Nursing education: developing excellent professionals

Wednesday 26 - Thursday 27 February 2014

The Majestic Hotel, Ripon Rd, Harrogate, North Yorkshire HG1 2HU

Book of abstracts
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1.1 Student experiences

1.1.1 Learning leaders: the student experience

Barbara Davies, Senior Lecturer, Northumbria University
Additional author: Jaden Allan, Senior Lecturer, Northumbria University

Aim
The aim is to demonstrate the integration of educational theory in practice, to describe the application of peer support and to highlight the potential benefits of the Learning Leader concept in relation to the enhanced student experience.

Abstract
The present day challenge for nursing is to produce a workforce able to work in more diverse environments and be proficient in many more skills. With this is an added responsibility for educational and clinical establishments to develop mechanisms that support students at times where there is potential for additional stress either from an academic, practice or social perspective. The Learning Leadership initiative provides opportunities to articulate experience and evidence through peer support. The concept of having more experienced peers, who can act as information providers, role models and facilitators (Bulte, Betts et al. 2007) can enable students to believe that their own development is achievable. This humanistic approach encourages students to take control of personal learning by building opportunities for more experienced students to share experiences and reflect on progress. The scheme is not a substitute for formal education but an enhancement to student centred learning and support.

The benefit of this peer support initiative has been the sharing of current, real and valid experiences. Student feedback has been positive in terms of the sharing of current, real and valid experiences. The benefit of this peer support initiative has been the sharing of current, real and valid experiences. The benefit of this peer support initiative has been the sharing of current, real and valid experiences. The benefit of this peer support initiative has been the sharing of current, real and valid experiences.

Intended learning outcomes
At the end of this session, participants should be able to:
• demonstrate the positive effect of sharing experience on the students personal and professional development

Recommended reading

Biography
Barbara Davies qualified as a Registered nurse in 1987 and then as a Registered Sick Children's nurse in 1990. Since qualification she worked in a variety of specialties including paediatric oncology and paediatric rheumatology at the Royal Victoria Infirmary in Newcastle. During this time she was awarded a Cow and Gate scholarship to explore how children and young people, who have difficulty in expressing themselves, could have a voice within health services. In 2004 she joined Northumbria University as a Senior Lecturer in children's nursing contributing to pre registration nursing programmes. Educational interests relate to enhancement of the student experience.

1.1.2 Raising our professional profile: introducing student nurses to the world of research

Mary Harrison, Cardiovascular Research Nurse, Leicester Cardiovascular Biomedical Research Unit

Aim
Increase the research knowledge of our graduate nurses. Raising the professional profile of clinical research.

Abstract
Purpose: A training programme for student nurses involving set placements within a research unit was devised. The aims of the programme were fourfold: to give students an introduction into the world of clinical research; to show how translational research influences clinical practice; to raise the profile of research nurses within the Trust; and to develop the breadth and depth of placement students' knowledge.

Methods: Student nurses based on the Coronary Care Unit were allocated a week's "Pathway Placement" within a Biomedical Research Unit. The timetable for the placement was devised to maximise exposure to the diversity of research being undertaken within the Unit, including cardiac imaging and physiology. Descriptive data were collated from student feedback forms to evaluate the programme.

Results: Students were unaware of the role of Research Nurses or what to expect from the placement beforehand. From the feedback forms received, support for the programme was universal. Students enjoyed the placement and felt that one week was sufficient to increase their understanding of the research process and how this translated into clinical benefit for patients.

Conclusions: Preliminary data from our trainees suggests “Pathway Placements” are a useful adjunct to clinical placements in increasing students’ understanding of the research process and how this relates to ‘real world’ care. Further research into this and the effect student placements may have on qualified nurses own professional profile within the Trust would be beneficial to training leads.

Intended learning outcomes
At the end of this session, participants should have:
• greater awareness of student Pathway Placements
• increased awareness of the benefits of research nurses mentoring students
• raising the profile of research within the nursing profession

Recommended reading
**Abstract**

The NHS constitution commits to notifying patients of their research opportunities, which means that all NHS staff, not just those directly involved in research, should understand their role in delivering this key objective. The aim is to explain what research nurses are actually doing on a day-to-day basis and to demystify research. It’s important that nurses and clinicians see clinical research nurses as someone working alongside them, not as someone sat behind a pile of books somewhere.

**Intended learning outcomes**

At the end of this session, participants should be able to understand that:

- clinical research teams and other specialist areas can provide placement experience to student nurses within their resources using this flexible approach
- research needs to be embedded within the NHS and the clinicians that work in it.
- research nursing is a career option for mental health nurses

**Recommended reading**


**Biography**


**Biography**

Mary Harrison qualified in 2003 from DeMontfort University. Her first clinical position was as a Staff Nurse in the Coronary Care Unit (CCU). After 4 years in CCU she left the UK for Dubai, where she joined the ICU. While there she helped establish regular training sessions, and helped develop the hospitals’ competency packages. After 2 years she returned to the UK and secured a position in cardiac research. The Student Nurse program was started by Mary in July 2013, the project has been a success so far and she hopes she can roll out the program across her Trust.

**1.1.3 Developing a flexible approach for student nurses to gain placement experience with a clinical research team**

Christine Dransfield, Research Nurse, Oxford health NHS FT/Thames Valley

**Co-presenter:** Claire Hall, Research Nurse, Oxford health NHS FT/Thames Valley

**Aim**

Thames Valley DeNDRoN (Dementias and Neurodegenerative Diseases Research Network), in Oxford Health NHS Foundation Trust have worked closely with University of Bedfordshire to develop a flexible model to support student placement experience within the research team. An innovative programme has been set up in which every 2nd year mental health student nurse student attends an interactive workshop led by research nurses, followed by a day observing clinical research in practice.

**Abstract**

The NHS constitution commits to notifying patients of their research opportunities, which means that all NHS staff, not just those directly involved in research, should understand their role in delivering this key objective. Nurses are the major professional group providing care to people with dementia so their involvement in research is critical. A key problem is that the incentives for a research career are not as strong or embedded in the career progression of nursing and other allied health professions as in medicine or psychology. This contributes to a lack of research culture in nursing practice and an under-representation of nursing researchers in the dementia care field.

Research Nurses have worked collaboratively with lectures in the University of Bedfordshire and the Learning Environment and Preceptorship Lead in the local NHS Trust to educate student nurses in the importance of research in dementia, and across the whole health system. An innovative programme is now in place for every 2nd year mental health student nurse to attend an interactive workshop lead by research nurses, followed by a day observing clinical research in practice. The workshop provides a real insight into the realities of research and includes everything from recruitment and Patient and Public Involvement (PPI) to good clinical practice and research governance. The aim is to explain what research nurses actually do on a day to day basis and to demystify research. It’s important that nurses and clinicians see clinical research nurses as someone working alongside them, not as someone sat behind a pile of books somewhere.

**Intended learning outcomes**

At the end of this session, participants should be able to understand that:

- clinical research teams and other specialist areas can provide placement experience to student nurses within their resources using this flexible approach
- research needs to be embedded within the NHS and the clinicians that work in it.
- research nursing is a career option for mental health nurses

**Recommended reading**


**Biography**

Mary Harrison qualified in 2003 from DeMontfort University. Her first clinical position was as a Staff Nurse in the Coronary Care Unit (CCU). After 4 years in CCU she left the UK for Dubai, where she joined the ICU. While there she helped establish regular training sessions, and helped develop the hospitals’ competency packages. After 2 years she returned to the UK and secured a position in cardiac research. The Student Nurse program was started by Mary in July 2013, the project has been a success so far and she hopes she can roll out the program across her Trust.

**1.1.4 Reflective vision: using painting to initiate deeper reflection of self. A student nurse’s learning from clinical practice**

Elizabeth Tudor, Practice Education Facilitator, Greater Manchester West Mental Health NHS Foundation Trust

**Aim**

To utilise a creative approach to explore what students learn from service users following a significant event that has contributed to their personal and professional development. The approach encourages the student to paint an experience as a visual narrative and to share the painting with a group of peers.

**Background**

The recent introduction of the Placement Charter (NHS 2013), demonstrates a commitment from practice to provide a safe and high quality learning environment for all students. Inherent in this Charter is, keeping the service user at the centre of care delivery, supporting the notion of learning with and from the service user. Stockhausen (2009) advocates that service users provide the stimuli of educative events that become a learning situation for students when on placement. Mellinkoff (1989 cited in Slater, 1996, p.385) states: “The patient is my book” and “You won’t learn if you are not there to see.”

**Method**

The researcher organised four art groups of 5-8 pre-registration nursing students in a mental health trust whilst they were in clinical practice, so they could draw on actual practice experience with service users. The students were asked to paint a visual narrative of a memorable experience or event with a service user in whatever context was personal to them, and to share and reflect on the learning they had acquired which they had not particularly anticipated. Qualitative narrative research methods were used to gather data.

**Initial Results**

Indicate that sharing personal reflective artwork in a safe environment with peers generates a deeper level of conversation that evokes discussion amongst that promotes self-awareness and personal development, by consoli- dated and synthesizing the service user experience into unique understanding. Students liked the opportunity to share experiences with peers in a fun creative environment that allowed them to express their feelings about memorable events. Slater, H. R. (1996). Learning from patients – unfashionable but effective. Postgraduate Medical Journal. Jul (72), 849-305.

**Placement Charter (NHS 2013) Health Education North West.**
Intended learning outcomes
At the end of this session, participants should be able to:

• understand painting a narrative and having the opportunity to share personal reflection with peers opens up a deeper level of conversation
• encourage students to share evoking stories of troublesome experiences in a safe environment
• understand that a picture paints a thousand words and visual images can be used to capture the hard to put into words by paying attention to things in new ways.

Recommended reading

Biography
Elizabeth Tudor Doctoral Candidate, MSc, BA (Hons), RMN/SEN(G), PGDP, PGCE
Liz is currently a Practice Education Facilitator at Greater Manchester West Mental Health NHS Foundation Trust. Upon qualification in 1983 she specialized in Dementia care. In 2003 she was part of the Workforce Confederations initiative introducing the Assistant Practitioner role and there after took up the post of a Practice Educator. Liz enjoys the diversity of her role which involves much liaison, collaboration and working with university partners, mentors and students. Liz is currently a part time professional doctoral student researching; Creative approaches to explore what students learn from service users.

1.2 Training and development

1.2.1 Developing a workforce fit for the future: a model for the delivery of in-service education for registered nurses and midwives in Northern Ireland

Sandra Carruthers, Nurse Education Consultant, Clinical Education Centre, Altnagelvin Area Hospital, Londonderry, Northern Ireland

Aim
To explore the opportunities and challenges in establishing a regional centre for the provision of In-Service Education for Registered Nurses and Midwives working in Northern Ireland

Abstract
“Lifelong learning and development for staff in Health and Social Care is key to delivering a modern patient and client focused service” (DHSSPS, 2009).

Furthermore, within the context of continuing change and developments in people’s health and social care needs along with advancing technology, rising public expectations, the pattern of practice and organisation of care delivery creates both challenges and opportunities for nurses, midwives and support staff in working towards improvements in care (DHSSPSNI, 2010; Compton Review, 2011). Therefore, it is important that Health and Social Care Trusts within Northern Ireland develop and equip nurses and midwives with the necessary knowledge and skills to support changes which enhance patient and client care.

To facilitate Trusts to enable staff to embrace change and engage in lifelong learning, this presentation will describe the establishment in November, 2011 of the Regional HSC(Health and Social Care) Clinical Education Centre for Northern Ireland. The Centre provides In-Service Education for Registered Nurses, Midwives and AHPs within the five Health and Social Care Trusts across Northern Ireland, in addition to working with other Stakeholders such as the voluntary, statutory, community and independent organisations.

As with any change, it was important to ensure that the existing teaching staff had the necessary knowledge and skills to meet the needs of individual Trusts. Hence, staff were integrated into teams capable of delivering education to all disciplines within the family of nursing, that is, Acute, Mental Health, Children’s and Learning Disability Nursing. The presentation will explore the opportunities and challenges in developing such a centre.

Intended learning outcomes
At the end of the session, participants should be able to:

• outline the development of a regional model for the provision of In-Service Education for Registered Nurses and Midwives in Northern Ireland

• discuss the opportunities and challenges in developing a regional centre for the provision of In-Service Education for Nurses and Midwives

• evaluate the governance issues relating to the development of a regional centre for the the provision of In-Service Education for Nurses and Midwives.

Recommended reading

Biography
The Author trained as a General Nurse and Midwife prior to developing a career within Nurse Education. A teaching career spanning almost 30 years, for the past 16 years she has been involved with the delivery of In-Service Education for Registered Nurses in Northern Ireland, including a variety of courses such as Infection Control, Leg Ulcer Management and Manual Handling. To enhance her teaching knowledge, she holds membership of a wide variety of Societies such as the Infection Prevention Society, Wound Management Association of Ireland and is a Committee Member of the RCN Education Forum.

1.2.2 Preparing assistant health care practitioners for their new role in practice

Maureen Mounty, Principal Lecturer, University of Greenwich

Aim
This study aims to encompass the unique and dynamic role of an Assistant Health Care Practitioner and investigate how AHPs are prepared theoretically, practically and professionally for the challenges this role will bring. The study is therefore aimed at exploring the AHP market and the preparation of AHPs for foundation level work based learning i.e. Band 4 (level 5 education).

Abstract
Healthcare assistants (HCAs) are a vital part of the team that supports the medical and nursing staff and patients in wards and departments throughout the hospital and the community. Under the supervision and direction of qualified nursing staff, healthcare assistants carry out a wide range of duties to care for, support, and provide information to patients and their families.
The role of the assistant healthcare practitioner (AHP) is a new healthcare role which is rapidly growing. In the current financial climate, with expected public spending cuts and efficiency savings required in healthcare services the use of the AHP is likely to continue to grow. At present AHPs are prepared for their role through completion of a two year Foundation degree at University which is ideally placed to provide theoretical underpinning to the AHP’s practice and a strong work based learning component to enable this theory to be integrated into their practice. Due to the relatively new creation of the AHP role there are few courses and education available to support the AHP’s learning. Most text books, for example are written predominantly for either nurses or health care assistants and do not contain content at the right level for the practitioners. With the potential for AHPs to become registered professionals in the future this is particularly important. This new career pathway is recognized as a nationally accredited qualification which assists registered professionals to be freed up to develop extended roles and to concentrate on more complex areas of work. Due to the nature of the AHP role and the depth of clinical experience of many AHP students this study will examine the unique theoretical and work based learning issues that are not being addressed and to investigate if the training meets service requirements and organisational priorities.

Intended learning outcomes
At the end of this session, participants should be able to:
• consider aspects of ‘gaps in service’ and ‘gaps in skills’ when considering specific skills and competence development required by the AHP and relate these to patient care or the patient journey / pathway
• identify how the appointment of an Assistant Practitioner and the level of competency and knowledge obtained will contribute to service development and benefit the quality of service for patients
• recognize the unique role of the AHP and the work based learning issues that effect their role.

Recommended reading
Wakefield A, Spilsbury K, Atkin K, McKenna H, Borglin G and Stuttard L (2009), ‘Assistant or substitute: Exploring the fit between national policy vision and local practice realities of Assistant Practitioner job descriptions’ Health Policy, 90, 286-295.

Biography
Maureen is a Principal Lecturer with Professional Lead responsibility for Inter-professional Education across the school. She is also a Programme Leader for the FdSc Assistant Health and Social Care Practitioner Programme. Maureen has wide-ranging experience in management and in curriculum development. Maureen teaches across a range of programmes within the faculty, primarily shared courses for pre-registration nurses and midwives, work-based learning courses for Foundation Degree students, and mentor preparation courses for post registered nurses and midwives. Maureen is a personal tutor for Foundation Degree students, pre-registration nursing students and is a project supervisor for undergraduate nursing and paramedic students.

Developing e-learning materials to support continuing professional and workforce development
Dr Sue Woodward, Lecturer, King’s College London
Co-authors: Alison Gallagher, Lecturer, Florence Nightingale School of Nursing and Midwifery, King’s College London, Andrew Lloyd, Instructional Designer, Florence Nightingale School of Nursing and Midwifery, King’s College London. Nick Johnston, Instructional Designer, Florence Nightingale School of Nursing and Midwifery, King’s College London

Aim
This concurrent session aims to provide an introduction to the innovative collaboration between subject experts and instructional designers to develop e-learning materials to enhance the student experience of continuous professional development.

Abstract
Technology enhanced learning requires academics (subject matter experts), to reconsider the preparation of teaching and learning which can be delivered without face to face interaction. Working with e-learning designers, also known as instructional designers, who have expertise in developing e-learning materials provides academics with an opportunity to develop e-learning materials which engage learners and promote ongoing learning. The Florence Nightingale School of Nursing & Midwifery is a key provider of e-learning materials to health care providers in NHS South West. The learning for health platform which hosts the e-learning materials for NHS South West provides CPD for all staff working within the NHS to support learners to acquire the right skills and competencies, ensuring improved healthcare for people in the South West, now and in the future. The innovative approach provides easier access to CPD opportunities for health professionals and the use of blended learning allows for a focus on skills which are difficult to deliver by e-learning alone. The School has an established e-learning team comprising of project management and instructional design who work collaboratively with academic subject experts to contribute to the development of e-learning content. This has resulted in over 170 learning units, with a variety of complexity levels, being developed. This concurrent presentation will explore the theoretical underpinnings of e-learning and how this has informed the project as well as the practical considerations and challenges of developing e-learning.

Intended learning outcomes
At the end of this session, participants should be able to:
• review the theoretical underpinning for developing e-learning.
• explore the practical considerations and challenges in developing e-learning materials and supporting face-to-face teaching for a range of health professionals
• evaluate the innovative use of e-learning via a remote platform for workforce development, showcasing examples of e-learning from the work within the school.

Recommended reading

Biography
Sue Woodward has worked within the field of neurosciences nursing almost exclusively since she qualified as a registered nurse in 1988. Following the successful completion of a MSc in clinical neuroscience and post-graduate teaching qualification, Sue became a full-time lecturer at King’s College London in 1999. She has recently completed her PhD studies and has particular interests and expertise in bladder and bowel care within neurosciences and management of patients with long-term neurological conditions. She is Chair of the Royal College of Nursing Neurosciences Forum committee, founding editor and Editor-in-Chief of the British Journal of Neuroscience Nursing. Sue has been a leading author of e-learning materials on caring for people with bladder and bowel dysfunction and long-term neurological conditions.

Alison Gallagher has worked predominantly in the field of critical care since qualifying as a registered nurse in 1988. Alison became a full time lecturer at Kings College London on 2006. She primarily teaches advanced assessment skills and is the programme leader for the BSc Independent Practice. Alison has completed a PGcert in education and an MA in education. The dissertation looked at the views of lectures and students towards e-learning. Currently Alison is undertaking an EdD. The research is looking at the views of blended learning amongst students and staff.

Andrew Lloyd has worked within education since he gained his PGCE in 1985. Following this he taught in a secondary modern school, Dartford West High School for Boys. A desire to travel, took him to Tokyo in 1990 and he spent most of the
1995 teaching English in both private language schools as well as private and state secondary schools in Tokyo. It was here that his interest in online learning began; language schools were beginning to use the internet and he helped design material for online business English tests. In 2000 he consolidated all this in an MA in Brighton, in Media-Assisted Language Learning. He then used this to move into commercial e-learning, at Epic, a market leader in e-learning. He worked on a variety of private and public sector projects, working mostly as an instructional designer and occasionally taking on the role of Lead Designer. In 2011, he moved to King's College to work on the NHS SW project, working with King's academics to develop staff development material, for NHS staff in the south west. More recently, he has combined this with work on developing a Massive Open Online Course (MOOC), for King's College, on medicines adherence for long-term conditions, for release in 2014.

Nick Johnston has worked in the field of e-learning for the last 16 years. He is a Psychology graduate, and started his working life in the National Health Service working as a Medical Staffing Officer. However, his passion for learning and development led him to work on a multi-million pound contract developing computer-based training modules for the Royal Navy. This was followed by four years working in the Secondary, Further and Adult Education sectors, designing e-learning to accessibility standards and managing large-scale e-learning projects. In 2005, Nick joined Epic, then the UK's No.1 e-learning provider, working on a wide range of commercial e-learning projects as an Instructional Designer, Lead Designer and project team leader. He followed this with a Senior Instructional Designer role with another e-learning provider and one year working freelance in healthcare e-learning. Nick made his first venture into Higher Education in 2010, working with a London-based Business School to put their undergraduate and postgraduate degree courses online. He followed this with consultancy work support Pearson College in putting their degree courses online, and with Bupa International in developing their online Broker Academy. Nick joined King's College, London in 2012, and has been involved in developing e-learning alongside the academic staff from the School of Nursing and Midwifery for the NHS South West Project throughout his time. He is currently involved in developing Massive Open Online Courses (MOOCs) with the College's Central Unit of Distance Learning.

1.2.4

Learning in caring: training needs analysis system

Elizabeth Graham, Assistant Director of Nursing Education & Development, Northern Health & Social Care Trust
Co-presenter: Julie Tracey, Practice Education Facilitator, Northern Health & Social Care Trust

Aim

Our aim is to provide departments with a systematic, dynamic and person centred training needs analysis and a recording system which will alert them to the need for their registrants’ to attend or be updated in specific mandatory and departmental training.

Abstract

Health & Social Care Services consistently undergo change and reform, it is fundamentally essential that nurses and midwives are equipped with the right skills and knowledge in order to provide safe, effective, person centred care.

In the Northern Health & Social Care Trust our aim is to provide clinical departments with a locally held systematic, dynamic and person centred approach to staff training needs analysis. A built-in recording system also alerts Leads to the registrants’ update requirements. The drivers behind our project are enhancing patient experience, NMC professional standards, workforce profiling, succession planning, personal/professional development, complaints / accidents and incident analysis and integration of learning into practice.

Learning in Caring, a training needs analysis tool has three phases.

Phase 1: Meeting with the department manager, local education provider and a Practice Education Facilitator to capture the department patient profile.

Phase 2: Analysis of the profile and concluding the staff skill set required to deliver care effectively.

Phase 3: The review process undertaken 6 monthly changes patient profiles and reflective staff training requirements. These review templates then inform the Regional Commissioning of education process.

The locally held training spreadsheet captures all identified staff attendance at training. The record holds historic and current data. A traffic light system assists in reducing the risk of mandatory/departmental training becoming overdue. Formules have been set up within the spreadsheet to switch the specific box to amber (when training is due in 4 months) and red (when the training in overdue and therefore no longer valid.) A percentage figure can be readily obtained to evidence the currency and uptake of each training programme. This initiative requires collaborative working with a wide range of stakeholders ensuring nurses and midwives are professionally and clinically prepared to provide person centred care and contribute to a positive patient experience.

Intended learning outcomes

At the end of this session, participants should be able to:

• share good practice education initiatives
• demonstrate a system which is responsive and proactive to staff/patients and service need.

Recommended reading

This is a new Trust initiative, we have no publication referring to this piece of work as yet.

Biography

Julie qualified as an Adult nurse in 1996 with a Diploma in Nursing Studies. Julie further developed her knowledge and skills through the completion of an undergraduate Certificate in Counselling while working in a surgical unit. In 2000 Julie completed a Bsc Hons in Professional Development, during this period of study Julie worked in a regional Recovery unit. Julie commenced employment in an Intensive Care Unit in 2000. In 2002 Julie’s career took a community focus as she completed a Specialist Community Public Health Post graduate certificate. Julie then practiced as a Health visitor until she took up her current post as a Practice Education Facilitator in 2009. Julie has continued her studies and has been successful in completing a Post Graduate Certificate in Education at the University of Ulster. Currently Julie is completing an MSc programme and is aiming to have this completed by the end of the academic year.

Elizabeth Graham qualified as a Registered General Nurse in 1987 and undertook an ENB certificate in neurology and neurosurgery in 1990. Elizabeth spent most of her clinical career in District Nursing where she achieved her specialist practice qualification in 1996 and a MSc in Primary Care and General Practice in 2006. Elizabeth contributed to the regional review of District Nursing conducted in 2010. From 1998 Elizabeth has held senior managerial positions in Northern Health & Social Care Trust and currently is an Assistant Director for Nursing Education & Development since 2007. Most recently Elizabeth was successful in her Post Graduate Certificate in Education and intends to become a member of the Higher Education Academy.
1.3 Developing excellent professionals

### The OPCE framework: supporting the embedding of the NHS values in practice

**Chris Sykes, PEF Review Lead, Norfolk & Suffolk Workforce Partnership**

**Co-presenter:** Wendy Durham, Practice Educator and Non-Medical Clinical Tutor, Hinchinbrooke NHS Healthcare Trust.

### Aim
To introduce the framework and learning tool to other educators in order to:

- a) Disseminate suggested Best Practice and
- b) Encourage widespread adoption

### Abstract
The introduction of the NHS Constitution and NHS Values provided a resource which should have supported and empowered healthcare professionals in improvements to their working culture. However, recent reports such as Francis (2013), Keogh (2013) and Cavendish (2013) point criticisms towards an NHS culture where care and compassion are no longer guaranteed, suggesting that these values have not been widely adopted. To compound matters, staff appear reluctant to challenge poor practice amongst colleagues and even when concerns are voiced, these are not always acted on (Francis, 2013). The authors offer a framework for all healthcare staff which hinges on principles of Observing Practice, Praising Good Practice, Challenging Poor Practice, and Escalating if standards are compromised (OPCE). This encourages everybody to take responsibility, and promotes a culture where openness is the "norm". Underpinning this framework, a learning tool has been developed promoting application of the NHS values and encouraging individuals to pledge to improve their practice by adopting each one. A double-loop learning and behavioural modification approach provide the intellectual scaffolding to support this framework.

"I am proud to endorse this great work undertaken in collaboration by Chris Sykes and Wendy Durham. This work ties in with one of our key work streams and national priorities: embedding the values of the NHS Constitution in the NHS workforce. This tool will play a huge role in how we approach the mammoth task, and I hope other organisations take this great work on board to help embed the NHS Values within their own organisations." Rob Bowman (Deputy Managing Director) Health Education East of England.

### Intended learning outcomes
At the end of this session, participants should be able to:

- identify the need to embed the NHS values within the healthcare workforce
- recognise the OPCE framework and its relevance to healthcare
- raise awareness of the OPCE framework and learning tool and identifying how these might be useful to other organisations.

### Recommended reading

### Biography
Chris Sykes is a qualified nurse, district nurse and lecturer/practitioner. She has held a number of clinical roles in both primary and secondary care as well as associate lecturer posts. She worked as a Practice Education Facilitator for five and a half years in Cambridgeshire and is currently involved in the quality of healthcare education through her role as PEF Review Lead at Norfolk and Suffolk Workforce Partnership. In addition, Chris was part of the project team for the development of the NHS Leadership Academy’s Edward Jenner programme, where she undertook the role of Module Editor.

### Recommended reading

1.3.2 Living the values of health care professional learning

**Janette Whalley, Practice Learning Facilitator, Scarborough Hospital**

**Co-presenters:** Marion Khan, Pauline Dillon Kelly

### Aim
Working with a NHS Foundation Trust that supports the education and training of a wide range of healthcare professional students, the Practice Learning Facilitators [PLF] team have introduced a ‘Living the Values’ shared commitment framework to enable the student, their team and the organisation to deliver safe and effective healthcare for all who need it, and those who work to provide it. The resulting ‘Living the Values’ framework is intended to clearly identify and drive the values and behaviours expected to be demonstrated by students, mentors and other staff across all healthcare settings. To support this vision, it is planned that the ‘Living the Values’ framework document be commercially printed to enable it to be shared, discussed and put into practice by mentors and students, and other members of the multi-professional teams.

### Intended learning outcomes
At the end of this session, participants should be able to understand:

- the initial research, planning and discussions around the development of the ‘Living the Values’ framework
- how the PLF team and organisational colleagues worked with partners to identify and establish a Values framework that reflected organisational goals and commitments in safe and effective healthcare delivery
- the ‘Living the Values’ expectations on the individual student, their team and the organisation, and aspirations for the embedding of these expectations in the future.

### Recommended reading

Standards to support learning and assessment in practice NMC 2nd edition July 2008


Helping students get the best from their practice placements: Mentor toolkit RCN 2002

### Biography
Janette Whalley currently works as a North Yorkshire Practice Learning Facilitator for Scarborough, Whitby and Ryedale locality placements funded by Yorkshire and Humber Health Education. Her role is to support placements across these localities to ensure healthcare professional students have a quality assured learning environment. During her time in this role she has been a representative for Yorkshire and Humber on the RCN Practice Education Forum and has been actively involved with the Nursing Programme Practice Education Support team at the University of York in developing processes to improve the quality of student learning in practice.
E-learning – educating staff to deliver a high quality bedside glucose testing service

Julie Tracey, Practice Education Facilitator, Northern Health & Social Care Trust
Co-presenter: Elizabeth Graham, Assistant Director of Nursing Education & Development, Northern Health & Social Care Trust

Aim
The aims of this project are –

• Ultimately, to ensure patient safety and to promote a positive patient experience through safe and effective glucose blood monitoring.
• To ensure that students achieve a robust, high quality learning experience which will provide opportunity to develop in this area and provide safe and effective care.
• To ensure that students have the appropriate knowledge, adequate opportunity to develop their skills and therefore undertake this skill in a safe and competent manner under the supervision of their mentor.
• To ensure that registrants are updated and aware of all aspects of blood glucose monitoring using the Roche Inform Acc 11
• To ensure that those performing blood glucose testing are knowledgeable on how to record the findings appropriately in the relevant documentation
• To ensure that concerns regarding blood glucose levels are raised with the appropriately to safeguard the patient.

Abstract
Bedside glucose meter testing has been a vital part of diabetic inpatient care for over 20 years and nurses/midwives are pivotal in this area of care. In 1987 the DOH issued a hazard notice warning of serious consequences when operators did not have knowledge and skills required to use these ‘deceptively’ simple devices. Errors can directly impact the patient experience and data from connected meters revealed that of 140,000 tests performed annually around 8% failed largely due to operator error. A regional agreement introduced university based training on the theory and practice of glucose monitoring for all 2nd year nursing students. A robust system including an eLearning package was developed to complement the university training which the students receive to raise awareness of the importance of the effective use of the Blood Glucose devices. A post training audit of student nurses provided a baseline, and whilst overall knowledge was good, in areas such as checking sufficient sample was added for accurate measurement only a minority (30%) had correctly learned this. Although this eLearning package was primarily developed with students in mind, it became evident through feedback mechanisms that registrants would also benefit from this eLearning package to update and refresh their knowledge. Having established a clear need to improve the glucose monitoring service, a collaborative multi professional approach was used to devise and implement an e-learning/competency assessment resource. The Practice Education Team, Biochemistry Laboratory, Organisation and Development, our University colleagues and Manufacturer representatives all had a part to play. The ward based mentors were instrumental in ensuring students received access to this e-learning package and provided the opportunity to test their learning under supervision. A flow chart of the training process was developed in order to facilitate smooth and effective implementation of the training. This educational approach aims to provide those undertaking POCT blood glucose monitoring, with the appropriate skills and knowledge to ensure the delivery of safe, effective, person centred care which enhances patient safety

Intended learning outcomes
At the end of this session, participants should be able to:
• highlight a need for education in the area of inpatient diabetes care through safe and effective blood glucose monitoring
• introduce an educational system which equips students and registrants with a high quality learning experience which will provide opportunity to develop in this area and provide safe and effective care
• ensure demonstrate the benefits of inter disciplinary working.

Recommended reading

The benefits and limitations of anonymous, electronic, cross-campus marking

David Hunter, Lecturer in Adult Health, University of West Scotland
Co-presenter: Di Douglas, Lecturer in Adult Health, University of West Scotland

Aim
The aim of this paper is to share our experience of initiating anonymous, electronic, cross-campus marking of a 2nd year pre-registration assignment. We shall discuss what we consider to have been the benefits and limitations of using this approach.

Abstract
Background: The University of the West of Scotland (UWS) is Scotland’s largest modern university with the largest School of Health. There are approximately 4100 full or part time students studying at one of four campus sites across the West of Scotland. Pre-registration adult and mental health programmes of study (BSc Adult Nursing or BSc Mental Health Nursing) run simultaneously on each of the four campuses. Internal drivers from within the School heralded the move to electronic management of written assessments.

Aim: This presentation shall explore our experience of using Turnitin to assess and provide students with feedback for a 2nd year module on the BSc Adult Nursing programme.

Discussion: Anonymous, cross-campus marking with initiated for students who submitted their 2500 word context dependent assignment in August 2012. The module moderator highlighted that this approach demonstrated consistency of marking across all four sites and that the use of Turnitin had improved student feedback. However, those students who had been unsuccessful raised some concerns about the ease of accessing academic support to help them prepare for their next attempt. Although the quality of feedback had improved, students were keen to have face-to-face discussions with the marker to enable them to improve their work. As a result, it was decided to return to campus specific marking but still used Turnitin.

Conclusions: The move to Turnitin to facilitate electronic marking and feedback of student assessments has been challenging but ultimately worthwhile. Although the decision to cease cross-campus marking was taken, Turnitin allows students to submit their work without having...
to come onto campus to deliver paper copies. It allows lecturers to mark from home, eases the processes of moderation and external examiner review and enhances the student experience by providing a range of feedback methods (comments within the text, general comments and electronic rubrics).

**Intended learning outcomes**
At the end of this session, participants should be able to:
- appreciate the benefits of anonymous, electronic, cross-campus marking
- be aware of the limitations and challenges associated with anonymous, electronic, cross-campus marking
- understand the importance of supporting students to receive feedback when the marker of their assignment is based at another location.

**Recommended reading**

**Biography**
David Hunter qualified as an RN in 1999. He worked as an emergency nurse for 9 years split between Blackpool Victoria Hospital and the Royal Alexandra Hospital in Paisley, latterly as a senior nurse/nurse practitioner. In 2009, he became a Practice Education Facilitator and then a Lecturer in Adult Health in 2011. David’s MSc dissertation explored the experiences of student nurses in the Emergency Department. He is currently in 3rd year of his Professional Doctorate where his thesis shall utilise focused ethnography to explore the realities of emergency nursing.

Di Douglas qualified as an RN in 1987 and worked as staff nurse in cardio-thoracic surgery in the Western Infirmary, Glasgow. Di has worked in a number of settings including palliative care and forensic psychiatry. She has worked in a number of HEIs including the Universities of Glasgow and Stirling. Di has been a Lecturer in Adult Nursing at the University of the West of Scotland since 2008 and is currently in her 2nd Year of her Doctorate in Education at the University of Strathclyde, Glasgow.
2.1 Student experiences

2.1.1 How effective are our student links in providing support to students and mentors within clinical practice? Has the role influenced the quality of the learning environment?

Jane Lawrie, Practice Learning Lead, University Hospitals of Leicester NHS Trust
Co-presenter: Annabel Coulson, Practice Learning Lead, University Hospitals of Leicester NHS Trust
Co-author: Karen Mee, Practice Learning Lead, University Hospitals of Leicester NHS Trust

Aim
The aim of this paper is to report on a project evaluating the effectiveness of the role of the student link, within a large acute hospital and the perceived impact on the student's experience, including how continued development of the role may improve the quality of the learning environment.

Abstract
Student links have been used as an 'expert' resource within our clinical placements for the last 6 years. This role was set up by the Practice learning Leads (PLLs), to take a proactive approach towards developing and enhancing practice learning environments, to share good practice and maintain a quality learning experience.

Data was collected through questionnaires and workshops. All student links and their managers and a purposive sample of mentors and students who had experience of and perceptions about the student link role provided data.

A number of key themes emerged from the data: Student links who volunteered for the role had a greater interest in supporting and developing the students and mentors as opposed to those who were told to take on the role.

More work needed to be done around preparing new student links to ensure parity of initiatives throughout the trust.

The Student Link Action Planning days facilitated by the PLL's were of value and enabled sharing of practice and discussion of issues pertinent to ensuring effective student learning. The lack of protected time to attend and put in practice initiatives was a key problem for most.

All participants valued the role and the work that the student links did within their clinical area.

The importance of the student link role was established through the project and has demonstrated that they make a positive contribution to the development of a quality learning placement. Through evaluation of the role the PLL's have been able to look at how this role could be improved, initial thoughts were:

- Establishing a contract with clear roles and responsibilities
- Information/folder for new Student Links
- Further project to look at parity of initiatives in trust
- Yearly conference with awards for developing good practice.

Intended learning outcomes
At the end of this session, participants should be able to:

- show how the student link role supports the development of our future workforce
- enhance the quality of the learning environment for students through development and delivery of support strategies.

Recommended reading
Duffy (2004) Failing Students—a Qualitative study of factors that influence the decisions regarding assessment of students’ competence to practice. NMC; London
Nursing and Midwifery Council (2010) Standards to support learning and assessment in practice. NMC; London

Biography
Jane is a nurse whose clinical background was predominately intensive care. Jane has been in her current position as a Practice Learning Lead within the University Hospitals of Leicester NHS Trust for the past nine years and a key element of the role is in providing leadership and expert direction, through effective communication, to non medical professional groups, to ensure the quality of the learning environment for all learners. Another aspect of Jane’s role is to develop strategies and processes to enable mentors to have the tools and capabilities to support students to ensure they are ‘fit for practice and purpose’ at the point of registration.
Intended learning outcomes

At the end of this session, participants should be able to:

• share results of study to enable further understanding of factors that affect the feedback process
• explore students perception of feedback by mentors within the context of the study
• share local recommendations made and implemented.

Recommended reading


Biography

Sandra Gover qualified as a registered nurse at the North London School of Nursing, in 1995. Whilst working in clinical practice she worked within the areas of Orthopaedics and Theatre before taking on the role of Clinical Matron. However her increased interest in practice education led her to take on a lecturer role and more recently her present role as Practice Education Facilitator for Norfolk and Suffolk Workforce. Sandra completed a MA in Education for healthcare Professionals in 2012 with the University Campus Suffolk.

2.1.3

Exploration of the implementation of electronic portfolio to a BSc (Hons) Nursing Programme

Fiona Powling, Associate – Practice Education Support, University of York
Additional author: Lesley Carter, Health Sciences Lecturer, Department of Health Sciences, University of York

Aim

The presentation will outline the results of an e-portfolio pilot project and our experience of the subsequent introduction of an e-portfolio for all students undertaking the BSc (Hons) Nursing programme at the University of York.

Abstract

Until October 2013 our nursing students used a paper portfolio to record evidence of progression and achievements during practice placements. The paper document holds a number of risks:

• Lack of security
• No clear workflow
• Limited collaboration

Intended learning outcomes

At the end of this session, participants should be able to:

• Nursing and Midwifery (NMC) guidelines not being fully met

To mitigate against these perceived risks, we worked with the service provider partners to introduce an on-line e-portfolio system, PebblePad, to a mixed field nursing student seminar group.

The expected benefits of the e-portfolio were to:

• enable students to increase the quality of their evidence by introducing a greater degree of interaction between students, mentors and personal supervisors
• enable students to have a high quality portfolio which is both secure and portable and has the potential to become a life-long learning passport
• strengthen the partnerships between the department and practice
• meet the NMC requirement for an on-going student achievement record.

The initial pilot project involved 37 mentors, 12 link lecturers and 20 students who used the e-portfolio during their first and second practice experiences. Implementation to the whole group post evaluation of the pilot increased the numbers involved to 600 students, 2,500 mentors and 45 link lecturers. This required significant planning with strategic service partners and on-going training and support.

Feedback from both pilot study and full implementation was collected using a survey, anecdotal evidence, group discussions or 1:1 discussions from all user groups. Our results would suggest that the e-portfolio solution has increased the degree of three way collaboration between the university, our practice network and the students. This presentation will focus on the early indications from mentors, link lecturers and students which would suggest that they are revaluing their approach to practice experience.

Recommended reading


Biography

Fiona Powling is currently on secondment to the Department of Health Sciences at the University of York as part of the Practice Education Support team from her clinical role as lead nurse in an orthopaedic day unit. Her role at the university is to support mentors in practice through involvement in mentor updates, Practice Placement Quality Assurance (PPQA) audits and introducing and supporting mentors using the new e-portfolios.

She has a clinical background in surgical nursing in UK, Australia and New Zealand.
2.2 Training and development

2.2.1 Responding to the Prime Minister’s Challenge on Dementia through working with partners in practice

Dr Joanne Brooke, Senior Lecturer and Nurse Consultant, University of Greenwich

Aim
The paper begins with an introduction of the recent focus on dementia care and dementia training for all staff working in health and social care. The paper describes the work of the South London Healthcare NHS Trust and the University of Greenwich to create and deliver a course for nurses to aid identification of early symptoms of dementia, person-centred dementia care, dementia friendly environments and local service provisions in the community.

Abstract
Background: Making a Difference in Dementia; Nursing Vision and Strategy (2013) builds on the Prime Minister’s Challenge (2012) to define good quality dementia nursing care. Patients with dementia are admitted to acute hospital environments across all adult nursing specialities. Nurses require specialist knowledge and skills to recognise dementia and provide care for their patients and family members, which can be demanding, challenging and rewarding.

Method: The provision of dementia awareness for nurses in acute hospitals in South London was analysed and a continuing professional development plan was constructed with partners in practice. The collaboration included; members from the South London Healthcare NHS Trust and senior lecturers from Adult Nursing, Mental Health and Learning Disabilities from the University of Greenwich. The aim of the CPD provision was to engage nurses in recognising early stages of dementia, address the principles of good quality dementia nursing care and signpost community services.

Results: An introduction course; ‘Dementia: Principles of Person-Centred Care’, 15 credits at level 6 was developed. The formative assignment explored the concept of dementia friendly environments and required the nurses to discover dementia services in their local community. The nurses’ assignment was to create a poster to inform either staff or patients/carers of these services. The summative assignment involved a critical reflection on person-centred dementia care including: the involvement of the multi-disciplinary team and the legal and ethical challenges of caring for a patient with dementia in their clinical speciality.

Conclusion: The first occurrence of the course was evaluated positively and nurses reported the course had increased their awareness of the early stages of dementia, improved their understanding of how to care for people with dementia and an insight into services available in the community to support the person with dementia and their family.

Intended learning outcomes
At the end of this session, participants should be able to:
• discuss the implications of the Prime Minister’s Dementia Challenge for their own clinical environments
• discuss the Making a Difference in Dementia; Nursing Vision and Strategy (2013)
• critique the course presented and how this may be applicable to their clinical speciality

Recommended reading
Prime Minister’s Challenge (2012)
Making a Difference in Dementia; Nursing Vision and Strategy (2013)

Biography
Dr Joanne Brooke is a Senior Lecturer at the University of Greenwich and currently has a part-time secondment to Kent Community Health NHS Trust as a Nurse Consultant in Dementia. Joanne has recently completed her Professional Doctorate in Health Psychology and is actively involved in research regarding nursing education and understanding the lived experience of people with early stage dementia. Joanne’s recent publications have involved nurse’s experience of working within the new stroke care pathway in London, and will shortly include the patient’s experience of completing this pathway.

2.2.2 Changing attitudes and practice towards dementia care in the general hospital

Lynne Gould, Liaison Nurse, Lecturer Practitioner, Northumbria Healthcare NHS Foundation Trust
Co-presenter: Emma Dawes, Practice Development Matron, Northumbria Healthcare NHS Foundation Trust

Aim
To demonstrate how a programme of learning has improved the knowledge, attitudes and confidence of staff caring for patients with dementia in an acute hospital setting.

Abstract
Approximately two thirds of hospital beds are occupied by older people with cognitive impairment. Unfortunately research suggests that this group have some of the worst outcomes in terms of patient experience, length of stay and mortality. At Northumbria we have introduced a 2 day course, Learning about the Patient – Dementia Delirium and Depression.

Day 1
• discuss the implications of the Prime Minister’s Dementia Challenge for their own clinical environments
• discuss the Making a Difference in Dementia; Nursing Vision and Strategy (2013)
• critique the course presented and how this may be applicable to their clinical speciality

Recommended reading
Prime Minister’s Challenge (2012)
Making a Difference in Dementia; Nursing Vision and Strategy (2013)

Biography
Lynne Gould is an RMN who has worked predominantly with the older person since qualifying in 1989.

Firstly, evidence suggests that teams who train together work together more effectively. Interprofessional learning develops greater understanding of the roles of other team members, promotes sharing of knowledge and experiences and can breakdown perceived hierarchical boundaries that prevent effective communication.

Secondly, the teams are challenged and empowered to return to their wards and make a difference to care. We expect that a team will have more momentum than an individual in challenging attitudes, driving forward projects and modelling good practice.

Course content: Our approach was informed by research into the learning needs of hospital staff undertaken in our organisation.

Day 1 – focuses on getting to know the patient and presents the theory of personhood – challenging beliefs and attitudes commonly held by staff. Carer involvement is a theme throughout the day, providing a greater insight and understanding.

Day 2 – focuses on action and identifying what can be done practically to improve care. A range of interventions are recommended to clinical teams and time is given to develop improvement plans.

Learning and practice development
A variety of methods are used to assess learning throughout the course. Facilitators use a questioning style of teaching so that levels of knowledge, understanding and attitude can be assessed.

The most concrete assessment of learning is the use of pre and post knowledge, attitude and confidence questions which have consistently showed a positive shift.

Intended learning outcomes
At the end of this session, participants should be able to:
• explain the research underpinning the development of the course
• determine how the content of the 2 days is applicable to challenge attitudes
• demonstrate the challenges and successes along the way.

Recommended reading


Biography
Lynne Gould is the lead nurse in the Psychiatry of Old Age Liaison Service at North Tyneside General Hospital and for the last 2 year has been in post as Clinical Lecturer Practitioner for Dementia Trustwide. Lynne’s clinical expertise and experience has been drawn on to help deliver the practical aspects of the course.
We have shown that a short course can make a difference. Statistical analysis revealed a significant improvement in physical health outcomes among participants, with a mean increase of 27.2 (SD 6.9, SEM .85). Post training, they were more likely to engage in health checks and adopt healthy behaviors.

Results of the research pilot. Funding was provided through a Health Innovation and Education Cluster grant.

2.3 Developing excellent professionals

2.3.1 Preparing future nurses through SRFT consolidation skills programme; supporting to have a smooth transition from a student nurse to a qualified practitioner

Nicky Fishbum, Practice Education Facilitator, Salford Royal NHS Foundation Trust

Co-presenter: Mike Hollinshead, Practice Education Facilitator, Salford Royal NHS Foundation Trust

Additional author: Gilbert Nelson Martis, Practice Education Facilitator, Salford Royal NHS Foundation Trust

Aim

To support all the Salford Royal Final Year Final Placement Pre Registration Nursing students to have a smooth transition from a student nurse to a qualified practitioner.

Abstract

A number of studies have found that newly qualified registered nurses experience stress and anxiety when entering a new clinical setting; failure to support and prepare these nurses may affect their ability to carry out their role (Mooney, 2007, Gerrish, 2000, Maben & Macleod Clark, 1998, p.152). Concerns have been identified within the Salford Royal Foundation Trust by senior nurses, managers and newly qualified nurses themselves that the several newly qualified nurses were struggling to cope with the reality of the work demand. This included difficulties with prioritisation of patient care, confidence in carrying out new nursing skills particularly with regards to medicine management and case load management, commonly identified in the literature (Duchscher, 2009), Mooney (2007), Royal College of Nursing (RCN, 2007), Gerrish (2000) and Maben & MacLeod Clark (1998). To enable students to have a smooth transition from student nurse to a newly qualified nurse, a consolidation skills programme was developed within Salford Royal NHS Foundation Trust. Common challenges included the inability to demonstrate requisite level of skills, knowledge and problem solving abilities. The programme was aimed at final year final placement students. The outline of the programme consisted of ANTT, Vital Signs, NG, Oxygen Therapy, medicine assessment, workload management, and simulation training on acutely unwell patient. The students and their mentors receive support from the Practice Education Facilitators.

95% of students attending the consolidation skills programme over 4 cohorts evaluated the programme as excellent. The comments received clearly highlight that the programme has been extremely helpful in preparing them in transition, helped them to learn about the expectation of newly qualified nurse and prepared them to handle the reality of work based pressures. The positive outcome of the programme has been recognised by the ward managers and senior nurses.
Abstract
Recent high profile clinical and education reviews have recognised the link between the quality of the learner experience and the quality of patient care (Francis, 2012, Willis, 2012). It is critical that health care organisations ensure a culture of lifelong learning to develop a workforce skilled to deliver quality care. The necessary resources to enable clinical areas to ensure effective learning environments must be made available and staff must be allowed the time to learn and develop skills and apply them in practice.

In 2012 as part of a project to develop and support the enhancement of clinical learning environment, the Clinical Placement Learning Team (CPLT) at Chesterfield Royal Hospital developed and piloted a new role of learning environment facilitator (LEF). This role was based within the CPLT but worked in clinical areas to support and develop practice learning environments.

It was anticipated that the LEF role would strengthen the existing structure of support for practice learning, facilitated by the CPLT. The objectives of the role were to promote a positive learning culture for all learners, to enable development of a knowledgeable and skilled workforce and ensure compliance with professional standards for practice learning. Other key requirements of support needed by practice learning areas were the sharing of knowledge and information to ensure evidence-based care in clinical practice learning, guidance and support for all students, mentors, preceptors and preceptors and supporting the process of transition for newly registered nurses.

Outcomes from the project included development of sustainable and standardised resources, development and delivery of support strategies to enable staff to promote and maintain a high quality practice learning environment, demonstrated benefits of dedicated role to support practice learning, strengthening of links and communication between CPLT and clinical staff and development of the LEFs’ skills and knowledge.

Intended learning outcomes
At the end of this session, participants should be able to:
• recognise the support and development required by clinical staff in the clinical learning environment
• identify the enablers and barriers to developing and sustaining a quality clinical learning environment
• appreciate the needs of the learner and the learning environment in the support of safe and effective patient care.

Recommended reading

Biography
Elaine Beddingham qualified as a registered nurse in 1985 and has worked in the NHS for 30 years in various clinical areas including ITU, PACU and pain management. Moving into an education role in 2008, she currently works as Learning Environment Matron within the Clinical Placement Learning Team at Chesterfield Royal Hospital NHS Foundation Trust. She has a lead role in the development of preceptorship and clinical supervision at the Trust with an emphasis on the development of the learning environment to support learners and staff in practice areas. Elaine gained an MSc in Healthcare Education in 2010.

Merryn Barton trained as a Registered General Nurse at the North Derbyshire School of Nursing based at Chesterfield Royal Hospital and qualified in 1988. After 14 years working in a colorectal surgical environment, she progressed into the Education arena.

Merryn’s current role as Clinical Placement Learning Matron is to ensure quality and capacity of placements for all students across the Trust whilst promoting partnership working with the Higher Education Institutions linked to the Trust. In 2010 Merryn gained a Masters degree in Healthcare Education.
This will include the ‘hub and spoke’ structure, academic content, pedagogy and provide an overview of the management processes. In addition, an evaluation of the first cohort’s experience will be presented and future developments explored.

**Intended learning outcomes**
At the end of this session, participants should be able to:
- discuss the ‘hub and spoke’ structure, academic content and pedagogy of the Foundation Degrees in Health and Social Care and Administration
- provide an overview of the collaborative delivery and management of these degrees
- identify areas for future development.

**Recommended reading**


**Biography**
Anneyce Knight recently joined Southampton Solent University as Senior Lecturer in Health and Social Care. Anneyce has worked within the NHS and the private sector, both as a nurse and a midwife. She is currently Course Lead for the innovative joint partnership Foundation Degree in Health and Social Care with Southampton NHS Foundation Trust, which is integral to developing the new roles for Assistant Practitioner. Anneyce has extensive experience of publishing and presenting. Her research interests focus on Wellbeing – policy and practice, Narrative-Based Medicine and she has a passion for Health Humanities and its role in enhancing patient care.

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2.4.2

**Moving from a CPD to a workforce development approach: an innovative partnership model**

**Dr Anne McNall, Senior Lecturer, Northumbria University**

**Aim**
The aim of this session is to explore an innovative workforce development approach developed through a doctoral participatory action research study (McNall 2012), as an alternative to the traditional model of university based education for post registration nursing CPD
Abstract

In the current climate of economic challenge, it is vitally important that CPD for nurses is accessible, effective and delivers value for money. Traditional approaches to CPD focus on the individual practitioner and prioritise the acquisition of knowledge. This presentation will explore the current drivers influencing post registration nursing and make the case for a conceptual and practical shift to a systems-based workforce development approach which develops infrastructure and capacity for the development and assessment of knowledge and competence, whilst enabling nurses to be the leaders of change to a person-centred model of care.

The session will explore how an innovative partnership approach to workforce development was developed through a participatory action research study in the context of sexual health nursing in one region of England (McNall 2012). The study used communities of enquiry made up of nurses, service provider leads, nurse educators, service and educational commissioners to explore the multiple discourses on the aims and requirements of post registration education and collectively agree the required outcomes and key performance indicators of effective workforce development from differing perspectives. This resulted in transition from a university based CPD to a practice based workforce development approach which is academically accredited, technology enhanced, competency assessed, and delivered by a blended learning approach to meet identified need from each perspective.

Although developed in one context, it has offered a strategic and sustainable model to influence workforce development which supports nurses to play a key role in leading practice development within their organisation to improve care and health outcomes. The presentation will demonstrate the transferability to other contexts, consider some of the benefits and challenges of adopting a workforce development approach, and the critical role of facilitation of the process.

Intended learning outcomes

At the end of this session, participants should be able to:

- critically evaluate the differing aims and outcomes of a workforce development versus an educational approach in the context of developing the post registration nursing workforce
- analyse the critical elements of a workforce development approach and its importance for contemporary nursing practice and sustainable post registration continuing professional development
- appreciate the importance of facilitation to achieve the cultural shift and strategic partnerships necessary to transition to a workforce development approach.

Recommended reading

Jacobs, RL & Hawley, J (2007) Emergence of Workforce Development: Definition, Conceptual Boundaries and Implications. Centre on Education & Training for Employment, Ohio State University, Columbus


Biography

Anne is Programme Leader for Sexual Health provision at Northumbria University. Her doctoral work developed the theory and practice of sexual health nursing workforce development and has led to changes in policy and practice in the way that both sexual health advisers and clinical sexual health nurses are prepared for practice. She leads a workforce development innovation unit, working with regional and national partners to collaboratively develop innovative workforce development solutions. Current projects include disseminating the Northumbria Integrated Sexual Health Nurse Education (NISHE) workforce development package across England and scoping the workforce development needs of the health and justice workforce.

Partners in Practice in Action

Dr Joanne Brooke, Nurse Consultant in Dementia, Kent Community Health NHS Trust

Aim

The exploration of a joint post of a senior lecturer and nurse consultant and how this working can inform both education and care provision.

Abstract

Background: Senior Lecturers with a nursing and teaching qualification have delivered pre-registration nursing education in Higher Education Institutes (HEI) since the 1990s, whereas, the Nurse Consultant role was introduced as part of the Department of Health’s national nursing strategy ‘Making a Difference’ (1999). The role of the Nurse Consultant includes four core functions; expert practice; leadership and consultancy; education and training; and service development, research and evaluation with a minimum of 50% spent in clinical practice (Health Service Circular 1999).

Methods: The combined role of Senior Lecturer and Nurse Consultant allows an affiliation with a HEI and NHS Trust, where a strategic vision and leadership within nursing education and nursing practice is developed. The functions of the role include: the development of policies, effective education and training, inter-institutional representation, creating innovative practice, an expert resource, inspiration, challenging tradition, encouragement and enablement of research and dissemination of good practice contributing to the improvement in the quality of nursing education and patient care.

Results: The development of the role of Senior Lecturer (University of Greenwich, UoG) and Nurse Consultant within Dementia Care (Kent Community Health NHS Trust, KCHT) occurred in 2013. The role enabled the progression of a post-doctoral academic to maintain current nursing practice within dementia care, which utilised their academic and nursing expertise. The role allowed a strategic vision for good quality dementia nursing care within the Trust from a contemporary evidence-based understanding, combining Practice, Education and Research.

Discussion: The role is a new initiative between the UoG and KCHT and only a tentative conclusion on the benefits and effectiveness of this role can be made at present. However the role has provided a strong link and structured working relations between Nursing and Quality in the Trust and the Department of Adult Nursing and Paramedic Science at the University.

Intended learning outcomes

At the end of this session, participants should be able to:

- understand a joint post in academia and practice, the implications for education and nursing care.

Recommended reading

Making a Difference (Health Service Circular 1999)

Biography

Dr Jo Brooke is a Senior Lecturer at the University of Greenwich and a Nurse Consultant in Dementia Care at Kent Community Health NHS Trust. The joint role has evolved through close working relationships between the two institutions. Dr Brooke has written and implemented courses in stroke and dementia for CPD, although she has a keen interest in research and the translation of research to practice. Dr Brooke has recently completed her Professional Doctorate in Health Psychology, which involved an assessment of the new stroke care pathway in London. Dr Brooke is also involved in a systematic review and meta-synthesis of the lived experience of people with early stage dementia.
Eleven nursing graduates have already obtained their first employment in general practice as a result of this initiative, by demonstrating improvements in employability of new nurse graduates in primary care and changing the attitudes of practices and undergraduates towards newly qualified nurses working in a primary care general practice setting.

Local Clinical Commissioning Groups (CCGs) are key stakeholders and we are encouraging CCG investment in the primary care education infrastructure to support an expansion plan to achieve 17000 placements overall.

**Intended learning outcomes**

At the end of this session, participants should be able to:

- describe a suitable model of placement that fits general practice
- Support inter-professional learning
- Provide excellent opportunities for undergraduate students to experience working life in a general practice setting.

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**Concurrent session 3**

**Wednesday 26 February 2014**

### 3.1 Student experiences

#### 3.1.1 Advanced training practices: a route to increasing practice nursing capacity in Yorkshire and the Humber

**Alison Jackson – Nurse Lead, Primary Care Works, Barnsley**

**Co-author: Sharon Burrows, team co-ordinator, North Yorkshire practice learning, Harrogate District Hospital**

**Aim**

This paper describes the model of training placements for undergraduate practice nurses training in a general practice setting that has been developed, piloted and now formalised in Health Education Yorkshire and the Humber.

**Abstract**

**Background:** The ATP model was formalised by Health Education Yorkshire and the Humber in 2013 following a period of pilot programmes to:

- increase the numbers of primary care training placements available in General Practice (in contrast to traditional undergraduate nurse training placements in community settings primarily with midwives and health visitors)
- promote inter-professional learning
- create a new model of training, where primary care providers have a critical mass of education and training expertise to support a number of placements for different practitioners and different stages of training at the same time, using a standard Learning and Development Agreement framework for quality.

There are currently eight ATP hubs, who have recruited in total 55 other training practices in a Hub and Spoke model. The priority is on providing placements for undergraduate nursing students, to address the regional shortage and high retirement numbers anticipated of Practice Nurses. The ATP model can be flexed for other staff groups, to address future regional priorities.

**Quality:** The ATP practice learning experience is evaluated highly by both student nurses and nurse mentors, providing exposure to the general practice environment, support from the whole practice team, supervision from a Practice Nurse and to experience well facilitated, inter-professional learning.

**The Future:** Eleven nursing graduates have already obtained their first employment in general practice as a result of this initiative, by demonstrating improvements in employability of new nurse graduates in primary care and changing the attitudes of practices and undergraduates towards newly qualified nurses working in a primary care general practice setting.

Local Clinical Commissioning Groups (CCGs) are key stakeholders and we are encouraging CCG investment in the primary care education infrastructure to support an expansion plan to achieve 17000 placements overall.

**Intended learning outcomes**

At the end of this session, participants should be able to:

- describe a suitable model of placement that fits general practice
- Support inter-professional learning
- Provide excellent opportunities for undergraduate students to experience working life in a general practice setting.

### 3.1.2 Optimising the student learning experience: an innovative inter-professional learning approach

**Aaron Isted, Practice Education Facilitator, Liverpool Heart and Chest Hospital NHS Foundation Trust**

**Co-authors: Steven Colflor, Deputy Head of Learning and Development, Liverpool Heart and Chest Hospital. Elaine Hartley, Sister Nurse, Mentor Link Lead, Liverpool Heart and Chest Hospital. Emma Miello-Constantine, Staff Nurse, Mentor Link Lead**

**Aim**

The importance of interprofessional learning is well recognised within nursing education. However in practice the logistical difficulties and miscommunications between both learner and spoke placement can often negatively impact on the student’s experience. The aim of this paper is to bring into light the newly developed Liverpool Heart and Chest Hospital student “Spoke Booking System”. The system is designed to logistically promote cross departmental learning, develop interprofessional education, and, in total, optimise the student learning experience.

**Abstract**

Nursing education, like many areas of healthcare profession education, has continued to recognise the importance of interprofessional learning and its role towards optimising patient centred care.

**3.2 Accessing online:**

The ATP practice learning experience is now considered a vital tool in the quality assurance of the spoke.

**Concurrent session 3**

**Wednesday 26 February 2014**

- AIM: To describe a suitable model of placement that fits general practice
- Support inter-professional learning
- Provide excellent opportunities for undergraduate students to experience working life in a general practice setting.

Local Clinical Commissioning Groups (CCGs) are key stakeholders and we are encouraging CCG investment in the primary care education infrastructure to support an expansion plan to achieve 17000 placements overall.

**Intended learning outcomes**

At the end of this session, participants should be able to:

- describe a suitable model of placement that fits general practice
- Support inter-professional learning
- Provide excellent opportunities for undergraduate students to experience working life in a general practice setting.

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**Recommended reading**

Concurrent session 3 – Wednesday 26 February 2014


Biography
Currently working as a Practice Education Facilitator (PEF) at Liverpool Heart and Chest Hospital NHS Foundation Trust. Registered as a clinical exercise physiologist with past experience equating to 6 years’ experience with BUPA Health and Wellbeing and Knowsley COPD Community Service. As a lead in quality assurance for education in Trust, areas of interest range from developing interprofessional education, optimising the student learning experience and maintaining networks with higher educational institutes and governing networks.

3.2 Training and development

3.2.1 Influencing nursing practice for older people with a hearing loss in an acute environment

Emma Holmes, Nursing Practice Project Manager, Action on Hearing Loss / Heart of England NHS Foundation Trust

Aim
The purpose of this project is to identify key points of influence in a hospital setting where changes in nursing practice could make a positive impact on the care of older people with hearing loss in hospital.

Abstract
One in six people in the UK (10 million people) have some form of hearing loss and the prevalence of hearing loss increases with age, for example, 70% of 70 year olds have hearing loss and 90% of 80 year olds. Also on average it takes people ten years to take action on their hearing loss, which means that at any one time there are a large number of older people in hospital with hearing loss which may be undiagnosed, or diagnosed but not adequately managed.

In many NHS Trusts there is currently no formal mechanism for identifying hearing loss as part of the hospital admissions process potentially leading to mislaid or unused hearing aids on wards and communication problems between hospital staff and patients, all of which may have a negative impact on the quality of care older people receive, and may lead to unintended negative health outcomes.

A baseline assessment has been undertaken on an Elderly Care ward within the Heart of England NHS Foundation Trust in the form of staff and patient questionnaires and staff focus groups, which established a clear need for the project, particularly due to the number of hearing aids lost on hospital wards and the communication difficulties between staff and patients.

After the assessment a pilot was undertaken on the ward involving; training for staff on understanding hearing loss and hearing aid maintenance, guidance on how to screen patients’ hearing, the use of communication equipment, promoting the use of a recording and referral system and storage mechanisms for hearing aids to reduce the number lost on hospital wards.

At the end of the project, a toolkit and guidance will be available for all NHS Trusts to support them in implementing these changes.

Intended learning outcomes
At the end of this session, participants should be able to:
• describe the work of the Nursing Practice project, its importance in improving the experience of older people with hearing loss in hospital and its relevance to the Compassion in Practice vision and strategy.

Recommended reading

Biography
Emma Holmes is the Nursing Practice Project Manager working jointly with Action on Hearing Loss and The Heart of England NHS Foundation Trust to deliver this project. She began working for Action on Hearing Loss in June 2012. Emma’s work background prior to this role was in regional and local government working across a number of policy areas, including developing strategic partnerships and liaising with central Government.

3.2.2 BSL communication in a clinical setting

Simon Nielson, Student Nurse, Liverpool John Moores University
Co-presenter: Samantha Stonehouse, Third year BSc mental health student, Liverpool John Moores university.

Aim
To overcome potential communication barriers and promote an inclusive patient-centred environment for people entering a clinical setting, particularly those who are profoundly deaf or hard of hearing.

Abstract
In 2011, more than 10 million people in the UK had some form of hearing loss (RNID, 2011). The evidence suggests that deaf patients entering a health care setting are affected by a significant lack of appropriately trained health care providers who are able to communicate by signing.

Whilst available, translation service services are expensive and it can take up to six weeks to book an interpreter for a consultation. Often translation services are not necessary in the primary instance. With 50,000 – 75,000 people in the UK using British Sign Language as their main or only form of communication (Sign Health, 2010), issues of poor communication are often central to the problems deaf patients experience.

An average of 1 in 600 people attending Accident and Emergency departments in the UK rely on sign language to communicate (NHS, 2009). When health care providers have the skills to follow basic precepts of deaf Awareness, communication has been shown to improve and patients benefit, are grateful and often give praise (University of Manchester, 2003).

A survey was conducted of HCAs, student nurses, domestic workers and volunteers to ascertain the
words spoken upon first contact with a patient. From the findings, key phrases were condensed into the most common, appropriate and useful data and a package of key sign language signs were formulated into an interactive educational workshop.

With the package we have created and the time scale in which we can deliver it we believe that ‘BSL Communication in a Clinical Setting’ should be a vital component of the communication module for all UK BSc nursing students, equipping every student and newly qualified nurse with the skills necessary to be able to communicate on a basic level with deaf patients.

**Intended learning outcomes**

At the end of this session, participants should be able to:

- break down communication barriers and promote collaboration and inclusivity of patients in health care settings.
- increase communication skills of nursing students and newly qualified nurses.
- increase deaf awareness in the health care setting.

**Recommended reading**


Mental Health Practice (2012) Effective Communication with Patients who are Deaf.

RDASH (2012) Better Communication For Deaf Mental Health Service Users.

**Biography**

Currently studying his BSc in Mental Health Nursing, Simon also works as a Health Care Assistant, a role he finds hugely rewarding. A strong advocate for openness, communication and the power of the student voice, he involves himself in many mentoring activities.

Interested in the links between physical and mental health, current projects include advocating for the CNO as regional coordinator for the Care Makers. Additionally, he serves as RCN NW student committee representative and is an Associate Fellow of the HEA. He has been nominated for several awards including from the Cavell Nurses Trust and the Student Nursing Times.

### 3.3 Recruitment and retention

#### 3.3.1

**More than “just” a preceptorship**

Jenny Lawty, Practice Educator, PICU Royal Brompton Hospital

Co-authors: Julie Combes, Practice Educator, PICU Royal Brompton Hospital, Kumi De Costa, Practice Educator, PICU Royal Brompton Hospital

**Aim**

An exploration of the development of a one year preceptorship programme for newly qualified nurses in Paediatric Cardiac Intensive Care.

**Abstract**

To facilitate recruitment in a cardiothoracic paediatric intensive care unit, a locally developed one-year preceptorship programme was introduced for newly qualified nurses (NQN). This programme was developed in line with constructive alignment principles and was underpinned by adult learning theory.

A structured development plan was designed for the duration of the preceptorship programme. The programme commenced with one month of classroom based learning activities facilitated by a dedicated practice educator (PE). This included formal lectures, open discussions, skills sessions, accompanied by self directed study and advancing to clinical scenarios which utilised patient simulators providing the opportunity to undertake clinical scenarios without the anxiety and pressure of a real clinical situation. The NQN’s then undertook an eight week supernumerary period progressing to caring for patients independently guided by the development plan.

As they were NQN’s they not only experienced the steep learning curve of commencing work in intensive care but also the transition from student nurse to qualified nurse. This transitional stress was counterbalanced by receiving support and guidance working with their dedicated preceptor (P) and regular sessions with the PE throughout their supernumerary period and first year.

This Preceptorship Programme was evaluated using questionnaires, individual and group interviews and assessment of competence. The key findings were; The NQN’s rated their confidence of being a “safe and competent beginner in paediatric intensive care” with a mean score of 5.3 out 6. They reported a high level of confidence in their critical thinking following simulation sessions. Overall the interviews suggested that the programme was successful, this was further supported by NQN’s achieving the competencies expected of them in Paediatric Cardiac Intensive Care.

**Intended learning outcomes**

At the end of this session, participants should be able to:

- gain an understanding of the use of constructive alignment theory in programme development.
- be aware of different teaching techniques in line with Adult learning theory.
- understand how a preceptorship programme has been successful in a paediatric cardiac intensive care.

**Recommended reading**


**Biography**

After qualifying with a 2:1 BSc Hons degree in childrens nursing Jen Lawty started her career as a staff nurse in paediatric cardiac intensive care at Great Ormond Street Hospital. After working in that unit for two years she became a Childrens Research Nursing within the same hospital as a band 6, gaining experience in clinical drug trials. After one year away from PICIC she decided to return to this specialty and moved to the Royal Brompton Hospital, where after two years she became Practice Educator and was instrumental in creating and running a preceptorship programme for newly qualified nurses.

### 3.3.2

**Support to succeed: the value of pre-induction days to support retention in pre-registration nursing**

Caroline Sargisson, Principal Lecturer, Adult Nursing, Middlesex University

Co-presenter: Marion Taylor, Principal Lecturer, Adult Nursing, Middlesex University

**Aim**

To inform participants of the value of a University based pre-induction day to prepare students for study and engagement with their pre-registration nursing programme.

**Abstract**

The recruitment and retention of pre-registration nursing students remains a high priority for the profession, and has considerable financial, moral, and political dimensions. Good practice of recruiting appropriate students and supporting them to succeed begins before commencement of the programme, and this presentation will examine one model that facilitates this. The model we use at Middlesex University in London involves a ‘Pre-Induction Day’, delivered in the University before programme commencement.

The Pre-Induction Day focuses on the main themes identified by scoping previous cohorts and a review of the literature, as being particularly challenging for nursing students;

- Financial issues
3.4 Developing excellent professionals

Conscientious objection: the competing rights of patients and nursing students. Case studies from Poland and England

Dr Ros Kane, Principal Lecturer, University of Lincoln

Co-presenter: Dr Beata Dobrowolska, Academic Teacher, Faculty of Nursing and Health Sciences, Medical University of Lublin, Poland

Co-authors: Anna Piilewska-Kozak, Medical University of Lublin, Poland. Ian McGonagle, Principal Lecturer, University of Lincoln. Dr Paul Linsley, Principal Lecturer, University of Lincoln

Aim

The aim of this paper is to present an analysis of the status of nursing students in relation to nurses’ right to conscientious objection against participation in any medical procedures to which they may hold an objection on moral or ethical grounds. The background and justification for an on-going study exploring the views of nursing students will be discussed.

Abstract

The conscientious clause in nursing can be defined as a kind of special ethical and legal regulation which gives nurses right to object to actively perform certain medical procedures which are against their personal system of values. The scope of this regulation differs throughout the world. However, it is emphasized that even though the right to conscientious objection in nursing practice is widely accepted it is not absolute and this regulation can not be used in cases of danger to life or serious damage to the health of the patient.

Medical procedures to which nurses hold conscientious objection are often within reproductive health services. However, there are reports on the use of this right e.g. in end-of-life care and in the process of the implementation of medical experiments. The main issue underlined in the discussion regarding practising conscientious objection in the clinical setting is the collision of two human rights: the right to conscientious objection of medical personnel and the right of patients to specific medical procedures which are legal in their country. If a procedure is legally available in a country it means that patients can expect to receive it. On the other hand, all citizens, including health care workers, have the right to protect their moral identity and the right to object to the implementation of a procedure to which they have a specific objection. It is very difficult to find good ethical and legal balance between these two perspectives in the process of application conscientious objection in clinical reality.

For this presentation, ethical, legal and professional guidance documents have been analysed. Polish and British examples are taken as a background for the analysis. Background and justification for an on-going study exploring the views of nursing students from Poland and England will also be discussed.

Intended learning outcomes

At the end of this session, participants should be able to:

• gain an understanding of the different human rights competing in the case of conscientious objection in nursing practice from a range of European countries
• gain an understanding of the perspective of student nurses from Poland and England in this case
• discuss the implications for nurse education.

Recommended reading


Biography

Dr Ros Kane is a Principal Lecturer in the College of Social Science at the University of Lincoln. She is a member of both the Community and Health Research Unit (CaHRU) and Mental Health Research Education & Development Group (MHRED). With a background in nursing, anthropology and medical demography and a PhD In Public Health from the London School of Hygiene and Tropical Medicine, she has a strong interest in quality improvement, nurse education as well as service and policy evaluation. Ros has extensive experience as a researcher in both national and local studies and has almost twenty years experience in teaching in Higher Education in the UK.

Dr Beata Dobrowolska is a qualified general nurse. She defended her PhD thesis on Care ethics in 2006. She works as an academic teacher at the Faculty of Nursing and Health Sciences at the Medical University of Lublin. She is an author of approximately 180 scientific and popular articles on nursing philosophy and ethics, bioethics, human rights, health promotion and education.
Using online technology to support simulation learning: bridging the gap

Angela Williams, Senior Lecturer in Nursing, Glyndwr University
Co-presenter: Yolanda Evans, Senior Lecturer in Nursing, Glyndwr University, Wrexham

Aim
The use of simulation combined with online technology has the potential to facilitate the formation of online communities of learning and a deeper level of understanding.

Abstract
The use of simulation combined with online technology has the potential to facilitate the formation of online communities of learning and a deeper level of learning. This abstract describes the authors’ work with undergraduate nursing students tasked to work collaboratively on a simulation scenario in which the students use online fora to share ideas, resources and discuss their understanding of the scenario.

This paper describes how Glyndwr University in Wales integrates ‘a debrief’ via an online forum in order to support the use of simulation as a resource for 1st year student nurses. The work done so far indicates the use of the asynchronous online discussion forum gives the student an opportunity to reflect upon the simulation activity in an in-depth safe manner and this results in the student not only reflecting upon the simulation activity but also synthesing the knowledge on a deeper level.

Undergraduate nursing education programmes in the United Kingdom are increasingly using simulation activities as a way of providing a safe environment for student nurses to practice clinical skills (NMC, 2010)

Further exploration is required to explore the concept and flexibility of blended learning within the remit of simulation activities as a productive resource within the provision of undergraduate education.

Intended learning outcomes
At the end of this session, participants should be able to:

• understand how online technology can support the student nurse experience in the use of simulation.
• explore why asynchronous discussion can help the learning process.
• understand the student nurse experience of simulation.

Recommended reading

Biography
Angela Williams is a Senior Lecturer in Nursing at Glyndwr University and has worked in higher education for almost 10 years. Most of her work involves teaching on the Pre-registration BN (Hons) Nursing Programme. Prior to entering higher education Angela worked in North East Wales as a health visitor with Sure Start, prior to this she worked in intermediate care as a Rapid Response Team Leader in the Bangor area and she has worked as a community midwife in rural Wales. She has an interest in the use of Web 2.0 technology to support teaching and the student learning experience. She is currently working with Yo Evans on exploring the use of how online fora impact on the student nurse experience following the use of simulation.
### 4.1 Student experiences

#### 4.1.1

**Student experience of transition from an HNC health care course to second year of an undergraduate nursing programme following completion of a bespoke module**

Louise Johnston, Lecturer, Adult Health, University of the West of Scotland

Co-presenters: Audrey Cund, Lecturer, Mental Health, UWS. Carol Dickie, Lecturer, Adult Health, UWS. Fiona Lundie, Lecturer, Adult Health, UWS

#### Aim

To evaluate the student’s experience of transitioning from Further Education (HNC Programme) to 2nd year BSc Adult and Mental Health nursing via a bespoke summer module

#### Abstract

Articulation from Further Education (FE) to Higher Education (HE) has been a key area of work for the University of the West of Scotland (UWS), School of Health Nursing and Midwifery. This is viewed as a mechanism to acknowledge students prior learning and facilitate entry into year two of an Undergraduate Nursing programme. Harvey et al (2006) acknowledges that as a result of widening participation the student population is more diverse, calling for an increased need to support this heterogeneous student group. Gallacher (2006) also advocates that close partnership working between FE and HE Institutions is required to adequately prepare students to articulate into 2nd year. Close collaboration with FE Colleges and NHS providers has been central to the development and evaluation of a bespoke module to bridge the transition from FE to HE.

This qualitative study evaluates the first cohort of students’ transition into 2nd year following completion of the bespoke module. A focus group design underpinned by a constructivist philosophy was utilised following ethical approval by the UWS ethics committee.

Knowledge, preparation and confidence emerged as key factors that support the students’ transition and articulation to 2nd year. The findings of this study provide insight into the students’ experiences of academic, clinical and social transition, as well as an overall integration into an already established cohort. The findings have been utilised to prepare and enhance the transition for the next cohort of students and open out further research possibilities with our college and NHS partners.

#### Intended learning outcomes

At the end of this session, participants should be able to:

- understand student nurses’ experiences of transition and integration into year 2 of an undergraduate nursing programme
- gain insight into the students’ academic and clinical experience.

#### Recommended reading


#### Biography

Louise Johnston is a lecturer in Adult Health at the University of the West of Scotland. After 20 years of clinical practice Louise moved into Higher Education in 2008 and successfully completed an MSc in Healthcare Education in 2011 which focused on student transition.

Louise is the module coordinator of the bespoke summer module which facilitates the transition of HNC students directly into second year. Louise is also deputy admissions officer for the campus in which she works.

#### 4.1.2

**Invisible: perspectives on the health care CPD student experience and implications for curriculum development and delivery**

Venetia Brown, Director of Programmes (Nursing), School of Health and Education, Middlesex University

#### Aim

The aim of this paper is to share the findings of a qualitative study of the healthcare CPD student experience in higher education from their perspective, to discuss the implications and significance of these findings for healthcare academics, for employers and for those involved in the organisation and management of student services in higher education.

#### Intended learning outcomes

At the end of this session, participants should be able to:

- have a deeper understanding of the reality of the healthcare CPD student experience in higher education
- reflect on and consider the relevance of these findings for their own organisation
- use this understanding to enhance curriculum development activities and the organisation and management of student services in order to meet the specific needs of this student group.

#### Abstract

Obtaining feedback from students on the nature of the student experience of university is a familiar and essential activity across the HE sector. Working in the role of Director of Programmes for Post-qualifying (PQ) Nursing provided an opportunity to review the existing status of PQ healthcare continuing professional development (CPD) at one University and to start to develop strategies which better met the needs of this student group. What also emerged as part of this work was the perception that the PQ healthcare CPD experience was largely invisible and the need for a better understanding of the PQ healthcare CPD student experience from their perspective in order to inform the provision and development of University services, processes, procedures and the curriculum development activities of healthcare academics. Analysis of University documents published over a three to five year period by the University Student Experience Group was used to inform the development of a questionnaire which was then administered to purposive sample of PQ healthcare CPD students studying at the University. Two issues arising from analysis of the questionnaire were of particular interest: a) the reality of the CPD student experience and the impact of studying whilst being in full time employment b) perceptions of self as a University student. These issues were explored in more depth in a focus group of PQ nurses in the final stages of a PQ UG degree.

Thematic analysis of the focus group discussion yielded five themes from eight categories: Employer-related aspects of CPD; curriculum, teaching and learning – design and delivery issues; CPD student experience of University services; the impact of CPD on job or career or practice and perceptions and experiences of study as a healthcare CPD student. The implications of these findings and their significance for CPD healthcare education curriculum planning and the organisation and management of University services are discussed.

#### Intended learning outcomes

At the end of this session, participants should be able to:

- have a deeper understanding of the reality of the healthcare CPD student experience in higher education
- reflect on and consider the relevance of these findings for their own organisation
- use this understanding to enhance curriculum development activities and the organisation and management of student services in order to meet the specific needs of this student group.

#### Recommended reading

• gain insight into the students’ academic and clinical experience.

• use this understanding to enhance curriculum development activities and the organisation and management of student services in order to meet the specific needs of this student group.
Recommended reading

Biography
Venetia Brown qualified as a nurse in 1986 and, following a period of clinical practice, became a lecturer practitioner and then a registered nurse teacher specialising in post registration women’s health. Her current interest in the experience of healthcare CPD students developed following a series of curriculum leadership roles specialising in healthcare CPD. She is currently working as a Director of Programmes (Nursing) with a focus on CPD provision and is in the final stages of her Doctoral Studies.

Abstract
Aim
The aim of this paper is to explore a multi professional approach to ensuring the quality of the learning environment can be evidenced through the effective utilisation of the Healthcare Professional Clinical Placement (HCPC) Tariff.

Intended learning outcomes
At the end of this session, participants should be able to:
- gain an understanding of the process of HCPC Tariff in relation to this project
- have an increased understanding of the importance of collaboration in effective practice learning
- develop awareness of quality assurance processes and how this relates to Learning Development Agreements.

Recommended reading
Liberating the NHS: developing the healthcare workforce from design to delivery. Department of Health 2012

Biography
Annabel has been a Practice Learning Lead within the University Hospitals of Leicester NHS Trust for the past ten years, developing key relationships to ensure the effective management and support of a range of learners within the practice setting, including nurses and Allied Health Professionals. Annabel is part of a team that have been key to the development of innovative ways of working to support students within the practice setting, including the development of roles and strategies throughout the Trust.

Annabel led the Practice Learning Subgroup for De Montfort University's 2012 all degree nursing curriculum which was instrumental in the development of all practice related documentation to support the programme.

Delivering a mentorship conference: an evaluation
Rachel Hadland, Senior Lecturer and Academic in Practice, University of West England
Co-presenters: Rachel Knowles, Practice Education Facilitator, Avon and Wiltshire Mental Health Partnership NHS Trust, Sarah Parks, Practice Education Facilitator, Avon and Wiltshire Mental Health Partnership NHS Trust, Jo Williams, Senior Lecturer and Academic in Practice, University of West England

Aim
The aim of the paper is to evaluate and reflect on our experiences of delivering a mentorship conference in partnership between a Healthcare Trust and a University.

Abstract
The challenges of partnership working between higher education institutions and healthcare organisations have been well documented within the literature. Suggestions have been made that competing demands brought about by policy changes in both nurse education and healthcare have resulted in the uncoupling of education and clinical practice. Therefore there is a need for greater strategic and explicit relationships between academic and practice staff in order to provide excellent learning environments and develop competent newly qualified nurses with the right set of professional values. Therefore in order to achieve this there is a need to explore innovative ways to develop, focus on and celebrate mentorship.

The mentorship conference was hosted by the Trust, free to attend and supported by mentors, practice education leads / facilitators and nurse academics in practice. This hosting emphasised the Trusts shared responsibility in relation to nurse education, and the organisational sponsorship of the event highlighted the commitment to this further. The conference provided a rare and important opportunity to celebrate mentorship, sharing experiences of mentoring and facilitating reflective practice. The conference incorporated a range of key note speakers who covered; accountability and the role of the mentor, the introduction of a Trust mapping tool to benchmark assessment in practice. Workshops were run concurrently by mentors, education / nurse leads, and academics exploring; supporting the failing students, the role of unregistered staff in the student experience and developing compassionate practice.

The conference was well evaluated by those who attended and touched on areas of mentorship that are outside of the scope of a mentor update. This event was more accessible to a larger audience and bought together the progress and current issues faced by the Trust and the University in relation to nurse education.

Intended learning outcomes
At the end of this session, participants should be able to:
4

10.50am – 12.50pm Concurrent session 4 – Thursday 27 February 2014

• explore the impact of the mentorship conference
• reflect on how we celebrate mentorship in practice
• consider a conference event as a means of strengthening partnership working.

Recommended reading


4.2 Recruitment and retention

4.2.1 Multiple mini interviews – ringing the changes

Valerie McGouran, Lecturer in Nursing Studies, University of East Anglia Faculty of Medicine and Health Sciences School of Nursing Sciences Co-presenters: Julia Saunders RN Practice Placement Facilitator: The Queen Elizabeth Trust: Kings Lynn, Norfolk. Katrina Emmerson RN Lecturer Associate Director of Teaching and Learning UEA SNC, Norwich, Norfolk. Catherine Harrison-Williams RN BSc (Hons) MA Cert.Ed. UEA SNC, Norwich, Norfolk.

Aim
• Promote an understanding of the concept of what Multiple Mini Interviews(MMI)are
• Raise awareness of how MMI can be used in the selection of those applying for pre-registration nursing programme
• Gain an understanding of the value of the using MMI for selection of nursing students of MMI

Abstract
The ‘Multiple Mini Interviews’ technique approach to interview and selection was developed in 2001 by The McMaster University and is now used widely in other parts of the world to aid staff selection. A variety of studies have reported on its use in terms of its feasibility, on determining the suitability of applicants and its validity.

This method has the potential to provide a more reliable assessment then perhaps the one off interview of an applicant’s suitability.

The University of East Anglia, School of Nursing Sciences prepares students for selection interviews by offering them the standard interview practice within their course.

A small pilot study was conducted to compare and contrast the two approaches to interviewing. Ten students on an existing course who had recently encountered the standard interview for selection to the programme volunteered to participate.

After the experience semi structured interviews were conducted with the group to inform the investigators about the participant’s views of both approaches to interviewing.

The results suggested that all preferred the Multiple Mini Interviews and felt it helped them give a better performance. The result from the interviewers suggested that this approach was less fatiguing, more interesting and helped them gain more of an insight in to the candidates’ suitability.

In conclusion it is acknowledged this is a small study and this compromises generalisability. The information gained concerns the experience of the participants and the question of whether the Multiple Mini Interview approach can more accurately predicts suitable candidates in this nursing context remains to the best of our knowledge unanswered. However testing for acceptability among the candidates and interviewers of the approach to interviewing is valuable. Encouraged by these positive formative results we now plan to evaluate this method of interviewing on a larger scale.

Intended learning outcomes
At the end of this session, participants should be able to:
• promote an understanding of the use of the Multi Mini Interview in the process of selection of students for a pre registration programme in nursing at the University of East Anglia Faculty of Medicine and Health Sciences School of Nursing Sciences

Recommended reading


Biography
Lecturer in Adult Nursing Studies at the University of East Anglia Faculty of Medicine and Health Sciences School of Nursing Sciences since 1989. Participated as an external examiner for each of the following for three years – Sheffield University School of Nursing and Midwifery, Sheffield and Trinity College School of Nursing and Midwifery, Dublin, Ireland. Involved in lecturing under graduate and post graduate students undertaking a degree and post degree programmes. Currently one of the programme leads for the Return to Practice programme which is delivered by the SNC for two Trusts.

4.2.2 Development of a non-cognitive assessment, the Cambridge Personal Styles Questionnaire (CPSQ), for selection to nursing, midwifery and healthcare

Lyn Dale, Assessment Psychologist, Admissions Testing Service, Cambridge Assessment

Aim
This paper details the research, development and validation of a personality assessment tailored to the needs of vocational education, particularly nursing, midwifery and healthcare, and demonstrates how personality assessment can be used in student recruitment and development.

Recommended reading
• consider a conference event as a means of exploring the impact of the mentorship conference
• reflect on how we celebrate mentorship in practice
• consider a conference event as a means of strengthening partnership working.

4.2 Recruitment and retention

4.2.1 Multiple mini interviews – ringing the changes

Valerie McGouran, Lecturer in Nursing Studies, University of East Anglia Faculty of Medicine and Health Sciences School of Nursing Sciences Co-presenters: Julia Saunders RN Practice Placement Facilitator: The Queen Elizabeth Trust: Kings Lynn, Norfolk. Katrina Emmerson RN Lecturer Associate Director of Teaching and Learning UEA SNC, Norwich, Norfolk. Catherine Harrison-Williams RN BSc (Hons) MA Cert.Ed. UEA SNC, Norwich, Norfolk.

Aim
• Promote an understanding of the concept of what Multiple Mini Interviews(MMI)are
• Raise awareness of how MMI can be used in the selection of those applying for pre-registration nursing programme
• Gain an understanding of the value of the using MMI for selection of nursing students of MMI

Abstract
The ‘Multiple Mini Interviews’ technique approach to interview and selection was developed in 2001 by The McMaster University and is now used widely in other parts of the world to aid staff selection. A variety of studies have reported on its use in terms of its feasibility, on determining the suitability of applicants and its validity.

This method has the potential to provide a more reliable assessment then perhaps the one off interview of an applicant’s suitability.

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After the experience semi structured interviews were conducted with the group to inform the investigators about the participant’s views of both approaches to interviewing.

The results suggested that all preferred the Multiple Mini Interviews and felt it helped them give a better performance. The result from the interviewers suggested that this approach was less fatiguing, more interesting and helped them gain more of an insight in to the candidates’ suitability.

In conclusion it is acknowledged this is a small study and this compromises generalisability. The information gained concerns the experience of the participants and the question of whether the Multiple Mini Interview approach can more accurately predicts suitable candidates in this nursing context remains to the best of our knowledge unanswered. However testing for acceptability among the candidates and interviewers of the approach to interviewing is valuable. Encouraged by these positive formative results we now plan to evaluate this method of interviewing on a larger scale.

Intended learning outcomes
At the end of this session, participants should be able to:
• promote an understanding of the use of the Multi Mini Interview in the process of selection of students for a pre registration programme in nursing at the University of East Anglia Faculty of Medicine and Health Sciences School of Nursing Sciences

Recommended reading


Biography
Lecturer in Adult Nursing Studies at the University of East Anglia Faculty of Medicine and Health Sciences School of Nursing Sciences since 1989. Participated as an external examiner for each of the following for three years – Sheffield University School of Nursing and Midwifery, Sheffield and Trinity College School of Nursing and Midwifery, Dublin, Ireland. Involved in lecturing under graduate and post graduate students undertaking a degree and post degree programmes. Currently one of the programme leads for the Return to Practice programme which is delivered by the SNC for two Trusts.

4.2.2 Development of a non-cognitive assessment, the Cambridge Personal Styles Questionnaire (CPSQ), for selection to nursing, midwifery and healthcare

Lyn Dale, Assessment Psychologist, Admissions Testing Service, Cambridge Assessment

Aim
This paper details the research, development and validation of a personality assessment tailored to the needs of vocational education, particularly nursing, midwifery and healthcare, and demonstrates how personality assessment can be used in student recruitment and development.

Recommended reading
Abstract
In occupational testing personality assessment is a well-established method for providing stand-
ardised information on applicants’ non-cognitive attributes. Using this approach the Admissions Testing Service set out to develop a personality assessment tailored to the needs of vocational education, particularly nursing and healthcare. Cambridge Personal Styles Questionnaire (CPSQ) is a self-report, online assessment, which assesses how students typically think, feel, behave and relate to others. In reporting, personality dimen-
sions are matched to behavioural competencies relevant to nursing and midwifery (guided by the NMC skills cluster framework). This work aims to help admissions staff ‘match the right applicant to the right course’ and to support on-course student development. The values and behaviours measured (including care and compassion) were identified through a literature review and interviews with admissions tutors and healthcare professionals. CPSQ was also designed to conform to the Five Factor Model of personality.

Trialling included 4,000 students to-date, including A-level students and undergraduate students of medicine, nursing, midwifery and healthcare. The large numbers allowed us to ensure the assess-
ment is accessible to diverse groups of people.

Trialling outcomes show the assessment conforms to the highest standards of reliability (test-retest r 0.84 – 0.92). Internal consistency was measured using Cronbach’s alpha, finding high levels of reli-
ability.

Validity of the assessment was evaluated by internal analysis of structure using item and factor analysis. Comparison with well-researched measures of personality and trait emotional intel-
ligence showed a strong relationship with these proven measures.

Mean scores for each vocational group were compared to a general population to enable personality profiling of nursing and midwifery. On-going research will examine what this profile means in terms of valued behaviours in education and in healthcare professions.

After four years in development CPSQ is now in ‘live’ piloting with applicant and student groups to confirm its effectiveness as an assessment tool.

Intended learning outcomes
At the end of this session, participants should be able to:
• understand how values and behaviours required for nursing fit with established models of person-
ality and how they can be assessed
• recognise key indicators of validity and quality in personality assessments
• understand how personality assessments can be used for student selection and development purposes.

Recommended reading

Biography
Lyn Dale is Assessment Psychologist at the Admis-
sions Testing Service (part of the Cambridge Assessment Group) where she has managed the development and validation of the Cambridge Personal Styles Questionnaire (CPSQ). Lyn holds an MSc (Distinction) in Occupational Psychol-
ogy from Goldsmiths, University of London and is qualified in Psychological Testing at Level A and Level B Plus. She is a Member of the British Psychologi-
cal Society (MBPsS). Before joining the Admissions Testing Service, Lyn was an Assess-
ment Psychologist at the Psychometrics Centre in Cambridge.

4.2.3
Service user involvement in the recruitment process of student mental health nurses
Thomas Joseph Currid, Senior Lecturer, London South Bank University
Co-author: Aloyse Raptopoulos, Lecturer, London South Bank University

Aim
This paper aims to explore the views of service user (SU) and academic staff in involving SU’s in recruitment activities of student mental health nurses. The evaluation sought to (i) ascertain views of staff working alongside SU’s in the recruitment process, (ii) identify SU’s views of being involved and (iii) identify issues that may further improve the joint working initiative.

Abstract
Service user (SU) involvement in shaping and improving mental health nursing services underpins the philosophy of consumer based healthcare at practice, political and professional levels. Evidence suggests that involving service users in educational programmes (Chambers et al 2013) clinical guidelines (Harding et al 2011) and research (Simpson et al 2010) has many benefits which include: informing practitioners about the experience of mental illness, building capacity in service provision and developing evidence based practice. Whilst the literature is ever increasing in these specific areas, there is less focus on SU involvement in recruitment processes of student nurses. As yet, there are no studies that report on service user involvement in mental health student recruitment.

This study, undertaken by a SU, reports findings based on views of both SU and academic staff of involving SU’s in recruitment processes of student mental health nurses. Using an Action Research enquiry paradigm to underpin and guide the study, eight participants who comprised of SU’s and academic staff, were asked to reflect on their expe-
rience of either being involved as a SU, or working alongside SU’s in the recruitment process.

Findings from both groups suggest that there are many benefits to this approach when selecting student nurses. From a SU’s perspectives, themes that emerged included: being valued for their opinions and expertise, developing professional networks that enhanced confidence and wellbeing and opportunities to demonstrate existing skills that furthered their quest for employment. Staff reported that the presence and observa-
tions of service users, provided a useful and sound indicator of candidates’ values, attitude and behaviours, sometimes helping to reveal their prejudices at early stage. Additionally, staff reported that in hindsight the calibre of students selected improved.

Conclusions drawn would support partnership working in recruitment processes and is an oppor-
tunity for enhancing selection methods

Intended learning outcomes
At the end of this session, participants should be able to:
• identify the benefits of involving Service Users in recruitment and selection processes of student mental health nurses
• critically examine research findings in context to wider mental health policy and practice
• synthesise how this model of practice may be applied to other Higher Education Institutes.

Recommended reading

Biography
Thomas Currid is a Mental Health Nurse, Specialist-
practitioner, Registered Nurse Teacher and Cognitive Behavioural Therapist who is currently employed as Senior Lecturer/Programme Director at London South Bank University. Prior to com-
mencing a full time academic career, Thomas has worked a in a variety of Clinical, Managerial and Educational roles within the NHS.
4.2.4

From recruitment and attrition to selection and retention: a mental health nursing course admissions review

Robert Tummey, Senior Lecturer, Coventry University

Aim

To consider improvements to student nurse selection and identify the measures that have had most impact.

Abstract

Historically, attrition and retention in nurse education has been the subject of considerable discussion. The national average for attrition stands at 25%, with only 12.8% for more traditional undergraduate courses. These attrition levels are hard to bear in a profession needing continuous replenishment of numbers. A range of concerns are identified to influence attrition. Cameron et al (2010) found that four broad themes accounted for factors of relevance, including, Prediction, Programme, Social and Personal.

The Mental Health Nursing course at Coventry University has not escaped the impact of attrition, experiencing rates above the national average. The mental health team therefore made significant attempts to redress what is seen as a priority both locally and nationally. HEIs providing nurse education must respond to the benchmarks identified by the Strategic Health Authorities (SHA): i). Recruitment to target, ii). Retention of cohort numbers, and iii). Completion on time. It was these benchmarks and student nurse attrition research (Pryjmachuk et al 2009, Donaldson et al 2010) that informed the revision of three key areas of concern. These areas helped to develop a move from recruitment and attrition to selection and retention. They include:

a). The selection criteria and process.

b) Programme engagement and flexibility.

c) Focus on reducing the impact of student personal isolation.

A range of measures were introduced incrementally across a three-year period. The combination then fully employed in selection for the new all graduate mental health nursing course that commenced in September 2011, 2012 and 2013. Several factors have contributed to a reduction in attrition, but the course team believe improvements to selection have had a significant impact. These successful strategies will be specifically highlighted and explored in more detail during the presentation.

Intended learning outcomes

At the end of this session, participants should be able to:

• describe the different factors influencing attrition on nursing courses

• understand the research evidence for the subject

• consider the application of a number of successful strategies to improve selection and retention.

Recommended reading


Biography

Robert has been a senior lecturer in mental health nursing for over ten years. He has worked clinically and academically in both UK and NZ. Previous clinical appointments have included clinical specialist in three separate fields of mental health nursing and Consultant Nurse.

4.3 Developing excellent professionals

No credit given

Heather Veronica Sigley, Lecturer, University of Manchester

Aim

To consider the development of a non-credit bearing option in the preparation of mentors, and the significance of this for current and future registrants.

Abstract

The need for Multiprofessional Support for Learning and Assessment in Practice (Preparation for Mentorship) has been recognised as a priority for Health Education England (2013) and features prominently within its CPD strategy and reinforces the core priorities set out within Liberating the National Health Service (NHS), (Department of Health (DH) (2012). Developing and delivering the highest quality education and training for health professions who require the right staff with the right skills and behaviours based on the core values of the NHS (2012) Constitution. High quality mentorship/perceptorship and CPD are crucial to improve patient outcomes (Willis (2012).

The NMC (2008) it could be argued set the gold standard in enabling practitioners to prepare for the role, determining the level of knowledge and skills required. Developing the next generation of practitioners requires highly competent and skilled mentors who understand their role and its accountability and responsibility to protect the public from harm. The challenges associated with mentoring have been widely documented especially in relation to managing complex assessment/progression issues (Robinson (2012).

It is therefore interesting to see a new trend developing supported by the NMC to undertake preparation for the role with no academic credit, normally a work-based portfolio development model. Whilst there is nothing inherently wrong in this educational approach, indeed it has many favourable attributes, widening multiprofessional access, offering flexibility, and a faster completion rate, it is perhaps timely to reflect and consider the wider and longer term implications of this decision. The questions below will form the basis of the presentation and discussion within this concurrent session.

1. Having set the ‘gold standard’ are we now in danger of lowering the threshold?

2. What level of mentor/educator do we require for a graduate nursing workforce?

3. What quality assurance mechanisms will apply locally and nationally with this provision?

Intended learning outcomes

At the end of this session, participants should be able to:

• understand the complex nature of mentoring/practice education and the challenges in preparing for the role
Examining the national and local factors that have influenced this trend, and to consider the future direction of educational support in practice.

**Recommended reading**

**Biography**
Lecturer in Nursing, main focus of teaching lies within CPD for qualified practitioners. Co-ordinating and delivering MSLAP (Preparation for mentorship) at level 5,6,7.

Actively engaged in all aspects of mentor preparation and maintenance of the required competencies. Including annual updates, NMC re approval events and supporting mentors in practice via University link lead lecturer role.

**4.3.2**
**Misty mirrors and tunnel vision: the challenges of reflective practice in nursing.**
Bridget Roe, Doctoral Researcher, Nottingham University Business School
Co-presenter: Dr. Nicola Wright, Lecturer in Mental Health, School of Health Sciences, University of Nottingham

**Aim**
Using empirical data, this paper draws attention to the contextual challenges of reflective practice and calls for new tools and methods to improve quality of care.

**Abstract**
In recent times, nurses are increasingly encouraged to be reflective practitioners. Through reflective practice, nurses are promised personal and professional growth, excellence in patient care delivery and a reduction in the theory-practice gap. However, the re-configuration of health services and the introduction of new models of care means that professional and practice boundaries are changing. This has implications for nursing work which is increasingly recognised as situated within a context resulting from complex social processes. This challenges the traditional, individual focused reflection frameworks.

Using qualitative data collected from interviews, observations and focus groups across two different projects (56 participants in total), we explore the challenges of reflective practice within the healthcare setting. Thematic analysis was used to identify the conditions which helped or hindered it across the dataset.

Participants found reflective practice to be an emotional, frustrating and time consuming process. For the majority, reflection within the workplace was severely limited by the inability to recognise the nuances of daily work as it unfolded in real-time. Newcomers (e.g. newly qualified nurses) had a greater ability to reflect whilst at work but they lost this over time due to “the way we do things here”. For more experienced nurses, reflection was facilitated by having the opportunity to step-away from their everyday roles, for example day release to undertake a research project. However this remained an isolated insight with gaps in their understanding. These ‘incomplete’ reflections led them to question the quality of their own and others practice, resulting in feelings of internal conflict.

The messages from this research are twofold. First there is a need to encourage new models of contextualised reflection. Second, given the link between reflective practice and excellence in care, support mechanisms for the conflict individuals experience need to be developed within workplace settings.

**Intended learning outcomes**
At the end of this session, participants should be able to:
- highlight the social nature of reflective practice and the challenges of engaging init for nurses.

**Recommended reading**

**Biography**
Bridget Roe is a researcher and doctoral student at Nottingham University Business School. Her research uses a practice-based approach to study the socialization of nurses in the context of current policy and healthcare developments. Bridget has a BA in Human Resource Management and completed her MA in Management and Organisational Analysis at Warwick Business School. Formerly a nurse and midwife, Bridget has worked in the public, private and charity sectors in a variety of roles.

**4.3.3**
**Escalating concerns: a workshop approach to patient safety**
Nicholas Gladstone, Senior Practice Development Nurse, the Elective Orthopaedic Centre, Epsom General Hospital Co-presenter: Jessica Inch, Practice Development Nurse, the Elective Orthopaedic Centre, Epsom

**Aim**
Following the review of an attitudes to ‘whistleblowing’ survey and the media coverage of the Mid-Staffordshire inquiry, the practice development team developed a workshop for clinical staff including nurses, health care assistants, physiotherapists and radiographers. This explored the response to the initial survey and provided the building blocks and understanding needed to change opinions and attitudes whilst promoting a culture of patient safety, candour and transparancy. The workshop was designed to investigate the nature of patient safety; how to escalate concerns; risk assessment; accountability; communication and compassion; and professional image.

**Abstract**
A one day workshop was delivered bi-monthly for all clinical staff including nurses, health care assistants, physiotherapists and radiographers. This explored the response to an initial survey exploring attitudes to whistleblowing and provided the knowledge and understanding needed to facilitate change. In an informal environment staff worked together undertaking group activities that explored scenarios through the use of problem-based learning, reflective and reflexive practice. At the end of the workshop the candidates were asked to take part in a repeat survey with the use of anonymous voting technology to determine whether their attitudes to whistleblowing and patient safety had changed and the study had proven beneficial in increasing confidence in this area.

Responses were collated from attendees over a 12 month period. 109 candidates were asked to participate; there was an 82.5% response rate with 90 candidates completing a re-evaluation survey. Evaluation of the workshop was positive with candidates enjoying problem-based learning and the opportunity to work with colleagues from other departments and professions. The workshop enabled candidates to clarify their own and colleagues’ roles and strengthen their professional identity whilst increasing understanding in patient safety; risk assessment; escalating concerns and accountability. Feedback from the re-evaluation showed a significant improvement in attitudes towards whistleblowing and the escalation of concerns relating to poor practice; 91% of attendees reported feeling more confident in escalating concerns. There was an increase in acknowledgement of accountability and responsibility amongst attendees from 54%-88% and 67%-89% respectively. Moreover, staff reported feeling more...
supported in raising concerns with a significant increase from 4% – 65%.

**Intended learning outcomes**

At the end of this session, participants should be able to:

- raise awareness of legislation relating to escalating concerns
- provide an insight into risk assessment, risk management and patient safety
- explore roles, image and professional identity within the healthcare team.

**Recommended reading**

Summary of the Francis Report (2013)

NMC Raising concerns: Guidance for nurses and midwives (2013)

Mid Staffordshire NHS Foundation Trust Public Inquiry Report: Response of the Royal College of Nursing (2013)

**Biography**

Having worked in health care since 1992 Nick attended Canterbury Christ Church University College in September 1998; qualifying as a registered nurse in 2001. Nick worked in trauma and orthopaedics for 3 years before joining The EOC in 2004. After obtaining his Bsc Honours. In Health Care Practice Nick was appointed Senior Practice Educator in 2009. Nick’s role includes training and developing staff and student nurses as well as post-graduate teaching at Kingston and St George’s University of London. Nick has a Post Graduate Diploma in Education and has recently finished a Master's Degree in Education.

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**4.3.4 Cross university interprofessional education**

*Maureen Mounty, Principal Lecturer, University of Greenwich*

*Co-presenter: Morag Redfem, Head of Department, School of Health and Social Care, University of Greenwich*

**Aim**

Promoting the benefits of Inter-professional learning and teaching in undergraduate and postgraduate education through collaboration with other faculties and the local NHS Trusts; in order to identify opportunities for shared learning and teaching in line with government and university policy and to enhance the knowledge, skills and attitudes of professional roles.

**Abstract**

The concept of “shared learning” in health professional education has generated the idea that the efficacy of patient care will improve through collaboration and team work within and between health care teams. The demand for effective inter-professional learning and team working is illustrated for example, in the Francis Report (2013) and shows how poor team working and poor communication between health professionals can have a hugely negative impact on patient care. Grumbach and Bodenheimer (2004) reinforce the argument that better teamwork between health professionals positively affects patient outcomes.

This study considers an example of Interprofessional-learning collaboration that occurred across health related programs in a University setting encompassing the formalization of IPE opportunities and outcomes for use in clinical practice. The overall aim of the IPE activity was to encourage and foster the skills, knowledge, attitudes and behaviours that facilitate effective interprofessional learning.

This study focuses on an example of an IPE activity where third year Pharmacy, Paramedic Science, Nurses (adult and learning disability) and Speech and Language students are assigned the task of tracing a patient’s care pathway in an interprofessional group setting. At the initial introductory session students meet a group of service users, supported by a member of the Stroke Association, who have agreed to discuss their experience of the communication, treatment and care they received in clinical practice. The IPE focused on patient/client communication and professional roles and aimed to increase student’s understanding of the importance of effective communication and teamwork, throughout the safe delivery of healthcare.

Each multidisciplinary group of students considered a scenario in which a patient had received care for a stroke, where effective patient communication had been compromised, resulting in a “significant event”. The outcome was a group report and a reflective exercise for portfolio development via electronic interaction.

**Intended learning outcomes**

At the end of this session, participants should be able to:

- develop strategies for preparing faculty members to deal with the expectations around Interprofessional education
- adapt curricula to incorporate interprofessional experiences in classroom, clinical, and other settings
- create innovative learning activities and assessment to ensure adequate performance of new core competencies for interprofessional practice.

**Recommended reading**


**Biography**

Maureen Mounty is a Principal Lecturer with Professional Lead responsibility for Inter-professional Education across the Faculty of Health. Maureen has wide-ranging experience in management and curriculum development and has been involved across the university in curriculum reviews, approvals and committees. Maureen teaches across a range of programmes within the faculty, primarily shared courses for pre-registration nurses and midwives, work-based learning courses for Foundation Degree students, and mentor preparation courses for post registered nurses, midwives and health visitors. Maureen is a personal tutor for Foundation Degree students, pre-registration nursing students and is a project supervisor for undergraduate nursing and paramedic students.
Innovations in simulated learning environments: using all the senses

Dr Deborah Roberts, Reader in Nursing, Glyndwr University
Co-presenter: Nathan Roberts, Senior Lecturer in Computing, Glyndwr University

Aim
This paper introduces the emerging technology which has the potential to maximise sensory learning in simulated immersive learning environments.

Abstract
Simulated learning in nurse education is not new and much has been written regarding various approaches to using low, medium and high-fidelity approaches. Reality or fidelity is important in terms of creating quality learning using simulation; however, clinical simulation within health to date has largely focussed on the use of sophisticated mannequins, rather than on the environment in which the simulation occurs. It is accepted that scenarios on which simulation is based should represent the reality of the clinical world, where students are enabled to learn through active participation in situations which they will likely encounter in the real world. Nurses retrieve information from patients using all of their senses; indeed nursing textbooks advocate the use of a multi-sensory approach to assessment (Holland et al 2008). Dewing (2010) outlines the importance of using the senses as part of active learning and highlights the need for seeing, noticing and observing as a central principle; however other senses may be just as important in terms of active learning. Yet much less is known about the impact of other senses; smell in particular. According to Byrne (2012) there is a need for educators to determine which aspects of clinical simulation are most important for learning. For example, are motor, cognitive and sensory aspects of equal importance?

Together, through our cross disciplinary dialogue we have identified potentially pioneering ways in which immersive simulation could provide both interactive and dynamic teaching and learning opportunities including mechanisms to maximise sensory learning; which to date have been under researched. Delegates will be introduced to emerging technology enabling educators to introduce the use of smell as a clinical indicator and sophisticated suits which provide the wearer with tactile feedback. We will also ask for debate concerning the potential value of such mechanisms to learning through simulation.

4.4.2 What is nursing? We think it’s this... and it’s great!!

Ray Hayes, Senior Lecturer, Northumbria University

Aim
This paper will explore elements of how an innovative Year One module helped facilitate the development of a professional nursing identity within novice nurses.

Abstract
Northumbria University has a strong history of developing inter-professional teaching and learning. However, in light of the various challenging outcomes of the Francis inquiry and the move away from ‘branches’ to ‘fields’ of Nursing, there is a danger that the uniqueness of what it is to be a Nurse may become diluted in the drive to meet a range of contemporary and competing agendas. In order to help equip novice Nursing students with the confidence, insight and skills to help them make sense of the multitude of roles demanded of them, an innovative Year One module has been designed where all four ‘fields’ of nursing come together to explore the art and science of Nursing. Theoretical topics introduced include the origins and history of nursing, with a view to appreciating the development and contribution to society of all fields of nursing; whilst the clinical aspect of the module addresses a range of psycho-motor skills e.g. aseptic technique, there is a change in emphasis in terms of developing the students’ cognitive ability, particularly in terms of the ‘art of noticing’ the patient/client and their environment. However, the key and culminating feature of the Module is the Professional Identity Workshop, where students have to answer the question of ‘What is Nursing?’; addressing it in any format they wish. This workshop produces a wealth of creative material and positive energy on both an individual and group level, helping to galvanise and inspire those directly involved i.e. the students, those facilitating i.e. academic staff and a wide and varied audience. Whilst giving a brief overview of the Module content, this paper mainly focuses on the communal catalytic emotions experienced by those involved, suggesting that the confidence in nursing demonstrated by novice students can be an inspiration to the profession at large.

4.4.3 Developing a pan London practice assessment document for pre-registration nursing programmes

Jane Fish, Education Consultant, Self-employed
Co-presenters: Jody Mitchell, Principal Lecturer – Practice Learning, London South Bank University. Kathy Wilson, Head of Practice Based Learning, Middlesex University. Josee Soobadoo, Nurse Lecturer, King’s College London

Aim
To disseminate with colleagues the challenges and opportunities of developing one practice assessment document for pre-registration nursing programmes across 9 universities in the London Region.

Abstract
In recent years a significant number of Higher Education Institutions (HEI’s) in the United Kingdom (UK) have developed joint Practice Assessment Documentation. Developing a Pan London Practice Assessment Document carries a unique set of challenges not experienced in other regions. Nursing students in the capital must mobilise to a wide and diverse range of practice placements shared across nine HEI’s. Whilst the need for consistency in practice assessment documentation across the nine universities that are commissioned in the London region is recognised, the fact that these HEI’s are at various stages of
4.4.4 Empowerment and PPI: partners in practice or professional power disguised?
Dr Stewart Piper, Senior Lecturer, Faculty of Health, Social Care and Education, Anglia Ruskin University, Peterborough

Aim
The aim of this concurrent session is to explore the challenges faced by nurse education in defining, teaching and developing learning strategies on the contested concepts of empowerment, Patient and Public Involvement (PPI) and partnership working to help develop nursing leadership of these contemporary health and social care issues.

Abstract
Education for leadership in nursing takes many forms but one area in need of further consideration and development in terms of teaching and learning is empowerment in general and Patient and Public (or Service User/User) Involvement (PPI) in particular. These, and related concepts such as patient choice, are now embedded in both the policy and language of health and social care. The emphasis is on active decision making by patients and their representatives and they are the NHS equivalent of the customer focused language of commerce and the consumer culture underpinned by consumer watchdog initiatives such as Patient advice and liaison services. Thus, at first glance the language of empowerment and PPI may seem to signal a shift from top-down, hierarchical and nurse led practice to a more ‘bottom – up’ process driven and inclusive way of working. But achieving this in a centrally and target/contract driven state organisation of multi layered management, professional and business structures is far from straightforward and disguises wider issues of power and control.

The challenge for nurse education is to make sense of these ill-defined and contested concepts that mean different things to different people and this concurrent session will stress the need for nurse education to develop teaching and learning strategies that use terminology to assist nurses both to understand and contribute to the empowerment/PPI debate and develop practice in line with these contemporary health and social care issues. The need to make explicit and integrate the terminology and its meaning into the nursing curriculum and associated teaching and learning strategies will be highlighted together with a clear outline of the aims, methods and outcomes of the empowerment model of health promotion to contextualise the terminology and concomitant practice.

Recommended reading


Biography
Dr Stewart Piper is a Senior Lecturer in the Faculty of Health, Social Care and Education at Anglia Ruskin University where he lectures primarily on health promotion and empowerment and public health. His academic and research interests are the relationship between health promotion theory and both nursing practice and empowerment. He is the author of Health Promotion for Nurses: Theory and practice (2009, Routledge) and has published a number of articles and book chapters and presented at various national and international conferences on these themes. Health promotion in nursing also formed the focus of his PhD studies.

Intended learning outcomes
At the end of this session, participants should have an increased understanding of:

- the contribution that Nurse Educators can make to facilitating teaching and learning on empowerment/PPI and service user engagement.

Recommended reading
Nursing and Midwifery Council (2010) Standards for Pre-Registration Nursing Education London. NMC

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

Intended learning outcomes
At the end of this session, participants should have an increased understanding of:

- Empowerment, Patient and Public Involvement (PPI) and Service User/User involvement (SUI) as contested concepts
- Empowerment, PPI and the nurse-patient relationship
Concurrent session 5
Thursday 27 February 2014

5.1 Student experiences

5.1.1 Learning disability and adult student nurses exchange: sharing our learning

Sarah Khan, Senior Lecturer and Placement Lead
Adapt Nursing, Oxford Brookes University
Co-presenters: Kate Walkey, Practice Education Facilitator, Oxford University Hospitals NHS Trust. Gamu Tendayi, MSc Public Health Lecturer Practitioner
Southern Health NHS Foundation Trust, University of Hertfordshire. Nycky Edleston, Practice Placement Facilitator, Southern Health NHS Foundation Trust

Aim
To share our experiences of an inter-professional and inter-organisational exchange which aimed to enhance students experience in practice of essential care needs.
To disseminate our learning from the process of the pilot
To enable discussion about the student experience and challenges when students have a placement in another field of practice

Abstract
This presentation will demonstrate how in partnership, service and education providers can work together to address national agendas. We will present some of the challenges and highlight the valuable learning that occurred for all those involved in the project.

The projects aim was to provide students with an innovative contemporary placement experience in response to meeting the health needs of people with a learning disability in the community and acute sector. This was driven by the partners’ commitment to improving the experience of people with a learning disability when accessing health services and the meaningful application of the essential care needs for both adult and learning disability student nurses studying with different HEIs. The exchange project aims were:

- For students to have the opportunity to meet NMC essential care need requirements
- Share knowledge and skills across boundaries – students, placement staff and service users
- For students and those working in the placement areas to challenge their perceptions in and of practice
- For students to experience Inter – professional learning and consider the role of professionals in the care and support of people with a learning disability in different environments
- For learning disability nursing students to enhance their key clinical skills
- For students to experience working across professional and organisational boundaries
- Increase student placement capacity – to trial a placement model that may increase student placement capacity and diversity of learning experiences.

Intended learning outcomes
At the end of this session, participants should be able to:

- gain an insight into our approach to meeting the educational needs of students in a field other than their own
- consider the transferability of the project to their own sphere of practice
- recognise the value of inter-organisational working to meet the needs of service users , students and service providers

Recommended reading
Confidential inquiry into Premature Deaths of people with a learning disability Heslop et al 2013 Cipold report
74 deaths and counting Mencap 2012

Biography
Sarah Khan qualified as an RGN in 1988 working at the Royal Free Hospital in London, firstly caring for people with neurosciences disorders and then transferring to care for those with HIV/AIDs. Following this Sarah moved to Oxford developing her skills over a number of years to become Lecturer Practitioner for Neuroscience Intensive Care, Oxford Radcliffe Infirmary NHS Trust whilst in this role she lead and taught neuroscience post qualifying education . Since 2004 Sarah has been Senior Lecturer at Oxford Brookes University, in the subject of Adult Nursing where her main role is as Placement Lead for Adult Nursing (Oxford).

Sarah is involved in the teaching across the curriculum for Bachelors and Masters Adult Nursing students. Sarah is module leader for the Adult Nursing Professional Practice Experience modules working in close partnership with local practice partners to ensure high quality placement experiences.

5.1.2 Mental health nursing students’ experience of ‘scenario-in – a day’ as a means of assessment: a collaborative approach to inquiry

Rebecca Rylance, Senior lecturer, Liverpool John Moores University
Co-presenters: Dr John Christopher Harrison, Senior Lecturer in Mental Health Nursing, LJMU. Simon Nielson, Mental Health Student Nurse, LJMU. Sam Stonehouse, Mental Health Student Nurse, LJMU. Alan Thompson, Mental Health Student Nurse, LJMU

Aim
To present a qualitative study (which was undertaken by both academic staff and student nurses) which examined the experience of ‘scenario-in-a-day’ as a means of assessment amongst mental health nursing students

Abstract
The Standards for Pre-registration Nurse Education (NMC, 2010) outlines the framework that all pre-registration nursing programmes must work within in terms of teaching, learning and assessment of nursing students. The BSc (Hons) with Registered Nurse Status (Mental Health) programme at Liverpool John Moores University commenced in September 2011. In order to promote diversity of assessment (QAA, 2006) a scenario based assessment entitled ‘Scenario in a Day’ was developed.

Scenario in a day is a clinically constructed summative assessment, based on a fictitious street whose residents’ present with a range of field-specific biopsychosocial conditions. The students are assessed in groups on a specific scenario, in line with the ‘Competencies for entry to the register’ (NMC, 2010) testing:

1. the use of an evidence base
2. professional values
3. communication & team-working
4. nursing practice
5. sciences underpinning nursing.

Our study examined the experiences of mental health student nurses in relation to ‘Scenario in Day’ and how it compared to other assessment methods. We utilised a collaborative approach to inquiry in that we invited a selection of student nurses to facilitate the research project under the guidance and supervision of the academic staff. The objective was two-fold; initially to examine the experiences of a mental health cohort who had been assessed during ‘scenario in a day’ on
six occasions and secondly to give a group of
students the opportunity to complete a piece of
field research.
In order to generate the data, focus groups
were facilitated by the student nurse ‘research-
ers’ whilst academic staff made concurrent field
notes. The narratives were digitally recorded and
later transcribed verbatim. A descriptive thematic
analysis was adopted using Colaizzi’s Analytical
Framework (Colaizzi, 1978)
Key themes were subsequently developed around
(i) assessment anxiety, (ii) student engagement
and (iii) clinical relevance.

**Intended learning outcomes**
At the end of this session, participants should be
able to:

- examine the experiences of a group of mental
  health nurse students in relation to scenario
  based assessment
- inform and enlighten educators of nursing
- report on the students’ experience of collaborat-
ing as a researcher.

**Recommended reading**
NMC Standard for pre-registration nursing
education (NMC, 2010)
Quality Assurance Agency for Higher Education
(2006). Code of practice for the assurance of
academic quality and standards in higher
education. Section 6: Assessment of Students.
Mansfield: QAA
Walvoord, B.E. (2010) Assessment clear and
simple. A practical guide for institutions, depart-

**Biography**
Rebecca trained as a registered Mental Health
Nurse from 1987-1990. She spent the majority of
her clinical practice in the acute mental health
setting, including Her Majesty’s Prisons. She
joined 5 Boroughs Partnership Foundation Trust in
2004 to take up a training post in the Education
setting, including Her Majesty’s Prisons. She
subsequently joined the lecturing team at LJMU on
a full-time basis as a senior lecturer. Rebecca
subsequently joined
the lecturing team at LJMU on a full-time basis
as a senior lecturer. Rebecca subsequently joined

**Supporting “whistleblowing” students**
**Aim**
To share the lived experience of a student who
raised concerns about abusive care in practice, and
to share best practice when supporting students in
this situation.

**Abstract**
The preparation of students for practice is an
essential component of the university’s responsi-
ability in ensuring students are equipped to learn
in practice placements. A key element of this is
generating an understanding of compassionate
care. However, despite preparation about the 6 C’s
(DH 2012) and “whistleblowing” we do not know
whether students can discern unacceptable care
and will subsequently report it.
A group of students showed courage to raise
concerns and determination they were doing the
right thing through an investigation and court
case. This presentation explains how students
on an elderly care ward in an acute hospital
trust reported abusive care of vulnerable elderly
patients. Their whistleblowing led to prosecution
of the perpetrators, three health care assistants.
A student who recently registered and is now a
staff nurse will tell the story of being a key witness,
and the impact of this experience. The author will
share the support given to the students and the
partnership working with the practice placement
organisation to safeguard the students during
the process. The impact of whistleblowing on a
student’s learning and practice placements and
the need to make sure they did not become victims
will also be considered.
An essential part of the university’s role was
to support and protect students at each stage.
Involvement in this case has led the university
to identify best practice when students raise
concerns. It is anticipated that an understanding
of the student experience and best practice will
benefit other organisations in supporting students
and staff who raise concerns.

**Intended learning outcomes**
At the end of this session, participants should be
able to:

- share the lived experience of a student who
  raised concerns about poor care
- appraise best practice in supporting students
  who have witnessed abusive care

**Recommended reading**
Department of Health (2012) Compassion in
practice Nursing, Midwifery and Care Staff Our
Vision and Strategy http://www.england.nhs.uk/
wp-content/uploads/2012/12/compassion-in-
practice.pdf
At the end of this session, participants should be aware of and prepared for, the potential disruption of teaching, the accessibility of education and much discussion and debate about methods of teaching, the accessibility of education and the emerging possibility of gaining a world class education for free. Nurse education needs to be aware of and prepared for, the potential disruption to the current educational status quo. Nurses need to think about the effect of MOOCs on the way they choose and access continuing professional development. This emerging method of educational delivery could increase the scope of educational opportunities available to practising nurses in the future leading to greater choice and educational autonomy on an international scale.

There is a need to explore the potential impact of MOOCs on the delivery of nursing education. In education generally the proportion of online delivery compared to traditional delivery is increasing. It is the same for nurse education and the speed of technological advancement is likely to provide even more opportunities for non-traditional educational delivery.

The world of education is constantly evolving and MOOCs may be an increasing part of that change. Nurse educators should consider what this new development may bring. Larger classes accessed by a more diverse group of students; both within the profession and as a preparation for joining the profession will be possible. Online interaction on a large scale, international basis could lead to greater understanding, cooperation and sharing of experience.

There are several unique groups of students within nursing that may benefit from MOOCs. These include potential nurses, existing nurses with continuing professional development needs, care assistants and overseas nurses coming to the UK to work. This presentation will explain MOOCs, their relevance to nursing and their potential application to nurse education.

Intended learning outcomes
At the end of this session, participants should be able to:

• understand what MOOCs are and how they have developed

5.2.2 Preparing globally aware health practitioners of the future
Debra Porteous, Director of Programmes, Northumbria University
Co-presenter: Debra Morgan, Director of International Development & Recruitment, Northumbria University

Aim
This presentation will share Northumbria University’s development of a ‘Global Awareness for Practice Programme’. The presentation will highlight and explore the challenges of implementing within a Pre-Registration Nursing Curriculum and seeks to facilitate achievement of internationalisation and globalisation of curricula. Learning outcomes of the global awareness programme will be discussed and the strategy for achievement of these outcomes which includes consideration of students who are able to study abroad and those for whom this is not possible. The presenters will also share experiences of challenges that may be encountered when seeking to internationalise curricula.

Abstract
The challenges of an increasingly diverse society are evident within healthcare that is delivered. Practitioners must be clinically and culturally competent, to enable delivery of culturally sensitive care. In response to globalisation there is also a growing need to educate undergraduate health students to be socially responsible and to think globally and act locally (Mckimm and McLean 2011). In preparing practitioners for the future they therefore need to be aware of the environmental, cultural, social and political factors that impact on health.

In addition, all health professionals should engage in critical reasoning and ethical conduct and to act as an advocate in accordance with standards identified by professional bodies i.e. Nursing and Midwifery Council (2010), Health Professions Council (2009). While individual professions have distinctive and complementary skills it is imperative that multi-professional teams are effective in patient centred care and can deliver to the local population. Further emphasised within The World Health Organisation’s Framework for Collaborative Practice and Interprofessional Education (WHO 2010) is the need for interprofessional education to also be act as a key tool for the development of a workforce who are clinically and culturally competent.

This presentation will therefore share Northumbria University’s development of a ‘Global Awareness for Practice Programme’. This programme has been embedded within the Tomorrows Workforce Pre-Registration Nursing Curriculum and seeks to facilitate achievement of internationalisation and globalisation of curricula. Learning outcomes of the global awareness programme will be discussed and the strategy for achievement of these outcomes which includes consideration of students who are able to study abroad and those for whom this is not possible. The presenters will also share experiences of challenges that may be encountered when seeking to internationalise curricula.

Intended learning outcomes
At the end of this session, participants should be able to:

• gain an insight into learning outcomes developed for pre-reg nursing programme
• learn strategies for implementation
• raise awareness of how to ensure students think globally in their day to day practices.

Recommended reading

Biography
A highly motivated educationalist who is enthusiastic and creative, with an excellent track record in health professions education and development.
At the centre of curriculum development is the student experience. Areas of particular interest are curricula development, student experience, Children's nursing and the use of simulation as a learning methodology. Family Centered care.

Area of Research:
Currently engaged within the Professional Doctorate (education. Due to complete March 2014 and have researched student's perception of transition within an undergraduate nursing programme. The focus of this research will be the transition into university and their first year experiences of academic and pastoral support.

5.3 Developing excellent professionals

5.3.1

Critical conversations
Trevor Parker, Trust Lead For Education (Pre-registration), Sandwell & West Birmingham Hospitals HNS Trust
Co-presenters: Zoe Smith, Lead Nurse for Education (Pre-Registration), Sandwell & West Birmingham Hospitals HNS Trust. Louise Hunt, Lead Nurse Practice, Faculty of Health Birmingham City

Aim
To describe the process undertaken so far to support mentors when assessing underachieving students and enabling them to feel prepared to initiate difficult conversations.

Abstract
The NMC requires that students are continually assessed in practice. It is therefore necessary to have sufficient skilled, knowledgeable practitioners within placement areas who can take on the role of mentor. The Willis Commission (2012) recommends that practice and academic staff work together to help students relate theory to practice. It also highlights that patient centred care should be the golden thread that runs through all pre-registration nurse education.

Recent research by Hunt (2012) has also demonstrated that mentors are particularly challenged by underperforming students and require additional support in when teaching and assessing such students. Mentors experience a great deal of emotional dissonance and anxiety when underperformance is identified in a practical assessment and hence are reluctant to raise issues with students.

In order for students to be given the optimum conditions to succeed mentors need to be confident in undertaking critical conversations with them as early as possible (Patterson et al 2011).

The aims of this resource are therefore to:
- Enhance mentor role confidence in initiating critical conversations with students at an early stage
- Provide the student with the optimum opportunity to meet the required standard.
- Reduce material error claims by students based on formative interviews being conducted late

This pocket sized resource:
- Reassures and encourages mentors to make early contact with a supportive guide.
- Unpacks early intuitive recognition of incompetence into explicit aspects of under performance
- Provides direction in how to effectively undertake a crucial conversation with an underperforming student
- Encourages raising concerns at an early stage to ensure due process has been followed.

5.2.3

Promoting genomic education in pre-registration nurse & midwifery

Dr Harry Chummun, Senior Lecturer, University of Greenwich

Aim
To share novel approach to support students achieve genomics education and skills for the genetic era

Abstract
Background: All areas of nursing practice have been impacted by recent advances in genetic knowledge and technology. Nurses are increasingly advising patients about hereditary risk for developing disease, counselling about the benefits and risk associated with genetic testing. Nurses are required to understand the assessment, screening and pathophysiology for genetic diseases as well as have assessment and management skills in order to deliver the national genetic/genomic nursing agenda (Kirk 2003).

Method: Eight genetic/genomic learning outcomes were proposed by Glamorgan University, which have been mapped into pre-registration nursing curriculum. Formally taught sessions included: basic genetic/genomic and assessment, pathophysiology and genetic screening of common genetic pathologies, genetic technologies and ethical issues. Each student was required to complete a workbook, which contained a scenario for each competency and 2-3 reflection questions. The student’s work was verified as part of their portfolio submission. Finally, students were invited to attend a one day conference in year 3 where these competencies were further explored by informed speakers.

Result: On completion, students reported being more able to discuss genetic/genomic issues in formal settings due to their enhanced knowledge. Students reported the development of basic skills in genetic history taking, individual differences, responses to treatment and some of the ways in which environmental factors may influence our genes. While many students viewed genetic/genomic education as vital for the future, there was some reluctance to fully engage with clients due to limited understanding of the more complex effects of genetic/genomic on health and wellbeing.

Conclusion: Students evaluated the genetic/genomic content very positively and viewed genetics/genomics knowledge and skills provided therein, as vital for their development, in order to work effectively in the ‘genetic era’. However, the need for continuing education and training was also indicated to support their continuing development in meeting the evolving genetic/genomic demands in the future.

Intended learning outcomes
At the end of this session, participants should be able to:
- develop a genomic education tool for the genetic era
- support students achieve the genomic competencies
- promote genomic education and skills in pre-registration programmes.

Recommended reading

Biography
Dr. N.H.Chummun, FSB, PhD, BSc(Hons), RT & RN qualified as an adult nurse in 1976 and worked as Charge Nurse in various medical wards until 1983. He qualified as a Nurse Tutor in 1984 and worked in the Middle East as a Lecturer Practitioner. He returned to England in 1991 and has since worked as a Senior lecturer at the University of Greenwich. He obtained his Bachelor Degree in Applied Biological Sciences in 1996 and his Philosophy Degree in Stress Physiology in 2000 from University of Greenwich and is a Fellow of the Society of Biology. Since 2001, he has been responsible for the implementation of ‘genetics & genomics’ in the pre-registration programmes for nurses and midwives and in 2010 was appointed as the Lead; Genetics & Genomics Co-ordinator, Pre-registration Programme at University of Greenwich. He has published extensively in national professional journals on anatomy and physiology, alternative therapies research and health-related topics and continues to contribute chapter.
The project presented here facilitates early recognition of students who are struggling to perform at the required level in practice placements. The toolkit enhances mentor competence to make difficult decisions and undertake critical conversations in the process of assessing students in practice.

**Intended learning outcomes**

At the end of this session, participants should be able to:

- explore the link between early identification of underperforming students and mentors role confidence in taking charge of challenging practical assessment situations.

**Recommended reading**


**Biography**

Trevor Parker is a registered Nurse who has a wide range of Clinical and Educational experience and knowledge. For the last 12 years he has worked as a Practice Education Lead within a large Teaching Trust in the West Midlands. He is particularly passionate about ensuring that students are well prepared to become an excellent part of the future workforce. To this end he works with Practice based mentors and assessors to ensure they act as effective role models, enthusiastic teachers and rigorous gatekeepers to the caring professions.

**5.3.2**

**She's a nice nurse, but…..**

*Helen Monks, Senior Nurse Lecturer, Sheffield Hallam University*

**Aim**

To explore and discuss the subjective criteria used by mentors in their assessment of undergraduate nursing students’ competence in practice placement.

**Abstract**

Health care and nurse education are currently in the media, public, government and professional spotlight after the publication of The Commission into the Future of Nursing Education (Willis, 2012) and Report of the Mid Staffordshire Inquiry (Francis, 2013). Issues of poor care and failings to prevent such occurrences bring forth the usual expectations that poor staffing is a contributing factor. Nurse education by association is implied as Francis states managing quality and safety can be achieved by employing staff who are competent. This presentation discusses how mentors define competence and what subjective criteria they use when assessing competence in pre registration student nurses.

A phenomenological approach was used and data collection was achieved via two focus groups. Results were revealed by simple content analysis to identify themes. The notion of competence as defined by this study identified themes as being; the ability to perform safely, having knowledge underpinning practice, confidence and communication skills with a caring approach. Exploration of the phenomenon of subjectivity of assessment revealed themes from the data as; values and attitudes of the student, pro-active learners, and relationships with students, student interactions with staff and patients, student age, student gender, putting patients first. Most of these themes have elements which have previously identified within literature and previous studies. However, some further illumination of issues around student age, gender and putting patients first was revealed. Indications of covert observation used by mentors in their assessments was a revelation. Patient’s responses were also observed and assessed by mentors. This presentation proposes that now is the time to involve patients, families and carers in the formal assessment of students. Subjectivity in assessment is used and should be acknowledged as such – guidance is needed to incorporate this and justify it rather than pretending it does not exist.

**Intended learning outcomes**

At the end of this session, participants should be able to:

- explore Mentors interpretation of the notion of competence
- discuss the use of and what subjective criteria are used by mentor in assessing competence of student nurses.

**Recommended reading**


**Biography**

Helen Monks has been a Lecturer in Children’s Nursing since 1996 and is currently working at Sheffield Hallam University. She has also taught on Mentorship courses for 18 Years and has an interest in assessment in how this is achieved in the practice area. She was able to explore this in more detail via her MSc dissertation. Her belief is that assessment needs to occur in practice and be of equal value to that of academic assessment.

**5.3.3**

**Supporting failing students in practice and moving towards grading in practice**

*Rachel Hadland, Senior Lecturer, University of West England*

**Aim**

The aim of the paper is to capture and reflect on the experiences of Academics in Practice. Considering specifically their experience of supporting failing students in practice, paying particular attention to how the introduction of Grading in Practice might influence and impact on this.

**Abstract**

Currently the debate surrounding academic knowledge verses ‘hands on’ practice continues to rage and with 28 of the Francis recommendations relating to changes in nursing practice, regulation and delivery, it is timely to revisit the role of nurse academic in supporting nursing students in practice. This paper places emphasis on supporting students who are not meeting NMC standards and how this is managed by nurse academics. Current literature focuses on the experiences of mentors working alongside failing students and explores the reasons why mentors may feel reluctant to fail a student nurse (Duffy, 2004; Jervis and Tilki, 2011). However, whilst it remains that students are more likely to be withdrawn from the programme for academic failure than for poor clinical performance, there has been little research relating to the experience of failing students and similarly the experience of nurse academics who are also involved in practice.

A focus group captures the experience of four nurse academics in practice working at a university in the UK and considers; how the role is managed in relation to underperforming students; the challenges faced and the support needed. With a significant theme running throughout nurse education literature around the subjectivity of practice assessment, the introduction of grading in practice is considered with particular attention paid to the motivational impact it may have for weaker students, identifying rising stars and rewarding excellence in practice. Recommendations for future practice include the need for clarity around roles, dedicated time to share best practice and the thorough pilot and evaluation of Grading in Practice.

**Intended learning outcomes**

At the end of this session, participants should be able to:

- analyse the role of nurse academics in supporting underperforming students in practice
- summarise and Reflect on the experience of Academics in Practice, exploring the key themes identified
- consider the implications of moving towards grading in practice.
Recommended reading

Biography
Rachel Hadland is a Senior Lecturer at the University of West England with a recent clinical background in Child and Adolescent Mental Health Nursing. Rachel teaches predominantly on the BSc Hons Pre-registration Mental Health Programme and facilitates a second year practice module. Alongside this Rachel supports students on clinical placements as an Academic in Practice, working closely with colleagues in practice to support the student experience and the development of mentorship. Research interests include; supporting students in clinical practice, dignified mental health nursing and working creatively with young people and their families.
Symposia – Wednesday 26 February 2014

**Challenging and confirming a professional nursing identity: the role of partners and processes**

*Symposium Chair: Dr Roslyn Kane Principal Lecturer, University of Lincoln*

**Aim**

This symposium seeks to promote a positive response to the explicit criticism of the work of nurses and others in reports such as House of Commons (2013) the Health Care Commission (2011) and the Parliamentary and Health Service Ombudsman (2011). In each case, and many more, the practice of nurses has been questioned and comment made relating to the disengagement from professional standards of practice and a lack of attention to the delivery of care which is respectful and promotes dignity in the individual.

**Abstract**

The Chief Nursing Officer [CNO] (2012) has responded in the presentation of the 6 C’s (Compassion; Caring; Courage; Communication; Commitment and Competence) as an articulation of the core values and practice of Nurses. This focus on the core elements of nursing are seen as a rebasing of nursing practice around the delivery of compassionate person centred care.

The presenters in this symposium propose that welcome though the 6 C’s are, they do not venture far enough into the daily practice and experience of nurses. It is proposed to examine aspects of ‘nursing identity’ as a route to understanding not only healthcare delivery failure at the large scale (such as in Mid Staffordshire and other examples) but also in the routine practice.

Each element of these five presentations seeks to gain a deeper understanding of the role of professional identity and professional/personal values as a guide to delivery of the nursing role (Jenkins 2008). We propose, through a number of education and research initiatives to explore the potential for partnerships and process to help nurses both challenge and confirm their sense of identity and guide their practice.

**Intended learning outcomes**

At the end of this session, participants should be able to:

- understand the wider context of values based nursing practice to enable the promotion of a positive response to the explicit criticism of the work of nurses and others in reports such as House of Commons (2013) the Health Care Commission (2011) and the Parliamentary and Health Service Ombudsman (2011)
- examine aspects of ‘nursing identity’ as a route to understanding not only healthcare delivery failure at the large scale (such as in Mid Staffordshire and other examples) but also in the routine practice
- gain a deeper understanding of the role of professional identity and personal values as a guide to delivery of the nursing role.

**Recommended reading**


**Biography**

Ros Kane is a Principal Lecturer in College of Social Science at the University of Lincoln. She is a member of both the Community and Health Research Unit (CaHRU) and Mental Health Research Education & Development Group (MHRED). With a background in nursing, Ros later graduated from University College London (UCL) with a BSc (Hons) in Anthropology and Geography and from The London School of Hygiene and Tropical Medicine (LSHTM) with an MSc in Medical Demography. Ros worked for ten years in the Centre for Sexual and Reproductive Health Research at LSHTM where she completed her PhD in 2005. She has a strong interest in nurse education, quality improvement as well as service and policy evaluation.

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**Paper 1**

**Rethinking clinical supervision, promoting normative standards and the identity of nurses**

*Ian McGonagle, Principal Lecturer, University of Lincoln*

**Co-presenter: Dr Paul Linsley, Principal Lecturer, University of Lincoln*

**Aim**

This paper aims to outline a new initiative being piloted at the University of Lincoln with a group of mental health student nurses. Details of a new approach to clinical supervision will be presented along with a report on the experiences of the students taking part.

**Abstract**

This session presents feedback on a new approach to clinical supervision currently being implemented with a cohort of student nurses from the University of Lincoln. Although a long-standing practice, the methods of delivery of clinical supervision are in constant need of review and update, to ensure students are adequately supported to cope with the ever changing practice climate within the NHS. We adapted a previous programme of supervision which sought to give primacy to the ‘normative’ element within the popular model proposed by Bridget Proctor (Proctor 2002). The evidence surrounding socialisation of the nursing identity has been explored (Mooney 2007) and indicates a change from the nursing identity of the student to the identity of the qualified nurse. This change is associated with a loss of idealism and a gaining of pragmatism.

There is research evidence that indeed nurses can believe in one thing (their value statements) yet behave in a very different way (Maio et al 2001). We argue that there is a need to further explore this anomaly with an in-depth examination of the issues around a nursing identity to gain a more thorough understanding of the relationship between what nurses believe and what nurses actually do. This lack of consistency between firmly held beliefs/values and individual behaviour in clinical practice prompted an examination of beliefs and values amongst a current cohort of student nurses.

Locating practice in an articulation of the relationship between values and behaviours and seeking ‘normative evidence’ of such practice forms the basis of the supervisory programme. Our supervision project seeks to challenge this identity shift from idealism to pragmatism and we argue that far from being inevitable it can be monitored and understood with an exploration of how nursing
values and standards of behaviour can be brought into closer alignment.

The paper will report back on the new model of supervision and will include reports on the direct experiences of the students nurses involved. The potential to implement the methods of clinical supervision in other settings will also be discussed.

Intended learning outcomes
At the end of this session, participants should be able to:

- gain an understanding of a new approach to clinical supervision being piloted with student nurses at the University of Lincoln
- gain an appreciation of the experiences of a cohort of students to whom the pilot is being delivered
- discuss the relative merit of this new approach to clinical supervision and the possibilities of generalising it to other areas.

Recommended reading


Biography
Ian qualified as a Mental Health Nurse in 1986 and concentrated most of his clinical career in services for people with long term mental health problems. During a secondment to the NHS Trent Regional office in Sheffield he completed two large research projects on advanced mental health nursing practice and also project work on the education needs of prison health care nurses. On return to NHS he moved position of senior manager in a mental health trust with a responsibility for the organisation and approach of IMHA services. He currently works as a Principal Lecturer at the University of Lincoln.

Paper 2
Ain’t I a peer?
Karen Machin, Peer trainer, Institute of Mental Health
Co-presenter: Marissa Lambert, Peer Support Training Lead, Institute of Mental Health

Aim
To consider the impact of the introduction of peer support working on existing members of staff who have their own lived experience

Abstract
The introduction of peer support workers in mental health is recommended in the drive to recovery-focussed organisational change (Repper, 2013). Following training in recovery language, problem solving techniques and active listening, people with their own personal experience of distress are employed in specific roles to provide mutual and intentional support for their peers. Additional roles, including peer advocates, peer researchers and peer coaches, offer development opportunities and a range of career avenues.

This new way of working offers positive impacts as well as challenges for services, service users and peer support workers (Repper, 2013; Bradstreet & Pratt, 2010). There is some concern from service users about the potential professionalisation of peer support and the meaning for more informal approaches (Faulkner & Kalathil, 2012).

In this session, we consider the challenges for a specific group of staff who are not mentioned in the literature: existing staff who have their own personal experience of mental health issues.

Survivors of mental health services have battled to get their personal narratives heard. Peer working challenges this epistemic injustice by valuing lived experience. But this then raises the question of what this might mean for those professionals who have lived experience, echoing the challenge, often asked by peers themselves of their own identity, ‘what is a peer?’. 

Intended learning outcomes
At the end of this session, participants should be able to:

- be aware of the additional training and support needs for staff with their own personal experience of mental health issues.

Recommended reading

Faulkner, A., & Kalathil, J., 2012, ‘The freedom to be, the chance to dream: preserving user-led peer support in mental health’, together

Repper, J., June 2013, ‘Peer support workers: theory and practice’, Centre for Mental Health and Mental Health Network, NHS Confederation

Biography
Karen Machin works with the Institute of Mental Health in the development and delivery of training for peer workers.

Paper 3
The contribution of advocacy to democratising relationships with mental health nurses
Dr Karen Newbigging, Senior Lecturer in Health Care Policy and Management, Health Services Management Centre, University of Birmingham
Co-presenter: Julie Ridley, Senior Lecturer (UCLAN)
Co-authors: Dr Ros Kane, Principal Lecturer, University of Lincoln Karen Machin, Institute of Mental Health. Michael Mckeown PhD, BA(Noms) RGN, RMN, Principal Lecturer, School of Health, University of Central Lancashire.

Aim
Aim: To present the findings from the first large scale study of Independent Mental Health Advocacy (IMHA) services in England, through the lens of nursing identity and relationships with detained patients.

Abstract
Advocacy serves to promote the voice of service users, represent their interests and enable participation in decision-making. This session explores the findings from the first large scale study of Independent Mental Health Advocacy (IMHA) services in England, through the lens of nursing identity and relationships with detained patients. A two stage design was used to define quality IMHA services and investigate experiences and impact of IMHA services in eight sites. The sample of 289 participants included people qualifying to use IMHA services, IMHAs, mental health professionals, mainly nurses, and commissioners. The researchers included people with experience of compulsion.

Our results showed that advocacy can lead to a different kind of conversation between mental health professionals and service users who are compulsorily detained, and therefore influence the care and treatment that they receive. Whether or not this is realised reflects the professionals’ understanding of and disposition towards advocacy in relation to their role. Factors identified that influence this were:

- training of MH professionals regarding IMHA and role
- organisational culture and service policies
- inter-relationships between nursing staff and psychiatrists
- wider measures to promote service user empowerment and communication
- understanding of diversity and equality, particularly in relation to BME specific issues
- the organisation and approach of IMHA services.
We concluded that the IMHA role was highly valued by service users and advocacy can contribute to democratising the social relations of care. However, the realisation of its transformative potential depends upon professional willingness to relate constructively to the challenges posed. A typology will be presented to enable mental health nurses to critically reflect on their own practice and the organisational context within which they work.

**Intended learning outcomes**

At the end of this session, participants should be able to:

- gain some knowledge and understanding of the background and methods of the first large scale study of Independent Mental Health Advocacy (IMHA) services in England.
- gain an understanding of how advocacy can lead to a different kind of conversation between mental health professionals and service users who are compulsorily detained, and therefore influence the care and treatment that they receive
- gain an understanding of how service user involvement and advocacy can contribute to democratising the social relations of care.

**Recommended reading**


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**Promoting the implementation of research into clinical practice: reporting on a new initiative to develop and support the clinical academic**

Iain McGonagle, Principal Lecturer, University of Lincoln

Co-presenters: Emma Grant, Year 3 student nurse, University of Lincoln. Lisa Gray, Year 3 student nurse, University of Lincoln.

Co-authors: Dr Mick McKeown, Principal Lecturer, University of Lincoln. Dr Christine Jackson, Principal Research Fellow, University of Lincoln. Dr Paul Linsley, Principal Lecturer, University of Lincoln

**Aim**

The aim of this presentation is to describe a new initiative to support clinicians into a clinical academic career. The historical context will briefly be outlined, followed by a description of a current programme, commissioned by NHS Midlands and East and implemented by the University of Lincoln. The experiences of a cohort of clinical academic interns will be presented.

**Abstract**

The East Midlands Education and Training Board (LETB) have employed the University of Lincoln to develop a unique programme to support research skills in clinical practitioners.

The programme is a partial response to the changing and evolving emphasis in the NHS which requires a clinical workforce comprising of innovative change agents, informed entrepreneurs, skilled in communication, creative, engaging and influential clinical leaders.

The funded education development programme is based on a response to ‘Developing the role of the Clinical Academic Researcher in the Nursing, Midwifery and Allied Health Professions’ (Department of Health 2012).

This programme seeks to embed research skills in practice through high level relationship building between ‘interns’ (clinical practitioners) NHS management and experts in research (both academic and clinical).

A new cohort of clinicians embarked on this programme in September 2013. This cohort will receive an accelerated research skills training programme via liaison with expert mentors. The focus of this mentor relationship will be to help the interns develop their research questions and identify an appropriate methodology relating to what they wish to study.

They will receive access to an agreed clinical research placement opportunity as part of this early career researcher initiative. The focus of this placement will be to enable interns to liaise with a research active clinical expert who can help them understand how their research data can be collected. They will have access to a range of research active clinicians, managers and academics who will act as supervisors and supporters. They will develop of a bespoke ‘talent map’ to identify the key clinical research strengths and areas for improvement for each of the intern cohort. They have access to a wide network of academic mentors, drawn from core professions and matched to the requirements of the interns.

This presentation reports on the experiences of the interns undertaking the programme and specifically explores their values, motivations and leadership attributes and their ambitions to transfer their learning back into clinical practice on completion.

**Intended learning outcomes**

At the end of this session, participants should be able to:

- understand the historical development and current context of the role of the clinical academic
- gain an understanding of the nature and content of a new internship programme for clinical academics
- learn from the experiences of a current cohort of interns, with specific reference to their motivations, values and leadership attributes and ambitions for the transfer of learning on completion of the programme.

**Recommended reading**


Jackson, Christine and Butterworth, Tony (2007) Every-one’s business, no-one’s responsibility; reporting clinical academic research activity by nurses in the United Kingdom. Journal of Research in Nursing, 12 (3). pp. 213-223. ISSN 1744-9871
Paper 5

Critically engaged scholarship and practice: a mad positive reframing of nursing identity
Dr Mick McKeown, Principal Lecture, University of Central Lancashire
Co-author: Dr Ros Kane, Principal Lecturer, University of Central Lancashire

Aim
The paper will explore nursing identity in relation to critical thinking and activism for a progressive politics of mental health.

Abstract
This session presents arguments for a more critically engaged nursing identity that embraces and develops a radical politics of mental health and seeks alliances between practitioners, scholars, workforce representative organisations and survivor and service user social movements (McKeown et al. 2013). This call for a novel praxis is grounded in progressive theorising about mental health emanating from scholars and activists and broader study of mental health movements and other activism. Key strands of this thinking have emerged in the UK (Sedgwick 1982, Creswell & Spandler 2009) and most recently and significantly from within Canadian critical disability studies, coining a new set of social justice objectives framed in terms of ‘mad studies’ (Le Francois et al. 2013). Colleagues from Ryerson University, Toronto, offer at least two ways in which supporters of such social change might self-identify: as mad-identified users, refusers or survivors of mental health services or as mad positive allies.

Arguably, the current crisis of care and compassion is matched by legitimacy crises amongst workforce trade unions, the survivor movement itself, the psychiatric episteme and the practice of the psy-professions, and across wider participatory democracy. Modern health care services can be seen to exist in a confusing and destabilising state of ‘liquid modernity’ (Randall & McKeown 2013) and various forms of mental health care, in particular, seem to have the potential to alienate practitioners and service users in equal measure (McKeown et al. 2010). The presentation will make a case that this state of affairs can be remedied by nurses adopting a critically engaged, mad positive, identity and working to establish constructive and cooperative alliances with organised survivor groupings towards establishing a more progressive politics of mental health. Appropriately adapted forms of deliberative democracy and social space will be suggested as one set of means for realising these goals (McKeown et al. 2013, Spandler 2009).

Intended learning outcomes
At the end of this session, participants should be able to:
• gain understanding of key issues in critical mad studies
• appreciate the value of alliance formation between workforce and survivor organisations
• think critically about the implications for nursing identity

Recommended reading

Biography
Mick is Principal Lecturer in mental health nursing research, School of Health, University of Central Lancashire. He helped to set up and evaluate Comensus, the community engagement and service user involvement initiative in the Faculty of Health. He has published widely, including scholarly papers on different aspects of secure care, mental health nursing, service user and carer involvement and advocacy. Mick supported a service user writing collective to produce the text: McKeown, M., Malihi-Shoja, L. & Downe, S. supporting The Comensus Writing Collective (2010) Service user and carer involvement in education for health and social care. Wiley – Blackwell, Oxford. Mick is a unison activist and sits on their national nursing sector committee. Recent and current research projects have focused upon service user involvement in secure settings, recovery practices in secure care, and innovatory services for relatives of people detained in secure settings in Scotland.
Overview

The School of Nursing at Ulster has a strong tradition of national and international leadership in the field of person-centred practice. The Institute of Nursing and Health Research at Ulster incorporates the Person-centred Practice Research Centre directed by Professor Brendan McCormack. Against this backdrop, the School has been developing a programme of work with a focus on person-centredness in nursing education. This work has been underpinned by the Person-centred Nursing Framework (McCormack and McCance, 2010). A person-centred approach to nursing focuses on creating a culture of compassionate care, whereby the individual’s personal needs, wants, desires and goals are central to the care and nursing process. It is our contention that in order to achieve maximum effect in practice, person-centredness should be embedded within and across all programmes of education for health care professionals.

The Symposium

This symposium will bring together research being undertaken at the University of Ulster into person-centredness in the curriculum. An approach to the ‘living curriculum,’ has been adopted that focuses not just on the development of a programme of learning for students but pays attention to the culture of the learning environment for supporting learning. To this end the symposium presents different elements of the work that has focused on developing a culture of person-centredness in the school of nursing and the curriculum generally. The papers in the symposium reflect this integrated approach through the following foci:

An exploration of the Person-centred Nursing Framework and its basis as a theoretical framework for nursing education (Presentation 1)

A review of the extent to which person-centredness is manifest in nursing curricula (Presentation 2)

An exploration of the experiences of developing a person-centred nursing curriculum and consideration of how these can shape educational approaches, teaching strategies and the school culture (Presentation 3)

Consideration of innovative approaches to the facilitation of person-centredness in practice learning (Presentation 4)

Paper 1

The relevance of the person-centred nursing framework to nursing education

Professor Tanya McCance, Mona Grey Professor of Nursing Research and Development, University of Ulster

Abstract

Whilst there is increased understanding of person-centredness and other related concepts that underpin nursing, how they are operationalised in practice needs to be understood if improvements in care are to be realised. The Person-Centred Nursing Framework is a tool to facilitate nurses to explore the concept of person-centredness and provides a lens that enables the operationalisation of person-centred care in practice.

The Person-Centred Nursing Framework was developed for use in the intervention stage of a large quasi-experimental study. This study focused on measuring the effectiveness of the implementation of person-centred nursing in a tertiary hospital setting (McCormack & McCance, 2006; McCormack et al, 2008). In summary, the Framework comprises four constructs: prerequisites, which focus on the attributes of the nurses; the care environment, which focuses on the context in which care is delivered; person-centred processes, which focus on delivering care through a range of activities; and outcomes, described as the results of effective person-centred nursing. The relationship between the constructs suggests that in order to deliver positive outcomes for patients and staff, account must be taken of the prerequisites and the care environment, which are necessary for providing effective care through person-centred processes.

The development of the Person-Centred Nursing Framework is rooted in practice and continues to be tested on an international stage with a wide range of professional groups from different settings. This activity has taken many forms and includes use of the framework: to facilitate reflection; as a framework for analysis of data; to guide developments in practice; and to gain feedback on the user experience.

This symposium will draw on a further programme of work that is using the Person-Centred Nursing Framework in a range of different ways, to illustrate the utility and flexibility of the Framework in nursing education.

Paper 2

Person-centredness in nursing curricula – implications of a meta-synthesis

Deirdre McNamee, Associate Head of Nursing, Senior Lecturer, University of Ulster

Abstract

Background: Person-centred practice is the hallmark of effective health care. Failures in health care often indicate that people have not been valued as individuals. Those who influence or are directly involved in nursing education and practice recognise that reform is required to enable the future nursing workforce to be effectively prepared to promote person-centred practice.

Design: The purpose of this review was to determine the extent to which person-centredness is manifest in the literature pertaining to nursing curricula. A meta-synthesis was carried out. This involved the integrative secondary analysis and synthesis of findings from a range of existing qualitative studies. Noblit and Hare’s approach to meta-synthesis informed the conduct of the review (Noblit and Hare, 1988).

Data sources: Qualitative research studies published in English over the last decade were eligible for inclusion. A range of databases were searched including CINAHL, British Nursing Index, Medline, Embase, British Education Index, Web of Science and ASSIA.

Review method: Seventy-six papers generated from the database searches were subjected to two levels of screening. A team of six expert panelists reviewed the final sample of thirty papers and compiled individual, electronic notes using a data extraction grid template. Following the individual iterative review process the entire review team met to share their annotated interpretations and to synthesise the findings using creative expression.

Findings: Despite the fact that there was considerable discussion about the merits of person-centred practice there was no evidence of the systematic use of a person-centred approach in nursing curricula. Four key themes/metaphors emerged from the meta-synthesis. The themes were:• Moving beyond mediocrity
• Me, myself and I
• The curricular suitcase
• Learning elevators.
• Implications for curriculum design, delivery and research were identified.
Paper 3

Constructing a Person-Centred Nursing Curriculum
Mary Lindsay, Academic Lead Pre-registration Nursing, University of Ulster

Abstract
This paper sets out the process involved in constructing a new, innovative and challenging BSc Hons Nursing for Adult and Mental Health programmes at the University of Ulster. The programmes are designed to develop graduate nurses who have the knowledge, skills, attitudes and values to deliver professional, competent, safe and effective care that is person-centred in design, delivery and outcome. The curriculum that emerged meets the Nursing and Midwifery Council standards for pre-registration nursing (NMC, 2010) and enables students to evaluate characteristics of the care environment while developing the pre-requisites and processes for person-centred nursing.

While there was many aspects and challenges experienced throughout the process of creating the curriculum, this presentation focuses on how the School of Nursing constructed a person-centred curriculum based upon the Person-centred Nursing Framework (McCormack and McCance 2010). It outlines the two phased process that serves to form the macro and micro structures of the curriculum. A collaborative theming approach was utilised to construct individual module content that incorporated person-centred processes that map in their totality across the required learning domains.

The design of the resulting curriculum was enhanced by the rich data obtained through partnership with stakeholders, service users, students and academic staff, throughout the curriculum development process. Interconnectivity between research education and innovative practice has served to construct a nursing curriculum that ultimately has the potential for improved patient experience.

Paper 4

Translating person-centredness into practice learning
Seana Duggan, Academic Lead Practice Learning, University of Ulster

Abstract
Background: Internationally, practice learning is a key component of undergraduate nursing education programmes. In order to achieve cohesion between theory and practice it is imperative that the theoretical underpinnings of the programme are consistently translated across learning and assessment experiences including those within practice settings. Portfolios are often used to facilitate learning in practice. In developing a portfolio, evidence needs to be applied to both the construction of the portfolio and the educational ethos of both academic and practice partners for student learning to be supported and enhanced.

Aim: The aim of this study was to develop a student-centred portfolio to support learning and development in practice learning settings within the context of person-centred care.

Methodology: The development of a portfolio for practice learning requires reflection on the successes of portfolios used to date, acknowledgment of contemporary evidence within this field, and a participatory approach with stakeholders to develop and validate a new portfolio. In light of this an action research approach was adopted to take account of experience as a basis of knowing which can legitimately influence personal and professional development. Three action research cycles were completed with a range of stakeholders including students, mentors in practice and nursing lecturers to determine their experiences of developing and reviewing a portfolio to promote person-centred practice.

Findings from action cycles
The removal of academically written learning outcomes and a move to using categorised practice outcomes enabled students to frame the learning experience.

Students reported that the self-determining nature of the portfolio facilitated a more dynamic, creative and accountable approach to learning. Students commented this was in keeping with adult learning and developing lifelong learning skills.

Students commended the integration of service user/carers feedback as a meaningful way to provide evidence of their effectiveness in practice.
Symposia
Thursday 27 February 2014

5.4 Working in partnership

Paper 1

Developing therapeutic care in education
Joanne Kerr, Lecturer, University of Manchester

Aim
To explore the notion of authentic education and its potential impact on student outcomes.

Abstract
The importance of the student experience has received well deserved attention in nurse education (West, S. 2007), Royal College of Nursing (2006). The student journey can inform practice as well as educationalists. Working together with the student as a partner in promoting the advancement of nursing as a profession is a priority for developing excellent professionals.

It is well documented that working in partnership with patients enhances patient experience as well as patient outcomes (ref). This paper will argue and demonstrate that similarly, working in partnership with students has similar benefits. The partnership, intimacy and reciprocity (identified originally by Muetzel (1988) as the underpinnings of therapeutic nursing) can be channelled into nurse education to support students in developing a caring and compassionate approach to nursing. Indeed Muetzel argues that unless prepared personally and professionally, the nurse is unable to partake in a therapeutic relationship.

This, it is argued in this presentation supports the student to develop confidence, both practically and academically.

Nursing is about helping, enabling and journeying with patients and their families. Nurse education, in whatever format is about helping, enabling and journeying with students. It can also be said that by teaching and encouraging student nurses to explore their potential gives them the opportunity to explore, understand and experience authentic care in nursing.

It can also be said that authentic education is about valuing students as people and equally valuing their potential and helping them explore appropriate opportunities to share their good practice.

There is much to be gained for every partner in valuing student's work. It not only develops their confidence to share their learning and experience but contributes to the body of knowledge ultimately improving patient and client care. This paper will evaluate the benefits to be gained from using the skills of nursing within education.

The papers within this symposium give hope for the future in nurturing intelligent and compassionate nursing.

Intended learning outcomes
At the end of this session, participants should be able to:

• explore the advantages of working with students as partners in practice and education
• evaluate how developing a therapeutic relationship with students enhances the care for patients and their families
• explore how the valuable experience of students presenting at a conference can inform professional practice.

Recommended reading
Royal College of Nursing (2006). Helping students get the best from their practice placements: A Royal College of Nursing toolkit. London: RCN.

Biography
Joanne Kerr’s background is in public health and primary care. Her interest has always been in the education of students and the development of their potential. She is at present a nurse educator and a Lecturer in Adult and Child Health at the University of Manchester. Joanne has recently been elected to the RCN Council and am Chair of the North West Regional Board.

She is fortunate to come into contact with many students and colleagues in working with a variety of professionals across many different arenas. Joanne believes that student nurses are our future. With good education and support, they will ultimately shape healthcare.

Paper 2

Temperature assessment as a therapeutic nursing intervention
Natalie Porter, Student Nurse, University of Manchester
Co-presenter: Joanne Kerr, Lecturer, Adult and Child Health, University of Manchester

Aim
To highlight the impact that nurses have on patient's whilst carrying out nursing interventions, in this case an assessment of temperature.

Abstract
This presentation highlights the importance of therapeutic relationships on both patients and the nurses caring for them. Through the use of partnership, intimacy and reciprocity, the three key aspects of therapeutic relationships, the likelihood that patients will recover as a result of the work done by nurse’s increases (McMahon 1998).

The influence of therapeutic practice is addressed throughout this presentation with relation to carrying out an assessment of temperature. Evidence supporting the use of therapeutic relationships has lead to the development of patient focused rounding, something that is now implemented in our hospitals. Furthermore, the six C’s campaign highlights that healthcare is changing into a shared partnership between professionals and patients, once again supporting therapeutic practice (DH 2012). However, there is currently little research into the benefits of the therapeutic relationship and nursing interventions such as temperature assessment.

This presentation addresses this gap in research and through partnership, intimacy and reciprocity concludes that all contact with patients can be influential in establishing a relationship resulting in improved health outcomes for patients. As well as improved patient satisfaction due to therapeutic relationships allowing the patient to feel empowered by taking on shared responsibility for their care and assisting in decision making (Locke et al 2011).

Intended learning outcomes
At the end of this session, participants should be able to:

• inform others of the importance of all nurse-patient contact
• highlight how the simplest of nursing task can benefit the patient in more ways that the intended task outcome
• show that a shared partnership between nurses and their patients leads to the best outcomes for patients health.
The evidence behind the application of emollients in the treatment of eczema
Francesca Messenger-Joanes, Student Nurse, University of Manchester
Co-presenter: Joanne Kerr, Lecturer, Adult and Child Health, University of Manchester

Aim
The aim of this presentation is to explore the evidence behind the way in which we apply emollients to children's skin affected by eczema and also to look at the therapeutic relationship that can be formed between a nurse and their patient while carrying out this intervention.

Abstract
As part our second year, we were required to develop a presentation which explored how a nurse-patient relationship can enhance the patient experience whilst undergoing an intervention. The concept of the therapeutic relationship is particularly relevant to nursing today when there is a greater call for a higher standard of care. This presentation looks at the evidence behind the application of emollients in the treatment of eczema in children. It begins by exploring the intervention itself and looking at how it helps patients and how is relevant to nursing practice today. It then discusses the evidence we have about applying emollients to children using specific methods to reduce further irritation and infection such as the use of a spatula instead of bare hands, and applying the cream in downward facing strokes instead of massaging it into the skin. Following that, the presentation looks at what a therapeutic relationship is, and its importance in nursing today. It explores the background to the therapeutic relationship, and how it has been developed further in recent times, with a particular focus on the 6 Cs of Nursing. The presentation finishes by showcasing how a therapeutic relationship can be developed through carrying out the intervention; it also explores the benefits of establishing this relationship both for the patient, family and the nurse.

Intended learning outcomes
• To learn how a therapeutic relationship can be applied to an intervention and understand how it can have a positive impact on the patient experience and the success of the intervention.

My Learning Outcomes
• To obtain the valuable experience of presenting at a conference, learning how conferences work and enhancing my third year learning experience.
• To gain experience of public speaking, in a professional environment.
• To be able to take the opportunity to learn from other presentations given and the learning experience of attending this conference.

Recommended reading


Biography
Francesca is a third year student nurse on the Child Branch Programme at the University of Manchester. She has enjoyed her education so far and wants to enhance her knowledge and skills and develop her confidence, both practically and academically. She wants to contribute to the body of knowledge and ultimately improve her care to both patients and their families.
for capillary blood sampling and venepuncture in children and young people. London, RCN

Biography
Sarah Penn is a third year children's nursing student on the BNurs degree programme at the University of Manchester. She has come to nursing slightly later in life after first working as a reporter for local radio in Cumbria. She was runner-up in the Cavell Nursing Trust Community Award in 2013 and used her prize to travel to a Special Care Baby Unit in Mbeya, Tanzania for an elective placement. She has recently had an article on childhood obesity accepted for publication in Nursing Children and Young People.
Aim
The aim of this programme is:
• To support newly registered nurses, midwives and allied health professionals.
• To nurture newly registered staff.
• To provide on-going professional development.
• To promote staff satisfaction and retention.

Abstract
This poster will outline the Best Start bespoke multi-professional Preceptorship programme developed to support newly registered practitioners, delivered at The Royal Wolverhampton NHS Trust.

Newly registered professionals are invited to attend the taught Preceptorship study days delivered over a 12 month period. The days are organised and hosted by the Preceptorship team within the Nurse Education department. Multi-professional colleagues are invited to contribute and there is opportunity to catch up with peers, meet new people, and network across sites (since the transfer of Community services). Content reflects the CQC Essential standards, Principles of Nursing Practice, 6 Cs, Francis recommendations, and local/national Initiatives. Sessions have been developed to include practical elements: quizzes, games and simulation. As Preceptors progress, there are sessions on Service improvement and Strength Deployment Inventory (SDI).

The programme supports staff development during their role transition, towards achievement of the Agenda for Change KSF Band 5 subset outlines, where practitioners are working towards the same 6 core dimensions. A Portfolio and profession specific competency booklet is provided, which when completed, can be used for the end of year Appraisal. There is a dedicated Intranet site for accessing resources and focused activities, and communicating key messages.

Many new nurses struggle with drug calculations and/or knowledge initially, so the Team will work clinically to support knowledge and skills acquisition. If individuals struggle with a particular aspect of their role, they can contact the Team directly, or their Preceptor/line manager can make a referral.

Best start was established four years ago and has continued to develop: Paperwork has been condensed; the Intranet site will soon be accessible off-site; Cohorts will be increased to reduce class sizes and promote effective teaching and learning, and the Team is currently looking to expand, in order to increase clinical presence.

Intended learning outcomes
At the end of this session, participants should be able to:
• understand the concept of Preceptorship and key components of the programme delivered at The Royal Wolverhampton NHS Trust
• have an increased awareness of the support and development needs of newly registered practitioners
• recognise interventions that facilitate the Preceptee’s role transition.

Recommended reading

Biography
Julia trained as an Adult nurse in Dudley in the early 90s, through the United Midlands College for Nursing and Midwifery at Wolverhampton. On qualifying, her first post as a Nurse was at Leicester Royal Infirmary, working in Plastic surgery, ENT and maxillofacial surgery. She then worked at City Hospital, Birmingham on a female surgery, gynaecology and urology ward, before moving to specialise in Critical Care at Russells Hall Hospital in Dudley.

Julia believes in life-long learning and has a passion for education. She joined the Nurse Education team at The Royal Wolverhampton NHS Trust in 2009.
**Intended learning outcomes**

At the end of this session, participants should be able to:

- recognise the extended role of the Health Care assistants
- be aware of how extended educational /development opportunities can improve patient care and experience
- identify and effective strategy to bridge the gap of Insulin therapies within care homes.

**Recommended reading**

- National service framework for Older People (DOH 2001)
- Good Clinical Practice Guidelines for care home residents in diabetes (Diabetes UK 2010)
- Commission of social care inspection (2006)

**Biography**

Vicki qualified as a district nurse in 1982, she completed her education certificated in 1984 and has mentored students through their specialist practice qualifications. She developed an Interest in Diabetes management and has been proactive in improving the health of patients with Diabetes in the community, developing a workforce to meet the needs of the community has always been at the forefront of her practice delivering sessions on diabetes management to health care assistants has improved patient experience, health and well being.

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**Poster 3**

**Using social networking in student nurse recruitment**

*Kate Devis, Senior Lecturer, Canterbury Christ Church University*

**Aim**

To share an Adult Nursing Department's experience of using Facebook for recruitment purposes.

**Abstract**

Social Networking has been advocated as a way in which health care professionals can network and share good practice, all be in with provisos in relation to confidentiality and professionalism (NMC 2013). The use of Social Networking as a possible tool for recruitment and support of student nurses is a different dimension to the instant communication approach, but one which has been piloted with the most recent cohort to begin at Canterbury Christ Church University (CCCU). Focus group work with beginning student nurses at CCCU indicated they felt there was a long gap between being offered a place and actually starting the programme. Facebook was proposed as a way in which we could communicate with and support students during this time, as previous input had focused on written information disseminated prior to the start date.

Cognisant of the Universities Social Media Policy, a dedicated Facebook site was developed in May 2013 for candidates who had been offered a place for September. Html messages were sent to this group of candidates inviting them to like the Facebook page, and regular posts were made on the Facebook page until the students began the programme.

Informal feedback from tutors for the September 2013 student intake indicated that students enjoyed using the Adult Nursing Facebook page. Students were invited to complete an online evaluation of the Facebook page. The results indicated most respondents had visited the site at least weekly and were positive about the information communicated, for example one student wrote ‘I thought it was a good way to keep in touch with CCCU’.

A considerable amount of time was needed to develop and manage the Facebook site, however the outcomes of keeping students engaged prior to starting the programme and helping them to prepare for being a full time Adult Nursing student were significant.

**Intended learning outcomes**

At the end of this session, participants should be able to:

- appreciate the benefits and challenges of using a Facebook site in student nurse recruitment.

**Recommended reading**

Care and compassion: embedding key skills within practice based assessment for student nurses

Annabel Coulson, Practice Learning Lead, University Hospitals of Leicester
Co-presenter: Sue Lawrence, Practice Learning Lead, University Hospitals of Leicester

**Aim**
The aim of this paper is to demonstrate how effective assessment of care and compassion can be embedded with the practice assessment for student nurses, ensuring that sufficient evidence exists that they are safe, effective and caring practitioners.

**Abstract**
Following reports such as Willis (2012) and Francis (2013) it is increasingly evident that there needs to be effective assessment processes, not only for all key skills but to enable mentors to clearly identify students who are unable to demonstrate the qualities of care and compassion which are required for healthcare professionals. Recommendations have been made to ensure that individuals with the right qualities are enrolled onto nursing programmes; however there is little guidance following commencement as to how students are then assessed for their ability to demonstrate care and compassion. Locally mentors identified concerns that although students met their clinical outcomes they felt that they did not always display some of the qualities they would hope for in a compassionate nurse but they felt there was little opportunity to assess something that was very subjective.

Through workshops with mentors several “qualities” have been identified that would be expected of a compassionate and caring nurse, enabling mentors to clearly define their individual expectations. These are now embedded within all practice assessments for students who began their programme from September 2012 onwards, mentors are able to assess students, devise action plans and there is guidance as to how students may fail from a professional conduct perspective if they do not progress against these action plans.

It is felt that Mentors now have the tools with which to begin to make an informed assessment and are able to guide students effectively as to how improvements need to be made. Anecdotal feedback would suggest that this has been effective however a more formal evaluation of the tool will be carried out in the next twelve months.

**Intended learning outcomes**
At the end of this session, participants should be able to:
- develop an understanding of the importance of effective assessment of students’ nurses with regard to care and compassion
- have an understanding of how a local project has supported mentors to make evidence based decisions
- gain an insight into the difficulties that can be experienced through subjective assessment.

**Recommended reading**
Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Chaired by Robert Francis QC London 2013
“Quality with Compassion: the future of nurse education.” Report of the Willis Commission on Nursing Education 2012 RCN
Care and Respect Every Time NMC 2009

**Biography**
Annabel has been a Practice Learning Lead within the University Hospitals of Leicester NHS Trust for the past ten years, developing key relationships throughout the Trust, including nurses and Allied Health Professionals. Annabel is part of a team that have been key to the development of innovative ways of working to support students within the practice setting, including the development of roles and strategies for all practice related to support the programme.

Annabel led the Practice Learning Subgroup for De Montfort University's 2012 all degree nursing curriculum which was instrumental in the development of practice based assessment for student nurses

**Poster 5**

Promoting student engagement with quality initiatives

Sue Williams, Lecturer, Cardiff University

**Aim**
To reflect on a unique and innovative way to get students involved with quality improvement initiatives

**Abstract**
1000 Lives Plus is the Welsh national improvement programme supporting organisations and individuals to deliver the highest quality and safest healthcare for the people of Wales.

All members of the health care team are encouraged to support the 1000 Lives Plus programme and in 2011 nursing students at Cardiff University were enrolled on the Institute for Healthcare Improvement programme to complete the on-line patient safety and quality improvement modules. After completing the on-line modules students were encouraged to consider opportunities for quality improvements.

This paper reflects on a project that involving students taking an active role in quality improvement.

**The project:** A small group of 3rd year students were encouraged to identify an area of clinical practice that would benefit from a quality improvement. Once identified the students were encouraged and supported to adhere to the IHI/ saving 1k lives+ principles and follow a PDSA cycle. Following two half day workshops, students developed an audit tool which they then utilised in their respective clinical areas.

**The process:** After undertaking relevant research students formulated an audit tool for fluid balance chart compliance. The group met with key members of the IHI /1k Lives Wales to discuss their plans and gain support for their pilot audit.

Students were required to approach clinical managers (with support of the university) with a request to undertake an audit during their management clinical placement.

**Student gains:** Practical experience of devising and utilising an audit tool
- Better understanding of quality improvement
- Increased confidence and ability to make small changes
- Excellent skills for newly qualified staff – a bonus for prospective employers
- Integration of theory to practice
- Communicating, collaborating and negotiating with senior managers
- Writing up audit results and making recommendations
- Presenting skills – the group presented at a UHB Nursing
Intended learning outcomes
At the end of this session, participants should be able to:

• prepare students to meet the challenges of quality improvements
• utilise the students skills of research and problem solving
• explore an innovate way of integrating theory to practice.

Recommended reading
William A. Sollecito (2012) Implementing Continuous Quality Improvement in Health Care. Published by Jones and Bartlett Learning. ISBN 9780763795368

Biography
Sue Williams has been a lecturer in Adult Nursing at Cardiff University since 2002.

Prior to this appointment Sue's clinical background included such roles as Senior Nurse for Neurosciences and Practice Development Nurse. Sue also undertook the Successful Nurse Leader programme at the Kings Fund in London in 2000. Sue clinical positions involved addressing deficits in practice through quality improvements.

Sue has developed modules for undergraduate and postgraduate courses, as also developed and successful managed a shorted graduate programme.

Sue has published in national and international journals, and has presented at National spinal injuries conferences.
Posters

Poster 1

The role of simulation on clinical reasoning
Naim Abdulmohdi, Senior Lecturer, Anglia Ruskin University

Aim
To review the literature about the effects of simulation on improving nursing students critical thinking and reasoning abilities.

Abstract
Experience and knowledge of acutely ill patients are important factors influencing the nurses’ decision-making process. Clinical reasoning is considered an essential skill in developing nursing practical competency and central to nursing professionals. Highly skilled nurses and doctors and an increased number of nurses can reduce the number of deteriorated patients. Simulation is being widely used as a teaching and learning strategy in nursing and medical education; it has positive effects in improving students’ knowledge acquisition, satisfaction and competency. An integrated literature review was conducted to assess the impact of using simulation in nursing education, on nurses’ reasoning and decision making abilities in treating acutely deteriorated patients. This review revealed that students’ critical thinking abilities positively affected with simulation experience. Reflection is an important factor for developing critical thinking abilities during the simulation experience. Simulation can positively influence students’ confidence and it seems to improve students’ situational awareness but with limited evidence. However, conflicting information was noted regarding fidelity level of the simulation, studies separately focusing on either analytical or non-analytical approach for developing clinical reasoning or using reflection and performance review for developing critical thinking. Few methodological issues with the cited studies like the appropriateness of the measurement tools for critical thinking as high order skills and most of the studies used qualitative methods with limited transferability. Few studies used quantitative methodology but also had issues with small samples to support simulation as evidence base educational strategy in this context. The use of a combination between analytical and non-analytical approaches for clinical reasoning has been supported in different disciplines like medicine as a more effective method to improve students’ reasoning abilities. Also the use of effective debriefing by providing a structural performance feedback has been advocated recently to improve students’ reasoning abilities.

Intended learning outcomes
By engaging with the poster presenter, participants should be able to:
• identify the key aspects that could improve clinical reasoning skills using simulation
• discuss literature strengths and limitations in developing an effective approach for teaching clinical reasoning using simulation.

Recommended reading

Biography
The Author had 13 years of experience working in a variety of critical care settings including: general, cardiac and cardiothoracic critical care as a staff nurse, senior staff nurse and clinical educator. He worked for Papworth Cardiothoracic ICU since 2005 but then joined Anglia Ruskin University and senior lecturer in acute and critical care since 2010. The author still maintaining good clinical exposure during the bank shift at Papworth Intensive Care. Currently the author teaches and lead many modules in the pre/post registration and Master all in acute, cardiac and critical care. Recently appointed as a peer reviewer for the European Journal of Cardiovascular Nursing (EJCN) and doing a PhD study.

Poster 2

Recruitment and retention of band 2 clinical support workers
Jacqui Attrill, Professional development and recruitment nurse, East & North Herts NHS Trust

Abstract
Background: Recruitment and retention of staff is key to any business for building a workforce fit for practice.
Rationale: At East and North Hertfordshire NHS Trust a clear process has been initiated and implemented since 2009 to meet these needs for the recruitment and retention of clinical support workers.

Description: All candidates undertake an English and Mathematical assessment and only following successful achievement in these subjects at Level one are candidates interviewed for a one year fixed term Apprenticeship Level 2 Health and Social Care Clinical support worker Band 2 post.

After an extended Induction programme which incorporates a preparation to practice programme candidates learn and work clinically during this one year period. A development and performance review workbook has been implemented which supports the clinical support worker during this period and addresses the Trust’s core values, 6 C’s in Nursing and specific generic competencies that are required to be achieved within timescales.

On successful completion of the Apprenticeship programme and completion of the development performance review workbook candidates are offered a substantive post and are therefore benchmarking a standard for clinical support workers at East and North Hertfordshire NHS Trust.

Implementation: Cohort recruitment planned a year in advance for clinical support workers.

• Collaborative working with external Apprentice- ship providers, Human Resources and the Local Education and Training Boards for sourcing funding (LETB) was essential.
• East and North Hertfordshire NHS Trust Chief Executive signed Skills Pledge.
• Development Performance review workbook implemented and supported by Director of Nursing.
• Engagement with Nursing Service managers, Matrons and Ward Sisters.
• Apprenticeship workshops planned against Induction dates.
• Supported by Professional Development Recruitment Nurse.

Evaluation: This initiative has been embedded within the Organisation and meets the National minimum training standards for Healthcare support workers and Adult Social Care Workers in England as detailed in the document produced by Skills for Health (2013). This recruitment process provides our Organisa- tion with Governance assurance that Clinical Support Workers that we employ into substant- tive posts have the required standard of skills and knowledge to undertake the job role.

• 95% retention of Apprentice clinical support workers into substantive posts.
• Development performance review book identity areas of attainment and areas for improve- ment in practice for the candidate.
allowed the time to learn and develop skills and
clinical areas to ensure effective learning environ- 
quality care. The necessary resources to enable 
learning to develop a workforce skilled to deliver 
care organisations ensure a culture of lifelong 
(Francis, 2012, Willis, 2011). It is critical that health 
learner experience and the quality of patient care 
Recent high profile clinical and education reviews 
Abstract
Aim
Chesterfield Royal Hospital NHS Foundation Trust
Additional author: Merryn Barton, Matron, 
Chesterfield Royal Hospital NHS 
environment: piloting a new role 
Enhancing the clinical learning 

Poster 3
Enhancing the clinical learning environment: piloting a new role

Elaine Beddingham, Learning Environment Matron, Chesterfield Royal Hospital NHS Foundation Trust
Additional author: Merryn Barton, Matron, Chesterfield Royal Hospital NHS Foundation Trust

Aim
Development and piloting of a new role to enhance 
a quality clinical learning environment in support of 
safe and effective patient care

Abstract
Recent high profile clinical and education reviews 
have recognised the link between the quality of 
the learner experience and the quality of patient care 
(Francis, 2012, Willis, 2011). It is critical that health 
care organisations ensure a culture of lifelong 
learning to develop a workforce skilled to deliver 
quality care. The necessary resources to enable 
clinical areas to ensure effective learning environ-
ments must be made available and staff must be 
allowed the time to learn and develop skills and 
apply them in practice.
In 2012 as part of a project to develop and support 
the enhancement of clinical learning environment,
Recommended reading


Biography

Following completion of her nursing qualification, Julie worked in neonatal intensive care in London and Australia, and undertook a BSc (hons) in health promotion. For the past ten years Julie has worked in the PICU at Royal Brompton Hospital, also working for two years as a retrieval nurse with the Children’s Acute Transport Team (CATS) at Great Ormond Street Children’s Hospital. Julie is currently a PICU practice educator, has graduated as an instructor from the Harvard University simulation instructor course and is currently in her final year of an MA in clinical education at Kings College London.

Poster 5

Intentional rounding: patients at the centre of care
Emer Corbett, Quality Improvement Facilitator, East & North Herts NHS Trust

Abstract

In light of national events (Mid Staffs NHS Foundation Trust Public Inquiry) and the Prime Ministers announcement on improving the quality of care on acute wards, East and North Hertfordshire NHS trust recognised the continued need to have well documented, patient centred, quality care. Intentional Rounding as a tool was identified as having the principles necessary to support nurses in the delivery of essential care, based on the ethos of the ‘6 Cs’, and in support of the national ‘Stop the Pressure’ Campaign.

The challenge was in embedding what was a culture change across a large organisation, with limited resource.

Description: A strategy of investment by an acute trust, incorporating the 6 Cs in a programme of education and training, to embed Intentional Rounding Principles within the organisation.

Based on nationally witnessed evidence: (Visits to Salford Royal Foundation Trust, Luton and Dunstable Foundation Trust)


and Royal College of Nursing (2012) Ward rounds in medicine: principles for best practice (PDF 1.77MB). London, Royal College of General Practitioners, a project plan was developed with a Quality Improvement Facilitator (Band 7) leading the implementation.

• Implementation supported by the Director of Nursing
• Pilot ward identified
• Documentation developed
• Audit processes agreed and developed
• Educational team roll out strategy implemented:
  • Champions identified
  • Visit for champions facilitated to neighbouring trust where Intentional Rounding was being practiced
  • Education for champions
• Observations of care on pilot ward to identify areas for improvement in structure of ward routine

Outcomes:

• Reduced number of call bells
• Improved patient experience
• Earlier recognition of deteriorating patients
• Earlier identification of pressure damage
• Earlier intervention for pain management
• Less chaotic atmosphere on ward
• Increased presence of nurses at the bedside
• Structured ward routine

Evaluation: Intentional rounding supports patient centred care but needs persistent driving by identified champions to ensure its successful and ongoing implementation on an hour to hour basis. It has been noted that strong nursing leadership at ward level ensures sustainability of the successful use of the tool.

Staff engagement from the onset is vital, changing the mindset of the ‘disbelievers’ can have a positive impact on its implementation.

Conclusion: Large trans organisational change is possible with limited resource, if staff engagement is achieved, and the 6 Cs are used as the underpinning principles to improve essential patient centred care.

Intended learning outcomes

By engaging with the poster presenter, participants should be able to:

• Implement an organisational wide change of nursing practice and culture with minimum resource.

Recommended reading


Biography

Emer Corbett is an RGN who has been employed at E&N Herts NHS Trust since 1994. She is currently employed as a Quality Improvement Facilitator with a focus on embedding intentional rounding into the organisation. Emer has worked in a variety of roles since joining the trust, with her main background as a critical care nurse. Emer is highly motivated and passionate about improving patient care and keeping nursing priorities focused at the bedside.

Poster 6

Excellence in leadership development centre project
Patricia Cotton, Clinical Leadership Facilitator, East and North Herts NHS Trust

Co-authors: Wendy Parry – Associate Director of OD and leadership – East and North Herts NHS Trustforce. Personal Dynamics – Company who supported in the process

Aim

The Strive for Excellence development centre project had 2 main aims:

• to explore the use of a ‘development centres’ as a tool for learning and development of nurse leaders and managers
• to strengthen the leadership capability & confidence of our nurse leaders to deliver fair & consistent people management.

Abstract

Development centres have been used widely outside the NHS with positive outcomes for organisations and staff development. There is limited evidence of there use in senior nurse and midwife development.

The experiential assessment, feedback and development planning that are involved in development centres, we felt, would make it an ideal project to engage and develop our clinicians. This project was part of our Trusts ‘Our Changing Hospital’ strategy to develop our organisation to be ‘Amongst the best’ Trust in the English NHS.

The project took the form of a range of interventions that enabled individuals, and their line managers explore their current leadership and management capability.

Key leadership skills required by our organisation were identified and then using a 4 step process, individuals were then assessed against these
Poster 8
Enhancing the student experience through partnership working within a large university teaching hospital
Lesley Dayton, Senior Lecturer, Anglia Ruskin University Cambridge
Co-presenters: Cate Morgan, Strategic lead for Mentorship, Cambridge University Hospitals NHS Foundation Trust. Rachael May – Senior Nurse

Aim
To promote the importance of dedicated link activities and partnership working between the University and Trust.

Abstract
Despite the introduction of standardised quality frameworks around mentorship by the Nursing and Midwifery Council (NMC 2006; 2008) with a requirement that all mentors have a recognised mentorship qualification (NMC 2006; NMC 2008). The Trusts’ in partnership with the HEIs are still equally responsible to ensure these frameworks are maintained in clinical practice and the student has a good learning experience, with the assessment process adhered to. The importance of partnership working and the role of the link lecturer in practice is paramount to creating a successful supportive learning environment (Price et al 2011; Andrews et al 2006).

The continued reviewing and updating of this role between the Trust and academic staff has successfully increased the support and guidance in practice, therefore enhancing the student/mentor experience. The Trust has a dedicated link team under the direction of an experienced Educationalist (Education Champion) and works in partnership with senior nurses within the Trust. Through student/mentor feedback this partnership approach has proved successful, evaluated well and proved effective in enhancing the student experience within the learning environment.

Support is available for mentors and nursing students with a dedicated team available five days a week and contactable by bleep or phone.

Other initiatives to support practice include the monitoring of the student experience through evaluation promoting the feedback process which students can access. Bi-monthly Practice Education Committee meetings which review evaluations, audits and practice placement feedback. A traffic light system implemented to ensure direct preemptive actions are taken to improve the student experience, and the quality of the learning environment. A focussed project plan to support students in their final 6 months of practice. Moderation of Practice ensuring the assessments process is continually monitored and reviewed. Through evaluation the importance of partnership working has proved paramount to the nursing student experience.

Intended learning outcomes
By engaging with the poster presenter, participants should be able to:

- increase the awareness of the importance of partnership working
- share and inform best practice.

Recommended reading


Biography
The author is currently employed as a Senior lecturer (adult nursing) and has over 20 years’ experience working as a Registered Nurse in a variety areas. In her role as a Senior Lecturer, the importance of ensuring a good learning environment through partnership working is paramount to the student experience. The author is currently undertaking her PhD studies looking at the role of the mentor in practice assessment.

Poster 9
Using social networking in student nurse recruitment
Kate Devis, Senior Lecturer, Canterbury Christ Church University

(For abstract details, see ViPer 3.5 (poster 3) on page 40)

Poster 10
A pilot study to investigate the use of Technology in providing timely and constructive feedback for undergraduate nursing students.
Stephanie Dunleavy, Lecturer in Nursing, University of Ulster
Co-presenters: Seana Duggan, Lecturer in Nursing, University of Ulster. Ursula Chaney, Lecturer, University of Ulster. Oonagh Carson, Lecturer University of Ulster

Aim
The aim of this project was to explore how the feedback process can be enhanced through the use of technology. The objective of this project was to encourage student engagement, through self-assessment of coursework, and interaction with and reflection on the electronic feedback received.

Abstract
Background: Providing timely and meaningful feedback to students on their assessed coursework can be challenging, particularly when students are off campus engaging in practice learning in clinical settings across a geographical spread. Timely and constructive feedback is considered to provide
valuable opportunities for enhanced student engagement and learning. Nicol (2007) This Pilot study used a qualitative approach and focus group discussions as the main tool for data collection. This involved 50 year one students undertaking the BSc (Hons) Nursing programme at the University of Ulster. Students submitted coursework for a specific module via Blackboard Learn, along with a completed self-assessment form of the standard of their coursework using a specially developed online audio-visual Bloom’s Taxonomy tool. This self-assessment strategy was intended to initiate student engagement in the feedback process.

Focus group discussions were used as a method for data collection. Five focus group discussions took place with ten students per group. The participants were asked to explore their view points, influences and overall experiences of the technology as a method of providing timely and effective feedback.

Submitted coursework was marked using the adapted Bloom’s Taxonomy tool and feedback was made available to the students within a three week period. The feedback included up to three action points aimed at helping the student to self-correct and identify goals for future performance. Students were asked to reflect on and document responses to the following prompts – What did the feedback say you did well in your assignment? and Identify one key area for consideration and development – how you will address this? Once students had submitted their response to the feedback received, Blackboard Learn released the coursework mark to the student.

Findings: This pilot is currently in progress and we anticipate that initial findings will be available in March 2014.

Intended learning outcomes

• demonstrate how technology can play an integral part in the provision of timely feedback to undergraduate nursing students
• enhance, support and develop undergraduate nursing student’s learning
• promote lecturer-student engagement to ensure an ‘enriched’ learning environment for the student.

Recommended reading


Biography

Stephanie Dunleavy

Qualifications: RGN, BSc (Hons) Life Science, MBA, PG cert in Nurse Education.

Stephanie has been working as a lecturer in nursing with the University of Ulster, since 2003. She is currently Academic Lead for BSc (Hons) Adult Nursing programme. Her subject specialisms are Critical Care Nursing, Leadership and Management and the Bio Sciences.

Research Interests: Stephanie has undertaken the role of lecturer in the school of Nursing and is researching the use of technology as an aid to learning the Biosciences. Stephanie is a member of the Educational and Professional Issues Research group and is a reviewer for the Journal ‘Intensive and Critical Care Nursing’.

Seana Duggan

Qualifications: RGN, BSc (hons), PG Dip in Nurse Education, MSc in Nursing.

Seana has been working as a lecturer in nursing with the University of Ulster, since October 2005. She is course director and module coordinator for MSc/PG Dip Interdisciplinary Dementia Studies. Seana’s subject specialisms are older people nursing, rehabilitation and dementia care.

Seana carried out research on student nurses’ attitudes on working with the older person as a career option. Seana is a member of the person-centred care research group.

Poster 11

Health care assistants: a fundamental role in delivering high quality nursing care

Julia Enright, Professional Education Nurse, The Royal Wolverhampton NHS Trust

Co-presenter: Leanne Walford, Practice Education Facilitator, The Royal Wolverhampton NHS Trust

Aim

The aim of the Team was to provide education and continuing development opportunities for HealthCare Assistants across the Trust, including Community services:

• To improve standards of patient care
• To promote evidence based practice
• To implement national guidance such as Francis / Cavendish
• To provide on-going personal and professional development
• To support staff and nurture talent
• To promote a sense of inclusion, and to demonstrate the Trust’s commitment to staff development (irrespective of band)
• To support staff satisfaction and retention
• To recognise the contribution and key role HCAs have in the delivery of high quality nursing care, patient experience, and the multi-disciplinary team

Abstract

The role of Health Care Assistants (HCAs) and standards of education for this staff group, have received increasing attention, particularly in light of recent events in the NHS. HCAs represent a large percentage of the NHS workforce, yet there is no nationally consistent training available. HCAs are valued and integral members of the nursing team, and must be supported to develop the knowledge and skills required to deliver competent, compassionate patient centred care.

The growth of the Nurse Education Team at The Royal Wolverhampton NHS Trust has resulted in the creation of a series of educational and continuing development opportunities, to support safe and effective practice of HCAs. The first step was development of a bespoke in-house HCA programme, which is now a robust and comprehensive training programme delivered twice a year, which consistently evaluates well.

Additional activities for HCAs include the implementation of the BEACH programme, Training Needs Analysis, HCA Communication forum, review of the HCA job description, development of generic clinical competencies, tailored E-Learning opportunities, and a pocket Safety manual. Through educational programmes, the Trust has been able to gain greater clarity of the HCA role, which assures Registered staff, and increases their confidence to delegate to HCAs. Wherever possible, training is underpinned with evidence based knowledge, reflecting the CQC Essential standards, the Principles of Nursing Practice, the 6 Cs, and the Francis recommendations, alongside local/national initiatives, e.g. Always and Never events.

Education is an integral part of our organisational structure, and patients have the right to receive high standards of care, no matter who is delivering it. The Nurse Education Team recognise that HCAs have a fundamental role, and the education and continuing development opportunities empowers them with the courage, skills and knowledge to make the difference to the quality of nursing care.

Intended learning outcomes

By engaging with the poster presenter, participants should be able to:

• recognise and appreciate the contribution and role of Health Care Assistants in the delivery of high quality nursing care
• have an increased awareness of the education and continuing development needs of HCAs
• explore continuing / alternative / further education or development opportunities.

Recommended reading


Biography

Julia trained as an Adult nurse in Dudley in the early 90s, through the United Midlands College for Nursing and Midwifery at Wolverhampton. On
qualifying, her first post as a Nurse was at Leicester Royal Infirmary, working in Plastic surgery, ENT and maxillofacial surgery. She then worked at City Hospital, Birmingham on a female surgery, gynaecology and urology ward, before moving to specialise in Critical Care at Russells Hall Hospital in Dudley.

Julia believes in life-long learning and has a passion for education. She joined the Nurse Education team at The Royal Wolverhampton NHS Trust in 2009.

Poster 12

Best start: supporting newly registered practitioners

Julia Enright, Professional Education Nurse, The Royal Wolverhampton NHS Trust
Co-presenter: Angela Carter, Practice Education Facilitator, The Royal Wolverhampton NHS Trust

(For abstract details, see ViPer 3.5 (poster 1) on page 48)

Poster 13

Insulin administration within the community setting by health care assistants

Vicki Gardner, Clinical Practice Teacher, Nurse Education The Royal Wolverhampton NHS Trust

(For abstract details, see ViPer 3.5 (poster 2) on page 48)

Poster 14

Time diary use in researching student nurses

Mark Gillespie, Nurse lecturer – mental health, University of the West of Scotland

Aim

To explore the use of time diary as a method of data collection in the study of student nurses within practice settings

Abstract

The recent publication of the Francis Report (2013) and the subsequent responses from the UK government (Department of Health 2013), the NMC (2013) and the RCN (2013) have raised many important issues around the delivery of nursing care and of the preparation of student nurses for that role. From this raft of publications the media spotlight has settled firmly on the suggestion that the role of unregistered staff group (Cavendish 2013). Before moving to increase the educational interaction between these two staff groups however, it is important to understand the role that nursing assistants currently have in the preparation of student nurses, a subject that is presently considered under-researched (Hasson, McKenna and Keeney 2012), and one in which available research is currently comprised of recall and opinion, and which therefore lacks the rounded perspective that a more objective investigation of this relationship would provide. One method of data collection that could facilitate more structured exploration of such interaction is the time line diary. This method of data collection is often used within patient focused research in the healthcare setting, though far less frequently applied in relation to the study of healthcare professionals (Bedwell, McGowan and Lavender 2012), hence the need to review its applicability in this instance.

Intended learning outcomes

By engaging with the poster presenter, participants should be able to:
- prompt consideration of the role of unregulated staff in the clinical development of student mental health nurses
- create awareness of the time line diary as a data collection method.

Recommended reading


Biography

30 years experience of working as a mental health nurse and lecturer on mental health issues and research interests at present include investigating the role that unregulated staff have on the clinical development of student mental health nurses.

Poster 15

What’s the use of orientation?

Claire Greenwood, Practice Educator, Royal Brompton and Harrowfield trusts
Co-authors: Julie Combes, Practice Educator, Royal Brompton Hospital, Kumi De Costa, Practice Educator, Royal Brompton Hospital. Jen Lawry, Practice Educator, Royal Brompton Hospital

Aim

To discuss the efficacy of a standardised orientation program for new starters into Cardiac PICU

Abstract

Objectives: Within an evolving culture of healthcare, systems must be implemented to facilitate a safety conscious, professionally credible workforce. Objectives were a) achieve the competency compliance targets set by local nursing strategy and The Royal College of Nursing – 75% of ward base nurses should be up-to-date with their relevant band specific competencies 1. B) To compare the use of a standardised structured orientation programme and database to previous years.

Methods: Implemented a structured standardised orientation programme, with objectives and competencies to achieve within a set time, supported by an identified clinical educator. A database was also created to ensure other members of the team had access to staff progress enabling them to be consistent with education input. We compared this to previous years, with no standardised orientation and no one allocated staff member. Previous orientation programmes were developed progressively. 2009-2012 consisted of an orientation book with information and a few competencies but with no set objectives and no time frame. This increased to a competency book with larger components and clear objectives and a supernumery time frame – this still had poor compliance. 2012 introduced a comprehensive printed and bound competency book with clear career pathway objectives and competencies relevant for all levels of professional development.

Results: Between 2009-2012 we had on average 80 people per year start on our unit. We had zero compliance with competencies. Compared with 2013 when we had 34 people started in the one year and the standardised programme was piloted achieving 100% competency compliance. Conclusion: Competencies are becoming the standard for professionals to identify specific knowledge and skills required for progression and to encourage continuing professional development. A structured orientation into a new environment allows early recognition of strengths or gaps in knowledge – to allow those responsible to implement tools/support to ensure safety is achieved.

Intended learning outcomes

- A standardised approach to orientation ensures compliance with competencies.
- A lead nurse for induction and orientation ensures compliance.
- A database available with up to date information on the orientation progress enables smooth transition

Recommended reading


Biography

Claire Greenwood trained in Auckland, New Zealand and spent her first 2 years in Neonatal
Intensive Care Nurse at the Royal Women’s Hospital in Melbourne. She has been working at the Royal Brompton Hospital now for 5 years and took post as a Practice Educator in Jan 2013. During this time she has been allocated lead nurse for new starters, developing a program and database to ensure everyone had the same opportunities.

**Poster 16**

**Using Simulation as a Learning Tool**

*Amanda Jarvis, Practice Educator, University Hospitals Coventry and Warwickshire*

**Aim**

To promote the effectiveness of using a simulated session to inexperienced first year student nurses and to highlight the positive outcomes in allowing student nurses to practice skills then reflect and critically analyse the outcomes and recommendations they made.

**Abstract**

**Background:** The theory to practice gap in nursing continues to be an extensively debated topic. The assumption that what is taught in the classroom environment relates to what the student observes and practices in the healthcare setting is often argued. Current research highlights that students continue to struggle in relating theory into the real world of nursing practice. Nursing lecturers continue to explore methods in teaching where they hope to bridge the theory to practice gap. One teaching method that is growing in popularity is simulation, simulation allows students to practice skills and apply critical thinking in risk free, less threatening environments.

**Method:** Using this rational, a simulation exercise was created allowing students to practice skills then reflect and critically analyse the outcomes and recommendations they made. Students were given the opportunity to anticipate problems and to work collaboratively, encouraging a student centred learning approach.

**Results and conclusion:** During the feedback session the students were challenged on their findings and were asked to provide underpinning rational for their proposed care decisions, reinforcing that care decisions are made on current clinical evidence and research findings. The results dem- onstrate that students not only met the desired outcomes for the session but were able to identify and comprehend the link between research, the taught lesson and its implementation into the practical care setting.

**Intended learning outcomes**

By engaging with the poster presenter, partici- pants should be able to:

- develop their understanding of patient fluid balance
- discuss rational for the decisions made
- recognise the value of effective communication.

**Recommended reading**


**Biography**

Qualified in 2003 BSc in Adult Nursing, commencing a post on a gerontology unit within a large teaching hospital. Gaining the role of Older Peoples Champion and promoting choice, privacy & dignity and advocacy for the older patient. Achieving a mentor qualification and becoming the link nurse for student nurses.

Employed into the post of Discharge Facilitator and successfully promoted this new team out to the wider trust. Gained the position of Practice Educator and achieved a further teaching qualification PGCHEPP. To date this post has been the most rewarding.

**Poster 17**

**Experience of Newly Qualified Nurses**

*Pauline Kingston, Senior Lecturer, Anglia Ruskin University – Cambridge*

**Aim**

To disseminate initial findings from a qualitative study undertaken in the acute hospital setting.

**Abstract**

Initial findings from a recent study suggest overwhelmingly that the majority of new nurses continue to struggle considerably with their first staff nurse post. High technology, rapid turnover of patients, staff shortages and exhausting shift patterns have not been compensated with increased levels of supportive systems.

Common themes are apparent suggesting that Newly Qualified Nurses are too often treated with a lack of respect, regard, or recognition of their newly acquired professional standing which can lead to very early job dissatisfaction. This can ultimately affect not only the length of career of individual nurses but more importantly how they deliver direct patient care (Francis Report 2013).

The NHS Confederation and Chief Nursing Officer’s 3 year strategy directing nurses to address the fundamentals of patient care (the 6 Cs) – that of care, compassion, communication, courage, commitment and competence is admirable. However, set against this is a backdrop of nurse posts being axed despite increasing work-loads. Worryingly, if there is evidence that new nurses are leaving University buoyant, keen and enthusiastic but, within a very short period of time this is squeezed out of them, then we have an alarming situation here in the UK affecting patient care.

**Intended learning outcomes**

By engaging with the poster presenter, partici- pants should be able to:

- have an increased awareness of the challenges for newly qualified Nurses
- recognise the importance of dedicated preceptorship for new nurses.

**Recommended reading**


**Biography**

Currently employed as a Senior lecturer (adult nursing) Pauline has over 35 years experience working as a Registered Nurse. The experience of working in senior nursing roles in the community, major teaching hospitals in London and rural East Anglia has given Pauline a rewarding and varied career. In her role as an educator, helping to prepare the next generation of nurses, the future of nursing holds a great interest. Pauline is presently undertaking PhD studies(part-time) and is researching into the experiences of newly qualified nurses.

**Poster 18**

**Do high fidelity simulation scenarios increase the confidence of newly qualified nurses in PICU?**

*Jenny Lawry, Practice Educator, PICU, Royal Brompton Hospital*

**Co-authors:** Julie Combes, Practice Educator, PICU Royal Brompton Hospital. Claire Greenwood, Practice Educator, PICU, Royal Brompton Hospital.

**Jill McGee, Sister, PICU Royal Brompton Hospital**

**Aim**

To explore the use of simulation in enhancing newly qualified nurses’ confidence in their clinical care.

**Abstract**

**Objectives:** To facilitate recruitment in a cardio-thoracic paediatric intensive care unit, a locally developed education programme was introduced for newly qualified nurses (NQN). The programme incorporated patient simulators providing a opportunity to practice in the absence of the anxiety and pressure of a real clinical experience. Utilisation of simulation can enhance learning by combining new knowledge with the performance components of psychomotor skills and clinical problem solving. Our objective is to assess if using simulation can enhance the NQN’s confidence in managing a cardiac intensive care patient.

**Methods:** Pre-planned 1 hour simulated clinical scenarios with structured learning objectives were conducted using Pediatric HAL® (Gaumard) in a bedside space on PICU. 10 scenarios were completed over a period of one week.

Participants completed an anonymous ques- tionnaire including a graduated visual analogue questionnaire including a graduated visual analogue scale to assess confidence. 25% of the new nurses would have benefitted from further experience. The data for the first 10 scenarios were completed and compared to the second 10 scenarios. The results suggest a positive impact on the confidence of the new nurses.

**Recommended reading**

scale (VAS) evaluating the impact of simulation scenarios on their confidence in delivering nursing care, critical thinking, assessment and clinical skills.

Results: 20% self-reported score was determined to indicate high confidence. 2/4 reported high confidence in nursing management; 3/4 reported high confidence in critical thinking; 2/4 reported high confidence in assessment skills; 1/4 reported high confidence in clinical skills.

Conclusions: Following high fidelity simulation scenarios in a locally developed education programme for newly qualified nurses in PICU, nurses reported a greater impact on confidence related to critical thinking in comparison to nursing management, assessment, and clinical skills. Further research is required to evaluate if this improved confidence leads to evidence of high quality patient care.

Intended learning outcomes
By engaging with the poster presenter, participants should be able to:
• recognise the affect simulation training has on confidence in delivering nursing care, critical thinking, assessment and clinical skills

Recommended reading

Biography
After qualifying with a 2:1 BSc (Hons) degree in childrens nursing Jen Lawty started her career as a staff nurse in paediatric cardiac intensive care at Great Ormond Street Hospital. After working in that unit for two years she became a Childrens Research Nursing within the same hospital as a band 6, gaining experience in clinical drug trials. After one year away from PICU she decided to return to this speciality and moved to the Royal Brompton Hospital, where after two years she became Practice Educator and was instrumental in creating and running a preceptorship programme for newly qualified nurses.

Poster 19
Pathway placements to specialist community teams to enhance the placement experience and increase placement capacity at a time of increasing demand.
Jemma Lockwood, Clinical Placement Facilitator, Leicestershire Partnership NHS Trust
Co-presenter: Anthony Bailey, Practice Learning Manager, Leicestershire Partnership NHS Trust

Aim
To highlight how a programme of rotational pathway placements/experiences to specialist community teams enhances the student experience during their community placement with the District Nursing Teams and helps to increase placement capacity at a time of increasing demand.

Abstract
In response to increasing demand and concurrent capacity restraints on District Nursing Placements for Pre-Registration Student Nurses in Leicestershire Partnership NHS Trust, a programme of rotational pathway placements/experiences to Specialist Community Nursing Teams who do not typically offer full placements to Pre-Registration Nursing Students was developed. Specialist Community Teams included:
• Palliative Care Team;
• Tissue Viability Team;
• Long Term Conditions Team;
• Infection Prevention and Control Team;
• Night Nursing Service;
• Continence Team;
Students spend three-four weeks away from their placements with the District Nursing Teams rotating between a selection of Specialist Teams; spending one to two weeks with each team. The students return to the District Nursing Team for the remainder of their placement and are invited to complete an online evaluation of their experiences which is fed back to the supervisors/co-ordinators within each team in order to develop these placements/experiences for future students.

Benefits of this Programme for student nurses:
Students have the opportunity to work in a number of specialist community teams throughout their training which do not typically offer full placements to student nurses. The skills which students have the opportunity to observe/practice are transferable to numerous roles within both the acute and community sectors once the student has qualified as a registered nurse. Student evaluations of the programme have been very positive with some students stating that they now wish to pursue a career within a specialist field following their qualification as a registered nurse.

Benefits of this Programme for practice areas:
The application of this programme has contributed to the alleviation of ‘capacity pressures’ within the District Nursing Teams due to the increasing demands for placements within their teams, as well as (in some teams) temporarily being able to increase their capacity to accommodate student nurses as their placements would be utilised in conjunction with this programme.

Intended learning outcomes
By engaging with the poster presenter, participants should be able to:
• learn how to utilise clinical areas within their organisation which do not typically offer student placements for the benefit of the students placement experience
• learn innovative and creative ways of increasing practice placement capacity within their organisation at a time of increasing demand.

Biography
Jemma Lockwood studied for a BSc (Hons) degree in Psychology at the University of Wales, Bangor; before undertaking a Graduate Diploma in Learning Disability Nursing at the University of Central England (now Birmingham City University). Following qualification, Jemma worked as a Community Nurse for Adults with Learning Disabilities at Leicestershire Partnership NHS Trust before commencing a secondment to the Practice Learning Team as a Clinical Placement Facilitator in January 2013.

Poster 20
Mentorship: does where you work make a difference?
Brian McGowan, Lecturer, University of Ulster

Aim
The aim of the paper is to discuss the extent to which location influences experiences of mentorship.

Abstract
This exploratory study aimed to determine nurses’ attitudes to mentorship and to see if relationships existed between the area a nurse worked in and their attitudes to mentorship. A survey questionnaire was distributed to forty hospital nurses and qualifi ed nurses undertaking continuing professional development courses. Data was analysed using a range of descriptive and inferential statistical tests in SPSS v.20. The survey found that the area that a nurse worked in did not have a bearing on their attitudes to mentorship. There was no statistically significant relationship found between variables. Respondents indicated that they were confident about mentoring students and felt that their assessments were accurate but were less positive about the difficulty that assessment represented and how well they had been prepared for mentorship.

Mentorship preparation courses should focus upon the extent to which they prepare mentors to carry out assessments in practice and ideas of tailoring courses to suit particular clinical areas is not as important as previously assumed.

Intended learning outcomes
By engaging with the poster presenter, participants should be able to:
• discuss the importance of location on mentorship
• debate threshold concepts in supporting students
• question unchallenged assumptions about mentorship and nursing.
Posters

Recommended reading

Biography
Brian, a lecturer in Nursing at the University of Ulster School of Nursing for twelve years, is currently studying for a Doctorate in Education. Brian worked as a Children's nurse in Intensive Care and Burns and Reconstructive surgery before developing his career in education.

Poster 21
The organisational factors that affect burnout in nurses: a literature review
Dr Bhavesh Patel, Academic Foundation Doctor, West Middlesex University Hospital
Co-author: Chiraush Patel, General Practitioner, Poplar Grove Surgery

Aim
• To improve understanding of the aspects of an organisation that affect burnout in practicing nurses
• To suggest ways for managers and nursing staff to protect nurses from burnout

Abstract
Hospitals in the UK and abroad consistently find themselves faced with a shortage of nurses, with high rates of turnover often cited as the major reason for this. Burnout is a key cause of a nurses decision to leave a hospital and nurses have been consistently shown to be at a higher risk of burnout than their counterparts in other roles within healthcare.

This paper aims to improve understanding on the aspects of an organisation that affect burnout in nurses: a literature review. The students were able to reflect and develop an action plan with their peers. ALS should build trust, aid professional development and facilitate action on issues or problems within a small group setting. Moreover to gain a better understanding of issues from practice in a safe environment.

Conclusions: The ALS enhanced the students learning experience and provided a support network for the student whilst on clinical placement when they can often feel isolated away from the university setting. The students were able to action plan issues during the sessions and then implement and resolve the issues in their practice setting.

Intended learning outcomes
By engaging with the poster presenter, participants should be able to:
• have an awareness of an action learning set
• have an understanding on how Action Learning sets can benefit students on placement.

Recommended reading

Biography
Bhavesh is an academic doctor at West Middlesex University Hospital having graduated from Imperial College and a BSc in Healthcare Management from Imperial College Business School. He developed his interest in research during a three-month cell biology project at Tokyo Medical Dental University. His research interests include healthcare management, having studied the performance of Public and Private hospitals in Lagos. The work was a finalist for the Institute of Global Health Innovations Student Challenges and was presented at the Global Health Conference in Singapore. He furthered his interest in management through a 9-week internship at McKinsey & Company's healthcare practice.

Poster 22
Action learning set for 1st year pre registration nursing students
Heather Christine Price, Practice Educator, University Hospitals Coventry and Warwickshire

Aim
By setting up the Action Learning Set (ALS) during the first clinical placement, the aim was to help the students to develop their communication skills within a small group setting. Moreover to gain a better understanding of issues from practice and be able to reflect and develop an action plan with the aid of their peers. ALS should build trust, aid professional development and facilitate action on problems or issues.

Abstract
Rationale: Following three months theoretical learning in the university setting, the first year pre registration nursing students embark on their first clinical placement. I introduced an action learning set (ALS) as my "new to you" to trial its effectiveness in the practice setting. The literature suggests an ALS can support both professional and personal development, enable action on issues or problems and create an environment for reflective learning.

Methodology: Six first years, first placement adult nursing students were randomly selected from both surgical and medical wards with a variety of previous experience. An ALS was facilitated 3 times within the 8 week clinical placement at regular intervals.

Results: 100% of the students responded and the results were very positive with the ALS being well received and valued by the students. The main findings were that the students felt able to reflect on issues from practice in a safe environment.

Conclusions: The ALS enhanced the students learning experience and provided a support network for the student whilst on clinical placement when they can often feel isolated away from the university setting. The students were able to action plan issues during the sessions and then implement and resolve the issues in their practice setting.

Recommended reading

Biography
Heather, a mentor and assessing in health care, 2nd edn.London: Sage Publication

**Poster 23**

An evaluation of the experience of newly qualified nurses within a preceptorship programme. Does it produce confident competent practitioners?

Siobhan Shuker, Clinical Skills Trainer, Papworth Hospital NHS Foundation Trust

**Aim**

This poster presents an evaluation of a preceptorship programme, at a local NHS Foundation Trust, for newly qualified nurses to determine whether it helps to increase their confidence, competence and ultimately their performance.

**Abstract**

The transition from student to staff nurse and the period post registration, preceptorship, has been well documented. Many publications question the extent to which newly qualified nurses are able to competently practice at the point of registration, implying they lack clinical skills and that their nurse training has ill prepared them for their role. Many authors have indicated that students find this 'stressful and a traumatic process', alluded to as 'the reality shock', with a lack of support in practice to support this transition. The increase in responsibility and accountability, the fear of failure and litigation, a perceived lack of clinical skills, a general lack of confidence and unrealistic expectations of other staff and patients have been reported as the greatest sources of stress. However, the clinical performance of newly qualified nurses remains a subjective matter, full of anecdotal evidence or collective statements of how unprepared they feel for their role. Quantitative data was collected through an online anonymous questionnaire. Analysis was conducted through descriptive statistics and t-tests and Cronbach's alpha coefficient was used to assess reliability of impact and value scales. The findings showed preceptorship was highly valued, contributed to the development of core clinical skills and was essential for development as confident and competent newly qualified nurses. This study demonstrated that a structured preceptorship programme was essential to aid the transition from student to staff nurse.

**Recommended reading**


**Biography**

Siobhan Shuker (BA Hons, MSc Medical & Health Care Education, PG Cert Health & Social Services Management) is a registered nurse employed as a Clinical Skills Trainer at Papworth Hospital NHSFT. Siobhan has worked in various roles within the health services encompassing clinical and non-clinical roles. Part of her current role involves working clinically, with Newly Qualified Nurses, (NQNs) to help them develop key clinical skills; teaching them on a regular basis and providing clinical supervision.

**Poster 24**

Mentorship ……..raising the profile

Lorna Southan, Pre Registration education Manager, The Royal Wolverhampton NHS Trust

Co-author: Kelly Gray, Practice Education Facilitator, The Royal Wolverhampton NHS Trust

**Aim**

To demonstrate a Trusts approach to identifying, supporting, motivating and promoting the contribution of the role of the Mentor in practice to ensure an effective learning experience for students.

**Abstract**

The role of the mentor and the quality of mentorship is key to the learning experience of the student. Mentors assist students to translate theory into practice by passing on their knowledge and skills making what is learnt in the classroom a reality. The Registered Nurse Programme is at degree level with a new curriculum to prepare future nurses for the expectations of the role. Mentors and mentorship standards need to rise to the challenge of ensuring the students are supported, assessed and prepared for the challenge of the NHS Health care system

The Trust implemented strategies to:

- identify staff who demonstrated mentorship qualities, to become mentors. Selection process implemented
- Mentors have ‘Mentor’ on name badge. This will inform students, other staff and patients of individuals role.
- A signed Mentorship agreement for staff reflecting the roles expectation and standards required.
- Manage and monitor attendance on SLAIp course.
- Mentor update to include nursing standards, CQC, NHSLA, RCN Principles of nursing, influences on education in health care, national and local priorities in addition to assessment, action planning and inter assessors validity and reliability.

- Mentors will be promoted as part of – Faculty of Nursing Midwifery and AHP. This will raise the profile of the Academy and integrate the Faculty into day to day practice.
- Two Band 5 Practice support facilitator, 90% operational and visible within practice, will ensure SLAIp standards are met within practice areas and support mentors in practice to ensure assessments are consistent and fair.
- Trust Mentorship portfolio distributed and 15 audited twice a year.
- Reward and Recognition
  - Live mentor Lottery – £5 voucher.
  - Annual Mentor Award Ceremony
  - Mentors on Evaluation feedback from students – £5 voucher and a certificate of achievement for portfolio.
- Annual Education standards Metrics for Wards supporting education in practice.

Implementation of strategies aims to promote effective mentorship and ensure a positive learning environment for all.

**Intended learning outcomes**

By engaging with the poster presenter, participants should be able to:

- identify the importance of ensuring effective mentorship in practice – quality verses quantity
- recognise the importance of motivating mentors in practice to embrace and the expectations of the role
- discuss a variety of strategies to support and promote the mentorship role in practice.

**Recommended reading**

Standards to support learning and Assessment in Practice (NMC 2008)
Willis Report (2012)

**Biography**

Lorna qualified in 1989 as a registered general nurse. Her career path was focussed within surgery. In 1997 she became Ward Manager within a high dependency colorectal ward. As an individual she implemented information packages for students, competency assessment documents for staff and new ways of working – shift patterns. In 2001 Lorna secured a secondment opportunity into a post registration education role. In 2003 she moved into, her present role, pre registration education – focus on capacity and quality management of placement.
Posters

**Poster 25**

From recruitment and attrition to selection and retention: a mental health nursing course journey

Robert Tummey, Senior Lecturer, Coventry University

Aim

A visual depiction of selection and retention on a mental health nursing course.

Abstract

Historically, attrition and retention in nurse education has been the subject of considerable discussion. The national average for attrition stands at 25%, with only 12.8% for more traditional undergraduate courses. These attrition levels are hard to bear in a profession needing continuous replenishment of numbers. Cameron et al (2010) found that four broad themes accounted for factors of relevance, including, Prediction, Programme, Social and Personal.

The Mental Health Nursing course at Coventry University has not escaped the impact of attrition, experiencing rates above the national average. The mental health team therefore made significant attempts to redress what is seen as a priority both locally and nationally. HEIs providing nurse education must respond to the benchmarks identified by the Strategic Health Authorities (SHA): i). Recruitment to target, ii). Retention of cohort numbers, and iii). Completion on time. It was these benchmarks and student nurse attrition research (Pryjmachuk et al 2009, Donaldson et al 2010) that informed the revision of three key areas of concern. These areas helped to move from recruitment and attrition to selection and retention. They include:

a) The selection criteria and process.  
b) Programme engagement and flexibility.  
c) Focus on reducing the impact of student personal isolation.

A range of measures were introduced incrementally across a two-year period. The combination then fully employed in selection for the new all graduate mental health nursing course across September 2011, 2012 to 2013. Several factors have contributed to reduced attrition, but the course team believe the improvements have had a significant impact. These successful strategies will be visually represented in a poster format. A chronological overview of the course will help to demonstrate how and where each strategy is implemented.

**Intended learning outcomes**

By engaging with the poster presenter, participants should be able to:

- understand the research evidence for the subject
- comprehend how common induction programmes for HCAs are constructed
- identify the metrics used in measuring competencies.

**Recommended reading**


**Biography**

Robert has been a senior lecturer in mental health nursing for over ten years. He has worked clinically and academically in both UK and NZ. He has been a clinical specialist in three separate fields of mental health and a Consultant Nurse.

**Poster 26**

HCA – competency achievement?

Rachael Wareing, Head Of Training, Education & Development, InVent Health Ltd

Co-presenter: Tommy Fulcher, HCA (Team Leader) Training, Development and Education, InVent Health Ltd

Co-author: Laura Chandler, Head of Quality, Compliance and Improvement, InVent Health Ltd

Aim

Sharing best practice for training HCAs who, within the private sector, provide individualised care to children with complex needs.

Abstract

The training and development of HCAs within private sector presents a number of challenges, some that will be familiar to those in public funded training, and some that will not. The intention is to deliver an understanding of these intricacies recognising where there is overlap and where the private sector is constrained to greater or lesser values.

Outcome 1 will present a SWOT analysis introducing the audience to where similarities and differences lie. For example, limited access to high quality NHS training for the private sector versus the advantage of having the ability to focus training on specific clinical practices.

Outcome 2 will consider the development and construction of bespoke training programmes, cognisant of legislation, the patient’s and family’s needs and staff welfare, exemplified by increased autonomy and lesser financial constraints.

Finally, outcome 3 will identify the manner in which a private health care provider will use particular metrics to determine competency levels in order to test and adjust its delivery. For instance, through individual observation, the use of technology such as online testing & bespoke training outcomes.

**Recommended reading**


**Biography**

Rachael Wareing is the Head of Training, Education and Development for InVent Health Ltd. Joining the company (that specialises in the Ventilation of Complex Care patients in the community) in 2009 Rachael is a qualified Teacher (PG Cert AP) and holds a current Registered Nurse – Child qualification. Her background is in respiratory care and has been an associate lecturer for the Open University, hence currently undertaking the RCN Learning Representative modules. Her responsibilities are for the on-going training, education, development and competencies of Nurses and HCA within the company and external bespoke programmes of training.

**Poster 27**

How do relevant stakeholders construct and recognise the values and behaviours that they seek in candidates for programmes leading to nurse registration? A review of the literature

Jane Welby, Lecturer, University of Bradford

Aim

To introduce the literature which identifies factors relating to the selection of candidates for programmes leading to nurse registration, placing the study question in context.

Abstract

According to Francis (2013) identifying care and compassion in candidates should be key components of the selection process of candidates for programmes leading to nurse registration. However, care and compassion are not measurable concepts...
and are difficult to describe. This may pose difficulties for candidates and success may be dependent on the attitudes and values of those involved in the selection process. I have become increasingly concerned that candidates may be disadvantaged if they are unable to demonstrate behaviours which reflect the values of the selection panel. The NMC (2011) diversity analysis identifies that men have been consistently under-represented in nursing and these figures have not changed in the last decade. Similarly, black and ethnic minority groups are also significantly under-represented in comparison to their white counterparts despite a more ethnically diverse society. Several theories have been put forward to explain these inequities and the poster aims to explore these and to provide a context for the question posed for a study being undertaken for the award of PhD:

How do relevant stakeholders construct and recognise the values and behaviours that they seek in candidates for programmes leading to nurse registration?

The literature has been reviewed in relation to the historical recordings of nursing underpinned by Christianity, and its subsequent association with caring as a female attribute. The sexual division of labour from a feminist and masculinist perspective is presented and the image of nursing as subordinate to medicine is considered. These are considered in relation to the values that are brought to the selection process by relevant stakeholders and to raise awareness of potential barriers and deterrents to candidates. This poster will introduce the literature and provide a brief methodological outline of the proposed study. Data collection is expected to start in February 2013 following ethical approval.

Intended learning outcomes
By engaging with the poster presenter, participants should be able to:

• consider the values and behaviours which they bring to the selection process and whether they act as enablers or barriers to success for candidates
• consider how they identify required values and behaviours in candidates for programmes leading to nurse registration.

Recommended reading


Biography
The author’s nursing career began in the 1970’s registering as an adult nurse and subsequently went on to become a neonatal nurse holding senior roles in the specialty. This included an appointment as a senior nurse in education at the commencement of the Yorkshire Neonatal Network. Current employment is as a lecturer in nursing (child field) at the University of Bradford. The author is currently undertaking a part time PhD investigating the values of relevant stakeholders in the selection of candidates for programmes leading to nurse registration.

Poster 28
Preceptorship our experience 18 month rotational programme
Nicola Williams, Assistant Matron Nurse education and Training, Southport and Ormskirk NHS Trust
Co-presenter: Angela Kelly, Deputy Director of Nursing, Southport and Ormskirk NHS Trust

Aim
To inform of our experience in developing our 18 month rotational preceptorship programme

Abstract
We have recently re designed developed our preceptorship programme to an 18 month rotational programme for newly qualified, return to nursing or new to the area nursing staff

The programme is a rotational 18 months in which the preceptee experiences Medicine, surgery and a specialty area as a qualified Nurse. The programme is supported by a development booklet which is based around the 6Cs and The Principles of Nursing practice the preceptees are supported in practice by a team including their identified preceptor in each rotation, clinical practice nurses and the Assistant Matron for Nurse education and training

We are currently looking at having the programme endorsed with our HEI partners and the RCN. The programme focuses on our professional mandatory standards and our SCOPE values which have been developed by our own staff in light of national reports such as Francis as a way to inform the public what we as a trust are saying we are doing best this also supports making every contact count and has set the scene for us to develop a similar programme for our Health Care Assistants while we wait for National guidance on regulation etc as suggested in the Cavendish and Keough publications.

Intended learning outcomes
By engaging with the poster presenter, participants should be able to:

• describe current developments in nursing practice
• share information regarding supporting staff in practice developed at local trust level.

Recommended reading
Department of Health (2010) PRECEPTORSHIP FRAMEWORK
Department of Health (2010 – 12) NHS Constitution for England
Department of Health (2012) Compassion in Practice

Poster 29
Promoting student engagement with quality initiatives
Sue Williams, Lecturer, Cardiff University

(For abstract details, see ViPer 3.5 (poster 5) on page 50)

Poster 30
Is your student ready for registration, – a practical guide to sign off mentoring
Heather Wood, Practice Development Facilitator (Education), Guys and St. Thomas NHS Foundation Trust
Co-author: Janet Edwards, Specialist Practice Teacher

Aim
The poster will demonstrate how this new unique practical guide for Sign off Mentors assists mentors in their preparation for their sign off mentor meetings, gives clarity to the process and provides a foundation for decision making.

Abstract
The absence of definitive guidance for the content of weekly sign off meetings (SLAIP NMC 2008) has led to a variation in the standard and content between Sign off Mentors. The new Practical Guide, “Is your Student Ready for Registration” offers a unique opportunity to assist SOM to plan their time, gives clarity to their assessment and provides a foundation from which they can make accountable decisions regarding a student’s proficiency (SLAIP NMC 2008).
The Guide is a set of 12 cards joined with a ring, from which the cards can be detached. Each card has a number and is based on the Nursing and Midwifery Council (NMC) requirements for assessment of Ethical Practice, Care delivery, Care Management and Personal and Professional Development. The generic content meets the needs of all fields of nursing and midwifery and provides consistency of assessment in final placement (Francis 2013).

Each week there is a patient centred activity for the student to prepare (Kings Fund 2012), allowing the SOM to explore different methods of assessing the student and indicates how the student can demonstrate the proficiency, integrating theory and practice.

The card ends with prompts to remind the SOM to gain feedback from the mentor, to highlight to the student any areas for development and to make a plan for the next meeting.

An evaluation of the guide is currently being completed. Informal evaluations show that both SOM and students have welcomed the structure that the Guide gives. The SOM spends less time planning and the students know what to prepare and continuity of assessment during periods of SOM annual leave has been better facilitated. Increasing the SOM confidence in their role has in turn increased their confidence to raise issues of student under performance (Duffy 2003).

This unique innovation could be used throughout the NHS in both the acute and community settings, raising the standard of sign off mentor meetings and ensuring all students are "Ready for Registration".

Intended learning outcomes

By engaging with the poster presenter, participants should be able to:

- critically reflect on the sign off process in their own organisation
- identify how the "Practical Guide for Sign off Mentors" gives structure to the weekly Sign off meetings and provides a foundation on which accountable decisions regarding the proficiency of the student can be made.

Recommended reading


Developing a culture of compassionate care, The Kings Fund

Biographies

Heather Wood works in the Education Team at Guys and St. Thomas NHS Foundation Trust. She has over 30 years experience of working alongside students as a staff nurse and ward manager and is currently responsible for student placements. She has recently completed her PG cert where she developed an interest in the practical needs of sign off mentors. She hopes that the practical guide will develop an interest in the practical needs of sign

Joanne Smith

Joanne qualified as a registered nurse in 1983 and worked as a staff nurse. She became a medical ward sister in the late 1980’s. At this time she completed the DN (Wales) which was an invaluable aid to progression. As a Ward Sister completed the PgCED in 1992 and became a Nurse Teacher in 1993.

As a teacher has enjoyed varied teaching and management roles and currently works as a Principal Lecturer supporting varied curricular supporting students seeking entry to the profession, support workers and post graduate nursing students. She also manages an MSc Education (for Health and Social Care Professionals).

Joanne Smith

Joanne qualified as a registered nurse in 1983 and worked as a staff nurse in varied specialised surgical and medical contexts. She then developed her career as a district and subsequently a lead practice nurse and satisfactorily completed a BSc Specialist Practitioner award in 2003. Joanne became a senior lecturer in primary care in 2005 and manages the Cert HE Award. Her work was recognised by the Centre of Excellence in Learning and Teaching (University of Glamorgan) in 2011 when she was awarded an ‘Excellence in Academic Leadership’ title. She is currently studying for her MSc Education.

Poster 31

Working together: developing excellence in enhancing the role of the nursing healthcare support worker (NHCSW)

Joanne Smith, Senior Lecturer, University of Glamorgan

Co-presenter: Kath Elley, Principal Lecturer, University of Glamorgan

Aim

Demonstrating excellence in enhancing the role of the nursing healthcare support worker (NHCSW) through formal education.

Abstract

This proposal offers a reflective evaluation of the design, development, delivery and impact of the Cert HE in Healthcare Nursing Support Worker Education Award. Initially developed in 2009 and revalidated in 2012 with an opportunity to access the second year of the BN Hons programme (NMC, 2010), this course was the first of its kind in Wales and one that has enjoyed positive feedback and evaluation.

The Vision for the NHS in 2016 (NHS Wales 2011) is a curriculum that promotes personal and professional development. It promotes accountability, professionalism, evidence based practice and the effective and efficient use of resources to improve quality, putting patients at the centre of care delivery.

This course raises the profile of the NHCSW as a significant member of the healthcare team; one who is instrumental in enhancing the patient experience and promoting positive outcomes of care. In meeting the learning needs of the NHCSW to realise the aims of the 'Together for Health' (NHCSW Wales 2011), this course has contributed in significant ways.

In raising the profile of the course we celebrate excellence in collaborative working to promote and enhance the NHCSW role to meet the challenges of new roles and ways of working as service reconfiguration is realised.

We will utilise Beattie’s 4 fold model of the curriculum (1987) to explore the course and its impact on students and nursing practice.

Finally we will offer a retrospective review of the lessons learned and suggest ways forward for future curriculum development.

Intended learning outcomes

By engaging with the poster presenter, participants should be able to:

- reflect on the evaluation of the collaborative processes involved in the design, development and delivery of the programme and its underpinning educational principles and values (using Beattie’s (1987) fourfold model of the curriculum)
- explore the impact on the student, their nursing practice and ultimately the patient experience
- share the lessons learned; efficacy and value in developing the professional working practices of educators and support workers in contemporary higher education and healthcare arenas.

Recommended reading


Biographies

Kath Elley

Qualified as a registered nurse in 1983 and worked as a staff nurse. She became a medical sister in the late 1980’s. At this time she completed the DN (Wales) which was an invaluable aid to progression. As a Ward Sister completed the PgCED in 1992 and became a Nurse Teacher in 1993.

As a teacher has enjoyed varied teaching and management roles and currently works as a Principal Lecturer supporting varied curricular supporting students seeking entry to the profession, support workers and post graduate nursing students. She also manages an MSc Education (for Health and Social Care Professionals).