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**Social Constructivist Approaches in Podiatric Medicine**

Low fidelity simulation has been an integral part of podiatric medical and surgical education and training for the last hundred years. Undergraduate and postgraduate podiatric curricula are focused on the development of cognitive knowledge, psychomotor skill, and professionalism. These are used in outcome-based assessment mechanisms with social constructivist approaches. Reality as an underpinning philosophy. Providing evidence of competence, care, understanding knowledge and the values base for philosophy. These are used in development of cognitive knowledge, social constructivist approaches, and share best practice across the allied healthcare professions.

**Increasing Functional Capacity for Podiatric Medicine**

Cognitive knowledge and skills that UK podiatric curricula proactively seek to acknowledge and balance through the integration of high fidelity simulation. Core developments of effective communication, teamwork, and clinical skills have become a primary component of podiatric undergraduate curricula across the UK. This has happened in conjunction with the recognition of the process and outcomes of post-registration professional development that have integrated, consolidated, and affirmed the intellectual capacity, functional capacity, and affective interpersonal skills of staff that have recently joined regional and national healthcare podiatric workforce. In recent years, the integration of clinical simulation has been one of the leading workforce workforce in better prepared to address the skills deficiencies that have been so readily identified in the Cavendish Review (2013) and the Francis Report (2013). As well as the capacity for high fidelity simulation to address the functional capacity of students, it also provides a unique opportunity for wrap-around of career support represented at macro, meso and micro level by government policy, organisational mandating, and personal experience. As such these resources represent a mandate for change that can actively promote and exhibit the Faculty of Podiatric Medicine (FPM) commitment to enhancing the functional capacity and intellectual proficiency of podiatric practitioners educated to meet workforce demand regionally, nationally and globally.

Revisiting authentic academic learning environments is another key proponent driving progression and sustaining change around healthcare education. By utilizing cognition in this manner, and by integrating the latest software packages, we can change generic learning environments to replace reality and to objec
tively environments so that student experience is framed by the content as well as pedagogical experience. This highlights the capacity of simulating learning environments to enhance capacity for the transferability of theoretical knowledge into applied practice at the front line of patient podiatric care and interaction.

**The Impact of Simulation on Potential Employability Skills**

Research evidence demonstrates that simulated learning environments have had a positive impact on the development of core generic skills that characterise ideal applicants for advertised podiatric medicine posts. Key examples of these skills are:

- **Time Management and prioritisation skills**
- **Capacity for leadership and mentorship within the defined scope of practice of the podiatrist**
- **The capacity for problem solving and higher order thinking skills**
- **The capacity to function as an integral and valued part of a multidisciplinary team and in the context of interprofessional working**
- **Capacity for leadership or mentorship in the potential development of other podiatrists**
- **Professionalism in the sense of being committed, reliable, honest, trustworthy, dependable and motivated to constantly improve practice in the context of patient centred care**
- **Capacity for care and compassion through social engagement and a genuine regard for others**

**Specialist Surgical Simulation Training**

The development of basic psychomotor skills emphasises the fundamentals of basic aseptic technique theory and applications of clinical practice using simulated learning environments. Surgical training and practice offers introduction to:

- **Knot tying**
- **Surgical instrumentation preparation and use**
- **Dissection and Debridement**

**Developing the Potential Employability of Students**

Main considerations of the design features of the physical learning environment for simulation are essentially reliant on scale, location and functionality of learning spaces for the students. Specialist space is an integral part of the much wider social learning technology area. It sought to allow small groups of learners to have a private space, equipped fully with digital technology where the learning that has been simulated in simulated learning opportunities can be developed in surroundings that support proactive learning and social engagement with other members of the student body. The development of diagnostic reasoning skills is facilitated via specialist software packages which may be computer based or case history. Students are then allowed to establish their existing evidence base whilst recognising initiatives in their knowledge base. It does so they bridge the gaps in knowledge, skills and professionalism they face and become progressively more proficient in podiatric clinical diagnosis and management.

**Social Constructivism as an Underpinning Philosophy**

UK podiatric practice has reached a pivotal time of change and progression, shaped by key political drivers such as the Francis Report (2013) and the Cavendish Review (2013). Social constructivist approaches to learning and teaching in the context of podiatric medicine offer a mechanism of triangulating assessment in relation to knowledge, skills and professionalism. Most significantly, they enhance intrinsic motivation to learn, encourage deep, as opposed to surface-level interpretation, and provide a mechanism of implementation which promotes interprofessional education and multidisciplinary teamwork. It is clear that authentic learning opportunities are enhanced and developed by utilising learning environments that simulate the philosophical basis of what teaching and learning is and how best it can be translated into practice. The emergence of a valued and dedicated podiatric workforce is dependent on the degree of commitment podiatric educational providers attribute to simulated learning activity as an integral adjunct to social constructivist approaches to pedagogic practice.

**‘Podiatric Medicine and Surgery: Situated Learning in Simulation with Social Constructivism’**

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