were made about the numbers of students who did not normally participate in the lecture theatre but they participated during the workshops. The effect of the teaching method was also discussed where participants discussed the benefits of the workshops in comparison to lectures in that learning was difficult in the lecture theatre environment. The fourth theme was the influence of the workshops on practice. Most of the comments related to raising awareness of some of the issues discussed including best continence practice when working with older people. The final theme related to working with older people. The workshops seemed to have little effect on the desire to work with older people. Some participants had decided that working with older people was their desired goal whereas other preferred more acute nursing practice.

Nursing students preferred this novel teaching method to lectures. Some learning obviously took place however we are not sure how much influence it has on the quality of care for older people. There was also a sense that caring for older people takes place only in older adult settings. This is surprising as the majority of acute nursing is caring for older people but in a different setting. The problem may be that students are so inculcated with acute nursing from the start of their programme that they are struggling to incorporate concepts related to caring from older people.

References
Overcoming obstacles: innovations in teaching pathophysiology in the undergraduate nursing curriculum – a New Zealand experience

Gillian Shelah, Senior Lecturer, AUT University, Auckland, New Zealand,

The obstacles

Teaching a subject like pathophysiology holds many conflicting challenges for nurse educators. Examples include the contrast between the well documented studies highlighting the difficulties students experience learning the biosciences (subjects that include anatomy, physiology, microbiology, pharmacology and pathophysiology) (Caon and Treagust, 1993, p.256; Davies et al., 2000, p.127; Jordan et al., 1999, p.215, Jordan and Potter, 1999, p.47; McKee, 2002, p.251), and the essential need to incorporate the biosciences in the curriculum. These subjects form the foundation knowledge upon which many of our practice decisions are made; as Andrews and Waterman (2005, p. 6) point out, understanding physiology and how it changes in patients is key to gaining medical attention when a patient's condition deteriorates.

The biosciences are time-consuming to learn with a conflict between the time students say they need to learn the biosciences and that available in the curriculum (Davies et al., 2000, p.129; Jordan et al., 1999, p.218). However acutely ill patients with multiple complex conditions are being cared for in the primary, secondary and tertiary health sectors requiring nurses to think critically and have a comprehensive understanding of a wide variety of conditions. Gaining such knowledge is not helped by the shrinking academic year, with some New Zealand universities teaching all content in six 10-week semesters across a 3-year degree. In addition, class sizes are increasing to address economic constraints, yet the educational trend is to move away from large lectures, didactic teaching and the behavioural approach to learning more suited to large class teaching. By contrast the resurgence to the team approach to nursing care, the value of cooperative learning (Elberson et al., 2001, p.259), the need to be aware of the collaborative nature of practice (Biggs, 2007, p.187; Prowse and Heath, 2005, p.133), and the realisation that student, not teacher, action is the key to learning (Biggs, 2007, p. 12; Tyler, 1949, p.63 cited in Biggs, 2001, p.224), are concepts better understood through small group learning activities.

There is concern that pathophysiology and the other bioscience topics are a reflection of the biomedical model rather than a holistic approach to patient care (Jordan, 1994, p.419) which some believe is more appropriate to the discipline of nursing. Yet, as Andrews and Waterman (2005, p.11) found, it is important for nurses to be able to use medical language to improve interdisciplinary communication.

Having established that medical terminology is appropriate, it must also be acknowledged that pathophysiology contributes to the extensive and ‘complex nature of nursing language’ (Scammell and Miller, 1999, p.572) that students need to master. Yet many of our students do not have English as a first language, meaning that in addition to English they simultaneously have a further language to learn.

A solution?

How, then, do teachers address the pedagogical issues, cover the extensive and diverse topics categorized as pathophysiology and give students sufficient learning opportunity, in a relatively short period of time, so that they can develop and transform this complex knowledge into safe practice? Our approach has been to develop a series of 10 sequential questions for six profile-driven workshops that enable students to develop a pattern of learning that they can subsequently apply to learning in the practice setting. Sequential questions address the nature of learning and support thinking. Beyer (1998, p.264) explains that an explicit checklist acts as scaffolding and enables the student to focus on the learning rather than have to recall the steps each time. Consequently questions (amongst others) that routinely ask the student to:

1. Explain the pathophysiology of the condition with which the patient has been diagnosed
2. Discuss the pathophysiological rationale for your assessment and interventions
3. Outline how the patient’s drugs work to reduce their symptoms

regardless of their study topic, can be applied while caring for any patient long after the student has moved from the study of pathophysiology, enabling their continued thinking and understanding of the interrelationship of the biosciences and the care nurses give.

Rather than disease orientated lectures, the workshops are supported by 10 concept lectures that cover topics such as inflammation, oxygenation and pressure changes. This approach recognises that if the concept is well understood then the knowledge can be transferred across many patient conditions.
In addition, and especially in the clinical setting where activity encourages a greater degree of learning, critical thinking of the application of bioscience to practice is encouraged by the use of Socratic questions (Rogge, 2001, p.67; Elder and Paul, 1998, p.298).

This presentation will discuss the background to student difficulties with this subject, the activities we are implementing to address them, the type of questions we ask and the significance of this approach for staff supervising students in clinical.

References

(T93)

Blended learning: combining action learning and virtual learning to facilitate independent and collaborative learning for post-graduate Specialist Community Public Health Nursing (SCPHN) students

Karen Adams, Senior Lecturer Primary Care and Public Health; Claire Johnson, Senior Lecturer Primary Care, University of Huddersfield, UK

The aim of this paper is to present a critical appraisal of the use of a blended approach to support part-time post-graduate student learning. The effectiveness of blended learning approaches using action learning and a virtual learning environment for post-graduate part-time SCPHN students will be discussed using examples from current experience, student feedback and supported by appraisal of published evidence. Strengths and limitations of this blended learning approach will be evaluated and the potential for further developments considered.

In recent years there has been a growing interest in the use of e-learning in health care education. The Department for Education and Skills and Department of Health are encouraging the use of e-learning and recognise its potential value in promoting lifelong learning and increasing flexibility and access to education.
The development of a new MSc Public Health Nursing Practice programme in 2006 has enabled the team to implement flexible approaches to learning within the curriculum. Post-graduate/post-registration students on this three year part-time course are engaged with a range of learning media to enhance skills development in the use of ICT and independent and collaborative learning techniques. This combination of teaching and learning strategies is designed to help overcome some of the perceived barriers to e-learning and to facilitate independent and collaborative learning for post-graduate SCPHN students. Farrell (2006) suggests that a willingness to learn differently is required to maximise the potential of e-learning and this requires a culture change. It is commonly perceived as an isolating experience when used as the main mode of delivery however, when used as part of a blended approach it can support the development of supportive relationships between students. This is of particular benefit to mature students who often study part-time and travel long distances to study their chosen course as their opportunity for face-to-face contact is limited to one day per week (Cook et al., 2005).

Fox and MacKeough (2003) highlights difficulties in engaging some students in on-line activities since it requires considerable personal motivation. Using E-learning in conjunction with action learning sets to undertake both formative and summative assessment activities provides the necessary incentive. Groups are asked to work together, on-line and face-to-face, on assigned tasks and present the outcomes online to the student group and tutor for feedback. Each action learning set has a discrete discussion area within the virtual learning environment to allow for exchange of information, debate and consideration of collaborative work in progress. This limitation on the number of students able to share initial ideas, thoughts and work (typically five or six people) may reduce the anxieties felt by students about exposing themselves to scrutiny and criticism when committing ideas in on-line discussion (Sharpe and Benfield, 2005). A cohort-wide discussion area is used for more general discussion and the posting of completed tasks, some of which are also presented in class.

Farrell (2006) highlights a lack of IT literacy amongst nurses and this is likely to impact on participation in e-learning activities. At the University of Huddersfield students are supported to develop their IT literacy through the provision of face-to-face taught sessions by IT experts and on-line tutorials. Lecturers can assess student progress and analyse student contributions through reviewing student interactions and work and evaluating learning online.

Research published by Heidari et al. (2003) identified that student support was one of the major advantages identified by students of ALS. Heidari et al. (2003) also argued that it helped students correlate theory to practice through the process of sharing experiences, learning from each other and sharing information in reflective informal settings. This opportunity for reflection also provides the vehicle for SCPHN students as experienced nurses or midwives to integrate new learning with previous learning (Boud et al., 1985). The link between theory and practice is strengthened by embedding ‘real’ practise issues in task-focussed action-learning sets.

The importance of a blended approach is underlined by the outcomes from published evidence that relates the varied and contradictory responses of students when evaluating the use of E-learning experiences (Sharpe and Benfield, 2005). A key area for curriculum development and implementation of E-learning and blended learning approaches appears to be the need for students to fully understand the teaching and learning process (Sharpe and Benfield, 2005). This is especially important in relation to process learning, for example, developing skills in collaborative learning, rather than focussing solely on outcomes, for example, the quality of the completed task. Students are unlikely to collaborate unless collaboration is structured into the course. E-learning also lends itself to peer assessment where students work together on a defined task and offer feedback to one another on achievement.

Time management is a further area where students need to be made aware of the likely commitment in preparing, inputting and responding to on-line discussion and group-based tasks (Sharpe and Benfield 2005). For mature, part-time students this is a significant factor given the competing demands of work and family alongside academic study.

References


Responding to plagiarism by applying a health service decision tool

David Kennedy, Lecturer, University of the West of Scotland, Paisley, UK

The problem of detected plagiarism
What do you do when you establish that a student has plagiarised some or all of the work he or she has submitted? Ignore the offence? Punish the student? Blame the system? The tendency in the past has been to punish the student, but there is a growing recognition that plagiarism is a complex issue with multi-factorial causes (Carroll, 2007). Educators recognise the difference between intentional and unintentional plagiarism. The difficulty for the academic institution and the practising teacher is: If plagiarism is multi-factorial, sometimes deliberate and sometimes unintentional, how do we respond rationally to the plagiarist?

Intentional and unintentional plagiarism
Detected plagiarism actually represents (at least) two separate, but related, problems - intentional and unintentional plagiarism. In the first form, the student attempts to subvert the academic rules. In the second, the academic rules expose the student. In fact, the majority of students who plagiarise do so because they misunderstand or misapply academic conventions. It is a minority who deliberately plagiarise (Carroll, 2007). The issue is complicated by contextual factors that influence both forms of plagiarism. For example, most researchers have found a higher rate of plagiarism in the United Kingdom in the work of overseas students (Swain, 2004).

In this context, a key issue arises: When plagiarism has been detected, what principles can guide educators in making appropriate decisions in relation to the student?

Help from the health service
The health service already has a tool to assist in making that kind of distinction, although its provenance may surprise educators. It is the National Patient Agency’s (2003) Incident Decision Tree. The purpose of this tool is to analyse and evaluate the causes of an incident where the safety of a patient or employee has been compromised.

The tool is an algorithm that helps to distinguish personal individual failure from system failure. To make this distinction, it has four sequential tests that it applies to the account of the incident. These are the Deliberate Harm Test, the Incapacity Test, the Foresight Test and the Substitution Test. By working through each of its four tests in turn, investigators are able to determine possible reasons for the actions of individuals involved in an incident where the integrity of the system has been compromised. That analysis leads to coherent decisions that are appropriate responses to the incident.

This tool can be applied to formulate rational responses to cases of suspected or detected plagiarism. The Deliberate Harm test scrutinises plagiarism for intentionality. It leads the teacher or administrator to rational decisions about how to respond when the plagiarism is deemed to be intentional. The other three tests are relevant to exploring the causes of unintentional plagiarism. The Incapacity Test can shed light on the plagiarist’s academic ability or specific learning difficulty. The Foresight Test gives insight into the extent to which the plagiarist has departed from known protocols, such as referencing requirements, and the reasons for that. The Substitution Test compares the behaviour of the individual plagiarist with that of other students in the same situation. It assesses whether another student under the same conditions, for example, with the same understanding of academic conventions or under a similar assessment load, would have done the same.

The Incident Decision Tree and a systems approach
Critical incidents in clinical practice and incidents of plagiarism in academic practice share a common characteristic: the breach of established working practices. The Incident Decision Tree has emerged from the growing awareness that breaches in clinical practice are not solely the fault of the individual (NPSA, 2003). A focus on the individual diverts managers from investigating systems failures that are endemic to the culture of the organisation. A response to plagiarism based on the principles of the Incident Decision Tree is one that achieves that same quality of fairness, for the individual and the organisation, that managers in clinical practice are establishing.

References
A reflective journey: the development of a student led personal and professional development file (PPDF)

Samantha Shann, Senior Lecturer; Amanda Garrow, Senior Lecturer, Northumbria University, Newcastle upon Tyne, UK

As health care professionals we are expected to be reflective life long learners. In a joint statement from the professional bodies continuing professional development (CPD) is seen as ‘fundamental to the development of all health and social care practitioners, and is the mechanism through which high quality patient and client care is identified, maintained and developed’ (Royal College of Nursing, 2007). The challenge for educationalists is how do we prepare our students for life long learning?

This paper aims to outline the process a group of interprofessional lecturers undertook to develop a Personal and Professional Development File (PPDF) for pre-registration health students.

The PPDF aims to encourage students to consider their development as a whole, rather than in a compartmentalised way; students record their achievements and development needs both on placement and in university. The whole process is about helping students make their learning explicit.

The model for the PPDF is based on three fundamental components: reflection, documentation and collaboration (Zubizarreta, 2004). Students are facilitated through the process of developing their PPDF with regular peer seminars and guidance from an academic tutor. The process is based upon self-directed learning with the development of decision-making and critical thinking skills. With support the students are expected to constructively use feedback, define learning priorities within available opportunities, provide evidence of reflection, and effectively action plan. The PPDF gives structure to a process that may otherwise be subconscious and it is envisaged that the document will lead the students through their programme of study and on to their first job (Healey and Spencer, 2008).

The paper will draw on reflections from students, academic staff and placement educators/mentors regarding the use of the PPDF.

References


Second Group of Theme Sessions

Policy Drivers
Nurse-led thrombolysis: exploring the evidence from an evolving field in the context of UK policy drivers

Marie Sloman, Graduate Fellow of the Centre of Excellence in Professional Placement Learning, University of Plymouth and Staff Nurse, Cardiology, Royal Devon and Exeter Hospital, Exeter; Graham Williamson, Lecturer in Adult Nursing, University of Plymouth, UK

Introduction
The National Institute for Clinical Excellence (2002) estimate that 240,000 people experience an acute myocardial infarction (AMI) in England and Wales each year. Up to 50% of people who have an AMI die within 30 days of the event, and over a half of deaths occur before medical assistance arrives or the patient reaches hospital. Fifty thousand patients receive thrombolytic therapy (a class of medicines that unblock the arterial clots causing AMI) yearly. These are most effective when given at the earliest opportunity. National standards recommend that thrombolysis is given 20-30 minutes on arrival, but there is concern that patients fail to receive optimum treatment (NICE, 2002; Department of Health, 2000, 2003). Significant time delays can occur between when the patient develops symptoms of AMI such as acute chest pain, and receiving treatment in hospital, but this can be improved by nurse-led services (Rhodes, 1998; Smallwood, 2004; Jones, 2005).

Previous literature reviews (Rhodes, 1998; Smallwood, 2004; Jones, 2005) indicate models of service delivery, nursing roles and responsibilities and increasingly, nurses delivering diagnosis of AMI and thrombolytic treatments to patients in acute care settings, but the evidence base remains limited despite the evolution of service provision.

This presentation reports a project with the following aims:
• building on existing literature reviews and policy drivers (Rhodes, 1998; NICE, 2002; DoH, 2000, 2003; Smallwood, 2004; Jones, 2005) conduct a systematic review of recent advances in nurse-led thrombolysis
• critically appraise the research literature obtained
• outline how the field is evolving
• make recommendations for service delivery based about the current evidence.

Methods
Criteria for considering studies in the review:

Inclusion criteria
• Articles must state that nurses lead or initiate thrombolytic therapy to patients with an AMI
• All methodologies are included
• From 2003 to present day
• Papers written in English, relating to the UK hospital-based health services.

Exclusion criteria
• Papers describing nurses occasionally initiating thrombolysis, not in the context of standard process of care.

Search strategy
A computerised search was carried out using the following sources:
• Voyager
• SwetsWise
• Blackwell Synergy
• Medline
• AMED (EBSCO)
• Science Direct (Elsevier)
• CINHAL Plus
• British Nursing Index
• ASSIA (CSA)
• Cochrane

Search terms used were: acute myocardial infarction, nurse-initiated thrombolysis, nurse-led thrombolysis, and thrombolysis.

Combining the articles found in the search manually, resulted in 11 papers were identified. Full text of these papers were obtained and hand searching references from the studies found discovered a further 3 studies for critiquing.

Preliminary themes
The research suggested that nurse-led thrombolysis is clinically safe and effective in reducing door-to-needle times. In the present years more robust research has been carried out in this field resulting in changes to practice.
Thrombolysis nurses have been integrated into some trusts. There is evidence that other healthcare professionals are positive for this change to happen and see thrombolysis nurses role a positive way to improve care for patients. These research studies suggest that there needs to be a high level of education and skill required to fulfill such as specialist role. National and local policies have been developed to ensure clinical effectiveness is achieved and to overcome accountability uncertainties.

**Conclusion**
This critical literature review indicates that nurses are accurate and safe in their ability to recognise patients warranting immediate thrombolysis. Nurse-led thrombolysis has proven to reduce door-to-needle time, and other times for medications delivery. This is consistent with the intentions and anticipated clinical benefits underpinning the national policy drivers informing the National Service Framework for Coronary Heart Disease (Department of Health, 2000) and the NICE (2002) guidelines on early thrombolytic treatment. We conclude that the field has evolved considerably since the first literature review (Rhodes, 1998), although there is still some way to go to ensure clinical excellence is achieved consistently throughout the NHS.

**References**

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**Dissemination and use of research data in health care settings: the impact of a report for decision-making and organisational development**

**Leif Nilsson, Örebro County Council, Örebro, Sweden**

Research in the health care sector can at least have three main roles – to set the agenda, to influence decisions and to show alternatives for action (Hanney, Gonzalez-Block, Buxton and Kogan, 2003). But only dissemination of written research material has not proven to be effective (Nutley, Walter and Davies, 2007). The most important is to focus on how research results are understood and how they have been communicated (Tomson et al., 2005). Therefore it is vital to stimulate the transfer process of knowledge between researchers and users of health care data. The message must fit the user and the actual context (Landry, Amara and Lamari, 2001). Studies of nurses indicate that lack of time is the main obstacle for being updated about the research frontline. But also small chances to influence work-related routines and procedures, and no support from the powerful physicians, makes it even worse (Bryar et al., 2003; French, 2005; Thompson, McCaughan, Cullum, Sheldon and Raynor, 2005). When nurses evaluate research results they mostly focus on their usefulness (French, 2005). If you compare practitioners use of research with decision-makers there are differences. For the latter the impact from research probably are in a more indirect way, like shaping a political debate and acting as a link between decision-makers and practitioners (Elliot and Popay, 2000).

The main purpose of the study has been to investigate the dissemination and use of a report titled ‘Tonåringars psykiska hälsa’ (Mental health among teenagers). This report relates to data from a big epidemiological survey study among nearly 10,000 teenage students in the region of Örebro County in Sweden. The main result in the report showed that teenage girls have worse mental health than boys. The research questions focus aspects as: knowledge about the report, if the report has been read, the relevance of the report, if the report is understandable, if the report has been useful and if the report has made any impact. The report was distributed by mail to decision-makers (politicians and managers) and practitioners in the regional county and all local communities. Among those who have got the report a selection of 350 informants was done. This group – both decision-makers and practitioners – got a questionnaire to answer. Half a year later a follow-up study was done – with four different kinds of informants – by group-interviews. The questions in both the survey study and the group-interviews were influenced by the same theoretical framework (McGuire, 1984).
Results from the questionnaire show that the target group for the dissemination had good knowledge about the existence of the report, but rather few had read the text in detail. Nearly all informants declare that the report has high relevance for their political roles or work situation. Most of the respondents judge the content as fairly easy to understand, although some comments recommend a text version with less scientific jargon. There were also unanimity about that the report was useful as a base for important decision, although some people felt concerned about finding the right method for changing the situation to the better. Despite the eager to praise the conclusions in the report, there were very few indications that the report had landed in concrete decisions for action. This was confirmed in the later interviews, but even here the informants were very positive to the report as a source for new knowledge that could influence policy and action decisions. Even if the content did not seem surprising, the respondents stated that the result could give credibility to the already stated experiences, and therefore function as an argument for change and development. So the impact seems to be more in an indirect fashion.

References


(T98)

Widening participation: emancipation or social control?
Vanessa Heaslip, Senior Lecturer Adult Nursing, Bournemouth University, UK

Aim
This qualitative research underpinned by critical theory explored experiences of non traditional students within a nursing pre-registration diploma programme, by addressing two key questions; 'What are students' learning experiences whilst undertaking a diploma pre-registration nursing programme?' and 'What are students' perceptions regarding support mechanisms?'; thereby exploring the extent to which the higher education institute (HEI) reviewed was either inclusive or exclusive to a wider diversity of student population. Therefore the aim of this paper is to examine the results of this study with respect to the recent Nursing and Midwifery Council's (NMC) consultation regarding the future of pre-registration nurse education, this paper shall also explore the students lived experiences of widening participation (WP) policy decisions.

Background
Within higher education (HE) there is currently a huge transition occurring, reflecting both an increase in the numbers of students accessing HE, as well as a greater diversity of student population then ever before. This growth in WP has been fuelled by reports from both the educational sector (Kennedy, 1997; Fryer, 1997; Dearing, 1997), but also the health sector (Langlands, 2005; DOH, 2001b; DOH, 1999). In response to this national focus, the Higher Education Funding Council for England (HEFCE) have identified that WP is something that each HEI has to address (HEFCE, 2005, 2006). It is interesting therefore, when reviewing the literature regarding non traditional students that most of the research has concentrated upon the individual attributes of students, and very little work has been undertaken on examining the implications of this policy in light of the processes within the HEI. Therefore this research sought to redress this by examining the impact of the internal processes within the HEI had on non traditional students lived experiences of the programme.
Methods
This case study underpinned by critical theory consisted of a mixed method approach. Firstly focus groups, which enabled the research agent to understand the lived experiences of the students, these were analysed using transcript based analysis and resulted in a thematic review. The identified themes then formed the basis of the semantic differential scale questionnaire which was distributed to all students enrolled on the programme.

Results
The results of the study identified that many of the processes employed by the HEI provided good support to students in light of pastoral support offered by a personal tutor system and to some degree academic support. However the research also identified that many of the working processes of the university reflected a more traditional student construct of a white male middle classed student (Archer and Hutchings, 2000) aged between eighteen and twenty one. This research also identified that participants felt marginalised by the culture within the HEI which appeared to support a perception of difference rather then one of inclusion and diversity. This perception of difference was further endorsed by the negative attitudes of their peers, clinical and academic staff and these results are new findings.

Discussion
The results of this research supported other research with regard to the types of support that students valued, notability the personal tutor role and the notion of peer support. It also identified that non-traditional students who struggle tend to focus upon themselves being deficient in some way, rather than a responsibility of the HEIs to bridge the gap between further and higher education with regard to facilitating learning to learn skills. It was interesting to note that some of the internal processes within the HEI made it difficult for non-traditional students to progress and ultimately succeed, yet this area of research has been largely ignored within the literature. This research also identified that the culture within the HEI itself also had a negative impact upon the participants resulting in them feeling marginalised and different, and this has major implications in light of the role of education, in that does education serve to be emancipating and liberating or as a process of social control.

Conclusions
The implications of this research needs to be explored in light of clinical practice to examine whether this experience has reinforced a notion that diversity is not a valuable commodity within nursing, this is especially pertinent with respect to the NMC consultation regarding the future of pre-registration nursing. In addition to this there are other professional implications in that if nurses do not value difference and diversity then how are they to care for clients as individuals irrespective of the clients’ gender, race, age and social status. However one major limitation of this research is that it was small scale and focused upon one HEI, as such further research is required to explore these issues further.

Reference


(T99)

Time to consider the special character of specialist nursing

Kathy Holloway, Associate Dean Whitianga Community Polytechnic, Porirua City, New Zealand; Jacqueline Baker, Director of Nursing Studies, University of Technology, Sydney, Australia

There is nothing more powerful than an idea whose time has come.

Victor Hugo (1802-1855)

Health professionals have a social contract with the community to ensure that the public is provided with safe and appropriate health care. As providers of a health service to a community, nursing practice must be linked to the health care needs of that community. A competent, confident and regulated health workforce is recognized as a critical part of a society's well being across most developed economies. This key international policy is supported by the powerful idea that health professional education, both undergraduate and postgraduate, is a large part of this contract (Lindeman, 2000).

Macro influences such as consumer pressure for specific services, rapid technological changes, developing government policy and resultant changes to other roles in the health workforce continue to shape health care needs. The increased use of technology, higher patient acuity levels, and increasingly a focus on primary health care have all had a major impact on the way health care is delivered. This has created in New Zealand (as elsewhere) a need for specialist nurses who are highly skilled and educated and able to work in both hospital and community settings (Humphris and Masterson, 2000; Ministry of Health, 2006). Not a new idea but rather an increasingly important one.

Specialist professional practice can be broadly defined as being special both in the sense of being ‘better, greater or otherwise different from what is usual’ and being ‘intended for a particular purpose’ (Soanes, 2001, p. 868). Across many professions it is accepted (and sometimes expected) that professionals provide a more specialised and quality enhanced service as their career progresses. This development in both scope and quality of professional practice is a dynamic and continual process that creates challenges for the mapping of a professional career. Thus the idea is that there is a need for all professions to have public statements about what their qualified members are competent to do including minimal occupational standards and differing levels of expertise (Ernaut, 1994).

The current healthcare context in New Zealand, as in many developed countries, is characterized by a greater demand for cost effectiveness and quality (Ministry of Health, 2006). Optimal use of the health workforce resource is required as part of the efficiency drive. It's therefore timely that all health professional groups, including nursing, are able to define their knowledge and expertise as both a political necessity and a professional responsibility (Hardy, Titchen, Manley and McCormack, 2006; Higgs, Richardson and Dahlgren, 2004; Manley and Garbett, 2000).

Relevant postgraduate nursing education is recognised as important to support the rapid changes in the delivery and provision of health care and has expanded greatly nationally (as well as internationally). (Jordan, 2000; Pelletier, Donoghue and Duffield, 2003). Linda Aiken and her team have demonstrated a clear link between advanced nursing educational preparation and positive patient outcomes (Aiken, Clarke, Cheung, Sloane and Silber, 2003). Thus the notion of exploring specialist practice to support evidence-based educational curricula is compelling and timely for the profession.

A clear articulation of different levels of professional expertise would enhance evidence based education practice and so is highly relevant to education providers (Manley and Garbett, 2000). The potential shaping of specialist nursing practice through an understanding of professional knowledge development and career frameworks is of clear relevance to the profession internationally. This paper will present the first phase of a doctoral study to develop a national nursing specialist nursing framework for New Zealand through critical examination of relevant international and national literature and key stakeholder perspectives – an idea whose time has come.

References


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(T100)

Meeting tomorrow’s health and social care needs through today’s curriculum: innovation and creativity in commissioning

Moyra Baldwin, Senior Lecturer; Frances Wilson, Senior Lecturer, University of Chester, UK

Expert, imaginative commissioning is central to a patient-led National Health Service (NHS), fit for the 21st century. Changes in the organisational structure and financial arrangements in the NHS have changed the relationship between health and social care purchasers and providers. Policy drivers from all countries of the United Kingdom stress how important it is for practitioners to be involved in commissioning (DH, 2005a; DH, 2005b; DH, 2006a; DH, 2006b; DH, 1999; Scottish Executive, 2001; National Assembly for Wales, 1999; DHSS, 1998). Health and social care professionals of the future need to be proactive in commissioning services to function strategically within dynamic professional and political contexts.

The aim of this paper is to explore the issues raised in developing an education programme to meet the health and social care commissioning agenda of the 21st century. Developing professional competence and critical thinking are generic and transferable skills inherent in a contemporary post-graduate curriculum. Specific application requires development of essential capability, expertise, leadership and innovation as well as the ability to work in collaborative partnerships with multiple stakeholders. The Post-Graduate Certificate in Health and Social Care Commissioning (PGCert) was introduced, not merely as a response to policy drivers but as a proactive measure to ensure future commissioned services would address and respond appropriately to the needs of the population. To meet the Department of Health’s (DH, 2007) vision there is a need for qualified personnel with the appropriate knowledge and understanding of health and social care commissioning processes, who are competent and able to base decisions on sound knowledge and evidence in order to effect sustainable commissioning to improve the population’s health outcomes. A PGCert in Health and Social Care Commissioning was introduced at University of Chester in the summer of 2007.

The aims of the post-graduate certificate are to provide information and support in order to enable practitioners to influence the development of effective, efficient and appropriate high quality services in the sphere of health and social care. Early experience of running the programme is considered using SWOT analysis framework.

Strengths
At validation the programme team was applauded for its forward thinking and the innovative nature and timely provision of such a programme. Use of guest lecturers who are at the forefront of commissioning and the strong inter-professional elements of the programme were also seen as commendable.

While market demands influenced the need for a post-graduate programme in order to encompass both health care and social care commissioning the curriculum was designed for interprofessional learning, to enable a lively exchange of ideas. The content encapsulated both innovation and creativity in order to facilitate strategic advancement. Students were encouraged to explore contemporary enterprise in order to become pro-active and influential in the sphere of health and social care. These aspects were also encompassed in the assessment strategy.

Weaknesses
Using a blended learning approach to curriculum assumes potential students have well honed IT skills. This is an important consideration for a programme, particularly where one of the modules is delivered predominantly through the medium of e-learning. To counter this potential Achilles’ heel all students receive induction and are allocated a personal academic tutor. It is also helpful that the university’s virtual learning environment requires only minimal IT skills.
Another potential weakness relates to the support students receive from their employing organization. Online learning requires protected time as would be provided for students physically attending a programme and falls to individual students to negotiate such arrangements with their employer.

**Opportunities**

Negotiation with independent advisers and employer representatives in developing the programme provided opportunity for both the development of an informed curriculum and networking. The potential to influence tomorrow’s workforce is enhanced as representatives from these organisations may feel more able to study on the programme having been influential in the curriculum development.

The future will see the voluntary sector becoming more actively engaged in commissioning activities. It is this sector that will help the increasing number of older people to remain independent and they will be more actively involved in pre-empting crises. Thus the programme has potential to widen participation and influence local commissioners to use resources effectively and efficiently, designing services to achieve health and wellbeing for patients.

**Threats**

In developing the programme the team was aware of market requirements in terms of health service commissioning, management and leadership, but also conscious of the need to offer potential students a tempting programme of study. The wording of the programme’s title and module titles were therefore chosen with care.

In future, lack of employer funded post-qualifying study may pose a barrier to potential students. Employing organisation may value locally patient focused skills and competencies rather than strategic thinking. As the NHS evolves and brings with it rapidly changing structures and organisations potential students may remain rooted at the patient’s side.

While no formal evaluation has been undertaken, this paper discusses our experience of effecting policy through Commissioning.

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**First do no harm: an exploration of challenges associated with tackling student conduct through fitness to practise panels**

*Chris Biela,* Senior Lecturer; *Alex Levine,* Director Adult Nursing Diploma/Degree; *Carrie Sanders,* Head of Department, Canterbury Christ Church University, UK

In September 2007 it became compulsory for all UK based academic institutions to have in place formalized policies and procedures for dealing with student misconduct in the form of a ‘Fitness to Practise’ panel, to consider any student health or character issue that impacts on the standard of their learning and behaviour in practice, and to ensure that public protection is maintained (NMC, 2007). Furthermore, the NMC UK Wide Quality Assurance Framework Monitoring Review Plan (2007-2008) indicates that Fitness to Practise remains a key risk area for pre-registration nursing programmes. We should essentially therefore be striving for a national framework of common standards which are underpinned by application of basic ethical principles such as equality, fairness and social justice. The Department of Health report *An Organisation with a Memory* (DH, 2000) highlights the
importance of improving and unifying mechanisms for detecting safety problems in clinical practice, the importance of promoting a more open culture to identify and discuss these issues, and the value of a systems approach to preventing, analysing and learning from adverse events.

The aim of this paper is to provide a policy critique of the dichotomy between the concepts of student conduct and fitness to Practise, and to discuss the challenges associated with enforcing national policy drivers at a local level and the disparities in practice that this creates. We will explore the tensions that exist for nurse academics involved in assessing, monitoring and evaluating student conduct in pre-registration nursing programmes. Our experience indicates that whilst robust academic mechanisms for dealing with academic student conduct in university is, on first appearance, relatively straightforward, for the student on a programme leading to professional registration this will no longer hold true, the NMC (2007) suggesting that cases of plagiarism for example be referred to a Fitness Panel. Experience suggests that managing the complexity of student conduct in the practice setting is an even greater challenge. A systematic framework of measures and approaches needs to be able to ensure that the student has received appropriate support and advice, that patient safety and quality of care is upheld, and that the views and concerns of registered practitioners are heard, valued and incorporated into the action plan and resultant decision making outcome.

We established a Student Conduct Board at Canterbury Christ Church University in February 2007. The Board, has clearly defined working definitions for the types of issues it may be requested to review and ethically based decisional standards which guide its conduct. It aims to promote clarity and decision transparency. It meets on a regular basis, has a responsibility to (i) review issues associated with student health and character that impacts on the standard of their learning and behaviour in practice and may compromise the patient experience, (ii) review policies and procedures in relation to student conduct, (iii) ensure that we are proactive in our approach to ongoing developments in our practice, (iv) provide a feedback loop into the curriculum to review professional issues, (v) promote policies related to the student voice, equity, fairness and social justice, (vi) identify areas for staff development, and (vii) advise the academic Head of Department about particular cases which require the constitution of a Fitness to Practise panel. The panel is established on demand when a case arises and ensures that it reviews all aspects of a case to provide an holistic awareness and assessment of the practice issues. The use of appropriate assessment tools are of vital importance as a source of objective evidence when doubts arise as to an individual’s fitness to practice (Donaldson, 2006). Our assessment criteria take stock of work context, clinical capability, health and behaviour (Donaldson, 2006). Assessment is therefore holistic and not just confined to knowledge and skills (Dauphinee, 1999). The Student Support Service department is informed at the outset that a case is reported to ensure that students are appropriately referred for counselling, financial support, medical advice or disability advice. We are keen to share some of our case experiences to gain feedback from conference participants and to talk about how our framework has reinforced a shared partnership approach to supporting and monitoring student learning in practice with our stakeholders. Our partnership approach has led to the development of further guidelines and frameworks to help practitioners and academics to identify what courses of action are required at different stages of a practice issue (minor and major misconduct).

Finally we aim to discuss outstanding issues and challenges such as whistleblowing and student disclosure throughout their programme of study and the resultant challenges for academics associated with marrying up University policies and procedures with contemporary student practice issues to promote greater awareness of issues such as plagiarism and declaration of previous convictions.

References


What is fitness to practise?
Fitness to practise is a registrant’s suitability to be on the register without restrictions. The NMC’s role is to protect the public from registrants whose fitness to practise is impaired and whose situation cannot be managed locally. In these cases NMC panels can restrict or remove registration.

Fitness to practise can be impaired on the following grounds:
- misconduct
- lack of competence
- a conviction or caution (including a finding of guilt by a court martial)
- physical or mental ill health
- a finding by any other health or social care regulator or licensing body that a registrant’s fitness to practise is impaired
• health disability, good character

Good character
Good character is important as nurses and midwives must be honest and trustworthy. Your good character is based on your conduct, behaviour and attitude. It covers examples such as someone who knowingly practises as a nurse or midwife before they are on the register, or someone who signs a student off from an educational programme while being aware of poor behaviour.

It also includes any convictions and cautions that are not considered compatible with professional registration and that might bring the profession into disrepute. Your character must be sufficiently good for you to be capable of safe and effective practice without supervision.

Once you are on a programme it is your responsibility to inform the university if your health or disability status changes so they can reassess your fitness to remain on the programme.

If you have a disability or health condition you need to consider telling others about it. This will mean you can get the support you need during the programme. You will need to decide which people to tell and how much you wish them to know. Your personal tutor would be a useful person for you to tell about your health condition or disability. They will be able to help you in getting the support you may need in practice placements.

Similarly if you receive a conviction or caution during your programme, you must inform your personal tutor or programme leader.
Second Group of Theme Sessions

Research in Nurse Education
The knowledge of nurses about medication management

**Tinne Dilles, Master in Nursing Science, PhD-student, University of Antwerp; Charlotte Verru, University of Ghent; Bart Van Rompaey, University of Antwerp; Bob Vander Stichele, University of Ghent; Monique Elseviers, University of Antwerp, Belgium**

**Introduction**
The role of nurses in pharmacotherapy seems to expand. In contrast to Belgium in neighbouring countries like England and The Netherlands, nurses can already prescribe certain drugs. In this study the knowledge of nurses about the generic names, the indications and the administration of drugs is tested.

**Methods**
With the help of a pharmacist a knowledge test in pharmacotherapy of 25 questions was drawn up. In different hospitals the questionnaires were completed by nurses under supervision of a visiting master student in nursing. Data was analysed using SPSS. A p-value <.05 was considered as significant.

**Results**
The total population of 1070 nurses consisted of 31% graduates and 69% bachelors, of whom 2% had a master degree. Besides Belgian nurses, colleagues from The Netherlands participated (6,5%). Nearly 20% worked in a university hospital. The respondents’ mean age was 36 and 21% was male.

In general 51% of the answers were correct. In the different subcategories of administration, indications and generic names of drugs, respectively 44%, 58% and 47% of the answers were correct.

The Dutch knew more about the administration and the generic names. Belgians knew more about the indications. The amount of knowledge grew with the age. However, nurses over 50 years old scored worse than their younger colleagues as generic names are concerned.

While 62% of the bachelors passed the test, only 42% of the graduates did. This difference remained after 20 years of experience. Nurses which followed additional courses after graduation also scored significantly higher. With regard to the functions, head nurses succeeded 25% more often than other nurses. Employment in a university hospital did not influence the results. When comparing critical departments, surgical departments and departments of internal medicine, indications were better known in critical departments, whereas generic names were better known in departments of internal medicine.

**Conclusions**
Nurses learn a lot about medication on the job. Pharmacotherapeutic knowledge of nurses is related to their degree of education, even after 20 years of experience. Should the role of nurses in pharmacotherapy in Belgium expand, the boundaries of the role need to be explicit, competences have to be written out and pharmacotherapeutic education has to be evaluated.

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Essences, meanings and the hermeneutic circle: exploring the lived experience of nurse mentors

**Anthea Wilson, Lecturer, The Open University, Milton Keynes, UK**

This paper introduces the initial stages of work for a PhD study that explores the experiences of mentors, and discusses lessons learnt to date. The study aims to describe and interpret the experiences of qualified nurses who are mentoring (supervising, facilitating the learning of and assessing) pre-registration nurse students in their own practice area. It seeks better understanding of the different dimensions of the mentor experience and to interpret what mentoring means to individuals in terms of their self concept, identity and emotions (both emotional labour and the management of others’ emotions), their careers and their day-to-day work. Implications for the preparation, support and development of mentors and the organisation of practice learning will be drawn from analysis and interpretation of the data.

The specific practice learning context in which nurse mentors operate is pivotal in shaping their experiences. As the current system is under strain to find sufficient placements and mentors to meet the need for pre-registration nurse education (Magnusson et al., 2007; Hutchings et al., 2005), there is a pressing need to discover more about the nurse experience of mentoring.

The overarching research question is: What is the lived experience for nurses mentoring learners in practice? It arises from the author’s previous work in the NHS as a clinical placement facilitator which involved liaising with
and supporting the work of mentors of students in non-medical disciplines in order to increase the number of available placements. The author observed the pressures under which mentors worked and the differing levels of confidence in the role and motivation to take on the mentor role, as well as variations in the level of satisfaction gained from mentoring. The value placed on the mentor role by nurses was identified as worthy of exploration, as was the emotional engagement of mentors, both with students and with the role itself. Emotional labour has many facets, often weakly described and explained in the literature. However, it would appear to be a central feature of the mentor-student relationship and extending and elaborating on understanding of emotional labour is one aim of this PhD. Therefore, the central focus of this study, the experience of nurses who mentor learners in the workplace, is conceptualised in terms of different theories of emotion, motivation, emotional labour, roles, flow and job satisfaction.

Phenomenology offers a philosophy and a methodology that allow the researcher to attend to the complex and abstract phenomena indicated above that make up human experience. The primary methodology in this study is hermeneutic phenomenology. The focus in hermeneutic phenomenology is on the lifeworld – how people perceive an experience or what it means for them. The author will take a critical realist stance towards knowledge gained (Finlay, 2006), accepting a degree of fluidity between interpretation and reality (i.e. ‘reality’ is ‘in the eye of the beholder’ and therefore interpreted, but that in itself is a ‘real’ experience for them). Purposeful sampling, to recruit 20 nurse mentors (10 in hospitals and 10 in community settings), will be carried out. Criteria are for the mentors to have completed one full mentoring relationship (one whole student placement), with no upper limit, and for them to be able to take another student during the data collection process.

Participants will be asked to: 1. Take part in two or three in-depth interviews that will be audio-recorded and transcribed verbatim (participants have the option of reviewing the transcripts for accuracy); 2. Keep an event diary in which they log mentoring events of their choosing, focusing on events that pose particular challenges or reflective learning opportunities; 3. Collaborate over analysis of themes in the data, if they wish, in the third interview. Analysis will be through theme identification and verification by participants and will include reflection on existential lifeworld themes: lived space (spatiality); lived body (corporeality); lived time (temporality) and lived human relation (relationality) (van Manen, 1997). Analysis will also involve the creation of ‘anecdotes’ that bring a concrete perspective to the findings.

Improved understanding and insight gained through this qualitative lifeworld research could shed light on a path forward for mentor development and support in nursing and other professions, as well as informing the wider issues around pre-registration education. The paper will discuss lessons learnt from the data collection activities that are in progress and an initial impression of the themes in the emerging data.

References


(T104)

Thinking with narrative: the place of narrative methodology in nurse education research

Andrew McKie, Lecturer, The Robert Gordon University, Aberdeen, UK

Narrative methodologies find increasingly prominent place within qualitative research (Polkinghorne, 1988; Sandelowski, 1991; Rapport et al., 2005). This ‘turn’ to narrative within the human sciences recognises the significance of narrative as a way of presenting, and re-presenting, the events and actions of human beings (Porter Abbott, 2002). Often, but erroneously, seen as synonymous with story, narrative’s emphases lie in temporality, intentionality, context and plot as a device giving coherence to different events. Narrative can be seen as a construction with considerable potential to shape new, and different, understanding of situations (Bruner, 1991).

In nursing research, narrative is seen as a potentially helpful way of understanding people’s lives (Holloway and Freshwater, 2007). Narrative has allowed patients’ experiences of health, illness and care to be told and related in different ways (Kleinman, 1988; Sakalys, 2003; Frank, 2004; Abma and Widdershoven, 2005; DasGupta, 2007). In addition, nurse and patient can co-create meaning through considering the act of nursing care via the writing of
personal narratives (Gaydos, 2005). ‘Thinking with’, rather than ‘about’, narratives (Frank, 2004a), suggests less emphasis on the fixity, and hence analysis, of texts. Instead, a focus is upon one’s involvement (as teller, listener and researcher) within narratives as they told and re-told.

Critiques of the use of narrative centre upon simplistic claims that it is a more ‘direct’ means of understanding human experience (Atkinson, 1997; Paley and Eva, 2005). Noting these points, this paper nevertheless argues that the use of narrative methodologies can yield important benefits for research in nurse education. This can be done if narrative’s constructivist elements as ways of structuring experience are acknowledged and recognised. Through this, demonstrating issues of trustworthiness, authenticity, credibility and fidelity can give narrative an essential framework as a sceptical, provisional but, potentially insightful, methodology (Blumenfeld-Jones, 1995).

In this paper, the place of narrative in nurse education research is considered. Framing professional nurse education in liberal and ‘whole person’ terms of ‘living as learning’ (Connolly and Clandinin, 1995; Languilli, 2000; Hermann, 2004), narrative methodology has the potential to capture something of the rich complexity of an educational experience combining various aspects of higher education learning, clinical practice and reflection on life itself. Answering Connolly and Clandinin’s (1995) question ‘what does it mean to have an education?’ may not necessarily be located somewhere in the narratives of student nurses themselves. A narrative itself may be the answer.

The author draws upon examples derived from ongoing postgraduate research into the impact of the arts and humanities, in particular literature and poetry, on the student nurses’ ethical practice within one Scottish university. Engagement with literary texts can be seen in action terms of purpose, freedom, responsibility and identity. Narrative, by its ability to summarise such action, can link this reading of texts to issues of nursing practice in various contexts via a ‘how-to-live ethic’ (Frank, 2004b). Constructing and presenting a ‘research text’ draws from multiple ‘field texts’ of focus groups, individual interviews, reflective journals and document analysis. The ‘performative’ discussion of these narratives is illustrated using two different approaches to narrative inquiry: Labov and Waletzky’s (1967) ‘structural’ approach and Clandinin and Connolly’s (2000) three-dimensional space approach. In adopting different perspectives involving researcher interpretation of data, both approaches nevertheless highlight key common features of narrative: temporality, events, coherence, significance (or meaning) and context.

In the construction of a ‘narrative research text’, the researcher is involved as an active participant. Addressing issues in data collection, interpretation and writing all suggest an essential position of reflexivity in narrative research (Koch, 1998). Issues of time (e.g. on memory) can have important effects on narrative construction (‘narrative jamming’; Porter Abbott, 2002), thus making the place of researcher journals and other field notes significant.

In all this, if the ends of education are viewed in terms of cultivation, awakening and transformation (Connolly and Clandinin, 1995), then the appropriate stance of the researcher using narrative methodology in education may be that of an inquirer employing all the nuances and intricacies of constructing a narrative, rather than that of an analyst.

References


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**T105**

**Acute and chronic coronary heart disease: results of an educational needs assessment**

*David Cochrane, Lecturer in Post-registration Nursing; Janette Palmer, Lecturer in Post-registration Nursing; Grace Lindsay, Reader in Clinical Nursing Research; Elizabeth Tolmie, Doctoral Student; Kay Currie, Head of Post-registration Nursing Division, Glasgow Caledonian University, UK*

This paper serves as a follow-up and conclusion to a theme paper presented at NET 2007 titled ‘Formulating a Web-based Educational Needs Assessment Questionnaire from National Healthcare Competencies’. The project was a joint clinical/academic collaboration and took a mixed quantitative and qualitative approach involving survey by questionnaire and focus groups allowing practitioners to share their thoughts on education provision.

Coronary heart disease is the main cause of death in the UK accounting for 39% of all deaths (British Heart Foundation [BHF], 2004). Deaths from CHD are highest in Scotland and the North of England, lowest in the South of England and intermediate in Wales and Northern Ireland (BHF, 2004). The premature death rate for CHD for men living in the Scotland is almost 50% higher than in the South West of England and around 90% higher for women (BHF, 2004). As a result of these statistics, targets for improvement have now been made more stringent with aims for a reduction in deaths from CHD in those aged under 75 by 60% [rather then 50%] by 2016. Additionally there is a specific target to reduce CHD mortality by 27% over 5 years [by 2009] for the most deprived communities (Scottish Executive, 2002).

For this to be effective, ‘all staff dealing with CHD will be required to have the relevant core competencies, skills and knowledge as set out by the NHS’. Also ‘improved training opportunities for future generations of Acute and Chronic Coronary Heart Disease specialists from all relevant disciplines’ should be an outcome (Scottish Executive, 2002).

Currently within the NHSS Greater Glasgow and Clyde area, there are limited opportunities for postgraduate training in the preventive aspects of care of those with CHD. The development of local training programmes would support basic CHD care skills as well as specialist skills (Scottish Executive 2002). There is an emerging belief that it is no longer sufficient for staff to be equipped with only knowledge and skills for their job, they must also seek to contextualize competencies into effective performance in new situations.

The project was driven by an online educational needs assessment tool which was underpinned by the pre-existing NES healthcare competencies in coronary heart disease (NES, 2004). Key health professionals working in acute and chronic coronary heart disease in the acute, rehabilitation, and primary care sectors were surveyed in order to:

- ascertain current levels of educational and skills attainment
- inform an educational needs analysis, and mapping exercise against the core competencies developed by NES (2004)
- underpin the proposal (and development as appropriate) of courses with relevant educational stakeholders.
The questionnaire was initially sent to 300 clinicians including: practice nurses, cath. lab. nurses, acute cardiology nurses, cardiac rehabilitation nurses, heart failure nurses, rapid access chest pain nurses, out-patient nurses, physiotherapists, clinical psychologists for cardiology rehabilitation, general practitioners, cardio-thoracic surgeons, consultant cardiologists, a/e consultants, consultants in medicine for the elderly, cardiology technicians, dieticians, cardiology pharmacists.

Subsequent to data collection via survey questionnaire the focus group technique was employed as a means of capitalising on group interaction to facilitate collection of rich responses to the questions posed (Kenny, 2005). The application of focus groups is supported in the literature with several advantages being outlined; it encourages interaction between participants, enhances the quality of the data and is useful for eliciting the participant perspective (Barbour, 2005; Patton, 2002). Data analysis yielded four clear themes representing the CHD education experience of the participants. Further sub-dividing the themes gave rise to a number of sub-themes and categories.

Themes /Sub-themes/categories:
1. Influences
   a. Increased expectations,
   b. Contemporary developments,
   c. Growing evidence base,
   d. Diversity of cardiac disease,
   e. Co-morbidity.
2. Topics
   a. Clinical sciences,
   b. Psycho-social support,
   c. Health promotion,
   d. Self management,
   e. Case/event management,
   f. Rehabilitation,
   g. Palliative care.
3. Modes of delivery
   a. Learning in practice,
   b. Learning community,
      i. From peers,
      ii. From experts,
      iii. From patients,
   c. Customised,
   d. Pick and Mix,
   e. Placements,
   f. CPD/Accreditation.
4. Constraints
   a. Sourcing,
   b. Access to learning,
      i. Employer support,
      ii. Staffing levels,
      iii. Competition for places,
   iv. Finance,
   v. Dedicated time.

Through rigorous data analysis the research team have recommended that the NHS board should:
1. Establish a formal career framework assimilating NHS Knowledge and Skills Framework banding, NHS Education for Scotland competencies and Scottish Credit Qualifications Framework levels.
2. Formulate a comprehensive continued professional development (CPD) strategy which incorporates professional development planning (PDP), to support creation of evidence to progress through the award gateways in Agenda for Change.
3. Promote the CPD strategy via the managed clinical network for coronary heart disease and establish a steering group of key stakeholders to help facilitate its implementation.
4. Establish a managed knowledge network to disseminate evidence based knowledge and promote contemporary developments in CHD.
5. Formulate a service based community of practice to serve as a learning resource and support access to learning opportunities within the practice area.
6. Maintain a database of learning opportunities which map against the NES competencies for CHD and the main KSF dimensions.
7. Employ work based learning underpinned by learning contracts to allow staff to achieve objectives set and agreed at the POP stage.
8. Agree strategies to enable approval and accreditation of learning with appropriate professional bodies and HEIs.
Narrative as a research method in understanding experiences in nurse education

Maria Joyce, Senior Lecturer, University of Lincoln, UK

The purpose of this core paper is to explore narrative research methods. In particular it considers them as a tool for research in the area of nurse education and researching the experiences of nurse educationalists. Narrative derives from a long history of literary tradition and is increasingly used as a research method. Narrative in essence is the stories of our lives and the stories of the lives of others. Narrative is open to interpretation. This interpretation develops through collaboration of researcher and respondent or story teller and listener. Narrative, explored through interpretive research allows access to the respondent reality via their socially constructed stories. As a term it is a many sided concept. This paper considers the distinct features of narrative, highlighting the potential for overlap within the terms of life history, life incidents, story telling, biography and autobiography. The paper concludes by outlining the possibilities available for collecting and presenting narrative data.

The term narrative may relate to both the research method and the phenomenon (Pinnegar and Daynes, 2006) or the phenomenon and the process (Connelly and Clandinin, 1990). The terms of life history, autobiography, biography, life story and narrative ‘define one another in terms of difference’ and ‘every term carries a trace of the other terms’ (Denzin, 1989:47). Narrative as data acquired through research may utilise story telling, life history, in depth interview, biography or focus group (Letherby, 2003). These definitions highlight not only the similar features within narrative and but also the lack of neat categories. The use of narrative although fitting the aim of the final research study remains a many-sided concept.

Narrative may be used in shaping the presentation of an individual’s view of how they see themselves inspirationally and literally. Culturally it can be used to facilitate the sharing of belief systems and the positioning of shared values (Barthes, 1975). Narrative has been defined as first and second order (Carr, 1997). The first order narrative is where the individual tells the stories of themselves or about themselves, classified as ontological narrative. The second order narrative is the researchers’ account of the other stories used to present explanations of social and cultural knowledge, described as representational narrative (Somers and Gibson, 1994). Narrative is broken down into elements of social context where from one perspective the focus is on the individual, the interaction and narration of their everyday lives and conversations, the ‘….joint actions in local contexts’ and the other, where the focus lays with the individual within their social environment and society in general ‘…..into wider negotiated social worlds’ (Plummer, 1995:24).

The presentation of narrative generally forms a linear style, commencing in a certain place and then moving forward logically having a beginning, middle and end. It can neat and logical, in stark comparison to the ubiquity of real life experiences. This logicality omits to tell the whole story, presenting one aspect of experience, generally one that the respondent prefers to project or feels is most relevant to the researcher and a tension may arise when the respondent narrative is presenting as something it is not in actuality representing and does not uphold their purported view (Silverman, 2006:167).

Narrative is a form of communication that is either presented in the first person, as the account of the first person or relates to characters in a story, told by another. The narrative approach is seen as pertaining to form and structure as well as the discovery of social information and is employed within the qualitative paradigm (Silverman, 2006). Narrative is often ascribed to the data acquired through research; utilising story telling, life history, in depth interview, biography and focus group (Letherby, 2003). There is increasing interest in relating the concept of narrative to techniques within quantitative paradigms. One example of this is the chronological approach exhibited in statistical data handling; including not only the temporal element but also the knowledge.
and meaning from which the framework of the acquired data develops and hence variables are unfixed (Elliott, 2005).

This core paper assesses narrative for unique features and applications. It is structured in four sections, the first of which is 'types of narrative'. This looks at the meaning of narrative, as a research method and a vehicle for providing the individuals story. Then discussing life history, life incidents, story telling, biography, autobiography; affording the opportunity to outline the distinguishing characteristics of each approach whilst identifying potential for overlap. The next section 'Collecting narrative data' reviews the possibilities of interviews, diaries and secondary sources, discussing the pros and cons of each source of data collection. The next section 'Presenting narrative data' looks at the variety of ways narrative data might be presented including thick transcript, poetry, plays, video clips, audio clips and diaries. The final section concludes the paper drawing together findings and summarises the exploration of narrative.

References
Second Group of Theme Sessions

Student Experience A
A study of students and lecturers' perceptions of the anticipated need for, and experience of, support within pre-qualifying nursing, midwifery and social work programmes of study

Annette McIntosh, Associate Dean; Jan Gidman, Senior Teaching Fellow; Kat Melling, Research Officer, University of Chester, UK

This paper will report on a research study which explored students’ and lecturers’ perceptions of student support within nursing, midwifery and social work curricula.

In most professions the attrition rates during education programmes is a major concern for a number of reasons. Firstly, it is financially wasteful in terms of the money that has been used during the course of education. Secondly, it is wasteful in relation to the time spent in educational preparation, which results in unfulfilled qualified staff. Thirdly, it leaves a shortfall for the profession itself. Fourthly, attrition means that a failed place may well have prevented another student attending the course, who may well have been more successful. It is fair to say that there are few winners in attrition rates. The problem of attrition and of ensuring student retention and success is a complex issue which has been given considerable attention in many professions.

A comprehensive literature search was undertaken at the start of the study. While there are a wealth of published studies focussing on attrition (e.g. Pascarela and Terenzini, 1991), there have been few studies which have set out to identify the nature and extent of the support required by students to succeed within the curricula.

The issue of student retention is a high priority for governments internationally (Tait, 2004; Zepke and Leach, 2005; Yorke, 2004; Yorke and Longden, 2004). Correspondingly, like many in professional education, the researchers’ Faculty of Health and Social Care prioritised reducing student attrition as a strategic and operational imperative. The literature on student support identifies many of the factors involved, including the crucial role of the personal tutor within the academic setting (e.g. Gidman, Humphreys and Andrews 2000; Gidman, 2001; Lawrence, 2005). The project therefore included this role; it explored perceptions from both the student and the academic staff viewpoint and also contextualised the system of student support within the researchers’ organisation and within the broader national picture.

The aims of the study were to:
• explore and describe the perceptions of students and lecturers regarding the support required and received within curricula;
• develop a framework of student support, based on the findings, for implementation and evaluation.

The study employed a mixed method, triangulated approach, utilising both quantitative and qualitative research methods. The quantitative method involved survey questionnaires, using both open and closed questions, eliciting responses which were quantitatively analysed and depicted using descriptive statistics.

The qualitative method involved semi-structured focus groups, undertaken with a sub-section of the respondents from the quantitative phase. These were transcribed and the process of analysis undertaken in line with three interrelated aspects of qualitative data analysis identified by Miles and Huberann (1994). This involved data reduction (selecting, grouping and summarising the raw data), data display (developing a system to view the data in reduced form) and conclusion drawing (extrapolating meaning from the reduced organised data in the form of regularities or patterns).

The samples were drawn from the following populations:
• new students undertaking undergraduate full-time programmes in nursing, midwifery and social work
• students within the last 6 months of undergraduate full-time programmes in nursing, midwifery and social work
• lecturing staff in the faculty of health and social care.

This paper will highlight the main findings of the study, from which a strategy for student support is being developed and implemented within the curricula. A framework addresses the multi-faceted nature of student support, including Faculty, University and practice-based support mechanisms. The framework incorporates implications for the roles of personal tutors, module and programme leaders within the Faculty, University support staff and practice partners. Students were at the heart of the development of this support strategy and will be involved in evaluating its effectiveness. Ultimately, it is hoped that this innovation will facilitate students to succeed within the preparation for their chosen profession.

References


**Living with chronic illness: the perspective of BSN students**

*Mary Ann Dailey, Assistant Professor of Nursing, Kutztown University of Pennsylvania, USA*

What is the experience of having a chronic illness while caring for the chronically ill? Do these caregivers face unique challenges? Are the challenges further compounded when the chronically ill caregiver is a student nurse? Because research on the chronically ill Baccalaureate nursing student (BSN) is limited, this study was designed to learn about their lived experience.

Since the aim of this study was to understand human experience, phenomenology was used as the research methodology. Following institutional review board approval, purposive sampling yielded ten BSN participants, each of whom had one or more diagnosed chronic illness. Subject interviews were tape-recorded and verbatim transcriptions were analyzed through the seven-step Colaizzi (1978) method. Themes with similar associations were extracted from phrases and sentences and placed in clusters. Transcripts were reviewed to confirm the theme clusters and create a thematic map, from which the narrative description of the lived experience evolved. Findings were confirmed with selected participants whose comments were incorporated into the text. An ongoing audit trail maintained auditability, while a blind peer review with comparison of findings attained transferability.

Four major themes emerged as follows: (1) Portraying illness as a part of self, (2) dealing with the behaviors of family, friends and faculty, (3) enduring the restrictions of illness, and (4) becoming a caregiver. Delineation of the major themes generated fifteen aspects: Needing to be normal; refusing to allow the illness to win; viewing illness as a personal problem; developing an inner strength; encountering supportive behaviors; handling parental overprotection; interacting with faculty in positive and negative ways; uncovering a universal lack of understanding; realizing stress can be an exacerbating factor; experiencing fatigue; dealing with the pain; fearing the complications of illness; distinguishing between medication side-effects and complications of illness; being a resource person for others; and, bonding with the chronically ill.

Previous phenomenological research (Appleton, 1990; Beck, 1991; Beck, 1992; Halldorsdottir, 1990) and the current study demonstrate that nurturing increases self-esteem, personal worth and the desire to support the needs of others. Though illness can cause pain, stress and fatigue, it also creates an inner strength and an intuitive understanding about one’s body and the effects of illness. This heightened awareness of self enables a deeper understanding about the plight of others. Sharing this knowledge with peers creates mentoring moments that promote personal and professional growth, and mutual understanding.

**References**


(T109) 

Portfolios: friend or foe. An investigation into the perceptions of student nurses on the Open University supported open learning pre-registration nursing programme of their practice portfolios

Lesley Holland, Senior Lecturer; Jill Buckeldee, Programme Tutor, The Open University, Milton Keynes, UK

Background

The Open University pre-registration nursing programme is a relatively new work-based model and is unique in terms of its mode of delivery and student support. Health care assistants are sponsored by their employers to study towards nurse registration. The use of portfolios in nursing practice is a central element as a means of assessing students’ achievement of Nursing and Midwifery Council Outcomes/Standards of Proficiency (NMC, 2004) and in determining their progression towards registration. The portfolio is the evidence base for students to demonstrate their competency and forms the bridge between theory and practice.

Scholes and Webb, et al. (2003, 2004) have investigated how portfolios are used in nursing; how evidence is collected; and how they are used to assess practice. Their findings have described the complexity of and how students adopt various methods of collecting and assembling this evidence. They conclude:

‘A portfolio captures learning from experience, enables an assessor to measure student learning, acts as a tool for reflective thinking, illustrates critical analytical skills and evidence of self-directed learning and provides a collection of detailed evidence of a person’s competence.’

(Scholes et al., 2004, p.595)

Aim

The exploratory study on which this paper is based aimed to investigate students’ perceptions of their portfolios in practice. It explored the way students viewed their portfolio and how they came to terms with the task of building evidence to support their achievement of the NMC requirements. Interest was stimulated in this area by the reports from Open University programme tutors of how difficult students found this process, especially in the early stages of their study on the programme.

Methods

Both quantitative and qualitative approaches to data collection were used but this paper focuses upon the qualitative findings.

Ten interviews were carried out with a self selecting group of students from one region of the UK in which the Open University pre-registration nursing programme is delivered. Students were asked ‘How did you get on with your portfolio?’ Follow up questions asked about how they used the portfolio; whether it enhanced their learning; and whether their perception of the portfolio changed as they progressed through the programme.

The interviews were tape recorded and the content analysed to identify emerging themes and issues.

Findings

The interviews identified some very thought provoking themes. Students initially viewed their portfolios very much as the enemy and that they were reluctant to engage with the process of collecting evidence and to demonstrate how they had met the Outcomes/Standards of Proficiency set by the professional body. One student commented that she was completely overwhelmed by it and threw it across the room. This was at the start of the first practice period in which students were initially introduced to their portfolios.

As their journey progressed their perception of the portfolio changed quite dramatically. Ultimately it was perceived as an extension of themselves, a friend. Students articulated that their portfolios became the means by which they demonstrated their changing identity in their transition from health care assistant through student nurse to registered practitioner. It became a very individualised and personal illustration of their increasing knowledge, skills and experience. If they were parted from it for any length of time, for example when it was submitted to a mentor for verification, the student felt as if a part of them was missing. The process of moving from one extreme to the other clearly involves an intense struggle. The factors affecting this progression are discussed, for example the importance of a good mentor. There is also a debate as to how much this struggle is a necessary component of the process that students must go through in order to develop as reflective practitioners.

The process of portfolio building was also investigated and was found to be driven initially by the need to provide evidence to meet the professional body outcomes of competence. Students commenced by looking at these outcomes and identifying ways of meeting them, rather than using a holistic approach to patient care and then mapping the care delivered to the outcomes met through that care episode. This indicates that these students were initially educationally immature learners.
**Conclusion**

As students progress through the courses there is evidence of a developmental journey as they struggle to come to grips with the portfolio. There was evidence of more advanced holistic thinking as they progress in the programme. There appears to be a necessary battle for learning and the portfolio is both a friend and a foe and sometimes both simultaneously.

The research has led to the identification of a number of areas for future research and consideration by the programme team for the curriculum.

- The concept of struggle in portfolio building
- Student's initial approach to portfolio as a predictor of outcome
- How the portfolio helps with role transition
- Specific factors that help with seeing care more holistically
- Collecting evidence and the role of journals.

**References**


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**Capturing the student voice**

*Dee Hellings, Senior Lecturer; Natasha Lewis, Programme Administrator; Curie Scott, Senior Lecturer; Elaine Sharp, Senior Lecturer, Canterbury Christ Church University, UK*

The Nursing and Applied Clinical Studies Department (NACSD) Student Liaison Communication Sub-group (the group) was formed to investigate ways to improve the education experience of adult nursing students, registered on the interprofessional pre-registration diploma and degree programme, specifically in relation to communication. It was necessary to find an effective way to capture the student voice. The group members worked in both academic and administrative capacities and this paper tracks the process used to acquire, collate, analyse and disseminate information on students’ satisfaction with their education experience. Findings would be used as baseline data to improve current student experiences and to inform curriculum development.

Governance in nurse education is part of the quality movement and nationally it runs parallel to the requirement for governance in the provision of health and social care. Implementation of clinical governance processes has been a requirement of statutory national health services, across the United Kingdom, following implementation of the White Paper *A First Class Service Quality in the new NHS* (DH, 1998). Other types of governance include financial, integrated, research and corporate. The driver behind governance is accountability for the continuous improvement of quality in the provision of services.

Students are clients in education and it was essential, as an initial and ongoing part of the governance process, to obtain and acknowledge their views on the service provided by both academic and support staff at the university. It was decided that a study, addressing the issue of communication between students and staff at the university, would take the form of a student satisfaction survey. This student survey was part of the education governance initiative. Use of a satisfaction survey would enable the students to express their views and provide information to inform and improve practice. The driver for this project pre-dated the inclusion of NHS funded students in the National Student Survey. It was intended that resultant data would compliment any prospective information available from that source. As it was important to keep the questionnaire short and user friendly to encourage completion, the questionnaire contained six quantitative questions, using a Likert scoring scale, followed by one open ended question ‘What do you think would improve communication between students and staff?’ to enable the collection of qualitative data. The questionnaire design guaranteed students anonymity and was administered after approval was gained on completion of an ethics review checklist.

The students were to be asked:

1. How effective do you think the communication system is, between staff and students, in terms of tutorial support for specific modules?
2. How effective do you think the communication system is, between staff and students, in terms of the personal tutor systems?
3. How effective do you think the communication system is, between staff and students, in terms of communication using Blackboard?
4. How effective do you think communication is, between staff and students, in terms of email?
5. How easy is it for you, as a student, to contact academic staff by e.g. making appointments, telephone contact etc.?
6. How easy is it for you, as a student, to make contact with administrative staff by e.g. making appointments, telephone etc.?

To gain necessary information the group needed to target as many students as possible and to provide anonymity for responses. This survey was made available to all adult nursing students on an Interprofessional Learning Programme.

Following discussions, with a learning technologist in the Faculty of Business and Science, it was possible to produce a web based questionnaire using the assessment section of the Virtual Learning Blackboard programme. Using the assessment part of Blackboard for student surveys was an innovation in this Department and as a pilot venture, if successful, would mean that it would be possible to readily access student opinions on other issues. It also meant that the questionnaire would be easily accessible to all adult nursing students, anonymous, convenient to complete and manageable for collation and analysis purposes.

The questionnaire was posted on the web and made available to students for a one week period. All students were emailed to inform them of the questionnaire, the purpose of the activity, the timescale and potential uses of subsequent information. The response rate of 7% reflects the competing demands on students’ time. The majority of students, completing the quantitative questions, also completed the open ended question providing valuable information which was subsequently themed for analysis purposes.

The resultant data formed the basis of a report which was submitted for dissemination to colleagues responsible for curriculum planning, student services and various other student related activities and committees. The data, which complemented the information provided by national surveys, was particularly useful in that responses were the voices of students registered at this university and, could be interpreted immediately in relation to their experiences.

It is envisaged that the same system of data collection, using web based questionnaires, could be used across all Pathways of the programme, as part of the governance process, to gain information about a number of issues impacting on the students’ education experience.

Reference

(T111)

Roles and realities: evaluating the development of nurse endoscopists
Kay Currie, Head of Division; Marty Wright, Senior Lecturer; David Cochrane, Lecturer, Glasgow Caledonian University, Scotland

As the modernisation agenda within the NHS takes hold (SOHD, 1997; SHED, 2006), blurring of role boundaries and an increased patient focus to service delivery has meant that opportunities have emerged for nurses and other professionals to develop new roles to take forward clinical initiatives. One such opportunity has been the introduction of nurse endoscopists. Following a request from a multidisciplinary team of practitioners working in endoscopy related service areas across the West of Scotland, in 2002, the Nurse Education Development Unit of the Division of Post Registration Nursing and Health at Glasgow Caledonian University introduced the only academically accredited educational and skills based nurse endoscopy programme in Scotland.

This degree level programme incorporates professional issues in advancing practice, safe practices for clinical procedures, sedation, analgesia and reversal agent practice during therapeutic procedures, and upper and/or lower gastrointestinal endoscopy knowledge and skills. As well as theoretical instruction, students undertake an intensive simulated skills development programme before supervised clinical practice. Assessment involves OSCE, a clinical skills log, a portfolio of clinical evidence, evidence based academic essays/case study and a pathophysiology exam. On successful completion of the programme, practitioners are involved in endoscopic examination of patients requiring gastrointestinal related screening, diagnostics, and if appropriate, therapeutic interventions with patients who have been referred by a consultant.

Following the success of initial cohorts, in 2005, NHS Education for Scotland provided funding for additional student places in order to boost the numbers of non-medical endoscopists and reduce patient waiting times. To
date, over 50 students have undertaken this programme, which has now successfully been extended into a model for cystoscopy and colposcopy education and skills training.

However, although there is little written specifically about endoscopy practitioners, evidence from the literature highlights the complex and challenging nature of transition into specialist or advanced practice roles, particularly into areas where an individual may be the trail blazer for new initiatives. Contextual factors have been found to strongly influence the practitioner journey, with the line manager playing a crucial role in helping or hindering developing practitioners to transfer their learning to the clinical setting (Currie et al., 2007). Lack of understanding of the new role by colleagues is widely acknowledged as constraining role transition (Draye and Brown, 2000; Heitz et al., 2004) and mismatched expectations between practitioners, their colleagues and managers may generate frustration (Woods, 1999; Ewens, 2003). Conversely, a key element for successful transition is often the support offered by a credible mentor, who not only ‘sponsors’ access to effective learning opportunities but can share expertise to enable development.

As new endoscopy initiatives come forward and the role of non-medical endoscopists extends, it is timely to evaluate the impact of this educational preparation on service delivery. Beginning in January 2008, NHS Education for Scotland commissioned a team from Glasgow Caledonian University to evaluate the impact of the non-medical endoscopy development programme.

Adopting a responsive evaluation methodology (Stake, 2004), the evaluation was conducted using a mix of audit, survey and structured interview/focus group techniques as the best means to address the study objectives, which included:

- Describing the roles and range of work these new practitioners are undertaking
- Nurse endoscopists ratings of their educational training, provision of mentorship and support, provision of training lists
- Nurse endoscopists perceptions of the difficulties / obstacles experienced in obtaining training
- Supervisors of trainee nurse endoscopists views on the provision of mentorship and support, provision of training lists, the value nurse endoscopists have added to the team, difficulties / obstacles experienced in providing training to staff, benefits from utilising newly qualified staff.

This paper will present the results of this evaluation study, highlighting the outcomes, strengths and limitations of the NHS Education for Scotland funded project to develop the nurse endoscopy workforce. Discussion will focus on key aspects of the experience of student nurse endoscopists as they transition into their new roles. It is anticipated that the evidence from the experience of endoscopy practitioners will resonate with that of other new role initiatives and that the findings will add to existing knowledge of professional role transition.

References


Second Group of Theme Sessions

Student Experience B
Supporting the development of professional behaviour in student nurses: an online student and mentor resource

Claire McGuinness, Lecturer (Child Nursing/Learning and Teaching Team); Terry Corcoran, Senior Lecturer (E-learning), Glasgow Caledonian University, UK

The scholarship of nursing differs from that of many other university-led programmes of study. It could be argued that one of the most obvious differences is the way in which student nurses must learn to adapt with relative speed to an ever changing clinical environment. Simultaneously they must undertake the rigours of academic study at university (Chesser-Smyth, 2005). Both government and professional regulatory bodies recognise the uniqueness of this challenge and subsequently endeavour to emphasise the importance of the clinical experience to all involved in nurse education (Department of Health: DH, 1999; Scottish Executive: SE, 2006; Royal College of Nursing: RCN, 2006; Nursing and Midwifery Council: NMC, 2006).

In recognition of the academic challenges, and in a bid to support fledgling student nurses during the initial formative year of their career, a team from the School of Nursing Midwifery and Community Health (NMCH) of Glasgow Caledonian University (GCU) embarked on an action research project (Enhance) to develop a programme of academic study skills tailored specifically to the meet the needs of those entering the nursing profession (Enhance Project: NET Conference, 2007; Andrew et al., 2007; QAA, 2005). The project results, when evaluated post-delivery, suggested that a significant proportion of students found this intervention useful at the time (67%) and could also appreciate how these new skills could be useful when undertaking future academic work (68%) (Andrew et al., 2006).

The successful outcome of this action research (and the integration of Enhance activities into the Diploma/BN nursing programme at revalidation (GCU, 2007)) led the Learning and Teaching Team of NMCH to consider additional support mechanisms for student nurses entering the clinical area, not only for the first time, but for subsequent clinical placement experiences. The need to provide robust support for students and their clinical mentors has become more acute following the withdrawal of clinical visits by academics as part of the new programme design and concurrent revision of academic roles. Since student integration is recognised to be a key factor when initiating a positive student/mentor relationship (Orland-Barak and Wilhelmen, 2005) it became apparent that it would also be beneficial for mentors to be able to access any support mechanism developed.

Project Aim

'This project aims to provide both students and mentors with an opportunity to develop aspects of their professional practice and behaviours and to enhance their collaborative working relationship. It is anticipated that this will involve the development of a single online resource which meets the needs of both students and mentors. It is acknowledged that integral to the achievement of this aim will be collaborative working of both service and nurse education provider and the development of a one-stop online resource underpinned by a continuous monitoring process for both quality and effectiveness.'

Wider Objectives

- To build on the collaborative working ethos already in existence between nurse education providers and service providers
- To provide readily accessible relevant information to support students and mentors when working together to achieve clinical competencies in the practice area
- To continue to raise the profile of the student/mentor relationship and develop greater understanding of its importance when educating novice practitioners
- To foster the development of a group of communities of practice focusing on the needs of students on placement and their clinical mentors
- To create and sustain a robust communication mechanism as a foundation for peer-to-peer support of mentors

An action research framework which includes problem identification, planning, action and evaluation (Waterman et al., 2001) is the chosen methodology for the project.

The first phase is already underway. School Ethics approval was granted to distribute two evaluatory questionnaires to all first year nursing students undertaking the Diploma/BN programme (NMCH). The first survey was distributed during the week preceding students’ first clinical placement (Evaluation 1), followed by the second questionnaire immediately upon return to campus (Evaluation 2). This test re-test approach was adopted to identify whether the students’ perceptions of professional practice had changed as a result of time spent in the clinical area – in effect allowing the reliability of the questionnaire to be tested (Polit and Beck, 2004).
In response to one of the key questions ‘would an online resource for students/mentors be useful?’ 65% of students indicated that they felt this would be of benefit. The same question, when asked immediately after the first placement, resulted in a similar response rate of 64%. These results suggest that the students’ perceptions had not changed significantly as a result of exposure to the clinical environment. In addition, the responses generated from the remainder of the questionnaire, in conjunction with the students’ free-prose comments at the end, have facilitated the identification of key themes to guide the planning and development of an online resource.

The online resources are at an early stage of development (Spring, 2008). Currently, the plan is to build public-facing static information pages with an RSS feed for automatic notification of content updates, a query/search engine linked to FAQs and a closed blog (for mentors). The site will also contain various URLs of relevance to mentors and students including a ‘live’ news page.

The representatives of the team submitting this abstract would welcome the opportunity to engage in discussion with fellow professionals and students alike. It is anticipated that, if made available, this opportunity for debate will enhance the ongoing work of the project team and will further support the development of this resource.

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(T113)

Strategies and ‘tricks’ to support a positive student experience
Patricia Ware, Dyslexia Support Tutor; Lucy Stainer, Senior Lecturer Bournemouth University, UK

The following abstract discusses the background, development and future of a tool, namely a notebook that supports student nurses in practice, to undertake ‘safe and effective practice’, with particular reference to student nurses with dyslexia.

Through changes to the entry requirements to pre-registration nursing, in support of the government’s drive to increase student numbers, the eligibility to become a student nurse has increased (DH, 2000a; DH, 2000b). With this has come widening participation, with increasing numbers of students entering the profession from many new backgrounds.
and varied backgrounds. With their many different needs and expectations, listening to the students is required to ensure they have a positive and rewarding student experience. Many are mature students, with ‘family commitments and financial restraints’ (Morgan Moore, 2007) some of whom are now gaining a qualification through the Open University’s (OU) newly developed diploma, where students can remain working while the study for the diploma. The OU has recognised the high level of support these student need has helped provide the positive student experience which leads to success (Morgan Moore, 2007). Widening participation has also allowed an increasing number of students nurses with dyslexia to apply to nursing programmes (Singleton 1999, Dearing, 1997; DH, 1999) with figures suggesting one in ten student nurses are dyslexic (Harper, 2007).

Up to now there has been a widespread assumption that the academic support provided for dyslexic students is both adequate and appropriate for the practical aspect of their training (Martyn, 2000), with practice constituting 50% of their programme. However, there has been little identified literature describing their experiences in placement (Martyn, 2000), or the support they require. Add to this the core negative attitudes towards dyslexia in clinical practice (Wright, 2000), an increasingly stressful and complex practice environment (Gooding, 2005), and an ever expanding and developing role of the qualified nurse (DH, 2000b), the student nurse requires appropriate and adequate support if the student experience is to be positive.

These aspects were highlighted in an article ‘Learning to live with dyslexia’ where Victoria Harper describes her dilemma every time she started a new placement, and the strategies, or ‘tricks’ she had to develop, over time, to help her cope (Harper, 2007)

This need to develop adequate and appropriate support and strategies has been an ongoing debate over the past couple of years, for the researchers (Stainer and Ware). The research undertaken by Stainer (2004), used a phenomenological approach to explore the students own perception of the impact of their dyslexia in clinical practice. The study confirmed that dyslexia did impact upon the student experience, and that a positive experience was needed for the student to succeed. The research also found there was no formal support tool to aid the student, and many mentors were unsure as to how to support students with dyslexia in practice.

The Association of Dyslexic Specialist in Higher Education (ADSHE) also recognised the need for appropriate support within practice and, with ourselves (Stainer and Ware), developed Guidelines to Support Student Nurses in Practice (2006). These guidelines are lengthy, and to be of practical use, within placement, an alternative format was required. The notebook was developed to be both a practical tool, that could be used in practice, and contained all the practical support strategies the original guidelines contained. The notebook provides the nurses with ownership of their learning through its three main aims, and its unique design, that engages those that support the student.

The aims are:

- to assist the nurse to identify their challenges in practice
- to aid discussion with their mentor/preceptor on what strategies they can use, to overcome these challenges, and what support is needed
- to develop strategies so as to become safe and effective practitioners (pertinent requirements for the Nursing and Midwifery Council (NMC)).

This notebook is now part of a research project that Lucy Stainer and myself are undertaking. Overall we are evaluating its use in enhancing the student experience through providing the strategies, or ‘tricks’, as Victoria Harper called them, within 11 specific skills areas that nurses encounter within their working day i.e. receiving and giving handover, reading, retention of information, documentation and medication.

The student experience will be the focus point for this presentation, with the research, and specific questions about whether it enhances the student experience, and if so how and why, will be reviewed. The research will also investigate what strategies are used by the students, and when, so that these strategies, identified by the students as an important aspect of their support, and skills development can, in the future, be incorporated into the Nursing curriculum, at the appropriate time, thus helping in the provision of a positive supported learning experience.

Preliminary findings have indicated a very positive response to the notebook, with comments from students including ‘it increased my confidence’, ‘provided a quick reference especially for time management’, and ‘helped me to identify how to improve my practice’.

References


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(T114)

**Can you see the woods for the trees?**

*Angela Whelan, Senior Lecturer CPD; Lai Chan, Academic Lead, Edge Hill University, Ormskirk, UK*

E-learning has grown tremendously over the past several years as technology has been integrated into education and training (Klein et al., 2006). ‘E-learning’ may be defined as ‘instruction delivered electronically via the Internet, Intranets or multimedia platforms such as CD-ROM or DVD’ (O’Neill et al., 2004: 313). Since many students today have access to direct Internet connections, e-learning is often identified with web-based learning (Hall, 2004). Many writers refer to ‘e-learning’, ‘on-line learning’ and ‘web-based learning’ interchangeably. E-learning can be implemented in a variety of ways, such as through the use of self-paced independent study units, asynchronous interactive sessions (where participants interact at different times) or synchronous interactive settings (where learners meet in real time) (Smart and Cappel, 2006).

The term ‘blended learning’ has gained considerable currency in recent years as a description of particular forms of teaching with technology (Oliver and Trigwell, 2005: 17). Arguably, it can be claimed that teaching and learning has always combined varying teaching philosophies and methodologies to engage the learner (Williams, 2002). However, developments in technology have created new opportunities for students to interact with their peers, faculty and content; inside and outside the classroom (Candy, 2000; Wall, 2004; Bond et al., 2006). Indeed, Clarke and James (2005) suggest the concept of blending refers to the infusion of Web-based technologies into the learning and teaching process. In practice however, the term blended learning has multiple learning definitions and approaches (Moore and Aspden, 2004; Sit et al., 2005; Sharpe et al., 2006).

Whitelock and Jelfs (2003: 2) opened a journal special issue on the topic of blended learning offering three definitions:

1. The integrated combination of traditional learning with web-based online approaches
2. The combination of media and tools employed in an e-learning environment
3. The combination of a number of pedagogic approaches, irrespective of learning technology use (drawing on the work of Driscoll (2002)).

The first interpretation is perhaps the most common (Oliver and Trigwell, 2005). The second is also widespread, although sometimes advocated in a more general form as concerning ‘models that combine various delivery modes’ (Singh, 2003: 51) rather than privileging e-learning (Kerres and DeWitt, 2003; Sit et al., 2005; Weiss, 2005; Nevgi et al., 2006). Singh (2003) develops his initial definition to provide a more substantial description that elaborates on the third possibility, based on what he sees as a much richer set of learning strategies or dimensions that can be blended in ways such as offline with online; self-paced with live, collaborative; structured with unstructured and bespoke with on-the-shelf; for example.

This array of definitions reflects the flexible approaches afforded to many of our students who are now offered increasingly exciting and sexy combinations of on-line or e-learning. Amidst this deluge of technology, it is imperative that the lecturer seeks to ensure that the student is not lost in a jungle of jargon. Since students’ learning can be influenced by their satisfaction with the learning experience, it is imperative to consider the students’ viewpoint relating to this new teaching and learning method (Selwyn, 2003; Sit et al., 2004; Sharpe et al., 2006). There is however, a general agreement that the perspective of the learner experience is under-
represented in e-learning research (Selwyn, 2003; Saunders and Pincas, 2004; Sharpe et al., 2006). Indeed where students have been asked to share their perspectives, there are examples of student experiences being markedly different from those reported by staff.

The lecturer needs to develop a toolkit that includes, continual investigation that is student centred to inform our practice, otherwise we run the risk of prescriptive delivery and lose the very essence of care that led most of us into nursing and then into education.

**Learning outcomes**

During this session we aim to:
1. Consider how we can evaluate learning using technologies
2. consider e-learning from the perspective of the student
3. Align design, curriculum, teaching and learning for education

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(T115)

Student evaluation on course implementation in a university/hospital collaborative undergraduate nursing programme

Suet-lai Wong, Lecturer, The Open University of Hong Kong, Hong Kong

The child and adult nursing is one of the core courses for the bachelor of nursing with honours in general health care programme. It is a collaborative course of The Open University of Hong Kong and Private Hospital in Hong Kong. This course aims to enhance year two students’ nursing care abilities to adults and children by the holistic, client-centred and problem-solving approaches. This course has four hours of lecture and two hours of tutorial per week throughout the 26-week course period in the collaborative hospital. The lectures and tutorial are conducting by clinical teaching staffs. After this course, students would have the 14-week clinical placement in this collaborative hospital also. This was the first presentation in 2006.

A course evaluation survey was conducted at the end of this presentation. There had fifty-six out of sixty-one students answered to this survey. The response rate was ninety-two percent. Student attendance rate was more than 80% which had met with the Nursing Council requirement for registration as a registered nurse by the end of this programme.

Over seventy percent of responses commented this presentation positively. They stated that it was good to familiar the hospital environment and culture through the sharing of clinical staffs’ experiences. Around ten percent of responses claimed that they loved this hospital very much and would like to have placement as soon as possible.

Over ninety-percent responses appraised the course which was very practical and relevant for nursing their clients. The case scenarios discussed in tutorial were interested and motivated them to think critically. They also rated the performance of the clinical teaching staffs in the collaborative hospital positively in this evaluation survey.

However, some students concerned their knowledge deficit in pharmacology and their practical test of administration of medication, there would have room for improvement in this specific area in the coming presentation.

To conclude, the students derived great satisfaction from this course because they could put what they had learned into their nursing practice practically. More tutorials on pharmacology would be provided for preparation of the practical test of administration of medication in the coming presentation.

(T116)

Changing the way that I am: exploring students’ experience of their educational preparation for new roles in the community

Andrea Illingworth, Senior Lecturer; Penny Lindley, Principal Lecturer; Sharon de Goeas, Senior Lecturer; Kay Aranda, Principal Lecturer, University of Brighton, UK

The development of new roles in community nursing forms part of a broader government strategy to modernize and redesign the workforce to create and then sustain different ways of working (DH, 2000; DH, 2002; DH, 2005). Workforce restructuring has resulted in strategies involving the redistribution of healthcare tasks and responsibilities across inter-professional boundaries. Enhancement, extension and substitution of skills and the speed at which these new roles are emerging provides various challenges for higher education institutions who are commissioned to prepare practitioners for these roles (Adams et al., 2000; Hamric et al., 2000; Sibbald et al., 2004; Nancarrow and Borthwick, 2005; Rutherford et al., 2005). There is a lack of consensus between education providers, employing organizations and individual practitioners over the type of preparation required and whether training rather than education will provide what is needed (Sibbald et al., 2005). However, while acknowledging that formal education is often unable to keep pace with role developments, good preparation has been shown to contribute greatly to practitioner confidence and competence. Evidence suggests a need for specific preparation for specialist and advanced nursing roles (Gardner and Gardner, 2005; Lloyd Jones, 2005).

Research on the acute setting reveals there are considerable difficulties for practitioners taking on new roles (Nicholson et al., 2005; Lloyd Jones, 2005). However, there is a lack of literature on similar developments in the community setting and on how education can support those taking on new roles (Ewens et al., 2001; Bryant-Lukosius et al., 2004).
Aim of research study
The study in progress aims to explore the educational experiences of students preparing for and engaging with new roles in the community. The students are undertaking specialist and advanced practice courses, designed to enable them to act as agents of change in ‘taking up’ or ‘making’ new roles (Ashworth, 2001) within a variety of community nursing roles. Developing an insight into the students’ experience of the courses in relation to the acquisition and transfer of skills, knowledge and competence and the influence of the courses on the students’ sense of self and occupational role identity will inform future curriculum development.

Methodology and methods
This qualitative study is informed by the principals of developmental and evaluative processes suggested by fourth generation evaluation (Guba and Lincoln, 1989). A purposive, heterogeneous sample of 13 students was drawn from the cohorts of four courses. Ethical approval was obtained, taking particular cognisance of issues of ‘insider’ research and the sensitive and potentially emotive nature of the topic for participants. Two focus groups were facilitated allowing for generation exploration of new roles and the relationship of their experiences to the courses provided. Semi-structured interviews are being undertaken to follow up the claims, concerns and issues that have emerged from the focus groups. Documentary analysis of relevant data sources, including student evaluations of the courses, learning contracts, personal development plans and reflective accounts, as part of a continuing process of data analysis, will further contribute to constructing our understanding of the emerging themes.

Findings and discussion
The two focus groups had very different dynamics, due to the nature of their roles in practice. A number of reoccurring claims, concerns and issues were identified from the students in both groups, categorized as personal, role and education.

The students’ experiences of their educational preparation for new roles are diverse and fraught with tensions and contradictions, due to their expectations of their role in line with workforce restructuring and the local context in which they are practising. The students are immersed in a sea of change shaped by education and policy, whilst faced with a culture of inertia to role developments in the work place.

The university is viewed as a safe haven from the everyday realities and demands of practice, giving them ‘permission to think’. There is evidence that the students are actively engaged rather than being passive recipients and are strategically utilizing their education to inform their role development. The students’ acquisition and transfer of knowledge and skills is variable and inconsistent. However, they refer to being constantly ‘infested with learning’ and ‘changing the way that they are’ on a more personal level due to their educational experience.

Leadership, motivation and pioneering roles are all identified by the students as positive attributes contributing to their role and workforce development. However, a culture of resistance to change in practice, hostility and resentment from other health care colleagues and lack of parity of experience in practice provide significant challenges for the students now and in the future.

References


A survey of midwifery students’ anxieties related to problem-based learning (PBL)

José Hacking, Lecturer, University of Salford, UK

Project focus
To measure student midwives’ anxieties related to PBL during a three-year undergraduate programme at the University of Salford.

Rationale which led to this project
Problem based learning (PBL) has been used in the pre-registration midwifery three-year programme, since 2001. To date there has been no survey of midwifery students’ anxieties related to this method of learning.

A search of the following databases: Cinahl, Medline, Education and Resource Information Centre (ERIC), British Education Index (BREI), and PsycINFO found very little literature on PBL from a midwifery perspective. Two relevant studies’ findings (McCout and Thomas, 2001; Fisher and Moore, 2005) match to some extent the student feedback from the three-year programme. Hence these studies and the student feedback have been used to design the questionnaire.

McCourt and Thomas (2001) found midwifery students had anxieties about PBL and this was also found in a study by Rowan, McCourt and Beake (2008). Similarly Biley (1999) found undergraduate nursing students experienced considerable tension as they changed from traditional education to PBL. Rowan et al. (2008, p.99) suggest the need for student anxieties to be addressed if PBL is ‘to achieve the potential benefits it claims to offer’. To date although qualitative studies (McCourt and Thomas, 2001; Rowan et al., 2008; Biley, 1999) have found midwifery and nursing students experience anxiety related to PBL, there has been no quantitative research on these issues. This survey of midwifery students’ anxieties related to PBL may, by answering the research question: Does PBL cause student midwives more anxiety than non-PBL?, inform future curriculum development and thus begin to address any student anxieties.

Research strategy
Hypothesis
PBL causes student midwives more anxiety than non-PBL.

Design and methodology
A survey of student midwives undertaking a three-year undergraduate programme.

The six point Likert scale questionnaire consisting of 34 questions has been developed from the published literature and from student feedback about the course. The questionnaires were anonymised and given a number so that the response rate could be estimated. This approach has allowed students to remain anonymous. Ethical approval for this research was given by the Research Governance and Ethics Committee at the University of Salford.

Six students were invited to pilot the questionnaire; all six students completed the questionnaire and no amendments were found to be necessary.

Sample
105 out of the 109 student midwives registered on the programme were given an information sheet and invited to take and complete the questionnaire towards the end of the academic year. 97 completed questionnaires were returned giving a response rate of 92%.
Data collection
The researcher arranged a convenient time during the students' timetable to explain the project to them, give them the study information sheet and leave the questionnaires for the students. The researcher was available to answer any questions. Each student was given at least 24 hours to complete and return the questionnaire to a box in a designated unstaffed area, and by doing so this implied informed consent.

Data storage
The researcher has control of and is acting as a custodian for the data generated by the study.

Data analysis
At present the questionnaires are being coded and entered into the statistical package for the social sciences (SPSS) so that the Wilcoxon t-test can be calculated to test the hypothesis and other relevant descriptive statistics.

Preliminary observations from data entry
From preliminary observations there appears to be a very wide spread of attitudes to PBL. Students appear anxious but anxiety does not mean a rejection of PBL.

Completion of project
This project is being completed, part-time, as a course requirement for the masters in research dissertation module, in the Faculty of Health and Social Care, at the University of Salford. The project will be completed by April 2008.

References


Second Group of Theme Sessions

The Role of The User
Patient voices in action: an investigation into the applications of digital storytelling in healthcare education

Pip Hardy, Director, Patient Voices Programme, Pilgrim Projects Limited, Cambridge, UK

‘Every story brings the imagination and reality together in moments of what we might as well call faith. Stories give us a way to wonder how totalitarian states arise, or why cancer cells behave the way they do, or what causes people to live in the streets . . . and then come back again in a circle to the wonder of a song . . . or a supernova . . . or DNA.’

(Chamberlin, 2006)

Stories are one of the most ancient of teaching – and learning – techniques, known to be effective within and across cultures. Stories offer an effective and practical means of exploring issues and experiences from different perspectives, promoting reflection and stimulating dialogue and debate.

Digital stories are short (approximately three-minute) first person stories created through facilitative teaching methods. Through increasingly user-friendly, and cost-effective computers and software, patients, carers and providers of healthcare are now able to tell their own stories via this new and powerful medium.

Digital storytelling empowers patients, carers and clinicians to convey their felt experiences of healthcare via technology so that their voices can be heard in any lecture theatre, Board room or conference venue anywhere in the world. (Hardy, 2007).

This paper describes an investigation into the use of the Patient Voices digital stories in healthcare education to encourage reflection, stimulate debate and discussion and promote empathy as a result of empowering patients, carers and service users to tell their stories.

A parade of documents from the UK Department of Health (e.g. DH, 2000, 2001, 2002, 2006) heralds a vision of 21st century healthcare characterised by community, patient and carer partnerships, interprofessional working and use of new technologies in the light of an increasingly diverse population, more people living with long-term conditions, and greater reliance on self-care and care in the community than on hospital-based care.

Attending to individual patients’ stories will ensure that the vision remains sharp and clear, and they will also form part of the collective story of the communities within which care is commissioned and delivered. The importance of individual stories in any consideration of healthcare reform – the kind of reform that will be necessary to realise such a vision – has been acknowledged by, among others, the Chair of the Public Accounts Committee (Hudson, Ross and Taylor, 2007).

Patient narratives are acknowledged as a valuable contribution to the pool of resources intended to facilitate change and transformation in the health service, both in the UK and elsewhere (Charon, 2006; Greenhalgh and Hunwitz, 1999; Greenhalgh, 2006 and Wilcock et al., 2003) and patients are encouraged to become more ‘resourceful’ (Gray, 2002) and forthright in their expectations of, and contributions to, their care. Maslin-Prothero (2003) recommends the development of a strategy for involving service users more effectively in research; while employing service users as teachers of medical and nursing students (Wykurz and Kelly, 2002) is gaining popularity. It seems, however, that the aspirations to involve patients, carers and service users in the co-creation of care, are not matched by the reality.

New technology offers us the opportunity to empower patients (Gray, 2002), carers and healthcare staff, and update the ancient art of storytelling by means of ‘digital stories’, short multi-media clips whose power comes from weaving together images, music, story and voice (Digital Storytelling Association, 2002). The resulting tapestry brings depth and colour to everyday characters, situations, experiences and insights. They not only touch hearts and therefore influence minds, but they also provide opportunities for reflection (Boud et al., 1985; Moon, 1999; Schön, 1983; McDrury and Alterio, 2002) and collaborative learning with the potential of promoting greater understanding between patients and staff and between different staff groupings, thus playing their part in inter-professional education (Barr et al., 2005).

The Patient Voices programme has been gathering and disseminating the digital stories of patients, carers and clinicians since 2003. These short, powerful, media-rich presentations enable the voices of ordinary patients and carers to be heard, while empowering and involving service users in the education of health professionals. The digital environment provides a unique opportunity for stories to be shared, combined and connected to other stories in an ‘interactive and transformative process’ that empowers the author and invests storytelling with new meaning (Digital Storytelling Association, 2002).

Emerging from new technologies that facilitate their creation and dissemination and drive their use, the Patient Voices digital stories are increasingly recognised as having the potential to help NHS staff better meet the needs of patients by involving them more closely, innovatively and collaboratively in service redesign (Hardy,
There is growing interest from universities, other teaching and training institutions, and healthcare organisations spanning a wide range of clinical contexts worldwide, in their potential for promoting reflection and dialogue and changing practice in health and social care.

The stories have great potential for bringing about positive transformation in healthcare, while making excellent use of time and technology, promoting reflection, collaborative and inter-professional working and greater shared understanding.

The study concludes that the Patient Voices digital stories convey key emotional messages to clinicians, managers and decision-makers and, with the proper facilitation and training and that they have the potential for transforming and humanising the delivery of healthcare through patient-centred education and continuing professional development.

References


REAL involvement of service users and carers in nurse education

Christine Rhodes, Senior Lecturer / Course Leader Child Nursing / CETL Lead for Service User Involvement, University of Huddersfield, UK

Service user and carer involvement in health and social care education is gaining momentum in response to the drive towards a consumer led health and social care service. Indeed there is now a requirement from professional regulatory and statutory bodies that there is involvement in health and social care education programmes (DH, 2001; DH, 2003; UKCC, 1999). The NHS National Centre for Involvement (2007) suggests that all commissioned health care education programmes involve service users at every level.

The types and levels of involvement vary enormously in what is often referred to as the ladder of involvement (Tew et al., 2004). This framework identifies 5 levels of involvement:

Level 1 - No involvement
Level 2 - Limited Involvement whereby service users and carers are invited to ‘tell their story’ in a designated slot or consulted ‘when invited’
Level 3 - Growing involvement – contributing to at least two of the following; planning, delivery student selection, assessment, management or evaluation of courses/modules. Payment at visiting lecturer rates
Level 4 - Collaboration – service users and carers involved as full team members in at least three of the following: planning, delivery, student selection, assessment, management or evaluation of courses/modules. Payment at visiting lecturer rates. Contribution to key decision making
Level 5 - Partnership where service users and carers and teaching staff work together systematically and strategically.

This paper will give examples of how service users and carers have REALLY been involved in child nurse education (associated to Level 3). The examples given are however equally relevant to any branch of nursing or indeed any health or social care profession.

Service users and carers have participated in the recruitment and selection of students, direct teaching of students following a problem learning based approach and assessment. The process of involvement will be discussed; this will include some of the practical issues associated with this type of work. Evaluation of the experience from the service user/carer, student and academic perspective will also be incorporated.

This paper will demonstrate the rapid progress made in the last 12 months largely down to links and networks formed with other ‘enthusiasts’ of this very challenging though rewarding area of work.

This work has been supported by the Assessment and Learning in Practice Settings (ALPS) Centre for Excellence in Teaching and Learning (CETL) (http://alps-cetl.leeds.ac.uk). ALPS is a collaborative programme between five Higher Education Institutions namely the Universities of Bradford, Huddersfield, Leeds, Leeds Metropolitan and York St John University. Additionally, Yorkshire and the Humber Strategic Health Authority work with and support the partnership, providing an important link with practice. This includes 16 health and social care professions. ALPS aim is to ensure that students graduating from courses in health and social care are fully equipped to perform confidently and competently at the start of their professional careers. The programme has six specific aims, aim 3 being to enhance the role of service-users and carers in assessment and learning in practice settings.

References


A tripartite service learning partnership in 'public' health

Susan Scott, Senior Lecturer, Massey University, Wellington; Sandi Savage, School Partnership Facilitator, Partners Porirua, Porirua; Brad Williamson, Year 10 Dean, Head of Health, Aotea College, Porirua, New Zealand

This conference presentation describes how one service learning partnership between students enrolled in a New Zealand university undergraduate nursing programme and a local school has evolved over the three years since its inception. This is a tripartite project which was initiated by Partners Porirua, a community trust funded by Ministry of Social Development for the delivery of Youth Transition Services in a specified community.

In New Zealand, as in the UK, partnerships between users of health services and health professionals are now required for health policy objectives to be achieved. The public is increasingly being seen as a community of consumers whose needs direct healthcare services. The assumption underlying this development is that interaction with communities by health professionals is highly desirable and will lead to benefits including the reduction of health disparities between groups in society. It seems reasonable to extend these principals to include the idea that user communities should become directly involved in nursing education to enhance students understanding of community perspectives.

A search of the literature shows that while some partnerships between nursing education and community groups such as schools, parents or ‘groups’ are reported (Bennett and Baikie, 2003; Hayward and Weber, 2003; Olsan et al., 2003) such partnerships are not widely researched (Repper and Breeze, 2006; Barnes and Carpenter, 2006; Whittaker and Taylor, 2004). Nursing education’s experience of working directly with client groups has been explored largely from a mental health nursing perspective. A range of issues have been identified in this work about the nature of such relationships including ethical concerns related to power imbalances between the public as service users and the health professionals (Bennet and Baikie, 2003), the need for nurses to improve their interpersonal skills (Repper and Breeze, 2006) and the value of systematic evaluation of such partnerships (Barnes and Carpenter, 2006).

This paper was prompted by the shift of healthcare to community-based services which is seeing changes in the area of public health. Communities as ‘consumers’ are being encouraged to be active participants in their own healthcare and in New Zealand a key plank of health policy is the health promoting schools project (Health Promoting Schools Organisation [HPSO], 2003).

The project currently consists of groups of up to 16 nursing students partnering with Year 12-13 school students (16-17 year olds). These ‘pairs’ prepare and deliver workshops on a school curriculum health topic with Year 10 students (14 year olds). The topic is selected by the school and the nursing students gather relevant information and resources and work with the students to plan the delivery of the sessions. The role of the Trust is to liaise between the school and the university. The evaluations indicate that each partner is satisfied with both the content and the processes used, that both student groups – school and nursing - find the experience worthwhile with most reporting that they learn something ‘new’.

During the delivery of this project the health needs of the community are integrated with the learning needs of nursing students. The Trust achieves it’s goal of enhancing youth understanding of the health workforce and the school achieves it’s goal of meeting health education needs. Nursing students are offered the opportunity to reflect on their experience, to develop their understanding of the diversity of community need and to develop reciprocal relationships with a ‘health promoting school’ (HPSO, 2003). The ongoing challenge is to find ways to measure/evaluate more carefully the outcomes of this project. Research into the whole area of nurse/community partnerships is called for to guide the development of future approaches in the area of bridge building within the community.

References
(S1)

Alternative practice: an innovative programme to enable students to gain experience of and insight into other branches of nursing

Karen Currell, Senior Lecturer Child Nursing; Ruth Elliott, Senior Lecturer Mental Health; Caroline Taylor, Senior Lecturer Adult Nursing; Sheena Miller, Senior Lecturer Learning Disabilities; Patrick Joyce, Senior Lecturer Mental Health; Andrew Sutton, Senior Lecturer Adult Nursing; Laura Hudson, 2nd Year Student Nurse Adult Branch, University of Huddersfield, UK

The NMC stipulates that:

‘Students should have experience of each designated area of practice (Branch) during CFP’

And that

‘Nursing curricula should provide opportunities for shared learning between the branches’

(NMC Standards for proficiency for pre-registration nursing education, 2004, p 18)

The NMC is also eager to ensure that UK pre registration nurse education curricula meet with EU requirements and in doing so allow UK trained nurses to have parity of employment opportunities with the EU. EU directives stipulate that pre registration adult nursing curricula must accommodate practice experiences which should include amongst others paediatrics and mental health (NMC, 2004).

These requirements place considerable responsibilities on higher education institutions in partnership with their stakeholders to ensure that their training offers a robust and diverse variety of placement experiences. This is at odds with the significant difficulties of finding suitable placements for the often large numbers of students within each cohort. This is particularly true of the smaller branches of nursing such as child and learning disabilities where the pool of potential placements is small and therefore the potential to offer placements to other branches is limited. Reconfiguration of NHS services has further reduced potential placement numbers significantly. It is also the cases that each university interprets the NMC guidance on CFP students need to experience other branches very differently for multifactorial reasons. Some universities requiring completion of a workbook whilst other offer experience in differing clinical settings placement areas.

Set against this backdrop the University of Huddersfield has developed an alternative practice piece of work which all students complete in their first year. It is this piece of work which the authors seek to describe and demonstrate as part of a symposium.

‘Alternative practice’ forms part of a nursing practice module with in the common foundation programme. Currently formative though compulsory the piece of work involves 8 hours of tutorials and 116 hours of self directed study spread over a four week period. The tutorials are collaborative in nature involving team teaching utilising lecturers from all four branches of nursing. The aim of the piece of work is to allow students to compare and contrast the different branches of nursing, to explore and gain an overview the main branch issues and develop some transferrable skills such as team working and problem solving. Teaching and learning strategies utilised are diverse and involve amongst others role play, interactive group work and e -learning utilising the university’s Penfield Virtual Hospital and In Context material. The use of Penfield and In Context material enables the exercise to be rooted in real life experiences of patients and as such seeks to provide the students with as realistic experience of the other branches as possible in the absence of an actual practice placement within each branch of nursing. Students are then expected to submitted a portfolio of written evidence of their alternative practice which is marked formatively and students are given constructive feedback. The resultant piece of work provides evidence of their experience of other branches.

The symposium will present a brief demonstration of how ‘alternative practice’ is delivered and seek to share what the authors believe is a student -centred and ‘fit for purpose’ curriculum innovation. A lecturer from each branch of nursing will present and participate in the demonstration. We also propose to present the student experience utilising student evaluations and a presentation from a second year student nurse who has experienced the exercise. Their will then be opportunity for discussion and debate. We expect the symposium to be one and a half hours long.

What is Penfield Virtual Hospital?

Penfield Virtual Hospital is a computer-based learning tool for health care professionals that simulate the care context for patients within the environmental context of a general hospital. Within the hospital there is a children’s ward; mental health unit; Learning disability care facility and adult wards. Students can access real case histories within each ward and exercises have developed in order to help the students explore the issues and concepts arising from each case history. For more detail please refer to the Penfield Virtual Hospital website via the University of Huddersfield.

Penfield Virtual Hospital was developed and copyrighted by lecturers at the University of Huddersfield and has acquired national and international recognition.
Maximising the opportunities of widening participation

Alison While, Professor of Community Nursing and Associate Dean (External Affairs); Mary Crawford, Senior Admissions Tutor; Carys Jones, Coordinator for Academic Communication; Hamish Thomson, Head of Pre-registration Nurse Education, King’s College London, UK

Paper 1: ‘Talent spotting’
Mary Crawford and Alison While

The Russell Group Association for Widening Participation is committed to improving access to higher education for students across different communities. The Florence Nightingale School of Nursing and Midwifery, King's College London runs both BSc Hons and diploma of higher education programmes in nursing (adult, child and mental health) and as part of a Russell Group university it is active in this area.

There is no longer a national minimum entry into nursing but there is consensus across the sector that a good general education including skills in literacy and numeracy is necessary. ‘Talent spotting’ amongst applicants with a wide range of qualifications is complex. In medicine, for example, there are different aptitude tests (BMAT etc) but part of these tests aims to discriminate between applicants achieving four As at A level.

There are many success stories from local FE colleges but specific aptitude testing may in the future be a fair way of identifying potential. The Schwartz Report (2004) recommended a ‘fair and transparent system of selection’ to help applicants from a diversity of educational backgrounds succeed at university and identified the use of aptitude testing as a way of measuring ‘intellectual capabilities for thinking and reasoning, particularly logical and analytical reasoning abilities’. The evidence relating to different aptitude tests will be outlined.

The emergence of specialist nursing roles, such as consultant nurses, nurse prescribers and nurse practitioners, demand advanced skills in decision making, analysis and selection of best evidence in a variety of settings. Potential nurses therefore need more than to be caring although that is still vital as are qualities of emotional intelligence which Goleman (1996) defined as ‘the ability to understand your own emotions and those of people around you.’ Different ways of assessing emotional intelligence will be discussed.

The challenge of identifying applicants who may not have received a traditional education but who have the potential to be excellent nurses with both academic ability and the caring skills which patients overtly seek is the focus of this paper. Reflections on the attrition among those from widening participation backgrounds will be included in the paper.

References


Paper 2: Supporting students in academic work
Carys Jones

With a large number of students being admitted to the Florence Nightingale School of Nursing and Midwifery at King's College London from a diverse educational background, a half time post was created to support the academic development of the students. The post holder has wide recent experience working with a widening participation project hosted by King's College London and extensive experience in the field of education.

This paper outlines the approach utilised by the School to maximise the potential of all its students. It is not possible for one person to identify all the support needs of students so that personal tutors and a large lecturing team are also involved. A variety of support is offered to students, some prior to them starting at university followed by workshops throughout the year. It has been possible to identify key areas where students need support and to offer some sessions to large groups. The workshops are well evaluated but timing, length and frequency remain logistically challenging.

Guidance is provided for staff as to how to provide the students with effective feedback for their written work: for example, what language-related categories are particularly helpful and how to guide them towards becoming...
'self-helpers'. The students are encouraged to see the development of their academic writing as a process rather than something that will happen automatically once they have written 3 essays.

The written entry test for the diploma in HE has been refined and proved a more useful discriminator of potential. Applicants undertake 2 tasks drawing on an article based on a health topic.

The success of students with non-standard entry qualifications suggests that the approach to support is developing along the right lines.

**Paper 3: Widening participation and achievement**  
**Alison While and Hamish Thomson**

This paper focuses upon a detailed analysis of the academic achievement of students with non-standard entry who graduated during the last 5 years (2002-2007) from the Florence Nightingale School of Nursing and Midwifery, King’s College London from both the BSc Hons (adult n=313; mental health n=52; child n=53) and diploma in higher education (adult n=1338; mental health n=434; child n=331) programmes. Non-standard entry comprises access courses, foundation courses and GNVQs etc.

Of the BSc graduates nearly three quarters of 1st class awards and more than two thirds of the 2:1 class awards were achieved by students who had non-standard entry qualifications. Additionally two fifths of those achieving a distinction in the diploma of higher education had non-standard entry qualifications. Some of the high achieving diploma students transferred to the BSc at the end of their first year if they wished which may account for the lower widening participation figures among the diploma award figures. The different bursary arrangements for diploma students deterred many eligible students transferring to the BSc programmes.

The large dataset has identified a number of trends of interest and comprise differences between the BSc and diploma in higher education programmes including the branches by age, gender, ethnic background and socio-economic group.

The paper will include case studies to illustrate the range of pathways to success within nursing programmes at King’s College London.

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**S3**

**Dissonance between theory and practice in nursing, midwifery and mental health: the influence of the hidden curriculum**

**Gina Finnerty, Midwifery Lecturer and Research Fellow; Helen Allan, Senior Research Fellow; Kevin Acott, Mental Health Tutor; Bob Birtwell, Mental Health Tutor, University of Surrey, Guildford, UK**

**Outline of symposium**

The concept of the hidden curriculum is notoriously ambiguous and lacking an agreed definition. The hidden curriculum has broadly been defined as:

Unstated norms, values and beliefs that are transmitted to students through the underlying educational structure.  

Thesaurus (2000)

As Spouse (2001) asserts, there is a fine line between the tangible and intangible aspects of the curriculum. The purpose of the symposium is to present healthcare teachers’ views of how they mediate the hidden curriculum from three diverse but inter-related perspectives: nursing, midwifery and mental health.

**How the papers link together**

The language and strategies that teachers use in classroom or lecture theatres and practice settings can be subtle and some of these implicit messages and signals may be non-verbal. There is potential to have a profound effect on learners and each paper explores the ‘unstated norms’ and the role of the teacher in revealing or concealing the hidden curriculum to learners.

The first presentation will examine the hidden curriculum in nursing and uses findings from a study funded by the General Nursing Council, which has a focus on leadership and learning. The theme follows on from a symposium presented at the NET conference (2007) which explored the ‘mixed messages’ which contribute to the theory practice gap. The authors ask: How do nursing students (who are now supernumerary) learn to negotiate the hidden curriculum in nursing practice and education?
In the second presentation, the author will share examples of how woman-centred care (including empathy and compassion for women and babies) is being squeezed out in favour of a formal curriculum presented through ‘PowerPoint’ and other methods which mitigate against incidental learning.

In the third presentation, the authors suggest there is a fundamental dishonesty in education within mental health care. Recognition is given of the daily struggle to synthesise realities of care with theoretical approaches.

We believe these presentations complement each other because:
‘The hidden curriculum is at least partially unintended and may indeed run counter to the overt purposes of the educational institution concerned.’ (Paechter 1999: 1)

**The importance of student nurses negotiating supernumerary status**

**Authors:** Helen Allan, Pam Smith, Mike O’Driscoll

Historically, students were part of the workforce and included in the rostered numbers for particular shifts; since the Fitness for Practice curriculum, students no longer have rostered time as part of their training and work as supernumerary in the clinical areas. In data collected from student nurses, lecturers, practitioners and senior nurses in England using a multi-method approach, it is this supernumerary status which has been highlighted as problematic to students acquiring competencies in clinical skills. But this theme also reflects more general concerns trained staff have with students’ attitudes to care delivery and how the nature of nursing is perceived to have changed over time. Students found their supernumerary status problematic if they were given too much responsibility for care delivery and felt unsupported and if they were not given sufficient hands on experience. The notion of negotiation emerged as a way of understanding this problematic issue and we argue that this is because, despite the changes to nurse education over 20 years, learning is expected to occur through doing, through delivering hands on care; and competency for registered nurses is expected on registration not after a period of preceptorship following registration. This theme seemed to resonate with a key statement made in the literature that the NHS was a workforce orientated system rather than a learning orientated system (Melia 1984). Essentially, students are still expected to provide a modicum of labour and on registration are expected to be able to work immediately as fully competent, registered nurses. The authors contend that this tension is influenced by a hidden curriculum, creating dissonance for student nurses.

**Unveiling the hidden curriculum in midwifery:**

**Author:** Gina Finnerty

Student midwives need to learn how to survive the reality of the university as well as exposure to complex maternity settings. These survival strategies are often learned at the expense of the official curriculum (Rouncefield, 1998). The use of ritual and routines enable teachers to establish a ‘regime’, leading to cultural conditioning of the students to the profession (Magill-Cuerned, 2004). Studies have shown that students often struggle with navigating the unwritten rules and may resort to ‘doing the obs’ or other ritualistic behaviours. This is potentially harmful to lifelong learning in midwifery. Additionally, woman-centred care (including empathy and compassion for women and babies) becomes neglected. The unstated rules and expectations may create conflict for learners. With much theory now being taught using tools such as ‘PowerPoint’ and e-learning, the opportunities for incidental learning are reduced. What is taught may not necessarily be what is learned. What role do we therefore expect the midwifery lecturers to play in revealing the hidden curriculum and informal elements of practice learning to their students?

**Synthesising theoretical models with realistic care in mental health**

**Authors:** Kevin Acott, Mental Health Tutor and Bob Birtwell, Mental Health Tutor.

In the third presentation, the authors suggest there is a fundamental dishonesty in education within mental health care. Theoretical models of psychopathology care, based loosely on ‘client-centred’ and, sometimes, ‘CBT’ thinking, do not fit many clients with complex needs and are not sustainable in many current care situations. In addition, contemporary approaches based on recovery, optimism and hope are very difficult to translate into practice, for many reasons, but are easy to believe in philosophically if the teacher does not personally have to apply them to client care. By teaching students, but not joining them in the daily struggle to synthesise realities of care with theoretical approaches, we may be placing students in an impossible dilemma which they can only resolve by equally dishonest theoretical discussions and behaviours (e.g. in ‘reflections’ and ‘direct observations’) which disguise- and maintain- the gap. The presentation will apply dialectical theory to finding solutions to these issues, focussing on new ways to consider the role of the tutor, curriculum design and the relationship between practice and universities.

**References**


(S4)

Humanising healthcare: exploring the power and the potential of digital storytelling in healthcare education

Pip Hardy, Director, Patient Voices Programme, Pilgrim Projects Limited, Cambridge; Paul Stanton, Visiting Professor of Health Reform, University of Northumbria at Newcastle; Joanne Mangnall, Continence Advisor, Rotherham PCT; Jean Bailey-Dering, UK

The provision of safe, compassionate, high-quality healthcare and health promotion services is a crucial global concern. Most of us have – or know of – stories about healthcare, whether they are of miraculous cures, skilfully prevented problems, or disastrous interventions.

How can we ensure that these stories reach the ears and touch the hearts of the designers, commissioners, managers and providers of care?

Digital stories provide an effective, affective and empowering means of capturing, distilling and sharing the experiences of those touched by health and social care issues. Harnessing the power of new technology, digital storytelling brings the ancient art of storytelling firmly into the 21st century, offering patients, carers and clinicians a supportive and accessible way to reflect upon, make sense of and distil the essence of their stories, and communicate them via a medium that enables them to be heard in any lecture theatre, conference centre or Board room in the world (Hardy, 2007).

The Patient Voices programme aims to facilitate the telling, shaping and preservation of the unwritten and unspoken stories of healthcare so that those who devise and implement strategy, as well as those directly involved in care, may act in a more informed, effective, compassionate and humane manner.

Stories are gathered in small, supportive and facilitative workshops that combine skills from creative writing, drama, art therapy, and multimedia production to assist storytellers from diverse backgrounds to recount their experiences as short ‘digital stories’.

As the collection has grown, new ways have been discovered to use the stories and they have been seen and heard in lectures and presentations in schools of medicine and healthcare around the world. They promote reflection, stimulate discussion and debate, and offer students and clinicians an opportunity to walk in someone else’s shoes for just a few minutes.

This interactive symposium offers an opportunity to explore the:
- process and methodology used to gather and develop the stories
- uses of the stories
- potential of digital storytelling to transform and humanise health and social care.

Three papers will provide food for thought and a basis for studywork, discussion and debate.

‘Do not go softly into that good night’: giving patients a voice through digital storytelling

Author: Pip Hardy

Since January 2006, the collection of Patient Voices digital stories has grown from 20 to over 150. Told by people of different ages, from different cultures, about different conditions, each story is as unique as the person who tells it.

All of these stories are made available for free for use within education and service improvement initiatives in health and social care, offering viewers new opportunities to reflect on practice, discuss key issues and insights and develop empathy and understanding (Hardy, 2007) by stepping into the shoes of the storytellers.

Our methods and approach to storytelling are adapted from those developed by the California-based Center for Digital Storytelling. Most stories are gathered during small, intensive workshops, with a focus on personal reflection and facilitative learning that enables participants to find the ‘heart’ of their own story.
These Patient Voices digital storytelling workshops combine skills from creative writing, drama, art therapy, and facilitative multimedia production to assist storytellers from diverse backgrounds in recounting their experiences as short ‘digital stories’.

Participants – whether patients, carers, clinicians, managers or educators – learn a number of skills relating to listening and speaking, communicating in groups, conveying messages appropriately, and teamwork; as confidence and competence grow, a sense of connection and camaraderie is established, which can be of great benefit – especially to those coming from isolated, marginalised or hard-to-reach groups.

This presentation will consider some of the theory that underpins the Patient Voices digital storytelling process and offer opportunities for the audience to try their hand at telling a short story.

‘From both sides now’: creating and using Patient Voices digital stories
Authors: Pip Hardy and Paul Stanton

The first digital stories in the Patient Voices programme were created in 2004 for use in e-learning materials to educate nurses about clinical governance, as well as in presentations intended to remind NHS Trust Board Teams of their raison d’être, i.e. the patients, carers and service users to whom they have a duty of care.

As the collection has grown, new ways have been discovered to use the stories and they have found their way into many lectures and presentations as what Jeanette Winterson (2005) describes as ‘markers and guides, comfort and warning’.

The stories are both symbol and a mode of self-articulation for the storyteller and a point of entry to the ‘world of the other’ for viewers, providing powerful springboards for reflection and facilitating discourse about feelings.

This presentation will look at the creation and use of the Patient Voices digital stories and demonstrate their potential particularly in inter-professional healthcare education and organisational and system development, where they are currently helping to ‘ground key themes, issues and speculative flights in the often painful reality of contemporary human experience’ (Stanton, 2007).

‘When shall we three meet again?’ Co-producing a truly patient-centred educational resource
Authors: Pip Hardy, Joanne Mangnall and Jean Bailey-Dering

‘Partnership working’ is a term often mentioned in healthcare but rarely achieved. If we are to transform the quality of healthcare, as the Department of Health says we should, then it is essential that we listen attentively to the stories of patients and their carers.

The process of creating a digital story relies on the experience, expertise and vision of several people. This paper tells the story of the creation of one particular digital story from three different perspectives. Examination of the process reveals a significant shift in the traditional balance of power as the sponsor/commissioner’s role becomes one of facilitation rather than direction, and the patient takes centre-stage, with final editorial control over the story.

The creation of the story is thus truly collaborative and the resulting story has already made a significant impact on viewers from a range of contexts, including nursing students. A case study will illustrate the use of the story as a powerful educational tool.

‘Each affects the other and the other affects the next and the world is full of stories, but the stories are all one.’

(Albom, 2004)

We welcome questions and discussion with the audience to illuminate both their responses and the potential for creating and using this – and other stories.

References
Center for Digital Storytelling www.storycenter.org.uk
Posters
DEPOT: dissemination of evidence into practice – opportunities and threats – a community nursing perspective

Nicki Walsh, Lecturer in Adult Nursing/Module Leader: Care of Adults in Diverse Community Settings, School of Nursing, Grantham and Boston Centres, UK

Aim
To explore primary care nurses’ (i.e. those delivering care outside the hospital environment) perceptions of issues that affect the dissemination and implementation of evidence-based practice (EBP).

Background
Changes in society and political landscape all influence healthcare service provision, Primary/community care services have recently received the ‘brunt’ of these (DH, 2005 and Bosanquet, et al., 2007). Those providing services need to be flexible and adaptable to accommodate these changes. Maintenance and enhancement of knowledge is the cornerstone of any service development. This study explores the impact this knowledge maintenance and development requirement has within the daily clinical practice of nurses within a community nurse setting. It reviews issues that affect the dissemination and utilisation of evidence used to inform and enhance clinical practice.

Method
A combination of a quantitative (postal questionnaire) and qualitative methods (semi-structured interviews) were used. This combination corresponds with the exploration of health care issues particularly well (Bowling, 2002). This concept, when discussed in relation to nursing, highlights the need to reflect on care delivery both from a scientific perspective and from an art perspective.

Findings
Both qualitative and quantitative results reveal consistency in the identification issues that affect the effective implementation and utilisation of evidence in the practice setting. Workload pressures were considered fundamental in creating barriers to effective EBP. The context of these were variable.

Conclusion
Primary/community care is a complex and diverse area of nursing, influenced constantly by many varying factors. EBP is seen as fundamental in the provision of high quality care and therefore all nurses and healthcare providers need to ensure that this is central to their delivery philosophies. This may mean review of organisational procedures alongside working practices to ensure EBP is effective.

References

Creating learning opportunities: a joined-up approach: Staffordshire, Shropshire, Telford and Wrekin, Stoke-on-Trent Lifelong Learning Network

Tim Crossfield, Lifelong Learning Coordinator (Public Sector): Staffordshire, Shropshire, Telford and Wrekin, Stoke-on-Trent Lifelong Learning Network, UK

The Higher Education Funding Council for Education has committed an investment of over 100 million £s in order to establish Lifelong Learning Networks, (LLNs), as an avenue for encouraging vocational learners into higher education through innovative and ‘different’ curricula design. This is in order to address the different experience that vocational learners have with higher education and higher education establishments: they tend to engage less, have less clear progression both into, and through, higher education, and appear, therefore, to be disadvantaged in terms of their opportunities to continue to learn (HEFCE, 2007).

‘Lifelong Learning Networks focus on progression into and through vocational education. They aim to create new learning opportunities; forge agreement across institutions on how qualifications are valued; and produce publicity to help people understand how they can progress through the system. Networks will clarify existing progression opportunities and engage in collaborative curriculum development in order to meet the needs of the vocational learner.’ (http://www.lifelonglearningnetworks.org.uk/about/)
The Staffordshire, Shropshire, Telford and Wrekin and Stoke-on-Trent Lifelong Learning Network has risen to this challenge and has developed a structure designed to address this iniquitous situation. This LLN is organised into five ‘Discipline groups’, which cover the fundamental areas where vocational learners can be facilitated in their progression onto, into and through higher education, namely health, public sector/public services, creative and media, technology and cross-cutting themes. The groups that address the health and public sector/public services can be clearly seen to have a potential; impact into the health economy, whilst the ‘cross-cutting themes’ discipline group also has a function relating to the health sector, in terms of fostering engagement and accreditation into areas such as leadership and management, which is very relevant to the needs of the NHS and PCTs.

The poster presentation will aim to give information about the Lifelong Learning Network Hefce initiative generally; and also more specifically it will present the work of the Staffordshire, Shropshire, Telford and Wrekin Stoke-on-Trent Lifelong Learning network, its aims, ambitions, philosophy and direction.

(P3)

Caring behavior of perioperative nurses as perceived by surgical patients in Ramathibodi Hospital

Pinamai Orathai, Lecturer; Sriwiengkaew Tengkattrakul, Assistant Professor, Ramathibodi Hospital, Mahidol University, Bangkok, Thailand

Due to the increasing rate of one-day surgical procedures, it made perioperative nurses question about their capability to meet the needs in taking care of their patients. Perioperative nurses, then realized that patients’ perception of caring behavior seem to be the most important indicator to answer this question.

The objectives of this descriptive study were to examine the perception of surgical patients toward caring behavior of perioperative nurses in Ramathibodi Hospital and to compare the averages of the perception toward caring behavior of perioperative nurses between groups of patients with different gender, age, occupation, income, and surgical experience. The sample was recruited by using purposive sampling from five operating room settings at Ramathibodi Hospital, namely: Obstetric Gynecology Operating Room, Surgical Operating Room, Orthopedics Operating Room, EENT Operating Room, and Sirikit Medical Center Operating Room. The total sample consisted of 160 one-day surgical patients. The instrument used for data collection was Swanson’s Caring Professional Scale translated in Thai by Kuasuma Piyaassirian. The reliability of Swanson’s Caring Professional Scale which obtained by means of Cronbach’s alpha coefficient was 0.92. The SPSS for windows version 11.5 was used for data analysis. Descriptive statistics, independent t-test, and analysis of variance were the statistics used in this study. Results revealed that caring behavior of perioperative nurses as perceived by surgical patients in most of five operating room settings and overall of the operating rooms were in high level. In the analysis of independent t-test and analysis of variance, there were no statistically significant differences in means of perception toward caring behavior of perioperative nurses between groups of patients with different gender, age, occupation, income, and surgical experience (p> .05). The research finding indicated that operating room directors should provide a continuous evaluation system of perioperative nurses’ caring behavior in order to maintain the quality of perioperative nursing care.

References


(P4)

Student learning and teaching strategies during an e-learning course unit

Sue Medforth, Lecturer, University of Manchester, UK

This paper will consider factors that affect students’ learning and teaching strategies employed during a post-qualifying undergraduate course unit. The course unit prepares qualified health professionals, mainly nurses and midwives, for their roles in supporting learning and assessing students’ achievement during clinical placements. This course unit attracts large numbers of students and face-to-face and mainly e-learning versions are provided. This paper will consider the e-learning course unit only.

All the students are qualified, practising health professionals, responsible for their own learning and professional development (Nursing and Midwifery Council, 2004; Health Professions Council, 2004) but not all are confident, self-directing learners. Very few have had experience of e-learning, few feel they have good computer skills and some have very little confidence in their use of a computer. Many of the students are undertaking their first degree level course unit and some have not studied for many years. So, the ability to build on previous experience may be limited, affecting student learning and the support needed to promote learning.

Students undertaking the e-learning course unit are self-selected. Applicants choose which version of the course unit will be most suitable for them and their learning preferences, which should help to promote motivation and effective learning. However, for many students personal circumstances mean that only the e-learning course version is possible. The flexibility of e-learning and the ability to study when and where is convenient to the individual are important factors for many students. While a wholly online course unit would be more flexible the face-to-face introductory day has proved to be very helpful to students.

Support provided at the beginning of the course unit is felt to be particularly important by students and teachers. While the introductory day held in a university computer room reduces flexibility it has been attended by almost all the students and has evaluated very well. This structured day includes personal and group activities with support in computer use, enabling students to practise skills they will need during their online study. This initial mixture of teacher-centred, pedagogical approach and active student involvement appears to contribute to student confidence and independent learning, as Knowles, Holton and Swanson (2005) suggest.

Flexibility and student choices are promoted by providing access to all the online activities and materials at the start of the course unit. It is not felt to be useful, or consistent with a humanistic, student-centred approach to have timed release of materials or fixed deadlines for completion of set sections of the course unit. So, the students are able to make decisions about how they will organise their learning, helping to ensure that learning is personally relevant and useful to the individual (Rogers and Freiberg, 1994). In addition this flexibility helps students to work round their other commitments, an important consideration for part time students.

Asynchronous, rather than synchronous, communication is used for discussion and sharing ideas within the group because of the flexibility. Messages may be posted to the asynchronous discussion board at any time, often spread over several weeks, allowing students to contribute and read messages when convenient to them.

Contributions to the online discussion board are variable. Some students post large numbers of thoughtful messages, while others contribute little, if at all, following the introductory day, though they continue to access the online course unit. This variability is expected by teachers, due to differences in students’ learning preferences and recognising the difficulties of students who are working, and studying part time. As Salmon (2003) suggests, ‘lurkers’ are seen as ‘browsers’, learning in their own way, and teachers do not worry about them.

Learning from others and sharing experiences and ideas are believed to be an important part of e-learning (Comrie, 2007), which in this course unit could take place online or in a student’s workplace. The provided discussion board activities are based in the individual’s experience and clinical practice, considering real issues related to learning in practice. So, while not all students contribute to all the online discussions and the online activities are not assessed, the provided activities are available to help students when completing the practical and theoretical assessment of the course unit.

The e-learning course unit is now in its third year of presentation, student evaluations are very positive and there are increasing numbers of students choosing this option. However, we need to ensure that we develop the online activities, materials and learning experience to meet the needs of the variable student population, in the expectation that more students will be confident computer users and users of other technologies and tools contributing to learning. So, it is likely that more students will be ‘skilled digital learners’ (Joint Information Systems Committee, 2007) and we need to ensure that we provide more choices appropriate to students’ experience and learning strategies.

References

NET2008 Conference, 2-4 September 2008 198 Theme Paper, Symposium and Poster Abstracts


(P5)

Unmet expectations: experiences of clinical practice from overseas nursing students

Diana De, Senior Lecturer Adult Nursing, University of Glamorgan, UK

Racial harassment in the workplace has been illegal in Britain since the Race Relations Act in 1976 (amended 2000). Despite this racial harassment, bullying and violence by patients against UK nurses has been widely uncovered (Shields and Wheatley Price, 2000; Culley, 2001; Archibong, 2006), and appears to be still going on.

Although every nurse intending to work in Britain, coming from countries outside the European Union, except Australia, New Zealand, Canada and the United States, is required to undertake a period of adaptation in a supervised practice placement area along with 20 days of protected learning, before they become eligible for registration in the UK (Nursing and Midwifery Council, 2005), they should not have to be subjected to untoward treatment. The author of this paper is a module manager for an Overseas Adaptation Programme which runs four times a year at a large School of Nursing in Wales. Anecdotal evidence based on previous class disclosures by overseas nursing students provided the rationale for an independent qualitative study. Listening to verbal accounts and observing non verbal facial expressions suggested that internationally recruited nurses were experiencing episodes of verbal ‘racial harassment’ and sometimes physical abuse by patients under their care and this unfortunately was substantiated by results from the study’s focus groups and semi structured questionnaire feedback.

The findings from this study are pertinent to the Independent Sector and the National Health Service (NHS), as the largest employer of minority ethnic groups in Britain (Department of Health 1998). However, it also raises further concerns as nursing programme recruitment channels efforts into widening access to minority ethnic recruits to the profession and the UK continues to recruit nurses from overseas to fill in posts that aren’t being filled by British nurses. This leaves higher education overseas nursing programme providers challenged to come up with adequate support infrastructures to aid their overseas nursing students cope effectively with these challenging experiences, whilst undertaking their required clinical practice placements as required by the UK Nursing and Midwifery Council.

References


Nursing and Midwifery Council (NMC 2005) Requirements for Overseas Nurses Leading to Registration in the United Kingdom. UK: NMC.


(P6)

CARE – Building bridges, breaking barriers: the evolution of a multidisciplinary online journal

Nicola Andrew, Senior Lecturer; Evelyn McElhinney, Glasgow Caledonian University, UK

The purpose of this paper is to report on the background to and development of ‘CARE’, an online journal sponsored by Glasgow Caledonian University, School of Nursing, Midwifery and Community Health and HealthQWest, a health based, inter-disciplinary multi-centred, research unit, based within the university. The migration of nursing from colleges into the higher education (HE) sector in the late 1990s has presented challenges, in particular an emphasis on research and writing for publication, an endeavour not generally
expected (or, in some cases encouraged) by the former colleges of nursing (Cooke and Green 2000). At the time of the migration into higher education (HE) it was noted that the need to improve research capacity was one of the main issues facing nursing educators as they moved from a predominately teaching focussed environment to one that involved the development of a research profile (Traynor and Rafferty 1998).

Nursing academics are inclined to spend less time engaged in research than academics from other disciplines. The reasons given for this range from the identified need to maintain a clinical presence and identity, to the demand of an extended curriculum and associated administrative duties (Traynor and Rafferty 1998). There is also the issue of the motivation to publish. Jutel (2007) found that the most common reason given for not publishing was time closely followed by a lack of publishing know how and motivation to write.

The benefits of a supportive system of peer and editorial review are frequently cited in the literature (Lee and Boud 2003). In 2007 a group of academics from the School of Nursing, Midwifery and Community Health at Glasgow Caledonian University formed a publication group aimed at educators who were motivated to write but for a variety reasons remained at the level of unpublished or novice authors. From this initial working group an online journal has emerged, providing a peer reviewed gateway, not only for novice writers from academia; but also postgraduate students and healthcare clinicians from nursing, midwifery and the allied health pProfessions. The aim of the interdisciplinary approach of the journal is to foster relationships between professions and promote a publication ethos within these groups.

The first edition of CARE (September 2007) published papers from the disciplines of primary and secondary care nursing, podiatry, and physiotherapy. Many of these authors were ‘first time authors’. A second edition is planned for February/March 2008 and papers received have come from as far as Alabama, America. We would welcome the opportunity to showcase this initiative and discuss with colleagues their own experiences of writing for publication.

References

(P7)

Spirituality and the older person: nursing students’ reflections through the medium of art

Brona Mooney, Lecturer, NUI Galway; Fiona Timmins, Senior Lecturer, Director, BSc (Cur), Trinity College Dublin, Ireland

Background
Spirituality is a broad concept and is often described as a central focus understood at a personal level by an individual. Many older persons perceive themselves to be highly spiritual and deem spirituality as an important platform to assist them in achieving a sense of well-being and wholeness. Providing spiritual care is very much part of the ‘art’ of nursing. However, spirituality is an abstract subject area which does not lend itself to didactic teaching methods. In recent years, nurse educationalists have displayed interest in the use of art as a teaching methodology. One example is an art gallery visit, which offers opportunity for critical and creative exploration of knowledge through experience.

Aims of the study
This study aims to describe nursing students’ experience of learning spirituality through the medium of art.

Research/teaching methodology
A visit to the National Art Gallery was undertaken with second year nursing students (n=100). Students were asked to select a painting that they perceived to be spiritual in nature and to write their subjective impressions and reasons for choice. Selected paintings were discussed with fellow students and a Gallery Guide and written reflections recorded. Following the gallery visit, students were invited to participate in focus group interviews. Data was subject to thematic analysis and a number of key themes emerged.

Findings/conclusions
Works of art became a vehicle for personal reflection upon students’ own understanding of spirituality. This poster will explore students’ particular views of spirituality and the older person. Qualitative extracts from both the focus...
group interviews and students reflective writings will be presented. Results indicate that works of art can communicate a broad spectrum of human experience can be used to enhance student learning.

**Contributions:** Study Design, Data Collection and Analysis FT and BM.

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**P8**

**Critical thinking ability, self-learning readiness, and satisfaction of nurse students at post-introduction of reflective thinking promotion approach**

_Siranee Kejkornkaew, Lecturer; Rujires Thanooruk, Associate Professor; Aporacha Lamdabwong, Lecturer; Benjaporn Chuengkrangkrai, Lecturer; Suchinda Rimsritong, Associate Professor; Siriruk Apivanich, Lecturer, Mahidol University, Bangkok, Thailand_

A use of guideline to promote reflective thinking in clinical nursing practice offered opportunity for nursing students to increase analytical skills as well as to look back through what they did in practical training and also seek to continuously improve themselves for self-learning skills. Thus, reflective thinking promotion approach was a key attribute of promoting critical thinking ability and self-learning readiness for the nursing students.

The objective of this experimental research was to examine critical thinking ability, self-learning readiness, and satisfaction of nursing students after introducing the reflective thinking promotion approach in their fundamental nursing practice. The total sample consisted of 43 second-year nursing students in academic year 2006. These 43 students divided into two groups; 21 nursing students was in the control group and 22 nursing students was in the experimental group. Through the clinical nursing practice, the control group received the regular clinical nursing education, whereas the experimental group received the regular clinical nursing education and the reflective thinking promotion approach. The research instruments used for data collection were Critical Thinking Ability Scale of Thanaporn Yaemsuda, Fisher’s Self-Learning Readiness Scale translated in Thai by Manee Arphananthikul, and Satisfaction Scale developed by the researcher. The SPSS program was used for data analysis. Descriptive statistics, and independent t-test were the statistics used in this study. Results revealed that mean scores of critical thinking ability and self-learning readiness of nursing students at pre-testing and post-testing for both of the experimental group and the control group were not statistically significant differences (p>0.05). In overall, the mean score of students’ satisfaction towards reflective thinking approach was in a high level. The research findings indicated that reflective thinking promotion approach really made the nursing students happy in their practical training. Therefore, it was able to promote the students’ learning and attitude toward clinical nursing practice.

**Reference**


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**P9**

**Genetics one day at a time**

_Kevin McDonald, Senior Lecturer, University of Glamorgan, UK_

Nurse education in the University of Glamorgan is based within the Faculty of Health, Sport and Science at Glyntaff campus which overlooks Pontypridd. The university serves a large geographical area of the former industrial areas of south Wales and attracts nearly a third of its students from areas with no tradition of higher education indeed 40% of undergraduates come from working-class homes. This level of non-traditional recruitment is amongst the highest of all UK universities.
The university offers a part-time post-registration MSc Professional Practice. This award has twelve named pathways, for example MSc Professional Practice (Health Economics), plus a generic MSc Professional Practice for students who do not specialise in one pathway. All students take a core research module and a variable length dissertation, varying between 60 and 120 credits in value. To graduate with a named MSc award, a student must take at least 80 credits from taught modules and a dissertation in the named field. There are also exit points at certificate (60 credits) and diploma (120 credits) levels.

2007-08 saw the first student intake for the genetics pathway when students enrolled onto a 20 credit module. Rather than adopt a traditional two hours per week over three terms, or blocks of three study days at a time, we took a different tack in having a single study day each month. This had advantages for the students in that they did not have to rearrange clinical commitments for three or four days at a time, but could more easily arrange to take a single day of study leave each month. Also, instead of being overwhelmed with lectures in a block, they had time to reflect on the lectures in between study days. As some students had a distance to travel, they appreciated not having to come to the university every week, which reduced their travel time, costs and carbon footprint. An advantage to the Faculty was that external speakers could attend together, and the individual study days marketed to local NHS Trusts and other stakeholders as non-credit bearing study days.

Subject to satisfactory student evaluation at the end of the module, this format is likely to be repeated in 2008-09.

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**Educational needs assessment of arthritic patients: adaptation and validation of a questionnaire for the Portuguese population**

*Arménio Cruz, Coordinating Professor; João Apóstolo, Assistant Professor; Health Sciences Research Unit: Nursing Domain – ESENFC, (Coimbra Nursing School); Armando Malcata, Director of the Department of Rheumatology; Pedro Machado, Intern of the Speciality of Rheumatology; Marta Campos, Matron of Medicine III, University Hospital of Coimbra, Portugal*

**Problem statement**

Rheumatoid arthritis is a chronic illness with repercussions for the self sufficiency and quality of life of the individual, normally accompanied by important personal, social and economic problems.

It is currently claimed that this chronic illness should be managed by the patients themselves. However, in order to do this, they need knowledge of the diverse areas that this sickness can affect. This knowledge can be acquired in many forms, but the teaching given by health professionals (doctors, nurses etc.) in hospitals, health centres or homes appears to be one of the most appropriate and effective forms. Therefore, in order for the health professionals to know the real educational needs of arthritics, as well as the best way to direct and optimize their teachings, Lacey et al developed the *Arthritis Educational Needs Tool (ENAT)* in 2002.

This instrument is a self-assessment questionnaire covering seven areas – pain, movement, feelings, the arthritic process, treatments, self-help measures and self-controlled systems of support.

In Portugal, approximately 100,000 people suffer from rheumatoid arthritis, an illness, as we have seen, that limits the quality of life, and it was after contact with one of the investigative team at the University of Leeds that the possibility of developing a project to adapt and validate the ENAT for the Portuguese population suggested itself.

**Objectives**

- To know the translation, adaptation and validation of the *Arthritis Educational Needs Tool (ENAT)* for the Portuguese Population.
- To identify the principal educational needs of a sample of patients with rheumatoid arthritis.

**Methodology**

The study will have two phases. Initially, we will translate, adapt and validate the ENAT. Secondly, we will study the educational needs of a sample of arthritics. The translation and adaptation of the ENAT for the Portuguese population will contain the following steps:

- The translation of the ENAT from English to Portuguese by two English bilinguals
- Synthesis of the translations
- A translation of the synthesis back into English
- Evaluation by specialists – paying attention to cultural aspects
- Fieldwork – applying the instrument to a sample of individuals
- Revalidation of the ENAT translation by a Rasch analysis.

The fieldwork of the adapted AENT will necessitate the completion of the ENAT by 125 patients with Rheumatoid Arthritis from the outpatients section in the Department of Rheumatology.
Anticipated results
Following the collection of data and its statistical Rasch analysis, we hope to present results that:
- Confirm the integrity and validity of the ENAT.
- Show the principal educational needs of patients with rheumatoid arthritis.

References

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**Nurse teachers’ self-evaluation of their competence**

**Leena Salminen, Senior Lecturer; Maija Hupli, Senior Lecturer; Tuula Karjalainen, University of Turku, Turku, Finland**

The competence of nurse teacher and its evaluation has been little studied both in Finland and internationally. There are a few studies about self-evaluation of nurse teacher competence (Johnsen, Aasgaard and Salminen, 2002; Lee, Cholowski and Williams, 2002; Gignac-Gaille and Oermann, 2001). In Finland, nurse teachers must have a licence of a registered nurse, have a master of sciences degree and have at least three years experience in health care system. In Finland nurse teacher are employed in polytechnics and vocational institutions. Nurse teacher is responsible for both theoretical and clinical teaching.

The purpose of this study was to evaluate the competence of nurse teachers, who are teaching nursing at polytechnic level in Finland.

The data were collected by a questionnaire (A Tool for Evaluation of Requirements of Nurse Teacher, ERNT) (Salminen, 2000). The questionnaire consisted background factors and 20 statements divided in five categories. The five competence categories were: Nursing competence, Teaching skills, Evaluation skills, Personality factors and Relationships with students. The evaluation scale was a 5-point Likert-scale. The respondents were nurse teachers, public health nurse teachers, midwifery teachers from all polytechnics in Finland. Response rate was 46 % (n=342). The data were analysed by using descriptive statistics. Mean scores and standard deviations for each item were calculated. Category scores were obtained by summing scores of all items within a category.

The nurse teachers evaluated themselves with quite high scores concerning all competence categories. Concerning the category ‘Relationships with students’ (mean 4.61, standard deviation 0.71) they got the highest averages of all. The poorest scores were gained regarding the requirements associated with teaching skills (mean 4.30, standard deviation 0.82). As the single concerned, the best score was achieved in ‘their ability the take students seriously’ (mean 4.66, standard deviation 0.71). The category of Nursing competence was evaluated mainly with high scores.

References


(P12)

The competence of nurse teachers – Developing an instrument for evaluation
Leena Salminen, Senior Lecturer; Maija Hupli, Senior Lecturer; Helena Leino-Kilpi, Professor, University of Turku, Finland; Kerttu Tossavainen, Professor, Hannele Turunen, Docent, University of Kuopio, Finland; Meeri Koivula, PhD; Marja-Terttu Tarkka, Docent, University of Tampere, Finland; Hannele Lukkarinen, Docent, University of Oulu, Finland; Dahly Matilainen, PhD; Anne Kasén, PhD, Åbo Akademi University, Vaasa, Finland

The competence of nurse teachers is important for the quality of nurse education. There are a few studies about the competence of nurse teachers and its evaluation. The reasons are the lack of valid instruments for evaluation and the diversity of the functions of nurse teachers. Also the competence requirements differ in various countries. (Davis et al., 2005; Gillispie and McFetridge 2006; Holopainen et al., 2007.) In Finland, nurse teacher must have a licence of registered nurse, have master of science degree and at least three years experience in health care system. Nurse education is located in the polytechnic level in Finland.

The ultimate goal of this study was to develop the quality of nursing education. The purpose of this study was to evaluate the competence of nurse teachers and develop instruments for evaluation of teachers’ action. The research was carried out in co-operation with all five Finnish universities, where nursing science is taught and where nurse teacher are educated.

The data were collected via Internet-based questionnaire during the year 2007. The sample consisted of all nurse teachers working in polytechnics (n=342, response rate was 46%) in Finland. The questionnaire included seven content categories: 1) general requirements of nurse teachers, 2) value base, 3) clinical skills, 4) medication skills, 5) co-operation and team-working, 6) using results of scientific studies and 7) societal activity.

The data were analyzed statistically and using the content analysis. The study produced two kinds of results: evaluation of the nurse teacher competence and the instruments for evaluation, tested and evaluated by psychometrics. Before this, such an instrument did not exist. Preliminary results show that nurse teachers consider themselves generally quite good. The weakest result was attained in mastering the medication skills. The scores given were surprisingly high in general, which may implicate a biased scale of the tool. The detailed results will be presented in the conference.

References


(P13)

Development of a theory based assessment tool in clinical nursing studies
Hafdis Skuladottir, Assistant Professor, University of Akureyri, Iceland

The main objective of the nursing programme in the University of Akureyri, Iceland is to educate individuals in the basic subjects of the health sciences in accordance with the needs of society at each time. The theory of caring constructed by Professor Sigridur Halldorsdottir (1996) provides the framework for the nursing programme. The main treads in the theory are professional competence, professional knowledge, caring, communication and connection, self-knowledge and personal growth.

Since the year 2004 a new assessment format has been developed to assess student’s clinical performance in the nursing programme in the University of Akureyri, Iceland. The assessment format evolved from the Leonardo project, Learning during education and in the clinical field (Fulton et al., 2007). The goals of the clinical studies were based on the main treads from the theory.

The assessment format is set up in rubrics, which is defined as a scoring tool that lists the criteria for a piece of work. Generally rubrics specify the level of performance expected for several levels of quality.

Clinical competence issues are assessed by the students where the teaching and/or performance are assessed as satisfactory or unsatisfactory. The clinical supervisors assess the student’s performance as good, fair or unsatisfactory.
The assessment format has been developed with cooperation and feedback from nursing teachers at the faculty, clinical supervisors and students. After three years it has proved to be a useful tool but is still in development. The development of the assessment format will be presented by a poster.

**Reference**


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**P14**

**Student health visitors: the future drama queens?**

*Sean Mackay, Head of Primary and Out of Hospital Care; Carmel Henshall, Senior Lecturer, Liverpool John Moores University, UK*

The health visiting course at Liverpool John Moores University includes a day’s innovative drama workshop using local actors to create real life situations, to which the students respond and manage through role-play. This poster presents the rationale and evaluation of this workshop.

Health visitors rely on extensive interpersonal communication skills to search for health needs and to promote therapeutic relationships with their clients and to explore potentially sensitive issues. Although qualified nurses already have excellent communication skills, it is felt that student health visitors require an opportunity to enhance these, in terms of their self-awareness and analytical reflection.

This poster emphasises the need for deep learning of communication skills for roles where practitioners may face sensitive situations without prior warning. A participatory experiential technique (Burnard, 2001), such as this role play, appears to facilitate this. Incorporating actors, who are fully briefed, makes the situation real yet safe.

This poster will be useful for lecturers seeking to develop a rich and meaningful method to enhance the communication skills of nurses.

**References**


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**P15**

**The use of narratives created by students as a basis for understanding experience and learning**

*Sharon Edwards, Senior Lecturer, Buckinghamshire New University, UK*

My focus on narrative (Van Manen 1990, Holloway and Freshwater 2007) is an attempt to move away from the oral culture within nursing and asks students to write down their narratives. In developing my research in this way I am taking the stance that storytelling is important in building a move towards a written culture in nursing in order to establish meaning of clinical practice experience and identify learning.

In analysing the data a conceptual framework based on nursing knowledge drawn from my own earlier writing (Edwards, 2002), re-conceptualised through exploration of the extant literature and my own research activities. A particular focus is that of exploring how my conceptual framework relates to students written experiences of nursing practice. I should acknowledge at this point that there is a fundamental debate around what counts as evidence based and whether or not experiential knowledge has an important contribution to make.

The research uses primary data gained by accessing students written narratives about a clinical practice experience. I am using narratives created by students as a basis for understanding experience and learning. The aim is to establish how nurses, draw on a range of learning to understand their practice and generate knowledge from it. An emergent dimension, of this work is how learning can be drawn from written narratives and the evolving knowledge from them. This involves student participation in the research (participants as researchers) (Reason 1994) as well as textual analysis of the data (Lieblich et al., 1998). Focus groups have been incorporated to enhance the experience of using stories, for the students involved in the research, to give them a richer discourse for discussing about and learning from their stories.

The emerging themes from the student narratives so far collected are beginning to link to the conceptual framework devised from previous work with additions that link to Calman’s (2000) work on narratives. Through
this enquiry it is hoped to establish a greater understanding of the learning that takes place from experience of individuals with the additional dimension of knowledge generation.

Narratives of experience can be used to bring real life practice into the classroom for analysis, critique, reflection and critical thinking of complex professional issues. The use of narratives has implications for changing the focus of healthcare education, bringing theory and practice closer together, understanding nursing practice better to care for patients and outlines the complexity and unpredictability of nursing and the multiple types of interconnected and interrelated knowledge involved in caring.

References

(P16)

Back pain and the safer handling of people: student nurses experiences and practical solutions

Abbie F Barnes, Senior Lecturer, University of Wolverhampton and Nursing Midwifery Council Fitness to Practice Investigating Committee Panellist, Walsall, UK

The RCN Safer Patient Handling Campaign was launched in April 1996 to highlight the need to avoid the manual lifting of patients in all but exceptional or life threatening situations. Instead, nurses should be given access and training to appropriate equipment, safe systems of work to evaluate and eliminate manual handling situations by risk assessments. Over 10 years have passed and reports continue to highlight a high incidence of back injury sustained by nurses through the manual handling of patients, it is estimated that 20,000 nurses suffer a back injury every year (RCN, 2004). This concerns individuals and the profession as a whole, especially in a contemporary climate of cost to the National Health Service in terms of sick leave, replacement staff, and wastage from the profession and an increase in the number of personal injury claims (Newman and Callaghan 1993, Snell 1998).

Nursing students are at risk of developing musculoskeletal problems during their education. Studies have shown that about 40-60% of nursing students report musculoskeletal problems at some stage during their education (Klaber Moffet et al., 1993; Smith et al., 2003). It has been shown that these problems coincided with working on wards related by students, where tasks such as lifting and handling patients were frequent (Klaber Moffet et al., 1993).

The research practitioner feels passionately about the safer handling of people and student nurses' morbidity rates. Informal discussion with the student nurses led the research practitioner coveting to quantify these colloquial deliberations into methodical evidence. This research at the University of Wolverhampton School of Health mirrors previous evidence of student nurses experiences and problems with back pain and injuries. Utilising a quantitative and qualitative approach questionnaires and focus group interviews, retrieval of the data has been received from pre registration nurses across branches and year groups. The analysis of the data demonstrates concerns surrounding student nurses experiences, morbidity rates and back injuries. Recommendations for future practice have been highlighted by student nurses, and the student nurses' offer solutions to over come this avoidable risk in our contemporary caring environment.

References
(P17)

Fitness for practice: an evaluation of the Learning Zone Club in pre-registration nurse education

Abbie F Barnes, Senior Lecturer, University of Wolverhampton and Nursing Midwifery Council
Fitness to Practice Investigating Committee Panellist, Walsall, UK

The challenges confronting nurses in today's health care environments have highlighted the necessity for graduating students to feel both competent and prepared for practice. It is widely acknowledged in the literature that the amalgamation of theory with practice is vital to the development of competent practitioners. The Nursing Midwifery Council acknowledge that in order to facilitate nursing students to make this crucial translation, support strategies are a requisite. The University of Wolverhampton began investigating and developing methods to support student nurses throughout their pursuit of fitness for practice.

The Learning Zone Club programme is the concept developed by the University of Wolverhampton as part of a response to the Fitness for Practice Report (UKCC, 1999). The aim of the Learning Zone Club programme is to provide an educational support strategy for pre-registration nursing students when the students are on their clinical placements.

An evaluative case study design, utilising a pre and post questionnaire and focus group interview was used. The population consisted of Diploma and Bachelor nursing students at the University of Wolverhampton, who undertook their clinical placement at NHS Walsall Trust Hospital. The response rate was 100% in the pre questionnaire (n = 50); 84% in the post questionnaire. Data analysis of the study highlighted the effectiveness of the Learning Zone Club programme as an educational support strategy, enhancing clinical skill knowledge and the student nurse's feeling of competence in practice.

It is evident from the proceeding research the Learning Zone Club programme is essential to the student nurse support strategies, presenting a justification for the multi dimensional approach utilised, the programme is facilitated by Advanced Nurse Practitioners, clinical and academic staff, and underpinned by a self-directed work book. The emphasis is on personal and professional development, ultimately aiming to enhance clinical skill competence, confidence and the translation of theoretical knowledge into clinical practice, succouring fitness for practice.

Reference
UKCC. (1999) Fitness for Practice: The UKCC Commission for Nurses and Midwifes Education. London: UKCC.

(P18)

Developing future occupational therapists for practice in a changing world of health care

Janice Jones, Senior Lecturer; Joanne Stead, Senior Lecturer, University of Huddersfield, UK

The undergraduate BSc(Hons) course at the University of Huddersfield provides its third year students with a unique and innovative learning opportunity to evaluate critically the service delivery of occupational therapy in a given service area and then from the findings, plan a service redesign.

This specialist studies module is undertaken by all the third year students on the BSc (Hons) occupational therapy degree programme at the university. The students make a choice of the service area to evaluate from projects which have been identified by local occupational therapists working in clinical practice. They engage with eight key note lectures or seminars in university aimed at providing them with the tools needed to manage their project. Seventy assessed hours are then spent in their allocated project areas carrying out the audit to evaluate the current service delivery and gathering information to write a proposal for the service redesign. The learning experience aims to develop the students to respond to the changing work place and delivery of health and social care by giving them hands on experience of audit and service redesign.

Bosiers et al. (1997), highlights the benefits to students of taking part in challenging practice placement situations. Exposing students to a wide range of learning opportunities enables them to develop their personal and professional skills, encouraging a greater understanding of their role as occupational therapists in the changing world of work.

Fortune et al. (2006) advocate the value of a project focus to practice placement education and experience, in particular using non-traditional settings and those where the role of the occupational therapist is still emerging.

The module under discussion integrates academic learning and the relationship between the priorities of healthcare practice and the political agenda in which services are developing.
The poster aims to evaluate the first year of module delivery, examining the challenges of setting up the academic and practice elements to ensure the experience was beneficial to both students, practice placement service areas and the occupational therapists providing the supervision. It considers feedback from students, placement supervisors and academic staff. Finally the broad lessons learned will be helpful to anyone involved in curriculum design from other healthcare disciplines.

References


(P19)

Preparation of student nurses in an online virtual paediatric intensive care unit (VPICU)

Rose Hall, Senior Lecturer; Jayne Harris, Senior Lecturer; Janine Stephenson, Learning Technologist, Birmingham City University, UK

Background
As a teaching and learning strategy the virtual paediatric intensive care unit (VPICU) is an on-line learning aid that can orientate and prepare students for practice in the PICU (Paediatric Intensive Care Unit) environment. This innovative learning tool gives students the opportunity to develop and practice skills in a safe and non-threatening environment. A learner centred approach allows students the autonomy to process information, solve problems and make decisions (Biggs, 1999). This poster describes the development of the VPICU and its first patient to prepare 3rd year pre-registration nursing students for their practice experience in the PICU.

Aims
The VPICU’s aims are to:
- introduce and familiarise the student to the PICU environment prior to placement
- facilitate the students to initiate a structured assessment of a patient in the VPICU
- for students to self assess and evaluate their assessment skills of a VPICU patient

Methods
A patient case scenario was developed and the interface features a ‘real life’ ITU bed space with a patient in situ. The student can access a range of resources including video handover and resource links, patient notes, nursing notes, observation and fluid balance charts, laboratory results and x-rays to inform their patient assessment. There is an emphasis on prioritising care, recording patient data, respiratory assessment, monitoring and drug therapies.

The student is guided to make 15 decisions from the assessment that they deem to be the most important. The area contains ‘hotspots’ and a dropdown menu where the student can gather data or access resources to inform the assessment. When 15 decisions have been made a self assessment screen will appear that informs the student how many correct decisions were made. The student can access the VPICU as many times as they wish to repeat the assessment and collect data.

Results
The VPICU was piloted with 9 Diploma HE RN child branch students in October 2007. Initial feedback was extremely positive. All students agreed that they would like to see VPICU developed and integrated into the module. Students also believed that this approach to learning would better prepare them for practice.

Conclusions
The VPICU learning environment enables the student to familiarise and practice assessment and decision making skills within a safe forum and self assess their own clinical decision making abilities. The development of these skills should then enhance the skills of the student when they are in the PICU environment.

We are planning to fully implement this tool for use with 3rd year child branch students but it also has scope for post-registration intensive care based nurses and training medics who rotate through intensive care areas. The importance of this is acknowledged by Salmon (2002) who states ‘it is time to harness the power of online learning for our own purposes’. This is the intention of the team at Birmingham City University.

References
Urinary catheter equipment survey

Lynn Wolfe, Nurse Tutor; Alice Madden, Urology Clinical Nurse Specialist, Cork University Hospital, Cork, Ireland

The quality of nursing care depends not only on the knowledge and skill of practitioners, but also on the equipment provided for their use (Mulhall et al., 1992). Catheter selection is a skilled element of continence care, particularly when the catheter is intended to remain in situ for prolonged periods (Robinson, 2004).

The poster presents a study which arose from a questionnaire concerning learning needs of qualified staff nurses regarding catheter care management.

A once-off spot check of fifteen wards in Cork University Hospital, assessed the storage conditions, availability, types/sizes and expiry dates of the urinary catheters. The results highlighted the need for better practice in ordering and storing of this important equipment.

The poster outlines the methodology employed in the study. It illustrates the results and identifies a number of conclusions.

The conclusions highlighted that the storage and management of catheters is at times poor and importantly that staff on the wards had a poor understanding of appropriate storage practices.

Based on these conclusions the authors issued an information sheet on best practice to staff on the wards that had been surveyed. The impact of this on management practices was assessed and this is presented in the poster.

References

Footsteps to our future

Candy Brown, Clinical Facilitator, Gold Coast Hospital, Southport, Australia

Background:
Recruitment and retention of nurses is acknowledged as a major contemporary nursing issue worldwide (Chang and Daly, 2001) and the Gold Coast Hospital (GCH) in Queensland, Australia has endeavored to address the problem. The Gold Coast is Australia’s sixth largest city and continues to grow, with increasing numbers of families relocating to the area, and a popular destination for numerous international tourists. It is anticipated that the current population of 500,000 will reach 650,000 by 2016, resulting in an increased demand for public health services. The existing GCH is a 450+ bed acute medical/surgical public hospital supported by a registered nursing staff of 650. A new 680 bed University Hospital is scheduled to open in 2012 requiring a nursing staff of 950. With this in mind we have embarked on a comprehensive educational program to develop a well educated nursing workforce, valued within the organisation, who will relocate from our existing public hospital to the University Hospital in 2012, to care for one of the fastest growing populations in Australia.
This poster will present a framework of education in clinical practice utilized at the GCH to support and retain a clinical workforce from our annual intake of new graduate nurses. It should be noted that the initiatives instituted for new graduate nurses are applicable and transferable to the wider professional multidisciplinary workforce.

Initiatives:

1. Sustaining, strengthening and enhancing collegiate relationships.
   - Senior joint appointments between GCH and the local universities that provide a large recruitment pool of newly registered nurses (Salvoni, 2001);
   - Joint research projects, teaching sessions and regular meetings with universities.
   - Accepting increasing numbers of students on clinical practicum who are supported by practice partners, preceptors and clinical facilitators.

2. Increased frequency of preceptor workshops and ongoing support.
   - Providing increasing numbers of effective preceptors, identified in the literature as essential to the development of new graduates (Floyd, 2003)
   - Preceptor ‘interconnect’ sessions.

3. Appointments:
   - Two clinical facilitators:
     - Assist graduate nurse coordinator
     - Provide ‘on floor guidance’ to the preceptors
     - Support graduates in the clinical setting.
     - Provide opportunities for graduates to reflect/ debrief
     - Facilitate network sessions and Graduate Educational Skills Days
     - Guide professional development.
   - Ward based clinical facilitators
     - Support existing staff, new staff, re-entry nurses and new graduates.
     - Promote life long learning amongst the nursing staff (Lambert and Glacken, 2005).
   - Nurse Educators
     - Coordinate, manage and evaluate the educational programs provided to nursing staff in the Transitions to Practice programs (a Queensland Health Initiative).

Future directions, maintaining the momentum.

- Ongoing evaluation of support programs to ensure the needs of the learner in the clinical setting are met.
- GCH staff acting as clinical facilitators for student placements.
- Further online educational developments.

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(P22)

Entering the dragon’s den: developing employability skills
Nathalie Turville, Programme Director, BSc (Hons) Nursing RN; Jenny Mullins, Careers Advisor, Birmingham City University, UK

In recent months, the recruitment picture for nurses in the Midlands area has been particularly difficult, with intense competition for vacancies. The results of a survey conducted by the University Careers Advisor across local Trusts demonstrated that applicants were failing to identify their own skills and experiences, and were weak in selling themselves, at both the application and interview stage. This was compounded by the traditional belief that student nurses have found employment relatively straightforward so the employability skills agenda was not perceived as a high priority. A new approach to delivering employability was required. The Dragons’ Den TV programme format was adapted but instead of pitching for money, the students were required to pitch for a hypothetical Band 5 post. Local Recruitment Officers and University staff acted as Dragons. Working in small groups, the students identified their own unique selling point, chose one candidate and developed a presentation.
to sell their candidate to the Dragons. The students were asked to dress as though for an interview and were written to inviting them to the Den. Following the presentation, comprehensive feedback was provided covering content, presentation skills and appearance. In spite of an initial anxiety, the students actively engaged in the process and the evaluations were positive. The concept of making a pitch and selling key skills was novel for nursing students. Although the process provided students with the insight into interview techniques and the need for effective preparation, an unforeseen benefit was the increase in self-awareness and confidence building. It is not known however if the Dragon’s Den experience did make the students a more effective candidate at actual interview therefore it is proposed to evaluate its’ effectiveness post-interview as well.

(P23)

What motivate clinical nurses to become academics: A Hong Kong perspective
Simon Ching Lam, Lecturer; Mimi Mei Ha Tiu, Lecturer; Joseph Kok Long Lee, Associate Professor, The Open University of Hong Kong and Man Wai Leung, Registered Nurse, The Hong Kong Anti-Cancer Society, Hong Kong

In the past 18 years, reform in pre-registration nursing education has shifted the traditional hospital based apprenticeship training to university evidence-based theoretical education. To date, there are four universities delivering a 4-years pre-registration nursing degree program for nearly 2500 undergraduate students. Besides, the upsurge of higher degree nursing education opportunities in Hong Kong also optimize the chances of obtaining higher academic qualifications for many young registered nurses. Such changes result in a call for more nursing academics to join the nursing education sector. However, at present, there are only about 80 nursing academics in Hong Kong to shoulder up the heavy demand on nursing education. In this connection, the shortage of nursing academics also poses limitation on the recruitment of nursing student which, in turn, will further escalates the problem of nursing shortage in Hong Kong. Hence, the question of ‘what motivates nurses to join the nursing education sector’ becomes an issue of concern among the nursing discipline. As little is known about the reasons of nurses to choose anchoring themselves in nursing education in Hong Kong, a study is thus conducted to explore the possible motivates or reasons.

Methods
With the use of a qualitative approach, purposeful sampling was adopted as the strategy to solicit views from the informants who are currently working as academics in the university and are of 3 – 6 of clinical experience before joining as an academic. Semi-structured interview with open-ended questions was chosen as the means of data collection. All of the interviews were being audio-taped with the permission of the participants, and the tapes were then transcribed in verbatim.

Findings
An initial interview of 4 academics, whose age range is from 26 to 33 years, and with clinical experience about 5 to 10 years and teaching experience about 1 to 3 years, reveal that these academic choose to teach in the University because of some extrinsic reasons, such as stable working hours (75%), higher economical rewards (50%) and better social status or image (50%). Besides, intrinsic factor, such as personality and trait (75%), is found to be influencing their decision as well. In addition, despite some informants (25%) did expressed a negative respond of being an academic (limited roles or career choices), all of them agreed that it might be the ‘best’ career choice for young nurses under the present local health care market.

(P24)

Capturing the student voice
Dee Hellings, Senior Lecturer; Natasha Lewis, Programme Administrator; Curie Scott, Senior Lecturer; Elaine Sharp, Senior Lecturer, Canterbury Christ Church University, UK

The Nursing and Applied Clinical Studies Department (NACSD) wanted to find effective ways to capture the student voice to inform current education practice and future curriculum development. This paper tracks the process used to acquire, collate, analyse and disseminate information on students’ satisfaction with their education experience.

Use of a satisfaction survey enabled the students to express their views and be part of the governance process. Governance in nurse education is part of the quality movement and runs parallel to the requirement for governance in the provision of health and social care (DH, 1998).

As it was important to keep the questionnaire short to encourage completion, the questionnaire contained six quantitative questions, using a Likert scoring scale, followed by one open ended question ‘What do you think would improve communication between students and staff?’ to enable the collection of qualitative data. The
questionnaire design guaranteed students anonymity and was administered after approval was gained on completion of an ethics review checklist.

The students were to be asked:

- How effective do you think the communication system is:
  - between staff and students, in terms of tutorial support for specific modules?
  - between staff and students, in terms of the personal tutor systems?
  - between staff and students, in terms of communication using Blackboard?
  - between staff and students, in terms of email?

- How easy is it for you, as a student, to contact academic staff by:
  - e.g. making appointments, telephone contact etc.?

- How easy is it for you, as a student, to make contact with administrative staff by e.g. making appointments, telephone etc.?

Using the assessment part of Blackboard for student surveys was an innovation in this Department. The questionnaire was posted on the web and made available to students for a one week period. All adult nursing students were emailed to inform them of the questionnaire. The student responses provided information which was subsequently themed for analysis purposes. The data, which complemented the information provided by national surveys, was particularly useful in that responses were the voices of students registered at this University and, could be interpreted immediately in relation to their experiences. It is envisaged that the same system of data collection, using web based questionnaires, could be used across all Pathways of the programme, as part of the governance process, to gain information about a number of issues impacting on the students’ education experience.

Reference

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(P25)

Releasing the inner mathematician in the student nurse

Amanda Clarke, Senior Lecturer, Arrowe Park Hospital, Merseyside; Kim Greening, Deputy Head of Department, University of Chester, UK

Strategies commonly used to improve the drug calculation skills of nurses are those that focus on conceptual and mathematical skills. However, these are reported to show only minimal success in improving drug calculation skills (Arnold, 1998; Hutton, 1998; Weeks et al., 2000; Gray and Jackson, 2004). Wright (2005) describes an action research project undertaken to explore the teaching of drug calculations to a group of pre-registration nurses and demonstrated the effectiveness of a teaching strategy that involved addressing mathematical concepts, teaching drug calculation formulae and practising these skills in the clinical environment.

Given the importance of drug calculation skills in preparing students to be fit to practice (NMC, 1999) the authors of this paper have sought to add to the knowledge base in this area by addressing the following research questions:

- Can the entry profile of students be considered a reliable indicator of performance?
- Does a relationship exist between numeracy related qualifications on entry and the results of a test to diagnose the ability to calculate drug dosage?
- How do the teaching and learning strategies impact on the ability of student nurses to undertake drug calculations?

The sample population for the study comprised 76 student nurses, from three cohorts, on the Common Foundation Programme (CFP) of a BSc/Dip HE Nursing Studies programme at the University of Chester.

For the first part of the research study students’ numeracy related qualifications on entry to the programme were profiled by auditing information contained within their personal files. Then shortly after the launch of the key skills related module (Fundamental Key and Caring Skills), in which drug administration is covered, participating students undertook a diagnostic test to reveal potential ability in the area of drug calculation. Questions in the diagnostic test included areas that peer reviewed literature suggested that student nurses have difficulty with: ratios; fractions; multiplying fractions; place value and interpreting information. The results of the diagnostic test were compared with the entry level qualifications and emergent relationships explored.
Students on the Common Foundation Programme study the key skills related module for their entire first year. During this time they are exposed to a range of teaching and learning strategies. Following the delivery of the module the students are assessed on their ability to undertake drug calculations accurately.

For the second part of the research study students identified as having attained a low mark in the diagnostic test at the start of the module, but assessed as being competent by the end of the Common Foundation Programme, will be interviewed on an individual basis to explore possible explanations for the distance travelled i.e. value added. This qualitative approach will reveal which strategies have helped the students to master the level of numeracy required for their future professional role.

The findings will have implications for future curriculum development. Resources can be used on interventions of proven efficacy supported by research evidence. A Common Foundation Programme has the potential to address key areas of arithmetical difficulty, identified from the research, by implementing appropriate pedagogical strategies. Improving the mathematical skills of student nurses within the context of higher education also reduces subsequent cost implications associated with educating qualified practitioners and reduces the potential for drug errors and resulting litigation.

In this poster the findings of the first part of the study are reported together with the findings of the pilot stage for the second part of the research.

References

(P26)
Caring behavior of perioperative nurse instructors as expected and perceived by nursing students

Sriwiengkaew Tengkiattrakul, Assistant Professor; Pisamai Orathai, Lecturer, Ramathibodi Hospital, Mahidol University, Bangkok, Thailand

In the operating room (OR), perioperative nurses provide sophisticated patient care while ensuring that the OR functions smoothly. They manage the entire department, i.e. supply areas, changing room, sterile supply, and induction room. Their work also includes the preparation of instruments and equipments, voluminous documentation, and meticulous planning and coordination of the OR schedule. They respect the rights, privacies, and dignity of all patients. They help surgeons in the operative field by controlling bleeding, providing wound exposure, and suturing during the actual procedure. As technology and techniques change, the multiskilled of perioperative nurses must be well developing. Due to many roles of perioperative nurses, students who practice in the operating room need caring from instructors and it was found that students who perceive their instructors as caring for them enjoying school and being motivated to learn.

The survey research aimed to examine the caring behavior of perioperative instructors as expected and perceived by nursing students. The population included 96 nursing students in the third year of Ramathibodi School of Nursing at Mahidol University. The research instrument was Swanson’s Caring Professional Scale that was translated in Thai by Kusuma Piyasiripan and developed by the researchers. The reliability of Swanson’s Caring Professional Scale which obtained by means of Cronbach’s alpha coefficient was 0.92. The SPSS for windows version 11.5 was used for data analysis. Descriptive statistics, one-way ANOVA, multiple comparison and paired t-test were used in this study. Data were collected after the students had been trained clinical practice in four operating rooms: surgery, orthopedic, EENT and Sirikit by using questionnaires. The results was found that the nursing students expected caring behavior of perioperative instructors at a high level in all operating rooms but they perceived caring behavior of perioperative instructors at a high level only in surgery, EENT and Sirikit operating rooms. There were significant differences between the expectation and perception in orthopedic and all the operating rooms at p< .01 and .05.
References


(P27)

The use of a computer assisted learning package as a teaching resource
Sarah Keeley, Moving and Handling Co-ordinator, Practice Skills Facilitator; Martin Matcham
Demonstrator Practitioner, Bournemouth University, UK

Salmon (2002) identifies a paradox in 21st century education as it aims to reduce costs whilst dealing with ever increasing student numbers and at the same time striving to improve quality. From an educational perspective, there is mounting pressure to develop student led programmes that focus upon learning rather than teaching (Knowles, 1990; Quinn, 2000; Forman et al., 2002; Jeffries, 2000). This is complicated by increasingly diverse student profiles and nurse tutors under pressure to relieve the demands on their time whilst developing alternative and innovative strategies that ensure equity to all (Dearing, 1997; DH, 2000, 2001; Green et al., 2003, 2006; Forman et al., 2002; Selinger, 2000). This demand, linked with recent drivers supporting the integration of flexible learning strategies (DfES, 2003; HEFCE, 2005) has led to the escalating use of e-learning technology by many educators.

Substantial literature exists supporting the use of e-strategies in education, arguing that they have the potential to increase cognitive learning (Dowd, 2000; Green et al., 2003, 2006; Sit et al., 2005; Salyers, 2006), encourage autonomy (Green et al., 2003, 2006; Lewis et al., 2001; Farrell, 2006; Childs et al., 2005; Forman et al., 2002), interaction (Dowd 2000, Sit et al 2005, Sole and Lindquist 2001) and in the process improve information technology (IT) skills (Jeffries, 2000, 2005; Green et al., 2006; Lewis et al., 2001; McAllister and Mitchell, 2002). It is also suggested that e-strategies provide flexibility in time, space and resources (Sit et al., 2005; McAllister and Mitchell, 2002; Kenny, 2002; Childs et al., 2005; Farrell, 2006), meeting the needs of more students, resulting in an increase in student satisfaction (Jeffries, 2000, 2005; Kenny, 2002; Sit et al., 2005).

To protect the public, significant investment is placed upon nurse education with the expectation that at the point of registration the nurse will be fit for practice, fit for purpose and fit for award (NMC, 2004; Moore, 2005). Moving and handling is an integral part of nurse education and at Bournemouth University there are close links with practice providers to ensure that there is parity between the students’ university and practice experience, thus reducing the theory – practice gap.

Teaching strategies supporting the development of moving and handling activities involve the use of practical simulation underpinned by evidence based literature (Smith, 2005). The theoretical element of the moving and handling curriculum is such that it lends itself well to be delivered in a flexible, interactive, cost-effective manner by the use of e-learning, thereby employing a blended approach.

This poster demonstrates how the use of a computer assisted learning package in the field of moving and handling was incorporated alongside practical sessions, utilising a blended learning approach for pre registration student nurses. The package was evaluated by students and staff and the results are presented within the poster.

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**Clinical teaching in the field of district psychiatry**

*Torill Sæterstrand*, Assistant Professor, Bode University College, Norway

The importance of clinical teaching in practice and ensuring positive clinical experiences for undergraduate nurse students has been widely acknowledged in literature. There is considerable literature related to undergraduate nursing clinical teaching within practical aspects like effectiveness of clinical teaching and a discussion of models adapted. Only a small part of the existing literature describes how nurses practice clinical teaching in the district psychiatry field.

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(P28)
Clinical teaching in Norway is done by experienced nurses in different practical settings. The aim of this study is to describe how nurses experience clinical teaching and how users who suffer from mental illnesses experience their participation in the interaction process with the students. The sample consists of eight persons who were interviewed. Four nurses and four users described their experiences in practice. The essence of clinical teaching was the reflections before, during and after practice situations that enabled the nurse students to begin to use self-experienced emotions and their growing self-awareness to provide an appropriate care level for the patients.

(P29)

Interaction and user participation in the field of district psychiatry

Torill Sæterstrand, Assistant Professor, Bode University College, Norway

The aim of this study was to gain knowledge and experience about the interaction process by health personal and patients/users’ in a community psychiatric practice in Norway, which has a focus on empowerment. The statement of the problem was: ‘What is the interaction context in a psychiatric ward and a specially protected firm in which user participation is encouraged? How do employees and users experience the interaction context on the unit?’ The unit had two sub-units; one was a ‘Sheltered workplace’ and the other was a ‘Psychiatric Day-and Activity Centre.’

A qualitative, comparative, descriptive study design was chosen, with field observations and 8 qualitative in depth interviews with health personal and persons with mental health problems were made.

The findings were organized and called ‘Moving towards equal worth for users.’ The categorical were called equality, denying role and participation. Equality is the ground and the main process for being equal in the relation between personal and user. Role denial made equal worth problematical. The participation of the users constitutes a form of gradual user influence and contributed to the process towards equal worth for the users in the future.

(P30)

The implementation of a guideline for student’s within the clinical practice placement environment

Debbie Cubitt, Practice Education Facilitator, NHS East of England Strategic Health Authority; Lindsay Norton, Head of Nursing Practice and Performance; Kim Churchman, Training Manager, The Princess Alexandra NHS Trust, Harlow, UK

This poster demonstrates how staff at The East of England Strategic Health Authority and The Princess Alexandra NHS Trust have produced a guideline locally for students. The purpose of this guideline is to provide students and their mentors with clear guidance as to exactly what procedures and skills students can undertake in the clinical practice arena, whether the student requires additional local Trust led training in order to undertake it and at what stage of the nurse training programme students should expect to access this training. This means that students will be systematically introduced to new procedures at a time that is appropriate to them and ensures that the necessary fundamental training has been provided in a timely manner, which is congruent with the NMC (2005) guidelines.

Additionally, the guideline also gives clear and concise information to those students who may already be competent in certain clinical skills gained from previous employment within healthcare. So that, under a strict criteria certain skills in certain clinical environments may still be used. It is hoped that this will empower individuals to continue to practice specific skills so that they do not become deskilled, but equally under stringent guidelines to ensure that their learning is not compromised.

To compliment the guideline any training needs that have been identified are incorporated into six trust preparation days. These days are coordinated locally by the practice education facilitators and occur for each student group before each session or semester approximately every six months. All of the preparation days have been carefully structured to ensure that all students meet the trust’s statutory, mandatory and National Health Service Litigation Authority standards/requirements that now govern NHS organisations. This training is recorded locally on the trust’s Oracle Learning Management System. The days are organised systematically and reviewed regularly to ensure that they compliment the existing educative sessions organised within the local higher education institute, rather than duplicate them.

Reference

(P31)

Teaching complex nursing care in the intensive care unit

Patricia Cook, Professor, Neuroscience/Surgical Nursing Chair, University of SC Aiken, USA

Health care today requires nurses who are skilled in caring for clients with complex health issues. The acuity level of clients accessing health care today continues to be a challenge on the staff providing care for them. This situation presents a difficult situation for nursing education, both in the classroom and the clinical learning environment. What learning avenues are available that prepare nursing students to be equipped to care for clients with complex health issues? The intensive care unit is a prime example of meeting this criterion. Clients enter the intensive care unit with an acute insult to one or several body systems, for example traumatic brain injury in a 24 year old male or stroke in a 71 year old female. All body systems can be affected by these acute problems and thus, require comprehensive care by the health care team to minimize complications and maximize potential for recovery.

This paper will present an educational model that shows the benefits of utilizing the intensive care unit for clinical practice of senior nursing students. Information shared in this paper will illustrate how the intensive care unit provides students with opportunities to apply multiple nursing concepts in the care of clients with complex health problems.

Learning objectives
1. Identify the types of learning opportunities in an ICU for senior nursing students.
2. Relate how students can use the ICU to apply multiple concepts in caring for client with complex health issues.
3. Identify the components of the educational model used for senior nursing students having clinical in an ICU.

References

(P32)

Using flexible learning to provide guidance to nurses and midwives on medication management in Ireland from the regulatory body An Bord Altranais

Aine McHugh, Project Manager / Lecturer School of Nursing, University College Dublin; Kathleen Walsh, Project Officer, An Bord Altranais and National Council for the Professional Development of Nursing and Midwifery; Anne Marie Ryan, Chief Education Officer, An Bord Altranais

This paper aims to demonstrate the how of flexible learning in the form of an E- learning package developed by An Bord Altranais and the National Council for the Professional Development of Nursing and Midwifery can support medication management as practiced by nurses and midwives in Ireland and can fulfil An Bord Altranais’ role as regulator for the profession.

This continuing professional development need was identified as a result of the findings of the Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products demonstrating nurses and midwives concerns regarding professional practice and involvement with medication.

Utilizing the e-learning medium, the programme was written to enable nurses and midwives to reflect on the key points associated with medication management standards, the related principles, and thus support effective, safe and ethical practice. Content for this programme was developed from the revised version of the Guidance to Nurses and Midwives in Medication Management (An Bord Altranais, 2007) document.

By employing the e-learning medium An Bord hopes to encourage nurses and midwives to engage with medication management, which is part of, it’s function in regulating nurses and midwives.

An Bord Altranais as a regulatory body in Ireland, aims to adhere to the principles of regulation as set out by the Department of the Taoiseach (2004) which include:
• necessity
• effectiveness
• proportionality
• transparency
• accountability and
• consistency

The e-learning package was project managed and the development process was guided by the five constants, which are used when adopting new technology in Healthcare, which in this case was an online package for medication management. The five constants are:
• budget
• supportive leadership
• project management
• implementation
• end user involvement (Bernstein et al., 2007)

Budget
As a joint project resources both financial and human capital were made available to see the development of the package successfully through to its completion. Budget allowed for a professional e learning company to build the package once the content and interactivity had been developed, also the finances sanctioned a project manager to oversee the whole process.

Supportive leadership
The project was supported at a high level within the national nursing organisations such as An Bord Altranais and the National Council for the Professional Development of Nursing and Midwifery and endorsed by both the Health Service Executive and the Dept of Health and Children.

Project management
A project manager was in post on a part time basis for four months to see the package through the various stages such as content development, planning learning exercises, liaising with e-learning company, developing resources, managing video shoot for some sequences, and pilot testing the package with end users. The project manager also chaired a committee to assist and support the whole process.

Implementation
The package is now developed and ready for use, however the most difficult stage is upon the project, ensuring all the potential users are exposed to the package and thus fulfilling the stated of the project i.e. to support medication management as practiced by nurses and midwives in Ireland through the use of this online package. Various methods of implementation are being currently used:
• launch of package at national conferences of both An Bord Altranais and the National Council for the Professional Development of Nursing and Midwifery
• access to package through the web sites of both above organisations
• advertisement through mailed publications of both above organisations
• orientation sessions about the package through Centres for Nurse Education in Ireland
• orientation sessions about the package for practice development nursing coordinators throughout Ireland

End users involvement
From the outset committee members and the project manager were potential user of this package, so were best placed to advise the content and type of resources, which would be suitable for inclusion. Many scenarios were developed and filmed to explain difficult concepts, using scripts written in conjunction with end users to check for accuracy and realism. Pilot testing of package was conducted using end users from all the disciplines in nursing and midwifery and the comments and suggestion use to enhance package prior to it’s final version being produced. Sections such as frequently asked questions were developed using the most commonly asked questions from end users in practice, management or education.

The online package will be evaluated using Kirkpatrick’s Model for evaluating training programmes (1998) as used previously by An Bord Altranais to evaluate their online competence assessment (2004).

This form of flexible learning will permit nurses and midwives in Ireland become familiar with the updated regulation in relation to medication management. Also, it facilitates the regulatory body, in ascertaining the numbers, location and time at which nurses and midwives engage in this e-learning package and ensures consistency in the manner in which the regulation guidance is delivered.
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Dr Elisabeth Clark,
The Open University

Professor Collette Clifford,
University of Birmingham

Dr Lorraine Ellis,
University of Sheffield

Mr Andrew McKie,
The Robert Gordon University

Professor Sara Owen,
University of Central Lancashire, UK

Scientific panel

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Kajaani University of Applied Sciences, Finland

Dr Amanda Kenny,
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Dr Mary Kunes-Connell, Creighton University, USA

Mrs Patricia Mayers, University of Cape Town, South Africa

Ms Patricia Proudford,
Amity Group Pty Ltd, Australia

Professor Gary Rolfe,
Swansea University, UK

Dr Fiona Timmins,
Trinity College Dublin, Republic of Ireland

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Internationally known convenors have been invited to facilitate the theme groups:

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Gary Rolfe, Swansea University, UK
Fiona Timmins, Trinity College Dublin, Republic of Ireland
Anne-Marie Warnes, University of Central Lancashire, UK

Conference organisers

Jill Rogers Associates Ltd
6 The Maltings
Millfield
Cottenham
Cambridge CB24 8RE, UK
Tel: +44 (0)1954 252020
Fax: +44 (0)1954 252027
email: jra@jillrogersassociates.co.uk
website: www.jillrogersassociates.co.uk