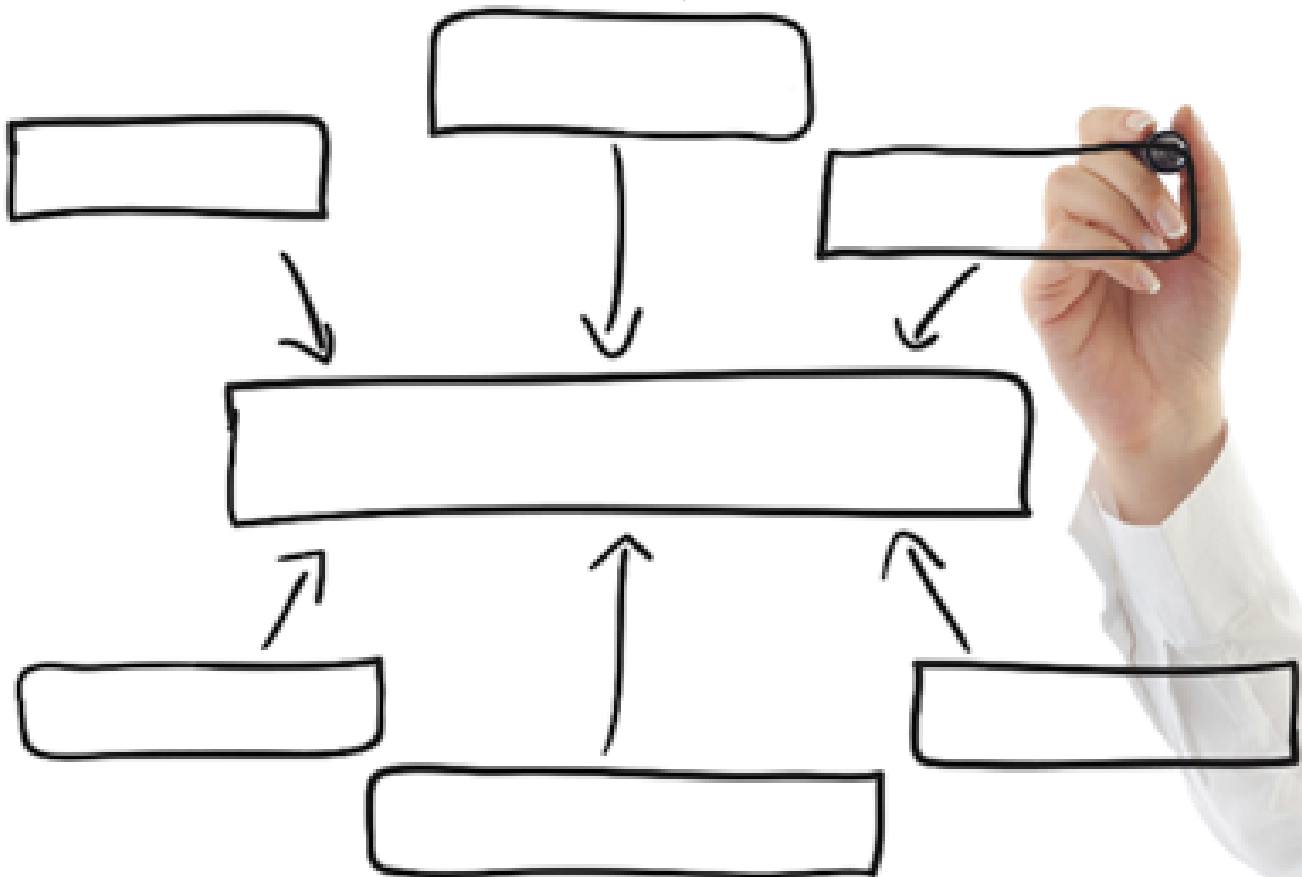


Quality and Contract Performance Management

# Innovation and Best Practice



June 2017

Developing people  
for health and  
healthcare

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## Introduction

We are pleased to present a series of developments in education and training in non-medical programmes commissioned by Health Education England in London and the South East. These examples have been submitted by education providers as part of the Quality and Contract Performance Management process. This is an annual publication which celebrates a sample of best practice that support education providers to deliver education and training to ensure that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

The QCPM process gathers and assesses quantitative and qualitative information from education providers to demonstrate value for money and fitness for purpose. The process sets the 'ambition for quality in education and training in order to drive innovation and quality improvement' (HEE Quality Framework 2016/2017).

Innovation is a key contract performance indicator which gives education providers the opportunity to showcase how they:

- innovate in partnership, with a variety of groups including service partners and service users.
- directly link the work to improvements that align to the HEE Mandate/
- demonstrate how projects have improved the quality of education by measuring expected positive student outcomes.

Read on to find out how best practice examples, including learning through simulation or inter-professional conferences, are contributing to excellent achievements in education and training.

Thank you to all the education providers who shared their success stories on developments across the region.



## Service User Involvement in the Selection of Trainee Child and Adolescent Psychotherapists

### British Psychotherapy Foundation

INDEPENDENT  
PSYCHOANALYTIC  
CHILD & ADOLESCENT  
PSYCHOTHERAPY  
ASSOCIATION

*bpf* BRITISH  
PSYCHOTHERAPY  
FOUNDATION

In February 2016 we introduced a Service User/Parent Expert Panel to our selection process that would further explore the values, principles and behaviours the applicants had that would make them suitable as trainee child and adolescent psychotherapists. We worked collaboratively with a local NHS Trust's user network group and a foster carer to devise an assessment framework that would complement the existing selection process and further enhance our impression of the candidates' 'values', which was used to feed into the selection decision making process.

Due to the nature of the child and adolescent psychotherapy work, we promote the values of compassion, dignity and respect seriously and have defined competencies within the candidate's personal specification, such as capacity for empathy; flexibility and non judgemental way of thinking about themselves and others, particularly in difficult situations; capacity to think about meaning and to always hold the child's or young person's safety, well being and needs as of paramount importance. In previous years these criteria have been assessed by experienced clinicians who work in the field of child psychotherapy; in the more personal "in-depth" discussion with a senior clinical consultant and a communication with the personal analyst of each individual (who have known the candidates for at least a year) and have an in-depth understanding of candidates' emotional availability and maturity for the complex and demanding work with children.

However, this new development (a group based situation judgement test) was introduced to give us a fresh perspective (from service users and parents) and a more comprehensive insight into the capacities demonstrated by the applicants in dealing with the fictional written scenario and the members of the panel (particularly their behaviour, assumptions,

interactions and potential conduct of the trainees whilst on the training which are the guiding principles that set out how we engage with children, young people and the family/social networks).

#### The Process

On the selection day the candidates were convened into 2 groups (they stayed in their group for the separate group task undertaken at a different time) and were asked to read and discuss a case study scenario of a child and his family network in front of the panel.

The panel members scored each applicant individually and then the panel discussed their personal observations and a collective panel judgement was made on each applicant. The chair of the panel (a senior staff member of the IPCAPA training) wrote a collective report on the applicants which was circulated to the members of the panel for final comments. The report was included with all the interview reports from the selection process, alongside the application form and references, enabled the IPCAPA Training Staff Selection Group (TSSG) to discuss each applicant's suitability and readiness for training, based on the person specification.

#### The Future

We have continued this practice for our selection in January 2017 and have found the comments from the panel members to be insightful and valuable to our decision making process.

For more information please contact Laura Paynter on [laurap@bpf-psychotherapy.org.uk](mailto:laurap@bpf-psychotherapy.org.uk)


**University of Brighton**

## Interprofessional Student Conference: Interdisciplinary Practice – Personalised Care and Choice

### University of Brighton

The University of Brighton, College of Life, Health and Physical Sciences together with Social work colleagues held two interprofessional student conferences in March and April 2017. The focus of each conference is to enable students to learn together to work together in integrated teams.

In the final year of pre-registration courses two interprofessional conferences are organised on an annual basis for students from health and social care related courses. The conferences form a key part of interprofessional education activity within the curriculum. They are delivered in collaboration with service users, health and social care practitioners, students and academics. A range of workshops enabled service users, practitioners and students to share their experiences of effective interprofessional team working and its contribution to enhancing personalised care and choice. In addition, students valued the opportunity of attending sessions that facilitated health and social care practitioners' well-being.

Both conferences were open to students from: biomedical sciences; medicine; nursing; occupational therapy; paramedic practice; public health; podiatry; pharmacy; physiotherapy and social work.

Examples of collaborative workshops included:

- Mindfulness and Active wellbeing
- 'Powerful Trainers' Managing risks and leading rewarding lives – the experience of people with learning disabilities
- Patient' perspective, living with chronic obstructive airways disease
- Engage and Create Dementia training: The Pop Up Dementia Experience

- Multidisciplinary Team Discharge Scenarios
- Alcoholics Anonymous
- Multi-Professional Responses to Substance Misuse: A Carer's Perspective

Feedback from students reflects the learning gained:

“ The use of experiential learning

was insightful. Hearing people's stories and journeys was heart-warming and inspiring.”

“ Listening to service users' experiences and understanding the impact of your role and others'.”

“ Powerful trainers were inspirational.”

“ Mindfulness, and hearing stories from real life patients.”

The learning gained enabled students to:

- Interact with colleagues from other professions and service users
- Consider how collaborative practice can enhance the quality of care for service users and their carers
- Enhance professional practice by evaluating their own and/or service user well being

## Primary and Community Care Nursing Route (BSc Hons Nursing)

### Bucks New University



The Primary Care and Community Nursing route is a collaborative project which involves partnership working between four stakeholders. An existing relationship between the Education Provider (EP) and the Trust as a Practice Partner was complemented by the introduction of the Clinical Commissioning Group (CCG) as a new placement provider.

The vision was to produce a Primary and Community Care Nursing (PCCN) route for undergraduate student nurses (adult and child) which broadened the learning experience for students as well as increasing placement capacity and maximising recruitment of newly-qualified nurses into 'out of hospital' posts. Indeed, the General Practice Nurse (GPN) and District Nursing Career Pathway Framework [Health Education England (2015), District Nursing and General Practice Nursing Service, Education and Career Framework, HEE: London]. Crucial to supporting the increased out of hospital agenda is the development of a nursing workforce fit for purpose.

A pathway was developed encompassing a range of placements within primary, community and secondary care designed to strengthen the out of hospital focus whilst still producing an all-rounded practitioner. First year students self-selected to join the PCCN Route (currently 27 in total), whilst second and third years were able to access opportunities opened up by this project (a further 20). Fundamental to the project was placement areas alongside mentor capacity.

The development of community sign-off mentors ran parallel to the process of creating new GPN mentors. A new two-day mentor refresher course was developed and it is now established as an on-going resource for mentors who may no longer be live on the NMC register. Sharing workshops and mentor updates across both primary and community services

resulted in collaborative learning and new professional relationships being formed thereby enabling a greater understanding of patient journeys and of each other's roles.

The PCCN route saw its first students start in August 2015. To date, the project has increased placement capacity in part achieved through expanding an existing hub and spoke system but also by creating 27 mentors within primary care over 30 different practices with more being recruited to the project. Feedback from both students and mentors has been overwhelmingly positive.

The students have benefited from the close one-to-one working relationship with their mentors, learning by example/role modelling. As well as observation of care, they have been able to challenge and question the rationale and evidence-base, developing vital decision-making skills and critical thinking. Real-life patient assessment, care and education formed a major part of the practice experience with students participating in clinics, procedures and health promotion. Supported hands-on learning has seen students increase in confidence as well as learning fundamental nursing skills. One student commented that they had learnt "bed-side manner" in the community. Indeed, many of these "softer" skills, including communication, documentation and team-working, are often discussed amongst students as areas of development they need and value. The breadth of experience is further increased through the use of individual hub-and-spoke timetables being organised for each student.

The PCCN route is underpinned by a robust system of support for both students and mentors. Comprehensive and informative Induction Days are held as well as regular meetings for students to



attend. These encourage reflection as well giving the students the opportunity to hear from a range of experienced clinicians speaking about their specialist area of practice. The meetings are facilitated by an education lead or practice teacher from the Trust or CCG as well as providing the EP Link Lecturer with a forum to liaise with students, check Practice Assessment Documents are up to date, and to explore any problems, concerns or anxieties that may emerge from the learners. The atmosphere is inclusive, nurturing and educational.

A secondary, but essential, benefit was the development of GPNs which furthermore supported the impending arrival of nurse revalidation. Both new mentors and those coming back on the NMC Mentor Register have found that the experience has challenged them but, in many cases, also re-ignited their enthusiasm for their role. They have verbalised their sense of satisfaction with one saying: "I can't explain how happy and pleased I was, because at

that moment I knew it had been a success and I felt valued" (GPN). Comments have been received from Practice Managers in terms of witnessing a change in their nurses' drive and motivation. This renewed vigour is an encouraging indicator of continued success and GPNs themselves can see the benefit of students coming out in Primary Care, viewing them as future colleagues.

The collaborative approach required all involved to put patient care and the healthcare needs of the public to the fore and focus on a shared vision of nursing education to support the wider agenda, through shared use of resources, expertise and clinical experience.

## Effectiveness of the journey from healthcare assistant to assistant practitioner

Canterbury Christ Church University



Dr Claire Thurgate – Director Centre for Work-Based Learning and Continuing Development, Canterbury Christ Church University

With a paradigm shift in the NHS to organisational and workplace learning and the local introduction of the Assistant Practitioner role to support the nursing workforce there was a broad need to understand the context of the lived experiences of those who work and learn. A qualitative study was undertaken to explore the two-year journey from healthcare assistant to assistant practitioner within an acute health care setting.

Hermeneutic phenomenology was chosen as the most appropriate methodology for exploring the lived experience. A purposive sample of eight trainee assistant practitioners, four matrons, seven mentors and the practice development nurse participated in conversational interviews at intermittent points in the journey. A stepped process of analysis of interview text produced three over-arching super-ordinate themes which indicated that the transition to assistant practitioner is non-linear and complex necessitating a change in knowledge and behaviour and the workplace culture must enable learning and role development. Themes were illustrated with excerpts from the participants' experience to collectively produce a description intended to facilitate understanding of my interpretation of data. Findings were illuminated by drawing on existing theoretical knowledge and concepts and imbued by reflections from the researcher's diary to elucidate the research process.

This study has determined many different aspects of the experience of learning in the workplace. This experience has informed an emerging framework of the attributes, enabling factors and expected

consequences for describing an effective journey. It identifies the common characteristics through which an effective journey is evident - the learner engages in mindful transformative learning experiences and manages the transition process through adjusting, adapting and accommodating to the new role, the learner and their mentor use the workplace as the main resource for learning and the workplace culture accommodates and learns from the development and implementation of new roles.

Findings from the study have informed the development and implementation of the nursing associate fast follower test pilot site in East Kent to ensure organisational readiness and learner engagement in the journey.



Emerging framework for describing an effective journey from healthcare assistant to assistant practitioner

**ENABLING FACTORS**

Learner awareness of own role in learning

Learner’s knowledge of self, practical knowledge, skills and attitude

Learner is prepared for transition and new role

Mentor is knowledgeable about learning in the workplace and understands the process of transformational learning in the workplace

Workplace culture supports the development and implementation of new role

**ATTRIBUTES**

Learner engages in mindful transformative learning experience

Learner manages transition process through adjusting, adapting and accommodating to new role

Learner/mentor relationship uses the workplace as the main resource for learning

Workplace accommodates and learns from the development and implementation of new roles

**CONSEQUENCES**

**LEARNER**

Self-sufficient learner who can reflect on learning and change

Self-efficacy and professional identity for new role

**WORKPLACE**

Learner and mentor co-create new knowledge and contribute to deliver safe, effective evidence-based care

**ORGANISATIONS**

Ongoing support for role innovation and career framework for healthcare assistants

## Inspiring learning through simulation

### City University of London



The School of Health Sciences at City, University of London has developed novel teaching methods to inspire and create a culture of learning via simulation. Creating a wealth of student-centred, imaginative, inclusive and interactive teaching practice engages our students to ensure they have the knowledge, skills and attitudes for professional practice. Our provision of simulated practice extends across the School, and is exemplified here through 1) simulation empathy suits, 2) technology and 3) board games in Nursing.

1. With the increasing prevalence of older adults and individuals with morbid obesity, nurses have a key role in providing person-centred care, but many of our students find this challenging within a community healthcare setting. Using a combination of the Technology Enabled Care Studio (TECs), a purpose built learning-hub, with live and recorded video streams, and suits simulating the physical effects of obesity and older age, a realistic simulation was designed to simulate community nurses providing care for these patient groups. By using the TECs learning space to simulate a home environment, students actively participate in a simulated role-play whilst their peers observe the interactions via live streaming to a classroom. Peers provide constructive feedback during a facilitative debrief, using film clips to initiate discussion. Student feedback has been exceptionally positive, highlighting that the simulated scenario helps students to gain new insights <https://www.city.ac.uk/news/2017/february/bridging-technology-and-simulation-at-city> .
2. Mental Health nursing is a specialty that emphasises communication skills to develop therapeutic relationships, and is especially relevant to the role of the nurse when required to complete

mental health assessments. However, students express concern that their communication skills will be ineffective in providing professional help to those with mental illness. To address this, videos were developed to represent members of the local population experiencing a range of mental health illnesses, to help address student anxieties and enable them to develop confidence. The videos role model best practice, and enable students to reflect this in online role plays to prepare them to deliver safe and effective care to service users. Findings from research on this innovation demonstrate that students engaged with the cases leading to a realistic experience of case management and development of professional communication skills (Saunder, 2016).

3. Drug Round™ is a board game about medicines management, created to provide an engaging, challenging and fun way for students to enhance their learning in different aspects of medicines management and calculations; a subject that they perceive to be important but unexciting. The game additionally encourages teamwork and a deeper learning through discussion, debate and reflection on practice. The game was commercialised in June 2016 and endorsed by the HEE <https://www.city.ac.uk/news/2016/june/using-games-to-reduce-drug-errors> .

The School of Health Sciences considers our high quality simulated practice provision to be a core aspect of students' educational experience, effectively bridging the gap between theory and professional practice. Further projects underway include virtual reality to simulate mental health conditions, and simulated care plans and telecare in midwifery. Simulated practice forms a key area of the Learning and Teaching Strategy 2017-2020.

## Diagnostic Radiography: The use of tablets to enhance teaching of image interpretation during Link Lecturer visits to students on clinical placement



### University of Hertfordshire

The aim of the innovation project conducted this academic year was to provide tablets for all clinical link tutors to facilitate a better learning environment for students in clinical placement. This project was designed to bridge the gap between university and placement learning and is directly linked to improvements needed through the HEE mandate area of producing the right healthcare workforce with the right skills, values and competencies. Link tutors delivered carefully designed tutorials, the topics of which take into account the skills needed for students at all three levels of the programme, as well as the values and competencies that they are expected to achieve. Tutorials are delivered on a range of subjects, including, but not limited to: - image interpretation; reflective practice; safeguarding; consent; bullying and harassment. For the next academic year, we will be updating the tablets to include: -useful guidance documents; an image library for facilitating discussion of case study scenarios; Studynet (University of Hertfordshire VLE) app. The tablets have given link tutors a useful platform to teach from and have given students an equitable learning experience at clinical placement.

### Benefits of the project and expected outcome:

There has been positive feedback from students with regard to link tutors being able to deliver tutorials to them during their clinical placement and they feel that this has contributed well to their learning experience. Students feel satisfied that they are getting an equitable learning experience with all link tutors having protected time to teach them during their link visits. The benefit has been measured by observation of student engagement with the learning tasks and participation in group activities. The quality of student engagement has overall improved and they are reportedly more interactive and make better contributions than previously observed. The skills they are learning through the tutorials and opportunities to practice are all tightly focussed towards developing them to practise as an effective workforce. Students are beginning to feel more valued by the provision of facilities to aid their learning at placement. We do anticipate ongoing positive feedback from students and staff in this regard.

## P.G. Certificate in Physical Healthcare

King's College London

Florence Nightingale Faculty of Nursing and  
Midwifery/Department of Mental Health Nursing



Physical health is fundamental to an individual's quality of life and general wellbeing. The physical health of mental health clients has long been identified as of concern and is currently a priority for mental health educators and service providers alike. At King's College London we have always viewed physical health and illness as a key component of our mental health client's experience and as having enormous impact on their quality of life and their experience of recovery. Consequently, at both pre-and post-registration level, we offer a number of evidence-based physical care modules across a range of programmes. We believe that our clients are right to expect access to preventative and screening strategies as well as life enhancing interventions wherever possible.

Mental health nurses are in a prime position to make real changes to current provision and the quality of people's lives. South West London & St. George's Mental Health Trust share our vision that all mental health nurses should be highly competent and confident in their physical healthcare knowledge and skills. Consequently, they recently approached us to develop a bespoke programme in physical healthcare for registered mental health nurses. This was an exciting opportunity to support those staff who have a real desire to develop their knowledge and skills to an advanced level and to be at the forefront of current development. Since we have a long history of joint working on similar projects, we were able to respond really quickly - resulting in programme development to delivery in just a few months. Students will exit the one-year part-time programme with 60 credits at level 7 and the option to go on to complete an MSc in Advanced Practice. They will have extended and consolidated knowledge and competencies across a range of physical health care, including health education, screening, prevention/ health promotion,

assessment, differential diagnosis, intervention, health monitoring and evaluation.

Topics covered include;

- Making every contact count
- Managing smoking, managing obesity and improving physical activity
- Reducing alcohol / substance misuse
- Medication optimisation
- Sexual & reproductive health
- Skin care
- Dental & oral hygiene
- Eyes, ears & nose care
- Respiratory care
- Genitourinary care
- Musculoskeletal care
- Neurology
- Assessing and managing a client who may be deteriorating
- Professional development & leadership

Three theory modules are completed for the P.G. Cert. Physical Healthcare:

- Physical Healthcare for People with Mental Health Problems (15 credits / level 7)
- Advanced Assessment Skills for Non-Medical Practitioners (30 credits / level 7)
- Professional Development and Organisational Change (15 credits / level 7) or
- Leadership in Health & Social Care (15 credits / level 7)



Students will also complete two practice experiences, each consisting of four weeks. Practice will be with an adult nursing Trust and aim to provide students with the opportunity to practice their physical skills both in in-patient settings and in primary health care.

Enhancing care and positive experiences for clients and their families and carers is a first priority. Having completed the programme staff will also act as

educators, cascading information and skills across the workforce and as points of expertise for their colleagues. They will also be expected to act as role models, agents of change and leaders for further practice development.

For further information please contact; [Sharon.jupp@kcl.ac.uk](mailto:Sharon.jupp@kcl.ac.uk) or [Ian.noonan@kcl.ac.uk](mailto:Ian.noonan@kcl.ac.uk)

## STEP: Strengthening Team-based Education in Practice

Middlesex University London  
School of Health and Education



Kathy Wilson, Head of Practice-based Learning  
School of Health and Education  
Middlesex University

**S** Strengthening  
**T** Team-based  
**E** Education in  
**P** Practice

STEP is a large collaborative project funded by HEE involving 4 universities and 11 placement partners in North Central and East London, led by Middlesex University. This project includes a range of initiatives to explore

and enhance the current approaches to learning in practice in Nursing and Midwifery education. One of the specific outcomes for the STEP project is the development of a toolkit to provide direction and support for practice staff, students and academics and include a range of evidence based resources to promote 'expansive learning'. STEP has 5 key themes identified to inform an overall framework. The themes include:

1. **Academic-Practice Partnership Working:** The expertise of academic and practice partnerships need to be capitalised on to support practice learning and promote expansive learning. The role of the student link/lead mentor is key in facilitating this as well as the link lecturer role. The project team is currently exploring how these roles can be further developed and new models of partnership working introduced to enhance learning in practice.
2. **Orientation and Socialisation to Practice:** An exploration of the preparation a student receives prior to placement as well their orientation and initial support in practice areas has been undertaken through a number of focus groups involving a range of students. This theme is

not just focusing on the initial introduction to practice but also on socialisation to the team / environment.

3. **Helpful Others:** This theme is focusing on the knowledge and skills of the whole team and the specific part that certain groups play in supporting learning in practice. One specific area that is being explored in the role of the HCA in providing support for students and how this is being perceived by both groups through a number of focus groups with students, HCAs and qualified nurses.
4. **Peer Support:** A range of peer support models are currently evident in a number of our local organisations that we are learning from. One specific model which aims at developing the knowledge and skills of senior students through pairing them up with other learners in practice is being piloted and the findings will be used to support further developments.
5. **Expansive Learning:** Working with staff and students, the project team have been exploring what type of facilitation/coaching enables the development of leadership skills, problem solving and critical thinking in students. Findings are being analysed to support the development of guidance and resources to promote expansive learning in practice.

In gathering data related to the themes of STEP a number of specific partnership and dissemination events have been facilitated since December 2016 and initial findings were presented at the RCN conference in Cardiff in March 2017. Further exploration of the findings will be presented at the HEA conference in July 2017. Current work includes the development of resources to support the toolkit, preparation of articles for publication and the development of a website by



# Preparing students to train others: a novel assessment for speech and language therapy students

University College London

September 2017.

## Background

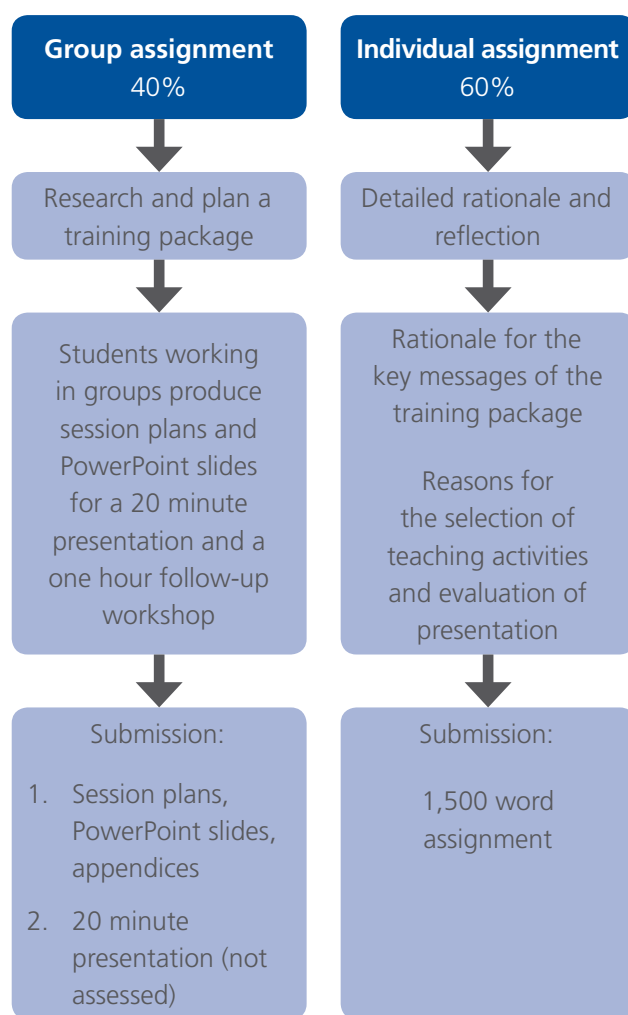
In response to employer feedback, we developed a novel, authentic assessment for student speech and language therapists (SLTs) on the MSc Speech and Language Sciences programme. The assessment targets skills and activities that reflect real-life SLT practice. Students worked collaboratively to design a training package to address a scenario commonly encountered in the workplace. SLTs in paediatric practice are frequently required to develop and run training programmes and workshops for other professionals and parents/carers on the subject of speech, language and communication needs (SLCN). These training programmes are often a crucial aspect of SLT services to children with SLCN, yet the skills involved in such an activity have not hitherto been an area of teaching or assessment in the programme.

## Assessment design and content

The assessment was developed in partnership with placement providers, students, and service users (parents, teachers, Health Visitors), who took part in focus groups to inform the assessment aims and format. The assessment comprised a group assignment and an individual written assignment.

## The process

Students worked in groups of six or seven, supported by an SLT-qualified tutor, to collaboratively research and plan a training package on a given scenario typical of SLT practice (e.g. providing training to mainstream school staff on supporting pupils with Autism Spectrum Disorder). Students received detailed guidelines and marking criteria, a training



plan template and sample training plan, and were guided to a range of resources. They also attended a workshop on training techniques and were supported by drop-in sessions and an online forum. Each group delivered a 30-minute training session to an audience of peers, tutors and practice educators.

For the individual assignment students provided an evaluation of the training package, with evidence-based rationale, and a professional development plan focused on effective team-working.

### Evaluation

The average mark for the assessment overall was 65% (range 48 - 82). (Group assignment: average 67%, range 52 – 78; individual assignment: average 64%, range 36 - 80). These marks suggest that the assessment is sufficiently challenging and effective in discriminating between students of differing abilities.

Student opinion was gathered via anonymous questionnaire completed after submission of both parts of the assignment, but before release of marks. The assignment overall was felt to provide good integration of theory/evidence-base with practice. The group assignment was felt to be a highly relevant task that targeted real-life skills and scenarios and prepared students well for their future careers. Students reported that they had benefited from watching other people's presentations, in terms of developing both their own skills and their understanding of the relevant

topic areas. The individual assignment was reported to be useful in developing self-reflection and evaluation skills.

### Conclusion

The assessment is a relevant and authentic way of preparing student SLTs for the workforce. It effectively targets the development of skills and knowledge integral to the SLT role in current practice, including: team work, project management, conflict resolution, training and presentation, evaluation, self-reflection, socio-environmental factors affecting children with SLCN, theories and principles of behaviour change.

“ Felt very applicable to real practice, was good to practise teamwork and presentation skills and I would feel confident now to deliver that training in real life.”

“ It was a good chance to practise group work and preparing and delivering training, something not many of us have done before.”

“ Practical piece of work – on placement I've already had to plan and present a similar parent training pack – definitely represents a task that a SLT may have to do.”



## Podiatry PASS project

### University of East London



The peer assisted study support (PASS) scheme was introduced into the undergraduate UEL podiatry programme in September 2015. It involves an out of class, peer facilitated study group session for level 4 students, and targets traditionally difficult academic subjects. The podiatry programme was one of three courses involved in the PASS pilot scheme, at UEL, following the success of the podiatry peer-mentoring scheme.

The podiatry PASS sessions run alongside the clinical module to allow students more hands-on experience and to develop their confidence with clinical competencies prior to treating patients. The PASS sessions are offered to all first year podiatry students and are facilitated by PASS Leaders, who are three podiatry students from higher years. The PASS session runs for one hour a week and the PASS Leaders are expected to meet with their PASS Academic and School PASS Coordinators for 30 minutes after each session to review how the session went and to also discuss what the next session will include. All PASS Leaders attend a one-day training course, delivered by the university, prior to the start of the academic year.

The aims of the PASS scheme are to provide a student-centered approach and collaborative discussion to enhance understanding of a topic area. We also wanted to provide an opportunity for students to develop study skills and transferrable skills, as well as improving peer interaction and development of discipline awareness.

The PASS scheme benefits not only the level 4 students but there are also many benefits for the PASS Leaders.

Inter-professional Learning (IPL) is seen as a vital aspect of student learning within the nursing, midwifery

and healthcare courses at UWL. The Centre for the Advancement of Inter-professional Education (CAIPE) states inter-professional education occurs when two or more health care disciplines are given the opportunity to learn with, from and about each other to improve collaboration and quality of care (CAIPE 2002).

UWL ensures that inter-professional learning is embedded throughout the courses to promote excellence in education theory and practice. This is achieved through a robust Inter-professional learning (IPL) strategy, which is implemented for each cohort, in each academic year. UWL have appointed a specific educational lead for IPL to drive forward our activity across the College of Nursing, Midwifery and Healthcare. In addition, each healthcare programme has a designated lecturer who is part of the IPL steering group and co-ordinates IPL activities for their respective courses.

Within the University, the role of inter professional learning and working is incorporated into module content and enhanced by a range of inter-professional learning days.

“ A huge thank you for the amazing opportunity to work with the university and promote the Peer Assisted Study Support (PASS) scheme. We have enjoyed ourselves and learnt a lot. It has been an honor helping the first year podiatry students last year as well as this term. We cannot thank you enough for relying on us for such an amazing role which allowed us to mature not only in academia but also as speakers, leaders, teachers and, most importantly, people.”  
*Podiatry PASS Leaders.*

## Inter-professional Learning

### University of West London



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UWL ensures that inter-professional learning is embedded throughout the courses to promote excellence in education theory and practice. This is achieved through a robust Inter-professional Learning (IPL) strategy, which is implemented for each cohort, in each academic year. UWL have appointed a specific educational lead for IPL to drive forward our activity across the College of Nursing, Midwifery and Healthcare. In addition, each healthcare programme has a designated lecturer who is part of the IPL steering group and coordinates IPL activities for their respective courses.

Within the University, the role of inter-professional learning and working is incorporated into module content and enhanced by a range of inter-professional learning days.

The purpose of the IPL study days is to provide a forum whereby students from different courses actively learn together and share knowledge and ideas through a range of different activities. The days are developed around core themes relevant to all health and social care professionals (e.g. safeguarding, professionalism, public health and mental health). Where possible Service Users and Trust representatives are invited to participate in the days to provide key expertise and support inter-professional group activity. The IPL days are run twice per year for each cohort of healthcare students.

Students from the Adult, Midwifery, PG Dip Adult, Child, Mental Health, PG Dip Mental Health, Learning Disabilities and Operating Department Practice,

participate in these days alongside our health promotion and social work students. Evaluations of the IPL days demonstrate that students value this activity highly and particularly comment on the opportunities provided for them to meet with and learn from and with students studying on other professional health and social care programmes.

One of the challenges UWL has experienced when developing inter-professional learning, is the opportunity to learn further with other healthcare students. One development has been to collaborate with Reading University and their pharmacy and speech and language students. As a result of this collaboration adult nursing students have attended inter-professional learning days exploring the following areas;

- Working as a team- professionalism, equality and diversity
- Diabetes
- Nutrition and Lifestyle – malnourishment, obesity and nutritional supplements
- Advanced medicines safety
- Respiratory care
- Dementia care

The days are run jointly by UWL and Reading University lecturers and afford the students an opportunity to learn with other healthcare students. Students from both Universities evaluate these days highly, in particular the opportunity to learn about other healthcare professional roles, in an interactive learning environment.

The College of Nursing, Midwifery and Healthcare presented a poster outlining our approach to IPL, at a Health Education England North West London study day on Inter-professional learning in September 2015.

## How do we enhance undergraduate healthcare education in dementia? The impact of an innovative dementia education programme



### University of Surrey

People with dementia are significant users of healthcare services, and there is a need for high quality dementia education to underpin the ambition to ensure the future workforce is skilled in providing high quality care to people with dementia. Recently, Health Education England (2014) introduced minimum core dementia curricula criteria for all undergraduate health and social care training programmes.

The aim of this innovative experiential project; Time for Dementia is to try to personalise education by focusing on the experiences of people with dementia, rather than their diagnosis. Students visit a person with dementia and their carer every three to four months over 3 years. It is the first interdisciplinary initiative of this kind that forms a core part of their curricula.

Funded by Health Education England Kent, Surrey and Sussex the 4-year collaborative project involves the University of Surrey (adult and mental health nursing and Paramedic students); Brighton and Sussex Medical School (Medical students) and the Alzheimer's Society, and Sussex Partnership and Surrey & Borders NHS Foundation Trusts. Time for Dementia has been running since November 2014, currently there are 4 cohorts of students (n=741) taking part in the programme, and 370 families involved (Banerjee et al. 2016).

The visits provide students with a longitudinal experience of a family affected by dementia in a sustainable complement to their existing education. Its purpose is to enhance undergraduate learning about dementia specifically and roles of families in care.

Key themes identified from the student feedback; included increased awareness of the family perspective of dementia, skill development, increased knowledge of dementia, positive impact on practice and the value of spending time with the family (hearing from both the person with dementia and their carer). They also reported:

“ Being able to gain understanding of what it is like living with dementia and to understand the carer/families role and their feeling/experiences.” *Adult Nursing Student*

“ Being able to spend longer time periods with families from a non-clinical perspective. space to focus on emotions.”  
*Paramedic Student*

“ Enjoying my time with the family and seeing them smile.”  
*Paramedic Student*

“ Having the story told by people who are experiencing the problem first hand.”  
*Mental Health Student*

“ Meeting and talking with people who have experienced the illness first hand and hear their point of view.”  
*Mental Health Student*

Key themes identified from feedback from people with dementia and their carers included feeling valued, shared learning, making a difference and feeling listened to.

“ The students enlighten me... they listen to me. It brought me to life.” *Participant*

#### References:

Banerjee, S., Farina, N., Daley, S., Grosvenor, W., et al. (2016) How do we enhance undergraduate healthcare education in dementia? A review of the role of innovative approaches and development of the Time for Dementia Programme. *International Journal Geriatric Psychiatry* <http://onlinelibrary.wiley.com/doi/10.1002/gps.4602/full>.

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