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# Strand 1A: Student Experience, Engagement and Achievement

## Linking theme: Student mental health and wellbeing

1Ai, 10:30-12:15, 6 September 2022

Theme paper, Research paper

### Designing the learning environments in Nursing Education in the pandemic age: Detecting factors which lead to better students' wellbeing

Dr Valentina Simonetti, University of Bari, Dr Dania Comparicini, University of Marche and Professor Marco Tomietto, Northumbria University

**Promotional abstract:** Nursing care was particularly affected by the pandemic, as suggested by recent evidence focusing on the high prevalence of psychological disturbances among nurses caring for patients with COVID-19. Nursing Education, including both classroom teaching and clinical learning, was affected as well. New uncertainties have been introduced, accompanied by the fear of infection, the challenge of distance learning, and the obstacles in attending clinical practice. Our study identified the major educational factors related to students' anxiety about their education. By detecting such factors, our study supports the designing of new strategies to enhance Nursing Education during the pandemic.

**Background, including underpinning literature and, wherever possible, the international relevance of the research:** The impact of the COVID-19 outbreak, and the virus containment strategies were widely examined by several studies worldwide. It is universally recognised that such measures increased the risk of psychological distress and other mental disorders (Bansal *et al.*, 2020). In this scenario, Nursing Education, including both classroom teaching and clinical learning, was affected by the epidemiological situation.

A new reality of uncertainty has thus been introduced, accompanied by the fear of infection and the challenge of distance learning (Savitsky *et al.*, 2020). Nursing students expressed concern that the interruption of their education would interfere with their clinical competence and future career achievements (O'Flynn-Magee *et al.*, 2021).

**Aim(s) and/or research question(s)/research hypothesis(es):** The aim of this study was to explore the main determinants of anxiety in Nursing Education students, by considering the main factors of the study environment at the classroom and clinical level.

**Research methodology/research design, any ethical issues, and methods of data collection and analysis:** A cross-sectional and descriptive study was carried out from April to July 2021 by disseminating an online survey among a sample of Nursing students in Italy.

Overall, 842 Nursing students participated in the study: 223 first year students, 243 second year students and 376 third year students.

The Self-Rating Anxiety Scale (SAS) was adopted to assess the anxiety level. The Altered Student Study Environment Tool (ASSET) was adopted to assess students' concerns about the altered study environment.

A linear regression model was performed to identify the main determinants of anxiety by considering the three factors of the ASSET.

National and European laws (GDPR, 2018) were adopted to ensure data confidentiality, in accordance with the Personal Data Act (523/1999).

**Key findings and recommendations:** Our study highlighted that “grade attainment” is the major source of anxiety in Nursing students ( $\beta=0.41$ ,  $p<0.001$ ). Overall, the regression model explains 18% of the variance. When stratifying the students according to their year of attendance, the “grade attainment” factor is still the main determinant of anxiety with  $\beta$  values ranging from 0.30 (first year), to 0.54 (second year) and 0.36 (third year) ( $p<0.001$ ). Only the first year students also showed a significant impact of the “completion of clinical placement” on anxiety ( $\beta=0.14$ ,  $p=0.047$ ).

Grade attainment is the major source of anxiety for Nursing students. Students’ academic success in Nursing largely depends on the possibility to complete both their classroom demands and clinical learning experiences. The pandemic put pressure and uncertainty on the completion of the clinical placements as well as on the attendance of simulation-based education and on classroom attendance. These factors should be carefully designed to support Nursing students along with their careers and to provide a secure track to overcome the uncertainties related to the pandemic.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. New strategies to support Nursing students' academic success and wellbeing are needed when both teaching and clinical learning activities are compromised by external factors (e.g. pandemic).
2. Grade attainment is the major anxiety factor for Nursing students.
3. Strategies to overcome the uncertainties related to the pandemic, should focus on securing learning opportunities.

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**Keywords:** Nursing Education, Pandemic, Anxiety, Clinical Learning Environments

1Aii, 10:30-12:15, 6 September 2022

Theme paper, Innovation paper

### The Creative Mental Health Framework: Reducing mental health (MH) and LGBTQ+ stigma at the University of Central Lancashire (UCLan) using peer support and co-production

Dr Gillian Rayner and Emma Speed, University of Central Lancashire

**Promotional abstract:** This session will provide an overview of the Office for Students funded project at UCLan. The project aims to produce and deliver a peer-to-peer Mental Health (MH) framework for mental health and/or LGBTQ+ students. Students have been learning how to support each other and practice self-care. The project comprises four work streams: Building Resilience (training for Resilient Peer Support Mentors, RPSM); Tate Liverpool facilitating creative activities aimed to support LGBTQ+ and MH; podcasts and magazine programmes; and a final theatre production. The initial research evaluation will also be discussed.

**Background, context and evidence base for the innovation, including, where possible, its international relevance:** The project rationale was influenced by Yap *et al.* (2011) who found that people with higher self-stigma are less likely to seek professional help and they are more likely to experience poorer therapeutic alliance with healthcare providers (Kondrat & Early, 2010). Theatre has been widely used to reduce the stigma of MH (Michalak *et al.*, 2014). Narrative podcasts with storytelling have been used to good effect in MH (Kuhnigk *et al.*, 2012). Peer support was selected by 89% of LGBTQ+ students in a multi-university survey, they liked the idea of peer support around sexuality and MH (Smithies & Byrom, 2018).

**Aim/focus of the innovation:** This session presents the Office for Students project at UCLan. It aims to produce and deliver a peer-to-peer Mental Health/LGBTQ+ framework for Students. It brings together multiprofessional partners from our creative innovation zone (CIZ), Arts & Media, Counselling and Psychological Therapies, Health Education, Mental Health Nursing, Student Wellbeing Services, Eat Grow Thrive, Tate Liverpool, Lancashire LGB and Lancashire Mind. It invites students into a peer healthcare intervention even if some students are not on healthcare courses. This project has provided educational and experiential activities that engaged the students as active collaborators and co-producers (Healey, 2019; Neary, 2010).

**Implementation of the innovation:** Students have been learning how to practice self-care and support others. Through the production of Arts and Media content, they have been enhancing a strong, positive shared understanding of LGBTQ+ and mental health experiences. Creativity is at the heart of this project, with students breaking down engagement barriers. We have 4 work streams: Building Resilience (training for Resilient Peer Support Mentors, RPSM); Tate Liverpool facilitating creative activities aimed to support LGBTQ+ and MH; podcasts and magazine programmes; and a final theatre production co created with students and staff and an alumni's theatre company.

**Methods used to assess the innovation:** The research evaluation consists of a multi-method strategy combining quantitative and qualitative approaches. Participants are invited to take part and they self-select by choosing to engage. Online questionnaires are being used for staff and students. Analysis using descriptive statistics will be presented. In addition to this, two qualitative focus groups will be facilitated for the Peer support mentors. The findings from the first one will be presented here. This will be analysed using thematic

analysis and a phenomenological approach in order to get the personal depth of experience with a focus on stigma and cultural change.

**Key findings:** The initial analysis of the questionnaires will be completed and presented for the first year of the project. The first student focus group will have taken place and be analysed and themes presented. The first year projects are currently in progress.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. This project provides an innovative solution to experiencing stigma for MH and LGBTQ+ experiences.
2. The evaluation will present the reported experience of this project for students and staff.
3. This will inform future provision of student wellbeing services for LGBTQ+ and mental health.

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**Keywords:** Mental Health. LGBTQ+. Student Peer mentoring. Creative methods. Building resilience.

1Aiii, 10:30-12:15, 6 September 2022

Theme paper, Research paper

### Managing healthcare student wellbeing beyond the coronavirus pandemic

Andrea Cameron, Abertay University

**Promotional abstract:** Student mental wellbeing has been negatively affected by the coronavirus pandemic. For healthcare students there have been the additional challenges of disrupted university and clinical education experiences as well as directly witnessing the impact of the virus on patients and their families. Government concerns about the future nursing, midwifery and allied health profession (NMAHP) workforce and their retention led to a survey of Scottish healthcare students to establish their need, knowledge and utilisation of wellbeing resources, as well as to ascertain what additional support might be required (and where best to locate this).

**Background, including underpinning literature and, wherever possible, the international relevance of the research:** Student mental health was already a matter of concern prior to the Covid-19 pandemic (Hubble & Bolton, 2020), with the burnout and distress being cited globally by healthcare students a further cause for concern (Rios-Risquez *et al.*, 2016). During the pandemic frontline workers, especially nurses, were at highest risk of negative mental health outcomes (De Kock *et al.*, 2021) consequently, preserving good mental wellbeing became a priority area to support a sustainable healthcare workforce (WHO, 2020). This study sought to explore the perceived value and gaps in current wellbeing resources for healthcare students to thus inform ongoing developments.

**Aim(s) and/or research question(s)/research hypothesis(es):** The aims of the survey were to:

1. Understand how requests from healthcare students for health and wellbeing support had changed from pre-pandemic to the present moment.
2. Discover what internal and external wellbeing resources healthcare students were using (and when), as well as their perceived value.
3. Uncover if there were perceived gaps in relation to health and wellbeing support, and what could be done at university and/or national level to address this, particularly as services endeavoured to resume pre-Covid-19 operations.

**Research methodology/research design, any ethical issues, and methods of data collection and analysis:** Ethics permission was granted to conduct a Qualtrics online anonymised survey in the first two weeks of June 2021 to gather qualitative data to understand pandemic-related issues pertaining to healthcare student wellbeing. Healthcare faculty staff within Scottish universities and student leaders were asked by the Council of Deans of Health Wellbeing Short-life Working Group to alert students via email/social media to the survey. The communication contained an embedded link and noted that participation was voluntary. Braun and Clarke's (2006) six-stage approach to thematic analysis was adopted to examine the trends emerging in the data.

**Key findings and recommendations:** While a number of students were very positive about the available support, the pandemic had evidently caused high levels of distress with many emotionally-loaded negative responses.

It was felt that universities could do more to help work-life balance (including better placement planning, management of deadlines, careful organisation of content), to help them connect with peers, to ensure that staff were regularly checking in on students, to recognise diversity/individual circumstances and to be attuned to pleas for help. It was felt

that more bespoke mental health/counselling support was needed, as well as opportunities to debrief. Health events promoting self-care were also requested. At a national level, students requested:

- Continued discussion with professional bodies about requisite hours for registration;
- Standard processes for placement management;
- Adherence to supernumerary status;
- Student hubs in placement areas;
- Review of student financial support;
- Access to specialist pastoral support officers/post-placement therapy;
- Regulated processes for clinical assessors/supervisors;
- Upskilling in mental health support for healthcare academics;
- Recognition of their contribution to healthcare;
- Online fora for healthcare students to connect;
- A one-stop shop for web-based wellbeing resources.

Study outcomes were shared with the Council of Deans of Health membership and with Scottish Government healthcare representatives to inform pandemic transition action plans.

### **Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. A sustainable healthcare workforce is fundamental to the delivery of care. Prior to the advent of Covid-19 there were concerns around resilience and retention, these have been further exacerbated by the toll of the pandemic.
2. Good academic practices, processes, and support systems and the promotion of good self-care can enable a healthy work-life balance for healthcare students and will be important to recruiting and retaining this workforce.
3. More could be done within government health departments to acknowledge the contribution of healthcare students and to ensure that there are available and appropriate resources to support their clinical learning.

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**Keywords:** Healthcare Students. Mental wellbeing. Resilience. Student support.

1Aiv, 10:30-12:15, 6 September 2022

Theme paper, Innovation paper

### Belonging at Birmingham City University

Asmah Bibi, Claire Lynch, Nahid Younis, Inderjosh Heer and Kimberely Vickerman,  
Birmingham City University

**Promotional abstract:** Belonging is not new to higher education (HE). This paper will look at the collaborative innovation between staff and students at Birmingham City University (BCU) to create an Adult Nurse Learning Identity and Community; utilising in-person events and an online platform. As the University for Birmingham, BCU are determined and committed in supporting the personal and professional growth of their local, national and international students from diverse backgrounds. This paper will look at the evolution of the project at BCU and evaluate the increased significance belonging is starting to hold in relation to documented literature, but also of its ability to impact on student experience, engagement and achievement.

**Background, context and evidence base for the innovation, including, where possible, its international relevance:** The massification of education and initiatives encouraging widening participation in higher education institutes (HEIs) demonstrates that fostering a sense of belonging is critical to student success (O'Keefe 2013), particularly for students from diverse groups who experience belonging differently, which is also explicitly linked to their attainment (Cureton & Gravestock 2019; Neves & Hewit, 2020; Austen *et al.*, 2021). Throughout the COVID-19 pandemic, Healthcare students, including nurses, have been required to work in challenging clinical environments with significant changes to course delivery. This unique situation has demonstrated why prioritisation of student wellbeing is paramount (Neves & Hewit, 2020; HEE, 2020).

**Aim/focus of the innovation:** The aim is to build a learner identity and community to foster a sense of belonging for Birmingham City University Adult Nursing students.

Addressing 'belonging' has positive ramifications strongly associated with academic achievement and success (Ahn and Davis, 2019), where 'sense of belonging' is one of three things that really matter to students, alongside academic staff working with them, and the nature of their studies (Meehan and Howell, 2018). Belonging is also vital to social functioning outside the academic setting; preparing students for this, as well as their professional career, is an important HEI role (Moeller, Seehuus & Peisch 2020).

**Implementation of the innovation:** A new collaborative working group was established within the School of Nursing & Midwifery. The project created an environment for students to socialise, reflect and share experiences outside of the academic programme, fostering a sense of belonging to the Adult Nursing field, BCU and the City of Birmingham.

The project included designing and commissioning badges to inspire a sense of identity, creating social events including quizzes and clinical simulations.

The project included the development of a Virtual Learning Environment (VLE) where students can access staff introductions, student 'top tips', and shared experience podcasts. Other resources include where to explore within the city of Birmingham.

**Methods used to assess the innovation:** Feedback has been collected via Microsoft Forms and informal discussions at events. We will continue to enhance feedback through collecting students' personal accounts and experiences when engaging with the project. In



comparison to virtual resources, the social events of the project have received a greater level of participation from students and staff. A desire for more 'spaces' where students can interact in person has been highlighted as key to fostering belonging.

**Key findings:** Having a sense of identity is integral to every aspect of a student's journey within academic life and terms such as 'belonging' have been thrust into the limelight, holding newer and greater meanings. Goodenow (1993) defined belonging as the extent to which students feel personally accepted, respected, included and supported by others; the evidence behind interpersonal belonging, happiness and wellbeing is also strong (McAdams & Bryant, 1987). This definition has been strongly reflected in student feedback from the project. To date, praise cards nominating students who support their peers along with the badges has received the most engagement from students.

### Three key points to indicate how your work contributes to knowledge development within the selected theme:

1. Research supports prioritising the need for belonging as an essential component to student retention and academic success.
2. Innovating replicable student-centred projects promoting students, professional growth, and identity.
3. Under the key area for learner experience, belongingness has become part of the school strategy for 2022.

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**Keywords:** Belonging. Student Experience. Social Events. Adult Nursing. Wellbeing. Student Identity.

1Av, 10:30-12:15, 6 September 2022

Poster+ presentation

### Can interprofessional simulation improve student paramedic confidence in de-escalation skills?

Simon Downs and Laurence Drew, University of Surrey

**Promotional abstract:** There is increasing demand for access to mental health support services both for ongoing care and at time of crisis. Preparation of undergraduate students for encounters for ongoing mental health care and at time of crisis remains sporadic and difficult to encompass. Simulation gives students opportunities to develop technical and non-technical skills through the recreation of an experience that is as close to reality as possible. An exploratory study of student self-perceptions of self-awareness and self-regulation in encountering clinical situations with persons in high states of arousal and potential conflict, was conducted. To evaluate the exercise and its value, students were asked to self-evaluate their confidence and knowledge both prior to and subsequent to the teaching exercise.

**Main focus/theme of, or issues addressed by, the poster:** Simulation gives students opportunities to develop technical and non-technical skills through the re-creation of an experience as close to reality as possible. Students learn using previous knowledge and experience to construct new knowledge through experience and exposure. Key to such is reflection 'in' and 'on' action as scenarios unfold and are debriefed. A teaching exercise was implemented targeting high fidelity scenarios with actors that were designed to challenge the communication strategies and techniques of the students, under the supervision of the teaching team. Beyond promoting exposure, the authors aimed to evaluate the impact upon an individual's confidence in interaction with these patients.

**Research approaches and underlying evaluation:** An exploratory study of student self-perceptions of self-awareness and self-regulation in encountering clinical situations with persons in high states of arousal and potential conflict, was conducted. To evaluate the exercise and its value, students were asked to self-evaluate their confidence and knowledge both prior to and subsequent to the teaching exercise. There was a positive shift of self-awareness and self-regulation post training. Confidence in being able to de-escalate a situation was reported as the key outcome to take from the session, along with techniques on how to de-escalate a scenario.

**Implications for healthcare education:** While it is not possible at this stage to definitively measure the impact of the teaching on practice or draw firm conclusions for education providers, the exercise does evidence individual impact and enjoyment.

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**Keywords:** Education. Health Professional. Skills Training. Mental health.

# Strand 1B: Key challenges in healthcare education

## Linking theme: Sustainability and global health

1Bi, 10:30-12:15, 6 September 2022

Theme paper, Innovation paper

### Embedding sustainability principles to Nursing Education: Preparing professional staff for a Net Zero healthcare system

Dr Kirsi Talman, Dr Jocelyn Cornish and Melanie Maddison, King's College London and Victoria Stanford, Centre for Sustainable Health

**Promotional abstract:** Climate change is the biggest global health threat of the 21st century. However, there is a gap in knowledge and skills for sustainable healthcare among health professionals. Educational innovations were implemented to embed principles of sustainable healthcare within the undergraduate and postgraduate curricula at King's College London. Innovations were evaluated via anonymous surveys. The results demonstrate that students were highly interested in sustainability in healthcare and impacted their plans to embed sustainability into quality improvement for their future.

**Background, context and evidence base for the innovation, including, where possible, its international relevance:** Climate change is the biggest global health threat of the 21st century (Watts *et al.*, 2018). For example, National Health Service England (NHS), has set a 'Net Zero' plan to reduce its carbon footprint to net zero by 2040 (NHS England, 2020). However, there is a gap in knowledge and skills for sustainable healthcare among health professionals (Center for Sustainable Healthcare, 2022). To achieve the net zero targets, sustainable models of care require innovation and leadership by healthcare professionals. Healthcare educators have an important role to underpin educational preparation of current and future healthcare professionals.

**Aim/focus of the innovation:** This presentation will describe the implementation of educational innovations to embed principles of sustainable healthcare within the undergraduate and postgraduate curricula at KCL across a range of modules to give future nurses and qualified healthcare professionals (nurses, midwives and physiotherapists) an understanding of how practice can be made more sustainable.

**Implementation of the innovation:** Two three-hour online workshops, developed by the Centre for Sustainable Healthcare (CSH), were co-delivered by CSH and members of academic staff to one undergraduate Nursing cohort (n=280) and one postgraduate Nursing cohort (n=38). The workshops included an introduction to sustainability in healthcare and the sustainable quality improvement framework (SusQI). This provided students with the tools to identify and measure environmental and social resource use in the system, and how to design quality improvement (QI) projects to increase the sustainable value of healthcare services.

**Methods used to assess the innovation:** An anonymous survey was sent to participating students for workshop evaluation. The response rate was 6% (11/170) for the undergraduate module and 42 % (16/38) for the postgraduate module workshop. The results were analysed using descriptive statistics and open-ended questions were analysed using thematic analysis.

**Key findings:** According to the main results, students in both programmes were highly interested in learning the concepts of sustainable quality improvement and considered learning these important concepts to be relevant to their future practice. Students also felt

that the workshop changed their thinking about sustainability in healthcare, and most students had specific ideas on how to embed sustainability into QI for their future. More specific results will be presented at the conference.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. Innovations are needed to embed sustainability into Nursing Education to prepare professional staff to contribute to a net zero healthcare system.
2. Using innovative methods, the sustainability principles can be easily embedded across different programmes and modules.
3. Implementation of this innovation provided students with the knowledge, motivation and confidence to embed sustainability into their future practice.

**References:**

Centre for Sustainable Healthcare (2022) <https://sustainablehealthcare.org.uk/what-we-do/education-and-training>

NHS England (2020) 'Delivering a 'Net Zero' National Health Service'. Available from: <https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf>

Watts, N., Amann, M., Arnell, N., Ayeb-Karlsson, S., Belesova, K., Berry, H. & Costello, A. (2018) 'The 2018 report of the Lancet Countdown on health and climate change: shaping the health of nations for centuries to come'. *Lancet*, 392(10163), P2479-2514.

**Keywords:** Healthcare. Sustainability. Quality Improvement. Educational Innovation.

1Bii, 10:30-12:15, 6 September 2022

Theme paper, Innovation paper

**Cutting the apron strings: Greening up clinical skills practices in Nursing Education**

Alison Taylor and Leonie Harrison, University of Brighton

**Promotional abstract:** This session explores an innovative project to 'green up' practices within clinical skills teaching, learning and assessment at the University of Brighton. Clinical skills sessions are a common denominator of Nursing programmes, introducing students to fundamental skills which they hone in clinical practice. The project aimed to identify and adapt key elements of clinical skills activities and adopt sustainable alternatives, in areas such as procurement of supplies, use of resources and waste management. Through active learning and role modelling in these new ways of working, students and educators can be empowered to share good practice far and wide.

**Background, context and evidence base for the innovation, including, where possible, its international relevance:** Healthcare professionals have a moral obligation to act to reduce environmental impacts of healthcare provision (Shaw *et al.*, 2021). This extends to educators as universities aim to lead by example. Preparing healthcare students to practise in sustainable ways can mirror the rapidly advancing sustainable approaches seen in clinical practice all over the world. Clinical skills teaching, learning and assessment at the University of Brighton provides a golden opportunity to apply the principles of sustainable healthcare which exemplifies the University's Global Challenges commitment (2022) and the pledge to Health Care Without Harm Europe's Nursing School Commitment and Nurses' Climate Challenge (2021).

**Aim/focus of the innovation:**

- To review and adapt key aspects of clinical skills teaching, learning, practice and assessment in the pre-registration BSc Nursing curriculum in order to improve sustainable practices.
- To produce a Good Practice Guide to be piloted in the BSc Nursing programme and subsequently rolled out for use across all healthcare courses with a clinical skills component.
- To disseminate learning for other organisations to adopt in similar contexts and settings.

**Implementation of the innovation:** Members of the University's School of Sport and Health Sciences Sustainability Special Interest Group used the SusQI (Sustainability in Quality Improvement) framework (Mortimer *et al.*, 2018) to plan and deliver the project.

This framework consists of four steps: set goals, study the system, design improvements and measure impact. In 'Setting goals', our approach was to 'start small but think big'. 'Studying the system' involved understanding and prioritising areas where improvements could be made, and 'Designing improvements' focused on principles of sustainable clinical practice such as researching lean systems and low carbon alternatives while preserving good pedagogic practice.

**Methods used to assess the innovation:** SusQI uses the 'Measure Impact' step to assess whether changes made actually lead to improvements. The project's success was measured according to the 'triple bottom line' of environmental, financial and social outcomes as the indicators of sustainable value. Additionally, the Special Interest Group engaged with other sustainability initiatives in healthcare and education to help evaluate the project, such as the



Planetary Health Report Card (2021) and the Nurses' Climate Challenge (Health Care without Harm Europe 2021). We have also assessed the project against the strategic sustainability priorities and commitments for both the School and the wider University.

**Key findings:** Key areas where more sustainable ways of working could be put into practice were identified for the immediate, medium and longer term, considering issues such as procurement of supplies, use of resources, plastic consumption, energy and water use and waste management. For example, a goal was made to stop the unnecessary use of aprons and gloves for most clinical skills activities. Further specific outputs from the project are undergoing analysis and will be presented at the conference. These will include results from an environmental audit of clinical skills teaching practices conducted by Masters-level Environmental Management students at the University.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

- Clinical skills teaching, learning and assessment are a common denominator of Nursing programmes where students and educators can make a huge contribution to improving the sustainability of practices.
- This project encourages direct action and good sustainable practice within the university setting, and delivers many teachable moments for students on sustainability through active learning and role modelling.
- Students can be empowered to translate this learning into noticing and questioning the sustainability of healthcare practices in the clinical environment, helping them to bridge the theory-practice gap. It can encourage them to champion sustainability issues themselves and take positive action throughout their careers.

**References:**

Health Care Without Harm Europe (2021) Nursing School Commitment. Available from: <https://eur.nursesclimatechallenge.org/en/school-of-nursing-commitment>

Mortimer, F. *et al.* (2018) 'Sustainability in quality improvement: redefining value'. *Future Healthcare Journal*, 5(2), 88–93. doi: 10.7861/futurehosp.5-2-88

Planetary Health Report Card (2021) A student-led initiative to inspire planetary health engagement in medical schools. Available from: <https://phreportcard.org/>

Shaw, E. *et al.* (2021) 'AMEE Consensus Statement: Planetary health and education for sustainable healthcare'. *Medical Teacher*, 43(3), 272–286. doi: <https://doi.org/10.1080/0142159X.2020.1860207>

University of Brighton (2022) 'Global Challenges'. Available from: <https://www.brighton.ac.uk/about-us/your-university/global-challenges/index.aspx>

**Keywords:** Clinical Skills. Nurse Education. Sustainability. Sustainable Healthcare. Sustainable Development Goals.

1Biii, 10:30-12:15, 6 September 2022

Theme paper, Research paper

### Engagement with global health among healthcare students in England

Ross Goldstone, Health Education England

**Promotional abstract:** This presentation summarises findings of the Health Education England (HEE) Global Health Survey. This was a national survey of healthcare students in England, which aimed to understand current engagement and future interest in global health learning and development opportunities. Drawing on data collected from 683 full-time students and 172 part-time students, the presentation will outline the current level of engagement in global health among participating healthcare students, their interest in engaging in the future, and barriers and facilitators to doing so. Therefore, this presentation aims to inform the development of education and training provision for healthcare students in England.

**Background, including underpinning literature and, wherever possible, the international relevance of the research:** There is increasing evidence of the benefits offered to national health systems of global learning opportunities, such as attending educational events which focus on global health issues, collaborating virtually with health professionals in other countries, or participating in clinical and non-clinical fellowships (Tyler *et al.*, 2018). Thus, organisations such as the World Health Organisation (WHO), Health Education England (HEE), universities and service providers have begun providing opportunities for global health engagement to current and future health professionals. However, there is a lack of knowledge of current exposure to, future interest in, and barriers and facilitators to global health engagement.

#### **Aim(s) and/or research question(s)/research hypothesis(es):**

- To collate a body of evidence relating to interest and current and prior participation in global health activities of the current and future NHS workforce.
- To establish the professional global health opportunities that are made available through employing NHS secondary care organisations and higher education institutions (HEIs).

**Research methodology/research design, any ethical issues, and methods of data collection and analysis:** Data collection consisted of two surveys, both of which facilitated the collection of quantitative and qualitative data. Survey one was intended for completion by individual staff and healthcare students currently working or studying in England. Survey two was aimed at HEIs and secondary care provider organisations based in England. Data analysis of responses provided by 683 healthcare students and 29 higher education institutions in England will be presented to better understand global health activity participation among healthcare students in England and the barriers and facilitators to such participation.

**Key findings and recommendations:** Key findings of the survey, which will be explored in further detail during the presentation, is that most (80%) individual respondents to the Global Health Surveys indicated that they had not previously participated in a global health activity. Despite this, there was a strong appetite to participate in the future, with only 8% indicating that they had no interest in engaging in global health activity opportunities in the future. The global health activities of most interest to respondents were attending global health events (e.g., seminars, talks), mentorship with overseas health professionals, and taking part in overseas health programmes, respectively. However, key barriers to participating in global

health activities for individuals were a lack of information about and opportunity to undertake such opportunities. For organisations, such as universities, the most common barriers to support healthcare students to participate in global health activities were a lack of resources, with insufficient being most significant. These findings suggest that there is a need not only to increase the volume of funded opportunities for healthcare students in England to participate in global health activities, but also that the communication of such opportunities needs to be enhanced to ensure that, where opportunities exist, those to which they are targeted are aware of them.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. Provides evidence from healthcare students and organisations serving them of interest in engaging in global health activities, an important component of developing the future healthcare workforce in England and worldwide.
2. Presents evidence on experiences of global health engagement among healthcare students in England, an under-researched yet increasingly important area of the education and training of healthcare professionals.
3. Assists in understanding the barriers and facilitators to engagement in global health activities, such as overseas placements.

**References:**

Tyler, N., Chatwin, J., Byrne, G., Hart, J. & Byrne-Davis, L. (2018) 'The benefits of international volunteering in a low-resource setting: development of a core outcome set'. *Human Resources for Health*, 16 (69), 1-30.

**Keywords:** Global Health. Student Engagement. Surveys.

1Biv, 10:30-12:15, 6 September 2022

Theme paper, Innovation paper

Interprofessional global health teaching

Dr Debbi Marais, Professor Georgia Kremmyda, Professor Olalekan Uthman, Dr Bronwyn Harris, University of Warwick

**Promotional abstract:** A recently developed innovative interdisciplinary Masters programme in Humanitarian Engineering offered a unique opportunity to introduce shared teaching as inspired by the WHO (2010) framework for action on interprofessional education and collaborative practice. The teaching and assessments for a global health module are shared across an Engineering and Medical School course, bringing students from at least two professions together to learn about and solve global health challenges together. This interprofessional educational approach to teaching and assessment enabled not only collaboration across a variety of disciplines and professions, but an opportunity to prepare students with core competencies to address real world challenges globally.

**Background, context and evidence base for the innovation, including, where possible, its international relevance:** A recently developed innovative interdisciplinary Masters programme in Humanitarian Engineering offered a unique opportunity to introduce shared teaching as inspired by the World Health Organisation (2010) framework for action on interprofessional education and collaborative practice. The teaching and assessments for a global health module are shared across Engineering and Medical School courses, bringing students from at least two professions together to learn about and solve global health challenges together. This interprofessional educational approach to teaching and assessment enabled not only collaboration across a variety of disciplines and professions, but an opportunity to prepare students with core competencies to address real world challenges globally.

**Aim/focus of the innovation:** Development of the global health module for the interdisciplinary Masters course identified a prospect to better utilise teaching time, while offering a unique interprofessional educational opportunity. Students attend the same global health-related teaching opportunities, both synchronous and asynchronous, over a two-week period and are required to work collaboratively on a group presentation throughout that period. The groups are mixed with students from Humanitarian Engineering and Public Health in each group. The authentic group assessment allows students to develop the five core interprofessional competencies (van Diggele *et al.*, 2020) namely, roles and responsibilities, ethical practice, conflict resolution, communication and collaboration and teamwork.

**Implementation of the innovation:** Students share four days of teaching activities which include some didactic style lectures but mostly comprise small group work and active engagement. The students are divided into groups of 4-6 students including students from both courses for one of the summative assignments. The groups are required to identify a specific global health issue in a particular country/region and use the time allocated during the two-weeks of teaching to formulate a possible solution. The justification for selecting the health concern and setting as well as the proposed solution forms the basis of the 10-minute group presentations. Student presentations are marked as a group, but peer-evaluations contribute to the final module mark.

**Methods used to assess the innovation:** The module has been running for three years with about 40 students each year from the two postgraduate courses. Each cohort is asked to complete an end-of-module questionnaire to provide feedback on their experiences.

Thematic analysis of the relevant open-ended comments made relating to the core interprofessional education competencies will be provided. Examples of presentation topics will be shared to illustrate how the students rise to the challenge.

**Key findings:** Students feel challenged by having to work across various disciplines and in groups, but report learning a lot about organisation, communication and group work. They also report learning about other professions and disciplines and seeing solutions to global issues from a different perspective.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. Core competencies in interprofessional education can be achieved while supporting scalability of teaching.
2. Activity design and scheduling are essential.
3. Peer assessment is needed to address aspects of group dynamics.

**References:**

World Health Organization. Framework for action on interprofessional education and collaborative practice. Geneva: World Health Organization; 2010. Available from: <http://apps.who.int/iris/handle/10665/70185>. Accessed 15 Mar 2022.

van Diggele, C., Roberts, C., Burgess, A. *et al.* Interprofessional education: tips for design and implementation. *BMC Medical Education*, 20, 455 (2020). Available from: <https://doi.org/10.1186/s12909-020-02286-z>.

**Keywords:** Interprofessional Education. Global Health. Peer Assessment. Team Work. Postgraduate.

# Strand 1C: Learning, teaching and assessment strategies

## Linking theme: Collaborative practice

1Ci, 10:30-12:15, 6 September 2022

Theme paper, Research paper

### Collaborative Learning in Practice in General Practice Nursing settings: A research study

Dr Graham Williamson and Adele Kane, University of Plymouth

**Promotional abstract:** This presentation summarises research to evaluate the implementation of Collaborative Learning in practice in General Practice (GP) Nursing settings, in South West England. Adult Field student nurses were placed in General Practices in primary care networks. We collected qualitative and quantitative data and sought to discover what staff and students felt about CLIP placements experiences, interprofessional learning exposure, and the extent to which having students in a GP placement improved access to nursing appointments and created a skill mix to allow permanent staff to see more complex patients.

**Background, including underpinning literature and, wherever possible, the international relevance of the research:** Attracting new graduate nurses to work in the community is problematic, and this has contributed to shortages in this sector in the United Kingdom and internationally. This paper reports the findings of a research study to implement Collaborative Learning in Practice in one region of the UK. We have had success (Williamson *et al.*, 2020a, 2020b, 2020c) with placing student nurses in GP placements previously in a pilot study and want to evaluate more thoroughly the potential benefits, or otherwise, to student and staff experiences of placement and interprofessional learning, social prescribing and benefits such as increased access times for patients to services.

#### **Aim(s) and/or research question(s)/research hypothesis(es):**

Aim 1: To implement and develop CLIP in GP nursing settings and evaluate that implementation.

Aim 2: To use a mixed-methods approach to evaluate the project work-streams.

Work-stream 1: Community of Practice, relating to the implementation and development of the project.

Work-stream 2: CLIP impact, relating to interprofessional education, GP nursing metrics including waiting and response times for common presentations, social prescribing and community-related local activity.

**Research methodology/research design, any ethical issues, and methods of data collection and analysis:** We used a mixed-methods approach focus groups with staff and students, a survey with students using the Clinical Learning Environment Inventory (Newton *et al.*, 2010) and the Interprofessional Team Learning Profiling Questionnaire (ITLPQ, Nisbet *et al.*, 2016) and a survey for staff using only the ITLPQ, and routinely collected audit data anonymised at source to examine if having student nurses in a GP practice had an impact on access to services and appointments. The research study received approval from the University Faculty Committee and permission from IRAS. Participants received the usual guarantees of confidentiality and anonymity. Written informed consent was taken.

**Key findings and recommendations:** At time of submission, data collection and analysis are ongoing, however, preliminary analysis indicates that staff and students believed their CLIP placements to be beneficial, fostering problem solving, peer support and leadership

behaviours amongst students. Students had opportunities to problem solve, see patients in clinics with coaching, and improved access to patients for some appointments such as blood pressure checks and vaccinations. There are myriad opportunities for multidisciplinary exposure and interprofessional learning available in a GP surgery.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. CLIP placements in general practice introduce students to this sector in a positive way which may benefit recruitment to the sector.
2. Students are exposed to interprofessional learning as a routine activity in general practice.
3. Students improve access to services and appointments for patients because they run clinics, take bloods and contribute to annual checks and other activities, and this can free up permanent staff for more complex care delivery.

**References:**

Newton, J.M., Jolly, B.C., Ockerby, C.M. & Cross, W.M. (2010) 'Clinical Learning Environment Inventory: factor analysis'. *Journal of Advanced Nursing*, 66(6), 1371-81.

Nisbet, G., Dunn, S., Lincoln, M. & Shaw, J. (2016) 'Development and initial validation of the interprofessional team learning profiling questionnaire'. *Journal of Interprofessional Care*, 30(3), 278-87.

Williamson, G.R., Bunce, J., Kane, A., Jamison, C. & Clarke, D. (2020) 'Investigating The Implementation of a Collaborative Learning in Practice Model of Nurse Education in a Community Placement Cluster: A Qualitative Study'. *The Open Nursing Journal*, 14(1), 39-48.

Williamson, G.R., Kane, A., Plowright, H., Bunce, J., Clarke, D. & Jamison, C. (2020) 'Thinking like a nurse'. Changing the culture of Nursing students' clinical learning: Implementing collaborative learning in practice'. *Nurse Education in Practice*, 43,102742.

**Keywords:** Interprofessional Learning. Collaborative Learning in Practice. Mixed Methods.

1Cii, 10:30-12:15, 6 September 2022

Theme paper, Innovation paper

### Building Collaborative Communities: Peer Assisted Learning & the Union of Students

Erica Bellamy, Sian Hill, Tony Longbone and Trudy Cowan, The University of Derby

**Promotional abstract:** A collaborative project showcasing the success of the online Peer Assisted Learning Scheme during the global pandemic, across all Nursing disciplines at the University of Derby. This project is led by students in collaboration with academics and the Union of Students, underpinning the development of vibrant cohort identities and a positive student experience to support progression. Please view the promotional video here:

[https://derbyuni.padlet.org/e\\_bellamy/Building\\_Collaborative\\_Communities\\_PALUS](https://derbyuni.padlet.org/e_bellamy/Building_Collaborative_Communities_PALUS)

#### **Background, context and evidence base for the innovation, including, where possible, its international relevance:**

The global pandemic has meant that learning and teaching across the university has constantly had to adapt to evolving government advice. Peer Assisted Learning (PAL) was developed as an online scheme to compliment the University's evolving model of blended and, at some points solely, online delivery. This project is led by students in collaboration with academics and the Union of Students, underpinning the development of vibrant cohort identities and a positive student experience to support progression. Please view our introductory video here:

[https://derbyuni.padlet.org/e\\_bellamy/Building\\_Collaborative\\_Communities\\_PALUS](https://derbyuni.padlet.org/e_bellamy/Building_Collaborative_Communities_PALUS)

**Aim/focus of the innovation:** This session explores how the University of Derby approach to peer learning rapidly changed and developed under the unexpected and unprecedented global pandemic. With a move to online learning and the demands of a practice-based course through such challenging circumstances, we demonstrate how this collaborative project was deployed virtually to build vibrant cohort identities, provide support across Nursing disciplines, and build a sense of belonging through adversities (Thomas, *et al.*, 2017). Designed specifically to enhance the student experience and engagement, we explore the benefit of the experienced curriculum (Posner, 1995; Prideaux, 2003) from the student, academic and Union perspectives.

**Implementation of the innovation:** Peer Assisted Learning offers a PAL Leader to support students by aiding their transition to university. Working collaboratively with student groups provided vital connectivity insights as to what support first year students require both academically and socially. The innovation was rapidly changed in 2020 to meet the distance and remote needs of learners brought about by the pandemic. The new way of working digitally facilitated improvements in accessibility and opportunities to develop student networks and cohesion, including increased interdisciplinary support. The continued evaluation and impact review supported the development of the innovation to deliver optimal output in supporting positive progression and providing a high-quality student learning and social experience.

**Methods used to assess the innovation:** All bespoke delivery sessions are complemented by a six-question survey providing detailed qualitative feedback to understand student perspectives and enhance the innovation. Mood scales have been impactful in measuring responses and monitoring engagement via analytics, with the unexpected outcome of cathartic opportunities for peer support. Weekly evaluations provided insightful findings following the review assessments of learning needs and supported content development. Statistical analysis is offered of engagement data with advice for the audience on opportunities for monitoring engagement. Qualitative narrative is supported with direct



learner feedback and statistical analysis to deliver evaluation on optimal methods of meeting learner expectations.

**Key findings:** Student experience is enhanced through the development of digital peer communities to the benefit of learner digital capabilities, socialisation, and student confidence. A key theme of all feedback was the preference for senior peers to support learning and develop confidence to overcome isolation, with multiple intakes supporting drive for the scheme and renewed enthusiasm throughout the intensity of Healthcare Education. For Student PAL Leaders and the wider student body, supporting the development of digital skills was integral to the success of the scheme and to the engagement and progression of students in a blended learning interface.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

- The blended learning model meant PAL support was more important than ever, with the PAL leaders helping their peers navigate the new digital landscape and develop effective remote study approaches.
- A collaborative approach is key to success with interdisciplinary academic liaison support to understand courses and opportunities, and the impartiality of The Union to work with students as partners, alongside institutional engagement groups.
- PAL has proven essential in the learning developments during and following the global pandemic to support peer interactions and individual wellbeing. This unique digital social learning environment fosters confidence, communities of practice, and a sense of belonging.

**References:**

Keenan, C. (2014) *Mapping Student-Led Peer Learning in the UK*. The Higher Education Academy, York; UK.

Petronzi, R. & Petronzi, D. (2020) 'The online and campus(OaC) model as a sustainable blended approach to teaching and learning in higher education: A response to COVID-19'. *Journal of Pedagogical Research*, 4(4), 498-507.

Posner, G. (1995) *Analyzing the curriculum* (2nd Ed.). New York: McGraw-Hill.

Prideaux, D. (2003) 'Curriculum design'. *British Medical Journal*; 326(7383), 268-70.

Thomas, L., Hill, M., O'Mahony, J. & Yorke, M. (2017) *What Works? Student Retention & Success - Supporting Student Success: Strategies for Institutional Change*. London: Paul Hamlyn Foundation, the Higher Education Academy and Action on Access.

University of Derby (2017) *Technology Enhanced Learning Strategy*. Derby, UK.

University of Derby (2016) *Teaching and Learning Strategy*. Derby, UK.

**Keywords:** Collaboration. Blended Online Learning. Digital Skills. Communities. Student-led.

1Ciii, 10:30-12:15, 6 September 2022

Theme paper, Innovation paper

### Finding the meaning in assessment criteria: Using interdisciplinarity to deconstruct and reconstruct criteria to enable learning and promote assessment literacy

Daniel Spence and Dr Jane Tobbell, University of Huddersfield

**Promotional abstract:** This theme paper aims to examine the purpose of, and practices around, the use of generic assessment criteria. Deconstruction was achieved through consideration of different discipline imperatives and practices enabling meaningful reconstruction. The process was managed via traditional face-to-face meetings and interim online collaboration. The interdisciplinary team evaluated the purpose of generic criteria, then explored the underpinning meanings of criteria, enabling the co-production of definitions meaningful to students and staff. Brainstorming and identification of key terms required to meet the needs of both students and markers resulted in the creation of generic assessment criteria through a student lens.

**Background, context and evidence base for the innovation, including, where possible, its international relevance:** A review of the generic assessment criteria within a School of Human and Health Sciences in a post-92 University, by means of interdisciplinary collaboration, necessitated an innovative approach to recreate the criteria, to promote assessment literacy (Smith, *et al.*, 2013; Carless & Winstone, 2020). The processes used to deconstruct and reconstruct the criteria required a blended approach to promote required outcomes, creating a common language for staff and students. A combination of face-to-face and online collaboration promoted meaningful collaboration within the interdisciplinary team. The face-to-face element proved to be key to promoting collaborative work by capturing non-verbal cues and ensuring that all voices were heard.

**Aim/focus of the innovation:** The aims of the working group were:

1. to review the present criteria and assess their fitness for purpose;
2. to amend the criteria in line with assessments of purpose;
3. to communicate revised criteria to staff and students.

Emerging questions:

- What is the purpose of generic criteria?
  - For staff?
  - For students?
- Are the criteria as currently structured fit for purpose?
- Do we need to maintain the current organisational structure of the criteria?
- What other models are there?
- How can we best communicate the criteria to enable teaching and learning?

**Implementation of the innovation:** The working group met face-to-face and used pen and paper to record in-meeting outputs. This method of collaboration enabled non-verbal cues such as “seeing the thought processes” on people’s faces. This facilitated the abstraction level of the task which required the rich inputs and high degree of co-presence afforded by face-to-face meetings (Tang & Bradshaw, 2020) which were key to actualising the innovation. The first meeting determined aims and group composition; the second meeting deconstructed the criteria and determined priorities; and the third meeting reconstructed the criteria promoting assessment literacy to develop a common language between staff and students.

**Methods used to assess the innovation:** Long-term assessment of the innovation will emerge once the new criteria are launched in September 2022. The criteria have been reviewed by the interdisciplinary team who created them and by the school Director of Learning and Teaching and appear to be robust and meaningful with good face validity. Following a rollout of the criteria to staff and students over the summer further evaluation will be possible. The team are also presenting a workshop to the university learning and teaching conference to disseminate the innovation and promote buy-in to the new criteria.

**Key findings:** The key benefits expected from the criteria are that students will appreciate the use of plain English. Any academic terms are supported with meaningful definitions provided in “lightbox” when students hover over the hyperlinked academic terms. The key benefit relating to the blended/hybrid collaboration methods employed were the richness of communication afforded by the face-to-face meetings. This promoted meaningful insights into the deconstruction and reconstruction required for task success (Tang & Bradshaw, 2020).

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. Practical use of a hybrid model to deconstruct and reconstruct generic assessment criteria appears to be useful in promoting interdisciplinary collaboration.
2. Consideration of both staff and student needs when reconstructing generic assessment criteria should enable us to improve students’ assessment literacy.
3. Dissemination of the newly reconstructed criteria through both online and face-to-face methods aims to increase student and staff acceptance and use of the criteria.

**References:**

Carless D. & Winstone, N. (2020) ‘Teacher feedback literacy and its interplay with student feedback literacy’. *Teaching in Higher Education*. DOI:10.1080/13562517.2020.1782372.

Smith, C.D., Worsfold, K., Davies, L., Fisher, R. and McPhail, R. (2013) ‘Assessment literacy and student learning: the case for explicitly developing students’ assessment literacy’. *Assessment & Evaluation in Higher Education*, 38(1), 44-60.

Tang, C.M. and Bradshaw, A. (2020) ‘Instant messaging or face-to-face? How choice of communication medium affects team collaboration environments’. *E-Learning and Digital Media*, 17(2), 111–130.

**Keywords:** Collaboration. Interdisciplinarity. Assessment Literacy. Blended Approaches. Meaning in Assessment Criteria.

1Civ, 10:30-12:15, 6 September 2022

Theme paper, Research paper

## Developing & evaluating a resource to support student nurse placements in General Practice

Pam Hodge and Catherine Sagias, Middlesex University

**Promotional abstract:** Primary care is integral to all population health internationally. In the UK, it is vital for a population which is experiencing increasingly complex health conditions managed in the community (HEE, 2017; NHS, 2019). Primary care is at the heart of public health and health promotion (DoHSC, 2018) and can meet education and proficiency standards required for Pre-Registration Nursing students (NMC, 2018). The GPN 10-point plan (NHS England, 2018) advocates more opportunities for Pre-Registration students and nurses in primary care. A collection of Practice Nurses and higher education institutions (HEIs) worked collaboratively to develop resources to support specific student nurse primary care learning.

**Background, including underpinning literature and, wherever possible, the international relevance of the research:** Primary care is integral to all population health internationally. In the UK, it is vital for a population which is experiencing increasingly complex health conditions managed in the community (HEE, 2017; NHS, 2019). Primary care is at the heart of public health and health promotion (DoHSC, 2018) and can meet education and proficiency standards required for Pre-Registration Nursing students (NMC, 2018). The GPN 10-point plan (NHS England, 2018) advocates more opportunities for Pre-Registration students and nurses in primary care. A collection of Practice Nurses and higher education institutions (HEIs) worked collaboratively to develop resources to support specific student nurse primary care learning.

### **Aim(s) and/or research question(s)/research hypothesis(es):**

Aim:

- To support primary care practice learning by developing a resource through effective collaboration between HEIs and practice nurses.
- To increase Nursing student practice learning opportunities in primary care (longer term).

Objectives:

- To develop a resource to support practice nurses interested in practice learning.
- To develop a resource with primary care nurse experts, for primary care nurses.
- To develop an integrated practice learning resource for the nurses to support their practice assessor role.
- To evaluate the resource, an integrated workbook, with practice nurses and students.
- To evaluate if this resource can contribute to increasing Nursing student learning opportunities.

**Research methodology/research design, any ethical issues, and methods of data collection and analysis:** A qualitative methodology is used to explore key stakeholder experiences and evaluation of the workbook.

An action research (Coghlan, 2019) design was chosen due to its iterative nature and ability to change as the research progressed. Two methods of data collection will be undertaken. The initial questionnaire and focus groups will be undertaken to review and enhance the

resource. The next cycle of the data collection will involve questionnaires and focus groups for both practice nurses and Pre-Registration students who have used the resource.

Braun and Clarke's (2013) thematic analysis model will be used to analyse the data.

**Key findings and recommendations:** Initial findings only are available at this time.

The initial evaluation and first cohort of students and practice assessors' data will be complete by July 2022. The collaboration between the HEI and the practice nurses was viewed positively and added to the relevancy of the resource. Nurses have commented that the authorship made them consider it "trustworthy" and they were more likely to use it as a result. The integrated practice workbook is useful to support the practice assessor's knowledge of the students' expected level of study. Students have commented on the value of an extra resource to integrate their practice within the wider population health context and understand the role of primary care in the healthcare system.

One recommendation from the work so far is for greater working collaborations on resource development and research between HEIs and primary care expert partners.

Full recommendations will be possible when the data collection and analysis is complete.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. This collaboration between the HEI and practice nurses enabled the synergy of education and clinical experts to produce an enhanced resource, not possible if undertaken independently.
2. The integration of blended practice learning, whilst conceived in the pandemic, can continue to act as a useful compliment to traditional practice learning.
3. The specific contextualisation of the learning in the workbook has supported the students to develop a more expansive understanding, beyond the practical skills in the placement area.

#### **References:**

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**Keywords:** Practice Learning. Co-creation/collaboration. Primary Care. Education. Innovation.

1Cv, 10:30-12:15, 6 September 2022

Poster+ presentation

### Evaluation of the Blended Practice-based Learning Model within Physiotherapy and Occupational Therapy clinical education

Ann Rees and Vikki Barnes-Brown, University of Liverpool

**Promotional abstract:** Increasing Allied Health Professional learners on Healthcare programmes and the COVID-19 pandemic have highlighted the need for radical change and innovative ways of working to address placement capacity. The blended learning placements were implemented in partnership with clinical collaboration across Cheshire and Merseyside region for Physiotherapy and Occupational Therapy learners. The aims of the study were to: ascertain the value and experiences of a newly introduced blended placement-based learning through the anonymous collection of data from an online questionnaire (quantitative) and focus groups (qualitative) in response to challenges relating to placement capacity.

**Main focus/theme of, or issues addressed by, the poster:** Clinical practice-based learning is pivotal for the education of Healthcare students, however, securing sufficient practice-based learning opportunities is a long-standing, well-documented issue within clinical education. The introduction of the blended practice-based placements, based on a split placement model, was proposed to provide a feasible alternative to the more traditional placement model. The primary focus of the evaluation was to ascertain the value and experiences of this placement model for Occupational Therapy and Physiotherapy learners and educators. Findings will help inform whether the blended practice-based learning model is an appropriate and sustainable vehicle to address placement capacity issues.

**Research approaches and underlying evaluation:** University ethical approval (Ethics number: 9852) was granted. The participants consisted of second year Physiotherapy and Occupational Therapy learners and their clinical educators. The aims of the study, using a mixed-method approach, were to: ascertain the value and experiences of a newly introduced blended placement-based learning through the anonymous collection of data from an online questionnaire (learners and educators) and focus groups (learners). The questionnaires were devised from previous quality of placement experience questionnaires (Prigg & Mackenzie, 2002; Barrett, Belton & Alpine, 2019); providing quantitative data and free text comments. Thematic analysis was used for the focus group data.

**Implications for healthcare education:** This innovative approach, comprising clinical hours and projects relevant to the practice arena, enabled practice partners to offer placements with significant impact. 11,800 clinical hours were retrieved, resulting in learners progressing on clinical programmes. Without this innovation, Occupational Therapy and Physiotherapy learners would have required an extension to their programmes, to achieve the regulatory and professional requirement of 1,000 clinical hours for registration. Furthermore, this approach fulfils NHS England's agenda of increasing the Allied Health professional workforce to meet the complex health and social needs of the population, and the provision of care closer to home (NHS England 2019;2020).

#### References:

Barrett, E.M., Belton, A. and Alpine, L.M. (2019) 'Supervision models in physiotherapy practice education: student and practice educator evaluations'. *Physiotherapy Theory and Practice*; 37(11), 1185-1198. DOI: 10.1080/09593985.2019.1692393.

Beveridge, J., & Pentland, D. (2020) 'A mapping review of models of practice education in allied health and social care professions.' *British Journal of Occupational Therapy*, 83(8), 488–513.

NHS England (2019) Long-Term plan. [Online] Available from: <https://www.longtermplan.nhs.uk/> (Accessed 20/04/21).

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Prigg, A. & Mackenzie, L. (2002) 'Project placements for undergraduate occupational therapy students: Design, implementation and evaluation.' *Occupational Therapy International*, 9(3), 210–36.

**Keywords:** Education. Clinical Placements. Evaluation. Blended Practice-Based Learning.



# Strand 1D: Student experience, engagement and achievement

## Linking theme: Clinical practice

1Di, 10:30-12:15, 6 September 2022

Theme paper, Research paper

**The importance of effective clinical support and assessment in the development of higher level practice, and the impact that higher education institutions can have on post-registration student outcomes**

Dr Wendy Wesson and Julie Reynolds, Keele University

**Promotional abstract:** This session will reflect upon the findings of two qualitative research studies associated with practice assessment and clinical supervision in the support of higher-level practice development.

Key findings will be identified that explore the challenges associated with higher-level practice assessment, including recognition of the importance of practice in developing student confidence, competence and capability.

**Background, including underpinning literature and, wherever possible, the international relevance of the research:** Nursing roles across the UK and beyond have evolved to incorporate greater focus on advanced skills and knowledge, resulting in increasing demands being placed on practice assessors.

This paper focuses on the support required by healthcare professionals in their development and assessment of Nursing students undertaking higher-level practice programmes at specialist and advanced levels (Allmark, 2003; Crossley, 2014; Sayer, 2011).

**Aim(s) and/or research question(s)/research hypothesis(es):** The aim of this paper is to highlight the importance of effective clinical supervision and assessment in the development of higher-level practice, and the impact that higher education institutions (HEIs) can have on the connection between theory and the reality of practice.

- To reflect upon the findings of two qualitative research studies associated with practice assessment and clinical supervision in the support of higher-level practice development.
- To identify key findings that explore the challenges associated with higher-level practice assessment, including recognition of the importance of practice in developing nursing expertise.

**Research methodology/research design, any ethical issues, and methods of data collection and analysis:** Two qualitative research studies were undertaken:

- Study 1: Focused on nurse practice assessors working within community specialist practice and compared their interpretation of their roles with that of Nurse Academics supporting specialist practice programmes. A grounded theory approach was used with related code and category development, based on interviews with practice assessors and focus groups with nursing academics.
- Study 2: Focused on advanced nurse practitioners and their assessors in practice, to appraise the impact of a curriculum on student development. A case study approach and thematic analysis was used, incorporating interviews with Advanced Nursing Practice students and practice assessors.

Ethical issues related to researcher positionality and involvement-detachment.

**Key findings and recommendations:** Wesson's (2012) study indicates that nurse practice assessors see the education aspect of their role as central and integral to their status and performance as practitioners. They do, however, consider that their status as practice assessors is little recognised or considered outside of HEIs. Findings from the research demonstrate that student competence and capability, whilst initially diminishing, is soon built upon and improved with the support and guidance of the practice assessor.

Reynolds (2022) relates to the review of Advanced Clinical Practice curricula, identifying that commitment to clinical supervision within the practice assessor role is essential in student development and achievement. The study supports the suggestion that good clinical supervision allows for transformation of the learner from indecision to self-assurance and certainty.

These qualitative studies reaffirm the importance of recognition by employers of the vital role played by practice assessors and the need for HEIs to continually engage with them and their managers to support and promote clinical education. It is therefore essential that healthcare courses are rooted in the reality of the practice situation (Fitzpatrick, 2009).

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. The importance of partnership working between HEIs and employers for post-registration clinical staff development.
2. Further development of clinical academic roles, to raise their profile and recognise their contribution to staff development.
3. The development of academic models that constantly evolve to more closely reflect the reality of practice.

**References:**

Allmark, P. (2003) 'Popper and Nursing Theory'. *Nursing Philosophy* 4, 4-16.

Crossley, JGM (2014) 'Addressing learner disorientation: Give them a roadmap'. *Medical Teacher*, 36(8), 685-91. Available from: [www.informationhealthcare.com](http://www.informationhealthcare.com). DOI: 10.3109/0142159X.2014.889813 (Accessed: 06/03/20).

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Sayer, L. (2011) 'Strategies used by expert versus novice practice teachers to enact their role with community nurse students'. *Nurse Education Today*, 31(6), 558-563.

**Keywords:** Higher-level Practice. Practice Assessor. Advanced Nursing. Specialist Community Nursing.

1Dii, 10:30-12:15, 6 September 2022

Poster+ presentation

### The effectiveness of clinical simulation in professional healthcare programmes to improve students' situational awareness during acute deterioration

Zoe Mason, University of Cumbria

**Promotional abstract:** This research aims to evaluate the effectiveness of simulation scenarios in educational health-related programmes to support the development of student situational awareness skills. 'Situational awareness' (SA) is an emerging topic of interest and is vital to prevent adverse outcomes for patients. It reduces inability to identify deteriorating vital signs and delaying of intervention. The research investigates SA development using simulation within an HE environment for students. The study is due to be conducted within North West Universities (UK). The intervention consists of simulation sessions utilising an adapted Situational Awareness Global Assessment Scale to evaluate students' responses to scenarios. Feedback forms analyse the students' perceptions and engagement with simulations.

**Main focus/theme of, or issues addressed by, the poster:** The benefits and barriers of using simulation to improve students' situational awareness in clinical practice.

**Research approaches and underlying evaluation:** The research adopts a mixed-method approach, capturing the impact of simulation on students' situational awareness and their perception of events during patient deterioration scenarios. As situational awareness is a multi-factorial and complex concept, data on both performance and perceptions of students is gathered. Evaluations note improved student engagement and experience using simulation. However, the facilitation methods of simulation causes variance in the enhancement of situational awareness skills.

**Implications for healthcare education:** Overall, simulation provides exciting and innovative methods of facilitating learning when planned and organised effectively. Simulation use is recommended, however, balanced between challenging students and supporting them to engage. With appropriate preparation, design and delivery, clinical simulation can have positive impacts on students' situational awareness skills, improving their competency and performance when being presented with deteriorating patients. However, to further improve student experience, greater comprehension of the methods of simulation and variable factors impacting ability to engage must be evaluated. Barriers preventing students performing in simulated environments also requires greater attention if simulations are to continue to develop and enhance.

#### References:

Rushton, M (2015). Simulation and the student pathway to critical care. *British Journal of Cardiac Nursing*, 10(2), pp.93-98.

Shanahan, C. and Lewis, J. (2015) Perceptions of interprofessional clinical simulation among medical and nursing students: A pilot study. *Journal of Interprofessional Care*. 29(5), pp.504-506.

Stayt, L., Merriman, C., Ricketts, B., Morton, S. & Simpson, T (2015) Recognizing and managing a deteriorating patient: a randomized controlled trial investigating the effectiveness of clinical simulation in improving clinical performance in undergraduate nursing students'. *Journal of Advanced Nursing*, 71(11), 2563-74.

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Stubbings, L., Chaboyer, W. & McMurray, A. (2012) 'Nurses' use of situation awareness in decision-making: an integrative review'. *Journal of Advanced Nursing*, 68(7), 1443-53.

Tyerman, J., Luctkar-Flude, M., Graham, L., Coffey, S. & Olsen-Lynch, E (2016) 'Pre-simulation preparation and briefing practices for healthcare professionals and students'. *JBIR Database of Systematic Reviews and Implementation Reports*, 14(8), 80-89.

Weiler, D., Gibson, A. & Saleem, J (2018) 'The effect of role assignment in high fidelity patient simulation on nursing students: An experimental research study'. *Nurse Education Today*, 63(1), 29-34.

Wright, S.M. & Fallacaro, M.D (2011) 'Predictors of situation awareness in student registered nurse anesthetists'. *AANA Journal*, 79(6), 484-49.

**Keywords:** Simulation. Situational Awareness. Clinical Education.

1Diii, 10:30-12:15, 6 September 2022

Theme paper, Innovation paper

**Facilitating expansive learning in practice. Expanding the boundaries of practice education**

Dr Sinead Mehigan, Middlesex University and Nikita Hill, University College London Hospitals

**Promotional abstract:** The aim of this session is to share the approach we are using to introduce a system-wide model of clinical practice learning for Pre-Registration Nursing students.

The objectives will be to:

- Outline the background to this development
- Define Expansive Learning in practice – and why it matters
- Explore what is currently working, in terms of supporting practice learning across an Integrated Care System (ICS)
- Discussion of lessons learnt so far

**Background, context and evidence base for the innovation, including, where possible, its international relevance:** This session is designed to give an overview of our progress on a system-wide project being undertaken currently across North Central London ICS, designed to improve the student learning experience and student placement capacity. Using funding gained from a successful bid to Health Education England (HEE) – which aims to support increases in nursing placement capacity – North Central London (NCL) ICS have drawn on elements of the approach used by University College London Hospitals (NCLH), to develop, roll out and evaluate a model for placement learning, that builds on previous research some of the team have undertaken, by providing students with “expansive learning” experiences in practice (Holbery, Morley & Mitchell, 2019).

**Aim/focus of the innovation:** This innovative approach to practice learning aims to test the extent to which we can adopt a system-wide approach to practice learning across an Integrated Care System, which helps improve the student learning experience, and critical thinking skills, at the same time as increasing student placement capacity.

**Implementation of the innovation:** Clinical educators are working across an Integrated Care System (ICS) to adopt elements of an approach used by UCLH to support students in practice, to provide them with expansive learning opportunities - focused on supporting development of critical thinking skills, and on giving them opportunities to reflect on and deepen their understanding of wider practice issues.

We are using coaching skills to enhance student critical thinking, dialogue, reflexivity and leadership skills. Other activities include working in partnership with organisations to facilitate reflective dialogue sessions, peer-learning sessions and provide additional placement learning opportunities across the ICS.

**Methods used to assess the innovation:** A mixed methods approach was taken including: Qualitative - evaluation using feedback from students, practice assessors, practice supervisors, link lecturers and clinical tutors to assess perceptions of impact to student learning achievement in practice. Quantitative - comparative assessment of student capacity in areas adopting this model for supporting students.

**Key findings:** At this stage in the project we will be reporting on key learning and findings that emerge over the next 6 months.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. Building on previous research, through application of expansive learning model to clinical - what works?
2. Exploration of degree to which an expansive learning model contributes to improving students' critical thinking.
3. Application of lessons on what works, in adopting a system-wide approach to supporting student learning across organisations.

**References:**

Holbery, N., Morley, D. & Mitchell, J. (2019) 'Expansive Learning'. In Morley, D., Wilson, K., \* Holbery, N. (eds) *Facilitating Learning in Practice*. London: Routledge, pp. 56-71.

**Keywords:** Practice Learning. Expansive Learning. Critical Thinking.

1Div, 10:30-12:15, 6 September 2022

Theme paper, Research paper

### Listening at the window: A narrative inquiry describing student nurses' experiences of learning in clinical practice

Ruth Poxon, University of Wolverhampton

**Promotional abstract:** The aim of this session is to share the outcome of my Doctoral research study which explored student nurses' experiences of learning in clinical practice. This has the potential to develop and enhance the way student nurses are supported whilst developing experiential learning in clinical practice.

**Background, including underpinning literature and, wherever possible, the international relevance of the research:** Nurse Education is under constant review and student nurses' learning in clinical practice continues to be described as a vital component to learning to become a nurse, with equal weighting given between theory and practice (Nursing & Midwifery Council, 2018). Yet there is a lack of United Kingdom (UK) published research exploring student nurses' perceptions of their experience of learning in clinical practice.

**Aim(s) and/or research question(s)/research hypothesis(es):** Research question: How do student nurses describe their experiences of learning in the clinical environment?

**Aim:** To explore student nurses' descriptions of their experiences of learning in clinical practice through the narrative of storytelling.

Objectives were to:

- narratively describe student nurses' inner world of learning in clinical practice;
- identify factors which positively or negatively influence student nurses' experience of learning in clinical practice;
- contribute to the understanding and representation of student nurses' own views of 'learning in practice';
- provide a firmer evidence base to inform curriculum development for Nurse Education in order to make recommendations;
- generate ideas for further research.

### **Research methodology/research design, any ethical issues, and methods of data**

**collection and analysis:** Narrative inquiry research methodology was used to collect 8 self-selected student nurses' stories exploring their experiences of learning in clinical practice. Ethical approval was gained, and the student nurses were fully informed of the purpose of the study and their right to withdraw.

Confidentiality was assured and all data anonymised. Individual semi-structured interviews were conducted and recorded for transcription. The stories as data were analysed thematically and then grouped together under the three identified themes and recreated with in-vivo quotes using the participants' own words from the transcripts. This representation provided the opportunity for further interpretation and discussion.

**Key findings and recommendations:** Three themes emerged from the analysis which were, the student nurses' descriptions of learning from others, fitting in and their contribution to practice. A narrative thread ran through all the stories which described the strategies and tactics the student nurses used to survive and/or thrive in clinical practice. The analysis of

the stories builds on the work of O'Mara *et al.* (2014) who had established four strategies that student nurses used for coping whilst learning in clinical practice described as Retreating, Redirecting, Rebuilding and Reframing. This study has revealed two further strategies used which I have named as Resisting and Restoring. These six strategies have been developed into a model which I recommend needs to be shared with students and academics to help prepare students for their clinical placement experiences and help them to understand how and when to use these strategies as protective considerations for learning in clinical practice.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. This study contributes to the use of narrative inquiry as a research methodology in Nurse Education and provides a unique understanding and representation of a group of UK student nurses' own views of their experience of learning in clinical practice.
2. It acknowledges the contribution that student nurses make to clinical practice and provides some further understanding of the strategies they use to fit in and learn during their clinical placements.
3. It provides some practical recommendations for helping student to thrive during their clinical placement experience.

**References:**

Nursing and Midwifery Council (2018a) 'Future nurse: Standards of proficiency for registered nurses'. London: NMC. Available from:

<https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/nurses/future-nurse-proficiencies.pdf>.

O'Mara, L., McDonald, J., Gillespie, M., Brown, H. & Miles, L. (2014) 'Challenging clinical learning environments: Experiences of undergraduate nursing students'. *Nurse Education in Practice*. 14, 208-13.

**Keywords:** Student Nurses. Clinical practice. Experiential Learning. Narrative Inquiry.



1Dv, 10:30-12:15, 6 September 2022

Poster+ presentation

### Emergency Department Clinical Skills Assistant

Tulsi Patel, Dr Andrew Beckham and Dr Hannah Tang, Nottingham University Hospital Trust NHS

**Promotional abstract:** Throughout the pandemic, Medical students have gained less clinical exposure than previous cohorts, with a reported lack of preparedness such as confidence in clinical skills and non-technical abilities. The Clinical Skills Assistant project addresses these deficits by providing opportunities for repetitive skill practice with timely feedback, shown to develop expertise, under nursing mentorship as part of the multi-professional team in a busy emergency department. The aim is to improve student preparedness for starting work as a doctor. Investing in these Medical students now is equally investing in the future of patient care, creating more competent, confident, collaborative and resilient doctors.

**Main focus/theme of, or issues addressed by, the poster:** The COVID-19 pandemic has resulted in Medical students gaining less clinical exposure. A large proportion of these soon-to-be foundation doctors lack confidence in clinical skills and non-technical abilities, such as collaborative working. The Clinical Skills Assistant (CSA) project addresses these deficits by providing opportunities for repetitive skill practice with timely feedback, shown to develop expertise, under nursing mentorship, whilst volunteering as part of the multi-professional team (MPT) in the Emergency Department (ED). By improving student preparedness for independent practice after graduation, we aim to develop more competent, confident, collaborative and resilient doctors, simultaneously investing in the future of patient care.

**Research approaches and underlying evaluation:** A weekend induction provided training of core clinical skills on task trainers. These skills were then rehearsed in scenarios with simulated patients (SPs) using hybrid simulation to elicit performance in increasing complexity, with the additional variable of SP interaction. Training was followed by a supernumerary period of voluntary shifts the ED with regular mentor assessment of practice, working towards independent CSA proficiency. A service evaluation is underway to assess student and mentor perceptions of the impact upon students' competence and confidence in technical and non-technical domains: clinical skills, communication skills, learning and development, understanding the work environment and team working.

**Implications for healthcare education:** The project design has intentionally utilised the full ED MPT to enhance learning opportunities. The training weekend was delivered by an educational MPT, including patient participation. ED nurses and clinical support workers were recruited as mentors, utilising their frequently untapped expertise. They will advocate for CSAs within the ED, encourage MPT integration, and offer ongoing support and empowerment to deliver the department's goal of 'excellent care without exception'. The objective of students volunteering as CSAs in such an immersive and cooperative environment is to better appreciate the ED MPT, in turn engendering more collaborative and resilient doctors.

**Keywords:** Emergency Department. Clinical Skills. Medical Student. Cannulation. Multi-professional Team.

# Strand 1E: Educational Enhancement

## Linking theme: Learning from the voices of others

1Ei, 10:30-12:15, 6 September 2022

Theme paper, Innovation paper

### Embedding the service user/carer voice in module design, delivery and assessment: The UCLan School of Nursing approach

Janet Garner, Susan Barnhurst, Steph Holmes and Gareth Bell, University of Central Lancashire

**Promotional abstract:** The School of Nursing at the University of Central Lancashire (UCLan) works in partnership with Comensus, a group of local service users and carers through the SoNIAG group (School of Nursing Involvement Advisory Group). In 2020-21 an innovative pilot project was launched to further embed the voices of service users and carers into Pre-Registration Nursing module design, delivery and assessment. This presentation will showcase the steps taken towards co-creation of authentic module content, present qualitative data from an evaluation in the summer of 2021 and highlight key outcomes from the project to be taken forward by the School.

**Background, context and evidence base for the innovation, including, where possible, its international relevance:** Service user and carer involvement in Health and Social Care Education has become a core policy requirement in recent years (Health and Care Professions Council [HCPC], 2017; Nursing and Midwifery Council [NMC], 2018; Social Work England [SWE], 2021) and internationally a core component of healthcare training (Towle *et al.*, 2010; Wykurtz & Kelly, 2002). Professional bodies have sought to include and embed the voices of those in receipt of services further in response to publications outlining serious failings in care (Francis, 2013; Keogh, 2013). The NMC in the UK now states that higher education institutions should 'ensure programmes are designed, developed, delivered, evaluated and co-produced with service users and other stakeholders'.

**Aim/focus of the innovation:** In 2004 the Comensus group (Mckeown *et al.*, 2011) was core funded by the Faculty of Health at the University of Central Lancashire and the SoNIAG group was set up in 2017-18 to address the new NMC standards (NMC, 2018). This new partnership group helped to design three new pre-registration programmes for accreditation in 2019. Following approval and roll-out of the new programme, a pilot integration and partnership programme began with the aim to further embed the voices of service users and carers into module teams to ensure content was truly authentic and person-centred.

**Implementation of the innovation:** In partnership with the Comensus group, the Pre-registration Nursing Programme Manager proposed a new approach to managers, course leaders and lecturers whereby service users and carers could be matched according to their experiences with module teams and involved in each stage of the programme. They would be involved as equal partners with lecturers and external stakeholders to design interview questions and scenarios, module content and case studies, and review assessment strategies. Two of the smaller programme teams were selected for the pilot in the first instance and a document circulated to the School to update them on the new strategy.

**Methods used to assess the innovation:** Following the 12-month pilot, the Involvement Facilitator (and Chair of SoNIAG) hosted separate focus groups for lecturers and Comensus service user/carers. This ensured participants could speak freely without the risk of offending their partner colleagues. The groups were recorded and transcribed before thematically analysed and the results compared. In addition, evaluation forms were co-created by the

SoNIAG group to facilitate feedback from students, staff and service users/carers following their participation in teaching, meetings or other events.

**Key findings:** The qualitative data gathered at the two focus groups were organised into themes: preconceptions, challenges, benefits and recommendations for the future. Both partners admitted to some apprehension and anxiety before the pilot and some of these were confirmed by the challenges related by both groups. Service users often felt out of their depth when module teams were discussing issues such as timetabling or using jargon. Staff were concerned about how much information they should share with the service users as they did not want to overload them with too much work. Overall, however, both were confident that the new approach would ensure an increased focus on the person behind the patient.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:** Following the publication of these findings, the group collated the responses into a 'Top tips for partnership working' aimed at staff colleagues. The three key points from this are:

1. Hold an initial meeting to get to know each other as PEOPLE first & don't forget to introduce everyone.
2. Remember that service users and carers have offered to help - don't make assumptions about their health or interest levels. They have signed up for this and are here to enhance the education of future professionals.
3. Give feedback. If Comensus representatives have recommended a change or provided content for a new session, let them know what the students or learners thought about it, talk it through.

#### **References:**

Francis, R. (2013) 'Report of the Mid Staffordshire NHS Foundation Trust public inquiry: executive summary' (Vol.947). The Stationery Office.

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Towle, A., Bainbridge, L., Godolphin, W., Katz, A., Kline, C., Lown, B., Madularu, I., Solomon, P. & Thistlethwaite, J. (2010) 'Active patient involvement in the education of health professionals'. *Medical Education*, 44, 64-74.

**Keywords:** Co-creation. Partnership. Service User. Carer Involvement. Course Design.

1Eii, 10:30-12:15, 6 September 2022

Theme paper, Issues for debate paper

### The lived experience of autistic tutors at a Higher Education Institution: Reflections and recommendations for student support

Claire Aubrey and Philippa Laskey, University of Cumbria

**Promotional abstract:** This presentation will discuss the benefits of framing the tutor as an expert by experience, outline their potential role in student support, and highlight the culture change needed to accommodate this approach to student support within a university setting. The two presenters are both autistic and so will be drawing on their own experience to demonstrate this in a meaningful and authentic way.

#### **Key concepts to be addressed, including, where possible, the international relevance:**

There is a documented increase in the number of students entering higher education who have a wide and diverse range of needs. Consideration should therefore be given to how to enable institutions and students to work together in harmony so that students feel comfortable discussing and disclosing their needs, whilst universities are engaged in listening and understanding students' needs on an individual basis. Although the training of tutors is often recommended as a way of building understanding around support, this can be limited in scope and will undoubtedly contradict the framework of individualisation as it can only ever offer a generic overview.

**Aim(s)/focus:** This session will discuss the benefits of framing the tutor as an expert by experience, outline their potential role in student support, and highlight the culture change needed to accommodate this approach to student support within a university setting.

**Evidence base and literature informing the arguments:** There is a documented increase in the number of students entering higher education who have a wide and diverse range of needs. Specifically, in 2019/20 332,300 students in higher education declared a known disability, which is an increase of 47% from 2014/15 (Hubble & Bolton, 2021). Although there is a lack of research on this topic, there is a suggestion that support is both limited and inconsistent across the UK (Kendall, 2018), which could be as a result of policies and frameworks which are open to interpretation by each institution. Additionally, it has been found that students do not always disclose fully, either due to poor understanding of their own condition or need, or due to stigma and fear of discrimination (Grimes, Southgate, Scevak & Buchanan, 2019). Feelings of 'otherness' have frequently been cited when discussing discrimination (Calloway & Copeland, 2021) and so it is the normalisation and acceptance of this 'otherness' that this solution seeks to address.

**Issues for debate:** A potential solution that we will be proposing in this presentation, is the concept of using the lived experience of tutors to promote an atmosphere of diversity and inclusion in universities. Rather than a formalised package of training, this approach would cultivate an inclusive environment through role modelling. The approach we are proposing has the potential to enable students to feel both represented and accommodated by being able to identify with the tutors and their experiences of similar challenges in higher education. It is also hoped that these tutors would be seen as a safe space or person for students who are in need of support.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. This work contributes to a deeper understanding and appreciation of tutors with lived experience.
2. It shows a potential stronger integration of this into the university support system.
3. It will address a unique and largely unexplored style of student support.

**References:**

Calloway, K. & Copeland, D. (2021) 'Acute care nurses' attitudes toward nursing students with disabilities: A focused ethnography', *Nurse Education in Practice*, 51, 102960.

Grimes, S., Southgate, E., Scevak, J. & Buchanan, R. (2019) 'University student perspectives on institutional non-disclosure of disability and learning challenges: Reasons for staying invisible'. *International Journal of Inclusive Education*, 23(6), 639-55. DOI: <https://doi.org/10.1080/13603116.2018.1442507>.

Hubble, S. & Bolton, P. (2021) 'Support for disabled students in higher education in England'. Available from: <https://researchbriefings.files.parliament.uk/documents/CBP-8716/CBP-8716.pdf> (Accessed 22/02/22).

Kendall, L. (2018) 'Supporting students with disabilities within a UK university: Lecturer perspectives.' *Innovations in education and teaching international*, 55(6), 694-703.

**Keywords:** Lived Experience. Student Support. Autism. HEI. Role Model.

1Eiii, 10:30-12:15, 6 September 2022

Theme paper, Research paper

**The Student Midwife Care Survey: Using service users views and preferences to inform the development of practice learning models in midwifery**

Dr Rosalind Haddrill, Edinburgh Napier University and Dr Vikki Smith, Northumbria University

**Promotional abstract:** This survey was developed in the North-East and North Cumbria, UK, and aims to establish women's preferences around student midwives' contribution to their maternity care. The findings will be used to inform future models of practice learning, with a particular emphasis on continuity of carer. Questions focused on women's views and experiences, and the survey was distributed to maternity and parenting groups across the region via social media. 134 responses were received. Analysis shows an overwhelmingly positive response to student midwife care, acknowledging the strength of relationships but also the shared learning between women and students. The survey demonstrates the value of seeking service user views in the development of women-centred practice learning models in Midwifery.

**Background, including underpinning literature and, wherever possible, the international relevance of the research:** Student midwives play an important part in maternity care. The NHS has a target to train thousands of additional midwives, in order to provide high quality care to all women/birthing people. In addition, national maternity reviews set out a vision for maternity services which are safe and personalised (NHS England 2016; Scottish Government 2017). At the heart of this is the idea that women should have continuity of carer before, during and after birth. Globally, this has been shown to lead to better outcomes and safety for both woman and baby, and an enhanced experience. Gathering the perspectives of women/birthing people about the care they receive is key to ensuring that increased numbers of student midwives gain the experience and skills they need to provide effective care and continuity.

**Aim(s) and/or research question(s)/research hypothesis(es):** Aim: To identify how student midwives can best support and care for women/birthing people and families, while gaining the appropriate experience and competency required to become qualified midwives, working within continuity of carer models.

Objectives:

- to gather the perspectives of women/birthing people and families with recent or current maternity care experience, about the involvement of student midwives in their maternity care;
- to gather the views of women/birthing people and families about how student midwives can support their maternity journey and how they might provide effective continuity of carer;
- to contribute to the delivery of safe, high quality maternity care by planning appropriate preparation of students to work in continuity of carer models.

**Research methodology/research design, any ethical issues, and methods of data collection and analysis:** The study employed a questionnaire approach to assess service user views and experiences relating to the involvement of student midwives in their maternity care. Questions were developed collaboratively with service-user representatives. Participants were asked to complete a structured, online questionnaire, made available via maternity and parenting social media networks across the region, over a four-week period in

December '21- January '22. Ethical approval was granted. Respondents confirmed their consent and eligibility to participate prior to completing the questionnaire anonymously, and did not provide any personal identifiable data. Questions facilitated both fixed and free text responses. Data was analysed using statistical and thematic analysis methods (Braun & Clarke 2006).

**Key findings and recommendations:** 134 responses were received; the majority had experienced care from a student midwife. Analysis shows an overwhelmingly positive response to student midwife care, though the strength of this varied between elements of care antenatally, intrapartum and postnatally. Respondents acknowledged the strength of relationships and the shared learning that occurs between women and Midwifery students throughout the pregnancy journey. It was evident that students had a profound impact on many women/birthing people. Many identified qualities in students that were less evident amongst the professionals who cared for them, such as enthusiasm, compassion and an ability to provide personalised care. Almost all respondents suggested that they valued continuity and would like the opportunity to get to know and receive care from the same student midwife during their pregnancy journey, working alongside qualified staff.

The survey provides unique insights into the experience of student midwife care, and demonstrates the value of seeking service user views to inform the development of person-centred practice learning models in Midwifery. The findings should contribute to placement learning strategies in the North East and North Cumbria, to enable increasing numbers of student midwives to provide safe and effective continuity of carer, with an emphasis on building strong relationships and individualised care. They can be utilised to optimise clinical experiences and shared learning opportunities for students, but also for the women/birthing people and families they care for.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. Responses provide unique insights into the experience of women/birthing people's care by student midwives, and the impact of this, both positive and negative.
2. Service user contributions will inform the development of effective practice learning experiences in Midwifery, at a particularly challenging time, in terms of increased student numbers and resource pressures within the NHS. They will help to address some of the challenges associated with the transition to new ways of working and learning in practice.
3. Momentum around the provision of continuity in maternity care is growing in the UK, but little evaluation of women's views on continuity and its benefits exists. This survey contributes to a greater understanding.

**References:**

Braun, V. & Clarke, V. (2006) 'Using thematic analysis in psychology'. *Qualitative Research in Psychology*, 3(2), 77-101.

NHS England (2016) National Maternity Review: 'Better Births. Improving outcomes of maternity services in England. A Five Year Forward View for maternity care'. [Online] Available from: <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>.

NHS England and NHS Improvement (2020) Better Births Four Years On: A review of progress. [Online] Available from: <https://www.england.nhs.uk/wp-content/uploads/2020/03/better-births-four-years-on-progress-report.pdf>.

Scottish Government (2017) The Best Start: five-year plan for maternity and neonatal care. Available from: <https://www.gov.scot/publications/best-start-five-year-forward-plan-maternity-neonatal-care-scotland/>.

**Keywords:** Maternity Care. Student Midwives. Practice Learning. Continuity. Service-User Perspectives.



1Eiv, 10:30-12:15, 6 September 2022

Theme paper, Research paper

## Academic experiences of teaching Transnational Nurse Education overseas

Dr Collette Straughair, Northumbria University

**Promotional abstract:** Transnational Nurse Education programmes are becoming more commonplace in the higher education (HE) sector, with academic staff from external universities often assuming a 'fly-in faculty' approach to deliver teaching in universities overseas. Although Transnational Nurse Education may be a core component of university business strategies, there is emerging evidence to suggest that it is a complex activity. This presentation will share the findings of a study that explored academic perceptions of their experiences of teaching overseas. It will outline the challenges academics faced, the strategies they implemented to resolve these and introduce a proposed model to support effective Transnational Nurse Education.

**Background, including underpinning literature and, wherever possible, the international relevance of the research:** Transnational Nurse Education is developing pace across the international higher education sector as a highly regarded lucrative business development strategy (Arunsaem, 2016), resulting in numerous universities establishing themselves as key players in the field. However, Transnational Nurse Education is not without its challenges, with emerging evidence suggesting that it is a highly complex activity (Mackay *et al.*, 2016; Maxwell-Stuart and Huisman, 2018). There is limited evidence to inform understanding of academic experiences of delivering Nurse Education within the transnational context. This study therefore aimed to address this knowledge gap and utilise the findings to inform and influence future transnational educational practices.

**Aim(s) and/or research question(s)/research hypothesis(es):** The study aimed to address the following research question: How do academics perceive their experiences of delivering Transnational Nurse Education programmes overseas?

**Research methodology/research design, any ethical issues, and methods of data collection and analysis:** The study was underpinned by a grounded theory methodological approach (Charmaz, 2014). Following ethical approval, academics were invited by email to participate in a brief online survey. The survey collected demographic information and gained preliminary insight into the nature and extent of academics' Transnational Nurse Education experience. Survey data was used to inform a theoretical sampling strategy, which resulted in a sample of 10 participants. Data was collected via individual interviews which were supported by a semi-structured topic guide, transcribed verbatim and analysed using the established grounded theory techniques of initial and focused coding.

**Key findings and recommendations:** Data analysis supported identification of the following eight themes:

- Understanding the context of healthcare and education;
- Being supported;
- Collaborating with transnational partners;
- Recognising language and cultural influences/barriers;
- Adapting to the environment;
- Implementing effective and responsive educational pedagogies;
- Recognising the benefits for individual development;
- Valuing the benefits for the organisation.

The findings highlight that despite the potential challenges and complexities of Transnational Nurse Education, it is a worthwhile activity that brings with it a host of benefits to the individual academic, the higher education organisation and the transnational partner. However, in order to overcome the challenges and complexities it is evident that the implementation of a range of strategies are needed. Key strategies include developing formal and informal academic peer support, establishing processes to facilitate collaboration with transnational partners to understand the cultural context of healthcare and designing appropriate mechanisms to support academics to adapt to the educational environment and implement the responsive pedagogies that are often unexpectedly required in the transnational context. As a result of the study, an emerging grounded theory is proposed that outlines the principles of Prepare, Perform, Progress as key elements to support effective Transnational Nurse Education in future practice.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. At a time when Transnational Nurse Education is developing at pace, the study findings provide much needed original insight into academic experiences.
2. The findings outline the key challenges and complexities that academics can face when delivering Transnational Nurse Education in overseas contexts.
3. The recommendations suggest a range of strategies to address the challenges and complexities of Transnational Nurse Education and propose an emerging model to inform future practice.

**References:**

Arunsaem, N. (2016) 'Impact of UL and Australian trans-national higher education in Malaysia'. *Journal of Studies in International Education*, 20(3), 242-59.

Charmaz, K. (2014) *Constructing Grounded Theory*. 2nd Edition. Los Angeles: SAGE Publications Ltd.

Mackay, M., Joyce-McCoach, J., Stephens, M., Cutler, N., Brown, R., Fernandez, R., Froggatt, T.J., Heaton, L., Moxham, L. & Sim, J. (2016) 'Review of trans-national nursing education programme curricula: process, findings and recommendations'. *Nurse Education Today*, 42, 73-77.

Maxwell-Stuart, R. & Huisman, J. (2018) 'An exploratory study of student engagement at trans-national initiatives'. *International Journal of Educational Management*, 32(2), 298-309.

**Keywords:** Transnational Education. Nurse Education. Academic Experiences.

## Strand 2A: Learning, teaching and assessment strategies

### Linking theme: Online solutions

2Ai, 13:15-15:00, 6 September 2022

Theme paper, Research paper

#### Development of blended online Nursing student selection interviews: A mixed-methods study

Dr Kirsi Talman and Dr Mark Baker, King's College London and Dr Jonna Vierula, Laurea University of Applied Sciences

**Promotional abstract:** Due to the COVID-19 pandemic many institutions have had to quickly adopt online methods in Nursing student selection to align with the health/safety guidelines introduced by governments. The aim of this study was to develop online student selection interviews for four Nursing programmes to strengthen the evidence-base, fairness and objectivity of the interviews. A mixed-methods design was adopted. As a result, five key areas were identified to be assessed in the interviews, and interview questions and scoring criteria were developed for these.

**Background, including underpinning literature and, wherever possible, the international relevance of the research:** Globally, there are approximately 35 million nurses and midwives working within healthcare (WHO, 2021), and 121,000 Nursing graduates alone in the European Union (Eurostat, 2019), providing some estimation of the scale of the Nursing student selection processes provided by higher education institutions (HEIs). Internationally, Nursing student selection processes vary greatly but because of the COVID-19 pandemic many HEIs have had to quickly adopt online methods to align with the health and safety guidelines introduced by governments.

**Aim(s) and/or research question(s)/research hypothesis(es):** The aim of the study was to develop blended online student selection interviews for four Nursing programmes (Adult, Mental Health, Child, MSc Adult & Mental Health dual registration) in the Faculty of Nursing, Midwifery and Palliative Care. The word 'blended' refers to an online one-to-one interview format in which both open-ended and multiple-choice question types are used.

**Research methodology/research design, any ethical issues, and methods of data collection and analysis:** A mixed-methods design was adopted. The development phase of the study included identification of the structure and content of the online interview using a literature review, evaluation of the face validity of the interview questions and scoring criteria using Delphi survey (n=10), and evaluation of the feasibility of the interviews utilising semi-structured interviews (n=4) after a pilot study. Content analysis was used to analyse the literature review results, thematic analysis for semi-structured interview results and Content Validity Index was calculated to analyse the Delphi survey results. Approval to undertake the study was granted by the University Research Ethics Committee.

**Key findings and recommendations:** According to the literature review, the structure of the online interviews should include five areas to be assessed: career choice, reasoning skills, ethical skills, emotional intelligence skills, and language and communication skills. The interview questions and scoring criteria were developed and finally modified according to the results of the Delphi survey and the pilot tests. The main results and the final structure (number of questions and their type) of the online interviews will be presented at the conference.

It is recommended that student selections should be based on evidence. This study presents several methods that can be used in different healthcare disciplines to develop student selections. The results also provide important information of the areas to be assessed.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. New assessment evidence-based strategies are needed in the student selection context.
2. Provides evidence to support the content and delivery of Nursing student selection interviews.
3. Blended interviews may assist faculty member to assess applicants more comprehensively and objectively.

**References:**

Eurostat (2019) Healthcare personnel statistics – Nursing and caring professionals. [Online]. Available from [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare\\_personnel\\_statistics\\_-\\_nursing\\_and\\_caring\\_professionals&oldid=452027#Health\\_graduates](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_personnel_statistics_-_nursing_and_caring_professionals&oldid=452027#Health_graduates).

WHO: World Health Organisation (2021) *Global strategic directions for nursing and midwifery 2021-2025*. Geneva: World Health Organization. Licence: CC BY-NC-SA 3.0 IGO. Available from: <https://apps.who.int/iris/bitstream/handle/10665/344562/9789240033863-eng.pdf>.

**Keywords:** Nursing Education. Student Selection. Online Interviews. Standardised Questions. Mixed-Methods.

2Aii, 13:15-15:00, 6 September 2022

Poster+ presentation

**Bridging the Gap: Using technology enhanced learning to demonstrate the importance of evidence-based practice in healthcare**

Gemma Spencer, University of Central Lancashire

**Promotional abstract:** Healthcare Education has traditionally been a 100% face-to-face programme. However, the pandemic has allowed educators to become more innovative and increase their digital literacy for teaching. This session will explore how to create effective, engaging, innovative, and interactive digital learning experiences using ThingLink for hard-to-reach subjects with a basis in contemporary pedagogy.

**Main focus/theme of, or issues addressed by, the poster:** There have been recent calls for research knowledge and skills to be integrated into Pre-Registration Nursing curricula (Council of Deans, 2019). Many healthcare professionals agree that research literacy is a fundamental aspect of quality evidence-based care (NMC, 2018), and students report wanting more within their programmes of study (Council of Deans, 2019). Despite this, the so-called theory-to-practice gap between research and nursing is wide open and requires engaging and innovative teaching techniques to facilitate its closure. 300 final year students across three sites were invited to a virtual research conference with input from research active staff from the School of Nursing with multimodal aspects of learning including videos, research papers and podcasts.

**Research approaches and underlying evaluation:** This project used an active blended learning approach (Kolb, 1984) with real-world context to achieve higher-order thinking (Bloom, 1956). Different media was used to engage students including a sense of humour to break down perceived difficult research topics including methodology and critical appraisal. Students were shown how to use the platform at the opening of the conference. An instant messaging box was used to facilitate engagement and networking throughout. Students were invited to evaluate the experience using an embedded Microsoft Forms questionnaire.

**Implications for healthcare education:** Healthcare Education has seen a huge shift during the pandemic from face-to-face to online. Alongside this, the traditional didactic nature of learning is being phased out, making way for more experiential learning experiences. Student evaluation shows that despite a previously perceived notion of research being unimportant, they understood its place in becoming a professional Nursing Registrant. Students described the experience as: “engaging” and “it helped me understand why we do research and the importance of it”. Is it time to think differently about face-to-face versus online learning for difficult to reach subjects?

**References:**

Bloom, B.S. (1956) *Taxonomy of Educational Objectives, Handbook I: The Cognitive Domain*. New York: David McKay Co Inc.

Council of Deans of Health (2019) ‘Becoming Research Confident. Research in pre-registration curricula for nursing, midwifery and allied health programmes in the UK’. London, UK.

Kolb, D.A. (1984) *Experiential Learning: Experience as the source of learning and development* (Vol.1). Englewood Cliffs, NJ: Prentice-Hall.

Nursing & Midwifery Council (2018) ‘Standards of proficiency for registered nurses’. London: Nursing & Midwifery Council.

Nursing & Midwifery Council (2018) 'The code: Professional standards of practice and behaviour for nurses, midwives, and nursing associates'. London: Nursing & Midwifery Council.

**Keywords:** Innovation. Effective. Interactive. Engaging. Digital Learning.

2Aiii, 13:15-15:00, 6 September 2022

Theme paper, Innovation paper

**Working in partnership with people with dementia and family carers for the digital delivery of a national workforce development programme: Scotland's Dementia Champions**

Dr Anna Jack-Waugh, University of the West of Scotland

**Promotional abstract:** In 2021, Scotland's National Dementia Champions programme 2021 was commissioned to be delivered digitally as part of the Scottish Government's Dementia and Covid Recovery Plan. The University of the West of Scotland (UWS) and Alzheimer Scotland delivered early cohorts from 2011 across Scotland in classroom settings. This presentation will provide insight into the multi-agency and multi-speciality approach to adapting this long-established programme into the digital sphere. It will demonstrate the educational strategies and evidence-based pedagogy used to retain the underpinning values of the programme and centrality of the voice of people with dementia and their family carers while developing staff as agents of change.

**Background, context and evidence base for the innovation, including, where possible, its international relevance:** In 2021, Scotland's National Dementia Champions programme 2021 for more than 100 Health and Social Care professionals was commissioned to be delivered digitally as part of the Scottish Government's Dementia and Covid Recovery Plan. UWS and Alzheimer Scotland delivered early cohorts from 2011 in five sites across Scotland in classroom settings. Previous studies have highlighted the central role of active voice participants (people with dementia) as peer educators in changing perceptions, attitudes and subsequent actions of Health and Social Care professionals towards people with dementia and their families (Jack-Waugh *et al.*, 2018).

**Aim/focus of the innovation:** This presentation will provide insight into the multi-agency and multi-speciality approach to adapting this long-established programme into the digital sphere. It will demonstrate the educational strategies and evidence-based pedagogy used to retain the underpinning values of the programme and centrality of the voice of people with dementia and their family carers, while developing staff as agents of change. This session is facilitated by experts in dementia education, learning artefacts co-creators, peer-active voice partners and clinical peers. They will outline their learning and early evaluation findings from the rapidly moving digital development and delivery.

**Implementation of the innovation:** Dementia Champions Learners were directed to a bespoke virtual learning platform where they undertook five learning packages of four hours each. The learning packages were augmented by five facilitator-led peer-to-peer learning sessions after completion of each virtual learning package and personal tutor coaching. To become Dementia Champions, learners completed two assessed pieces of work. The final assessment was a change action plan to enable Dementia Champions to disseminate their knowledge and improve practice within the sphere of their responsibility.

**Methods used to assess the innovation:** Evaluation tools used, ethical considerations and application methods, current and comparative outcome data will be presented as previously described in MacRae *et al.* (2022). Session by session evaluative data will also be presented. This current data will be compared with previous pooled data from programmes delivered in the face-to-face classroom setting.

**Key findings:** Data from the 2021-22 delivery is currently being analysed. Early data indicates satisfaction with the learning experience. During and after the session, the participants will understand:

- The aim of Scotland's National Dementia Champions programme.
- The multi-agency process and educational strategies used to enable digital delivery.
- The methods and relationships underpinning the co-creation of the learning artefacts.
- The multi-media approaches and mediating artefacts used to support learning.
- Preliminary evaluation data.
- The learning so far concerning the digital delivery of a national workforce development programme.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. Enhancing education through partnership working is the central contribution to the selected theme.
2. The knowledge and skills available to participants in this presentation reflect the strategic and creative partnership approaches required to translate a programme from face-to-face to digital
3. Retaining the essence of a human rights-based approach to the care of people with dementia.

**References:**

Jack-Waugh, A., Ritchie, L. & MacRae, R. (2018) 'Assessing the educational impact of the dementia champions programme in Scotland: Implications for evaluating professional dementia education'. *Nurse Education Today*, 71, 205-210. DOI: <https://doi.org/10.1016/j.nedt.2018.09.019> (Accessed 2018/09/29/).

MacRae, R., Gamble, C., Ritchie, L. & Jack-Waugh, A. (2022) 'Testing the sensitivity of two dementia knowledge instruments in dementia workforce education'. *Nurse Education Today*, 108, 105210. DOI: 10.1016/j.nedt.2021.105210.

**Keywords:** Dementia. Education. Health. Social. Workforce.



2Aiv, 13:15-15:00, 6 September 2022

Theme paper, Issues for debate paper

### Using simulated placements to promote inclusive practices: A Higher Education Institution faculty's experience of delivery

Claire Aubrey, Dr Karen Morris and Finn Drude, University of Cumbria

**Promotional abstract:** This presentation will give some insight into the experiences of the Simulation Team at the University of Cumbria in their facilitation of simulated placements and design of online placements which support these pressures. This discussion will draw early conclusions and offer some recommendations for those areas hoping to develop this style of placement in order to widen participation and promote an inclusive environment through simulated activity.

#### **Key concepts to be addressed, including, where possible, the international relevance:**

There is emerging evidence to support the fact that simulation can not only provide practice hours for Health students, but that it is comparable in terms of learning outcomes, when competently designed (Chu *et al.*, 2019; Imms *et al.*, 2018). This has far-reaching implications, meaning that pressure for placement capacity may be reduced and students can access practice experiences which remain high quality, rather than placements with limited opportunities solely chosen for their availability (Parker, 2018; Taylor, 2021). The additional benefit of simulated placements takes the form of inclusive practice. Where students are either unable to access a physical placement or have other reasons for not being able to attend, simulation offers a solution.

**Aim(s)/focus:** This presentation will give some insight into the experiences of the Simulation Team at the University of Cumbria in their facilitation of simulated placements and design of online placements which support these pressures. This discussion will draw early conclusions and offer some recommendations for those areas hoping to develop this style of placement in order to widen participation and promote an inclusive environment through simulated activity.

**Evidence base and literature informing the arguments:** There is emerging evidence to support the fact that simulation can not only provide practice hours for Health students, but that it is comparable in terms of learning outcomes, when competently designed (Chu *et al.*, 2019; Imms *et al.*, 2018). This has far-reaching implications meaning that pressure for placement capacity may be reduced and students can access practice experiences which remain high quality, rather than placements with limited opportunities solely chosen for their availability (Parker, 2018; Taylor, 2021).

Even accommodating students with increased personal responsibilities, such as caring for children or elderly relatives could be contemplated, reducing financial and logistical pressures, and in turn supporting mental health (Ketterer, 2020).

**Issues for debate:** This presentation will make some suggestions around using simulated practice to provide an environment of inclusivity for students in higher education institutes so that widening participation may occur.

#### **Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. This presentation will open up the scope of simulation to promote an inclusive practice.

2. It will demonstrate how inclusivity can be integrated seamlessly into the curriculum through simulation.
3. It will open the door for discussion around innovative ways to widen participation on vocational health courses.

**References:**

Chu, E.M.Y., Sheppard, L., Guinea, S. & Imms, C. (2019) 'Placement replacement: A conceptual framework for designing simulated clinical placement in occupational therapy.' *Nursing & Health Sciences*, 21(1), 4–13.

Ketterer, S.-J., Callender, J., Warren, M., Al-Samarraie, F., Ball, B., Calder, K.-A., Edgerley, J., Kirby, M., Pilkington, P., Porritt, B., Orr, M. & Bridge, P. (2020) 'Simulated versus traditional therapeutic radiography placements: A randomised controlled trial.' *Radiography*, 26(2), 140–146.

Taylor, N., Wyres, M., Green, A., Hennessy-Priest, K., Phillips, C., Daymond, E., Love, R., Johnson, R. & Wright, J. (2021) 'Developing and piloting a simulated placement experience for students.' *British Journal of Nursing*, 30(13), S19–S24.

**Keywords:** Simulation. Healthcare. HEI. Simulated Activity. Inclusion.

2Av, 13:15-15:00, 6 September 2022

Poster+ presentation

**Project Hephaestus: Crafting experiential learning through adaptive virtual placements for second year student nurses**

Virginia Roberts, University of Winchester

**Promotional abstract:** A primary aim of this study is to determine a current state of digital literacy including perception of digital approaches among Pre-Registration Nursing students. A further aim is to study the efficacy of technology-based and virtual experiential learning approaches for delivering a broad and consistent suite of learning opportunities that strengthen knowledge, confidence, and competence within the future workforce. A proof-of-concept virtual experiential learning study comprising a four-week virtual placement commencing June 2022. Technologies will be utilised in the deployment of simulated scenarios including virtual/augmented reality, gamification, hackathons, telehealth and virtual ward scenarios, designed to address the future nurse proficiencies.

**Main focus/theme of, or issues addressed by, the poster:** A primary aim of this study is to determine a current state of digital literacy including perception and confidence in digital approaches among Pre-Registration Nursing students. A further aim is to study the efficacy of technology-based and virtual experiential learning approaches for delivering a broad and consistent suite of learning opportunities that strengthen knowledge, confidence, and competence within the future workforce.

A proof-of-concept virtual experiential learning study comprising a four-week virtual placement commencing June 2022. Technologies will be utilised in the deployment of simulated scenarios including virtual/augmented reality, gamification, hackathons, telehealth and virtual ward scenarios, designed to address the future nurse proficiencies.

**Research approaches and underlying evaluation:** A mixed-methods design will be employed to collect and analyse data obtained through observation, interview, focus groups and survey. Study results will be consolidated and documented in August 2022 and will play a role in assessing efficacy for developing confidence, competence and preparedness for the digital future and will inform adjustments to the concept to meet digital literacy challenges and improve effectiveness.

**Implications for healthcare education:** The NMC requires student nurses to complete 2,300 practice hours over the Pre-Registration Nursing programme. There is, therefore, a high dependence on suitable and reliable learning opportunities for the development of knowledge, skills and proficiencies. The NMC's Standards Framework (2018) recognises the role of technology enhanced and simulation-based approaches as part of learning and assessment. Until recently, simulation hours have been capped at 300 hours. The NMC has now increased the number of simulation hours to 600 for some institutions. This offers a more outcome-focused approach utilising a greater use of simulation for learning and assessment that facilitates safe and effective care. (Ford, 2021)

**References:**

Ford, M. (2021) 'Simulation activity to double for some nursing students.' *Nursing Times* 25th November, 2021.

Nursing & Midwifery Council (2018) 'Standards framework for Nursing and Midwifery Education'. Nursing and Midwifery Council.

**Keywords:** Virtual Reality. Simulation. Augmented Reality. Technology. Pre-Registration Placement.

## Strand 2B: Key challenges in healthcare education

### Linking theme: Innovation in practice learning

2Biii, 13:15-15:00, 6 September 2022

Theme paper, Innovation paper

**'Growing Pains': Creating practice learning capacity through simulation**

Gary Francis, Philip Davey and Gareth Evans, London South Bank University

**Promotional abstract:** In this presentation, we will provide an account of the scoping, development and implementation that led to the successful delivery of a simulated placement in Physiotherapy. In addition, we will share the student evaluation and lessons learned from our experiences. Educators who attend the session can expect to be able to build on and grow their own simulated placements from the lessons we learnt so that they are able to embed simulated placements in their own curriculum.

**Background, context and evidence base for the innovation, including, where possible, its international relevance:** It is evident that the National Health Service (NHS), independent and charitable sectors are struggling to provide enough clinical placements. This is in part due to a growing competitiveness among London-based higher education institutions (HEIs) and those from further afield, and is additionally complicated by the rising demand for Healthcare students to tackle the wide-ranging workforce challenges. Through our awarded Health Education England (HEE) simulated placement capacity funds, we, as a London HEI, employed a Simulated Practice Learning Developer to help us scope, design and implement simulated practice learning opportunities to mitigate the capacity issues, whilst improving the student experience and supporting the development of professional knowledge, skills and behaviours.

**Aim/focus of the innovation:** Through a structured programme of simulation, we supplemented the clinical practice of a mixed group of 20 second year BSc and first year MSc Physiotherapy students to augment their clinical practice and deliver 20% of a five-week clinical placement. We used our people's academy service users and a theatrical group to help contextualise the evolving case studies of two patients. The scenarios started in A&E, through to the ward, a deterioration to intensive care admission, rehabilitation and discharge into the community. We challenged students with conditions, changes and a full range of assessment, management and clinical reasoning scenarios.

**Implementation of the innovation:** Watson *et al.* (2012) and Blackstock *et al.* (2013) implemented simulated placements and designed a programme whereby clinical practice hours were replaced by simulated learning. They found that clinical education in a Simulated Learning Environment (SLE) can successfully replace 25% of placement time without compromising learning outcomes. We developed a structured programme of simulation delivery to be delivered one day a week over five weeks. The scenarios followed patient journeys through a variety of healthcare settings. The debrief of students following a simulated clinical placement was also deemed to be an important part of our delivery model and we based this upon the work of Butler *et al.* (2018) who developed the Origami Debriefing Model.

**Methods used to assess the innovation:** Our evaluation of this development took the form of intermittent Mentimeter polls throughout to check in with student satisfaction and sense of engagement. On the final day full evaluation was undertaken by all students via Microsoft Forms. Students were encouraged to communicate with peers and facilitators via the MS

Teams site and channels where any issues or confusions were clarified. Students commented on how supportive this mechanism was for them during the experience.

**Key findings:** The staff and student experience has been very positively reported for this activity. Our evaluation indicates that students want more of this type of activity and they compare it favourably to their experience of clinical practice placements to date. Part of our sustainability plan for continuing to develop these activities to help placement capacity across all professional groups is around simulation staff training to support staff engaging in this new way of working as well as a wide range of resources to support a hybrid approach for all learners.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. It was noted that this method promotes group discussion, sharing of ideas and dilemmas and provides a pool of options for progressing the next element of the scenario.
2. We concluded that the model of reflection helps to broaden clinical reasoning and develop mastery in the decision-making processes that impact on patient care and outcomes.
3. In addition the development of our new simulated practice learning opportunities has not only helped with placement capacity issues but has arguably contributed to a renewed focus on the value of applied learning and provided new experiences for students to actively engage in their learning journey towards registration as qualified healthcare professionals.

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**Keywords:** Simulation. Placement. Capacity. Expansion. Physiotherapy.

2Biv, 13:15-15:00, 6 September 2022

Theme paper, Innovation paper

## Designing a new sustainable university speech and language therapy clinic to support student placements: Challenges and successes

Dr Caroline Law and Julia Stewart, Plymouth Marjon University

**Promotional abstract:** During the pandemic, student placements were significantly reduced. With support from a Health Education England (HEE) grant, the Speech & Language Therapy (SLT) team developed an onsite SLT clinic. To make the clinic sustainable, the design included a fee-paying structure, a range of supervision models and peer placements. This design ensured a range of clinical teaching and learning opportunities for SLT students while requiring a small number of placement educators.

**Background, context and evidence base for the innovation, including, where possible, its international relevance:** During the pandemic, student placements were significantly reduced. This presented a problem for SLT students who required clinical placement hours to graduate and enter the workforce. With support from a HEE grant, the SLT department at Plymouth Marjon University developed an onsite SLT clinic to expand our student placement opportunities.

**Aim/focus of the innovation:** A condition of the funding was to make the clinic sustainable to provide student placements into the future. To ensure sustainability the clinic design included a fee-paying structure, so clients pay a small fee for service, similar to an independent practice. Furthermore, a range of supervision structures and peer placements were developed to ensure a range of clinical teaching and learning opportunities were available, requiring only a small number of placement educators.

**Implementation of the innovation:** Initially, the clinic offered telehealth and simulated learning but now offers a mix of face-to-face, telehealth and knowledge exchange activities. Clinical experiences in the new clinic have been developed to adapt to the needs of the students, the needs of the stakeholders and follow the competency framework required by the Health and Care Professions Council (HCPC, 2014) using case-based learning (Whitworth *et al.*, 2008), reflective models (Geller, 2001) and student views (Quigley, 2020).

**Methods used to assess the innovation:** To date we have managed more than 30 placements equating to more than 2,000 placement hours. We have two placement educators, and we have 85 clients who have accessed our services. The clinic enabled students to gain placement hours required to graduate and enter the workforce during the pandemic and continues to benefit our students, including students with specific needs and disabilities.

**Key findings:** In the presentation, we will outline the current model and discuss some of the successes and challenges from our experiences. We hope that our knowledge can be shared with other health programmes as a possible solution to providing effective and valuable placements for students

### Three key points to indicate how your work contributes to knowledge development within the selected theme:

1. Using an onsite student clinic can help to address shortages in placement provision for SLT students.

2. Using various models of supervision, peer placements and a fee for service can support sustainability.
3. University clinics can be flexible to the needs of students, e.g. students with specific needs, mixed adult and paediatric placements and opportunities for knowledge exchange.

**References:**

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**Keywords:** University Clinic. Speech and Language Therapy. Student Placement. Sustainability. Supervision.



## Strand 2C: Key challenges in healthcare education

### Linking theme: Promoting wellbeing

2Ci, 13:15-15:00, 6 September 2022

Theme paper, Issues for debate paper

**The costs of becoming a nurse: Promoting student learning and wellbeing amid the cost of living crisis**

Dr Mark Molesworth, Glasgow Caledonian University

**Promotional abstract:** The cost of living crisis is beginning to impact student nurses and looks set to deepen over the coming months and years. This session will explore the responses required by higher education institutions (HEIs) and their partners to promote student learning and wellbeing in the face of these issues. It will critically explore where responsibility lies in ensuring students can fully engage with their studies while many face economic challenges, often compelling them to work in addition to full-time study. Finally, the session will allow debate of strategies and practical measures necessary to support learners.

**Key concepts to be addressed, including, where possible, the international relevance:**

The key concepts for consideration include exploration of institutional, political, professional and societal issues identified as causal factors of student financial stress. The concept of collaborative working between HEIs and their partners will be considered under the lens of student nurses' learning and wellbeing in the face of a deepening cost of living crisis.

**Aim(s)/focus:** This session aims to promote self-reflection upon institutional responsibility and consideration of collaborative actions that could be taken in response to student financial stress.

**Evidence base and literature informing the arguments:** Inflation has been on the rise across much of the world, with most OECD member nations affected (Pew Research Centre, 2022). Even before the current cost of living crisis, personal financial pressures play a role in the problematic levels of attrition seen internationally (Prymachuk, Easton and Littlewood, 2009). Although all higher education students experience stress at some point in their education (Lavoie-Tremblay *et al.*, 2021), it is the unique combination of practice learning and university study within Nurse Education that proves stressful for many students in Nursing. The demographic profile of Nursing student cohorts is often comprised of non-traditional students, many of whom are mature students with dependents to support (Bartlett *et al.*, 2016; He *et al.*, 2018; Turner & McCarthy, 2017). Health Education England's (2018) RePair report shows that financial concerns are the most significant concern for Healthcare students across all years of their Pre-Registration programmes. Economic challenges highlighted within the report include costs associated with clinical placements (e.g. travel and parking) and placement shift patterns limiting access to part-time employment. The implication of continued financial stress among Nursing students requires problem-focused solutions, and by developing an understanding of the causal factors in financial stress, Nurse Educators can begin to develop coping strategy interventions for students (Lavoie-Tremblay *et al.*, 2021).

**Issues for debate:** We ask delegates to consider the following:

- What are the effects of financial stress upon the mental health and well-being of Nursing and Allied Health Professions students?
- How can HEIs and their partners work collaboratively to support student mental health and wellbeing through the cost of living crisis?

- What role can governments play in reducing financial stress for students?
- What is the link between student withdrawal and financial pressures?
- How can we resolve the barriers of entitlement and bureaucracy to student finance or other benefits, as often faced by students?
- What is the impact of part-time work upon academic performance and student wellbeing during university?

**Three key points to indicate how your work contributes to knowledge development within the selected theme:** Key challenges in healthcare education knowledge development:

1. Establishing the views of delegates regarding the cost of living crisis and its potential impact on Nurse Education.
2. Sets out potential strategies that policy makers, HEIs and their partners can use to support student learning and wellbeing through the cost of living crisis.
3. Provide insights into the existing evidence regarding financial pressures on areas such as attrition.

#### References:

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Prymachuk, S., Easton, K. & Littlewood, A. (2009) 'Nurse education: factors associated with attrition'. *Journal of Advanced Nursing*, 65(1), 149–60. Available from: <https://doi.org/10.1111/j.1365-2648.2008.04852.x>.

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**Keywords:** Nurse Education. Financial. Economic. Pre-Registration. Wellbeing.

2Cii, 13:15-15:00, 6 September 2022

Theme paper, Research paper

**The healthcare academic workforce and responding to coronavirus-related challenges**

Andrea Cameron, Abertay University

**Promotional abstract:** Pre-pandemic there were concerns about the resilience and sustainability of the Healthcare Education workforce derived from an ageing demographic and the challenges of recruiting from practice into an academic environment where teaching and research experience are often pre-requisites. The pandemic has potentially further damaged this fragile state with more than half of all academics citing emotional burnout as a driver for their intent to leave the sector. Similar statistics exist for those in clinical practice. This presentation will reflect on survey data gained from Healthcare academics about their work-related pandemic experiences and consider how this can inform future recruitment practices.

**Background, including underpinning literature and, wherever possible, the international relevance of the research:** Concerns regarding COVID-specific psychological stress (Aly *et al.*, 2020) led to protecting mental wellbeing becoming an area of focus for the 2021 International Year of Health and Care Workers (WHO, 2021). High levels of burnout were also being reported in academia - changing delivery practices, isolation from colleagues, and supporting students resulted in many stating a desire to leave or retire (Gewin, 2021). Capacity issues were already causing concern in the healthcare academic workforce because of recruitment challenges and an ageing demographic (CoDH, 2021). This study sought to better understand the impact of managing the pandemic on Healthcare Educators' wellbeing.

**Aim(s) and/or research question(s)/research hypothesis(es):** The study was part of a wider project examining Healthcare students' health but specific questions explored staff wellbeing:

- What internal university resources are you being directed to for Health & Wellbeing support?
- Do you think that the type of wellbeing support that you need has changed from pre-pandemic; and if so, in what way and why?
- Is there anything more that could be done by universities to support your wellbeing? If so, what should this be?
- Is there anything that could be implemented nationally that would help your wellbeing at the moment and as we transition?

**Research methodology/research design, any ethical issues, and methods of data collection and analysis:** Ethics permission was granted to conduct a Qualtrics online anonymised survey in the first two weeks of June 2021 to gather qualitative data to understand pandemic-related issues pertaining to Healthcare student wellbeing and that of their faculty staff. Healthcare Education programme leaders within Scottish universities were contacted by email by a member of the Council of Deans of Health Wellbeing Short-Life Working Group and invited to complete the academic staff-specific survey using the embedded link. Participation was voluntary. Braun and Clarke's (2006) six-stage approach to thematic analysis was adopted to examine the trends emerging in the data.

**Key findings and recommendations:** The majority (84%) of healthcare academic staff reported that pandemic-related changes to working practices had negatively impacted their health and wellbeing. A consequence of increased workload (poorer work-life balance),

inconsistent and changing central messages, feelings of isolation, remodelling courses for online delivery, increased sedentarism, the volume of emails from students, and the need to provide more online support.

While some liked the flexibility that came with home working (and would like to see aspects of this preserved) others found this stressful. Staff were drawing on university resources (managers, wellbeing apps, human resources, counselling services, healthy working lives resources, chaplaincy, Teams meetings, webinars, external agencies) but felt that academia needed to do more to address pastoral support, work-life balance, promoting good home working practices, workload and patterns of working.

It was felt that more could be done to support a healthy work culture. Within universities this could include better management of university deadlines, incentivising being active; and nationally, acknowledging the work that healthcare academics do, supporting clinical academic positions, and ensuring that good news stories emerge.

Study outcomes were shared with the Council of Deans of Health membership and with Scottish Government healthcare representatives to inform pandemic transition action plans.

### **Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. A sustainable healthcare academic workforce is required to educate the next generation of health professionals. Prior to the advent of COVID-19 there were concerns around capacity and resilience, these have been further exacerbated by the toll of the pandemic on those in clinical practice and in academia.
2. Good academic practices, processes and support systems that enable a healthy work-life balance for healthcare academics will be important to recruiting and retaining this workforce.
3. More could be done within government health departments to acknowledge the contribution of healthcare faculties and to promote and facilitate transition to academia as a valued career destination.

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**Keywords:** Academic Workforce. Resilience. Wellbeing. Academic Practice.

2Ciii, 13:15-15:00, 6 September 2022

Theme paper, Research paper

### Evaluation of Health and Wellbeing Outreach Programme and undergraduate Nursing social prescribing practice learning experience

Professor Jacqueline Leigh, Dr Michelle Howarth, Liz Burns, Catherine Croughan and Maxine Hamilton-Bell, University of Salford

**Promotional abstract:** This project evaluation is the result of the NHS England 'Five Year Forward View' which proposed a 'radical' upgrade in the prevention of ill health and a renewed focus on the promotion of Public Health. Development of the strategic workforce framework for nursing, midwifery and care staff, means that a goal for the workforce is to ensure that they are not only knowledgeable and skilled in their ability to support health promotion and prevention but also confident in their knowledge of public health.

**Background, including underpinning literature and, wherever possible, the international relevance of the research:** This project evaluation is the result of the NHS England 'Five Year Forward View' which proposed a 'radical' upgrade in the prevention of ill health and a renewed focus on the promotion of public health. Development of the strategic workforce framework for nursing, midwifery and care staff, means that a goal for the workforce is to ensure that they are not only knowledgeable and skilled in their ability to support health promotion and prevention but also confident in their knowledge of public health.

**Aim(s) and/or research question(s)/research hypothesis(es):** The Health Education England (HEE) project provides second year Nursing students with a unique social prescribing practice/holistic-based programme within a local Voluntary, Community, Social Enterprise (VCSE) sector organisation. We created a passionate and creative project team consisting of the University of Salford (UoS) and VCSE and acute healthcare organisation partners. The aim of this evaluation to examine Nursing students' knowledge surrounding the prevention of ill health and increased awareness of public health through actively engaging in a truly innovative and unique health and wellbeing outreach programme, that provided a social prescription as part of their undergraduate programme.

**Research methodology/research design, any ethical issues, and methods of data collection and analysis:** The mixed-method evaluation critically explored the programme and undergraduate Nursing social prescribing practice learning experience in depth and within its context. Evaluation allowed us to gather views, both positive and negative, of different stakeholder groups and analysed them using a thematic content analysis approach. UoS ethics approval was secured. Ten second year student nurses from across the fields of nursing participated in the programme that commenced November 2019. All 10 students participated in focus group interviews.

**Key findings and recommendations:** Focus group interviews with students highlighted that they increased their knowledge, skills and experience of the social prescribing model and learnt about the importance of building relationships and working in partnership with people. The students have embraced an integrated approach that looks holistically at decreasing social isolation and empowering people in the community to make positive changes and tap into essential resources:

"At garden needs I assisted people with mental health difficulties, learning disabilities carry out a certified course on wellbeing which helps with employability. I also volunteered with a

fellow student to build a new chicken coop for the 4 chickens at the forest school. We also completed gardening jobs with the service users, maintaining the grounds” (Student).

Students have been touched by how well members have engaged with them and attended the student-led health workshops. Over 30 student-designed evaluations clearly demonstrated a more relaxed and happy VCSE member post workshop. Qualitative data from stakeholder focus groups valued the input from students and the wealth of knowledge and experience that they exchanged. The presence of students contributed to positive outcomes for service users, with the focus being on promoting health-related workshops, relaxation techniques and stress management.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. In relation to the impact on staff, it has changed perceptions and opened the door to integrating the health and social care approach.
2. Implications for Practice: We have established and maintained harmonious working relationships, facilitating not just the development of the programme but which also contributed to the development of leadership skills in group members.
3. Collectively we changed culture and mind-set for student nurse practice learning, operationalising Nursing and Midwifery Council Standards for Supervision and Assessment and creatively working through practice placement tariff challenges.

**Keywords:** Social Prescribing. Health and Wellbeing Outreach Programme. Nurse Education. Nursing and Midwifery Council Standards for Supervision and Assessment.

2Civ, 13:15-15:00, 6 September 2022

Theme paper, Issues for debate paper

### Moving Healthcare Professionals Programme: Embedding the promotion of physical activity in healthcare curricula

Andrea Cameron, Abertay University and Ruth Shaw, Office for Health Improvement and Disparities

**Promotional abstract:** The benefits of physical activity to health are widely extolled, particularly in relation to the prevention and management of disease. However, few undergraduate healthcare curricula make space to specifically teach physical activity promotion. The professional standards of accrediting bodies ensure that public health and health promotion are embedded in pre-registration degree programmes but there is no standardised approach to covering physical activity. The national Moving Healthcare Professionals Programme (MHPP) is designed to support UK healthcare professionals and educators to gain knowledge and skills that would enable physical activity to be included within routine care to facilitate better patient outcomes.

**Key concepts to be addressed, including, where possible, the international relevance:** Tackling inactivity is central to the World Health Organization's (WHO) Global Action Plan on Physical Activity 2018-2030 (GAPPA) with healthcare viewed as an important sector to progressing this agenda. The International Society for Physical Activity and Health (ISPAH) also identifies healthcare as one of eight key investment areas to support a systems-approach to physical activity promotion. Such an approach requires policies, programmes, partnerships and environments that support community engagement in physical activity to secure a sustainable and healthful future. This presentation will explore the challenges healthcare educators face when trying to integrate the promotion of physical activity in pre-registration curricula.

**Aim(s)/focus:** This presentation will:-

- Familiarise the audience with the Office for Health Improvement and Disparities (OHID) and Sport England's programme of work to try and raise the visibility and quality of physical activity teaching for healthcare professionals;
- Share the recently formed MHPP taskforce's recommendations on priority areas for action;
- Share examples of where physical activity has been embedded in healthcare curricula and explore scalability;
- Debate whether embedding physical activity in healthcare curricula should be a priority and, if this agenda is to be advanced, who the key stakeholders would be and how to get them involved.

**Evidence base and literature informing the arguments:** A lack of physical activity leads to preventable deaths and costs the UK nearly £7.5 billion annually, £1 billion of this being to the NHS (OHID, 2019). British healthcare professionals (of whom there are c.650,000) will, during their career, interact with almost half a million patients (OHID, 2019). As trusted sources of advice, this means many potential opportunities to promote the benefits of physical activity in preventing and managing chronic health conditions (ISPAH, 2020). If a quarter of the inactive population in England were given and responded to such advice it is thought that there would be nearly 3 million more active adults (Sport England, 2021). However, the majority of healthcare professionals feel ill-equipped in terms of knowledge and confidence, so consequently do not give their patients physical activity information (MHPP, 2020). Initiatives like 'Moving Medicine' and 'Physical Activity Clinical Champions'

demonstrate that progress can be made on upskilling the workforce (Brannan & Hughes-Short, 2020). However, without the impetus of specific professional standards to drive this agenda, progress on embedding physical activity in healthcare curricula will be slow and variable across institutions and programmes. This debate will examine whether there should be more strategic drivers to progress this agenda.

**Issues for debate:** Healthcare systems, particularly in the wake of the coronavirus pandemic, face challenges in service provision; a more physically active and healthy population would reduce strain on the sector. Healthcare professionals are viewed as influential and trusted providers of health messages and are therefore well-placed to promote the benefits of physical activity to their patients. However, they need the underpinning knowledge and skills and it can be challenging to find space within their undergraduate health promotion curriculum to cover this topic. This debate will focus on embedding physical activity in healthcare curricula, and how to resource this in a sustainable manner.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. Healthcare professionals support patients to make informed choices, including about healthful behaviours, yet currently few practitioners feel able to discuss physical activity because of a lack of coverage in their pre-registration programmes.
2. Sharing best practice examples with impact, alongside heightening awareness of available learning resources, can enable educators to explore embedding physical activity in their own curricula and supports the GAPP objectives of increasing healthcare professionals' knowledge and skills related to physical activity promotion.
3. Healthcare professionals have a key role in influencing and delivering national policies impacting public health, therefore physical activity needs to be addressed in their curricula.

**References:**

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**Keywords:** Healthcare Practitioners. Promoting Physical Activity.

2Cv, 13:15-15:00, 6 September 2022

Poster+ presentation

**"I was thinking like this woman's actually going to die." A study to explore psychological support mechanisms during simulated and real life obstetric emergencies**

Dr Lyz Howie, University of the West of Scotland

**Promotional abstract:** This presentation is from a PhD study exploring psychological support mechanisms with student midwives (across Scotland) following a simulated and real-life obstetric emergency. Obstetric emergencies/critical incidents during childbirth are unpredictable and require immediate management. These events can cause emotional trauma for Midwifery students who will encounter them during their clinical placements. It is crucial that students are prepared to deal with them and feel supported after the event. An emergent explanatory sequential mixed-methods study was conducted to explore psychological support mechanisms with student midwives following a simulated and real-life obstetric emergency resulting in the Motivation And Support for Traumatic Situations (MASTS) model.

**Main focus/theme of, or issues addressed by, the poster:** The MASTS Model was developed during the PhD study. The model demonstrates methods of support students receive following an obstetric emergency. It also embeds the study themes: Holistic preparation for contemporary practice (simulation and self) and Surviving in the real world, transformation and metamorphosis. It demonstrates that students display forms of psychological and physiological sequelae and if students are supported and use effectual coping and motivational strategies they potentially progress through a journey comparable to Maslow's Hierarchy of Needs. The model was designed around Maslow's theory, which was new original knowledge in relation to Simulated Obstetric Emergencies and Real-Life Obstetric Emergencies.

**Research approaches and underlying evaluation:** An emergent explanatory sequential mixed-methods study was conducted to explore psychological support mechanisms with student midwives from across Scotland following a simulated and real-life obstetric emergency resulting in the Motivation And Support for Traumatic Situations (MASTS) model. Quantitative experimental phase: validated tools to assess anxiety, stress, mood, self-efficacy and wellbeing; descriptive analysis. Qualitative phenomenological phase: unstructured interviews; thematic analysis using Colaizzi's framework. Sample: pre-registration student midwives across Scotland. The findings that emerged were related to stress and coping theory and synonymous with a motivational theory. Key developments from the original research subsequently led to and informed the MASTS model.

**Implications for healthcare education:** Student midwives experience emotional and physical reactions following exposure to simulated and real-life obstetric emergencies. Fear and anxiety led to feelings of helplessness, inadequacy, self-blame and avoidance tendencies. Throughout this process, support mechanisms were paramount to nurture and develop students during traumatic situations. Following an obstetric emergency, students should be offered a support mechanism, delivered by a trusted and empathetic person. Involvement with team debriefing in the clinical area is beneficial. This poster and presentation would be informative to students, qualified staff and members of the multidisciplinary team in preparation of supporting the future student workforce through these traumatic situations.

**Keywords:** Students. Simulation. Obstetric Emergencies. Psychological Support. MASTS Model.

## Strand 2D: Student experience, engagement and achievement

### Linking theme: Nursing students' experience

2Diii, 13:15-15:00, 6 September 2022

Theme paper, Research paper

#### Student experiences of learning about the magical and mysterious world of genetics and genomics

Deborah Leetham, Northumbria University

**Promotional abstract:** Genetics and genomics is rapidly becoming an essential component of contemporary nursing practice. There are a number of challenges in engaging undergraduate Nursing students with this subject and preparing them for their future role. This phenomenological study provides an insight into the experiences of third year Adult Field Nursing students learning of genetics and genomics and the challenges they encountered. The results suggest that students' conceptions of learning about genetics and genomics is influenced by a number of factors. Innovative pedagogical approaches are required to maximise student nurse learning of this subject.

**Background, including underpinning literature and, wherever possible, the international relevance of the research:** It is accepted that knowledge and understanding of genetics and genomics is required for contemporary nursing practice despite research suggesting that confidence in the subject remains low (Dagan *et al.*, 2021). Embedding genetics and genomics into everyday nursing practice requires that contemporary Nurse Education reflects this position. Progress has been made, but little attention has been paid to investigating how learning of genetics and genomics by undergraduate nurses takes place (Zureigat *et al.* 2022). It is therefore timely to uncover the journey adult field student nurses experience in their learning of genetics and genomics during preparation for qualified status.

**Aim(s) and/or research question(s)/research hypothesis(es):** The overall aim of this research study is to increase understanding of how third year adult field student nurses engage with and learn about genetics and genomics during their pre-registration period in the contexts of the clinical and academic learning environments. The research questions were:

- What key learning do adult field student nurses report in relation to genetics and genomics?
- What learning processes help adult field student nurses develop their knowledge and understanding of genetics and genomics?
- To what extent does context influence adult field student nurses' conceptions of their learning in relation to genetics and genomics?

#### **Research methodology/research design, any ethical issues, and methods of data collection and analysis:**

Phenomenography was the methodology for this study. Phenomenography is concerned with the variation in the ways phenomena are experienced and aims to describe collective experiences of a phenomenon and the qualitatively different ways of understanding it (Marton & Pang, 2008). Categories of description and the outcome space represent variations in experience and the relationship between them (Cousin, 2008). Data was collected by semi-structured interviews and the use of programme materials as a memory prompt. Transcribed interviews were analysed using Akerlind's phenomenographic seven stage process (Akerlind, 2005) enabling a gradual shift from individual transcripts to a pool of meaning.

**Key findings and recommendations:** Findings revealed an outcome space with four categories of description emerging as distinct ways by which the participants conceived the learning of genetics and genomics.

Category of description 1: Learning about genetics and genomics as a troublesome experience. A sense of magic and mystery was attached to the subject along with the idea of requiring a whole new language to make sense of basic genetic and genomic principles influencing learning.

Category of description 2: Learning about genetics and genomics in the correct environment. The experience of Learning about genetics and genomics was influenced by the attitude, knowledge and confidence of the facilitator.

Category of description 3: Learning about genetics and genomics with the right people. Learning together and sharing personal and professional experiences helped students to create a community of practice in the classroom.

Category of description 4: Learning about genetics and genomics in the context of nursing. The lack of exposure to genetics and genomics in clinical placements made the subject invisible to students inhibiting deep learning.

Recommendations include threading genetic and genomic content throughout Nursing curricula delivered with innovative pedagogies and augmented teacher engagement. A stronger clinical component is paramount to situate genetics and genomics in the clinical context.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. This research has highlighted key experiences of learning about genetics and genomics by third year Adult Field Nursing students at one UK university in an under researched subject area.
2. The findings of this study can lead to the development of targeted education and the implementation of novel pedagogies that will facilitate student nurse engagement with genetics and genomics.
3. The learning environment and the context in which exposure to genetics and genomics occurs appear to be of significant impact in the students' learning journey. The opportunity for practice experience needs to be addressed.

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**Keywords:** Genetic/genomic. Student learning. Phenomenography.

2Div, 13:15-15:00, 6 September 2022

Theme paper, Innovation paper

**Making the students the hero of their story**

Kirsteen Lang and Wendy Mayne, Glasgow Caledonian University

**Promotional abstract:** The use of technology in Nurse Education has grown exponentially over the last two years, due, in part, to the challenge of delivering education in a pandemic. Emergency remote learning evoked a degree of complexity to teaching and learning, affecting both staff and students. This presentation explores the application of a web-based tool to teaching and learning activities within a research module as part of a Pre-Registration Nursing degree. Working within the framework of a flipped classroom (FC) approach, students selected activities and engaged interactively with their learning.

**Background, context and evidence base for the innovation, including, where possible, its international relevance:** Current literature indicates a growth in the use of technology in education (Ottenbreit-Leftwich *et al.*, 2018), however, such technology is often not used to the maximum potential because a range of external and internal factors impede development and innovation (Laurillard *et al.*, 2011). These barriers affect both students and educators, but the application of educational principles such as transactional distance, reducing cognitive load and providing a greater choice and variety of learning activities can effectively minimise these barriers and enhance student engagement, and learner agency.

**Aim/focus of the innovation:** This paper explores the application of the Learning Designer, a web-based tool that assists educators to design activities based upon the six learning types identified in Laurillard's Conversational Framework (Laurillard *et al.*, 2012). The tool was utilised to develop the FC content of a Scottish Credit and Qualifications Framework (SCQF) level 9 research theory module. In FC students become active learners instead of relying on the lecturer as the provider of knowledge, therefore, in this module students were encouraged to create their own content, engage in independent problem solving and complete enquiry-based activities to develop new knowledge and understanding.

**Implementation of the innovation:** The Learner Designer tool was used to create a sequence of learning activities underpinned by transactional distance learning theory (Moore, 1997), cognitive load theory (Sweller, Ayres & Kalyu, 2011) and learning design (Laurillard *et al.*, 2011). The range of learning activities were developed according to the 6 styles within the Conversation Framework (Laurillard *et al.*, 2012). Students then had a choice and range of learning activities to engage with as part of the FC component.

**Methods used to assess the innovation:** The creation of the learning activities aimed to allow students to become more empowered through choice and interactivity to engage with their learning within a research module. Initial feedback from students was positive regarding the element of choice and interactivity within. Although this was applied to a single week of learning it is planned to apply the principles of choice and interactivity to a complete module.

**Key findings:** Our experiences showed that the pandemic had impacted the learning experience of students. Remote online learning was introduced as an emergency measure, and lecturers did not have sufficient resources to invest in the design and implementation of material. The initial feedback uncovered different perceptions of online learning within a FC approach, highlighting both challenges and opportunities for students and lecturers. Such an approach must challenge and stimulate learners, whilst reflecting the level of knowledge and understanding required. Finally, the application of theory should support the use of

technology in teaching and learning and make explicit the style of teaching and learning required.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. All students should have equal access to high-quality digital learning material that is educationally and academically sound, which meets their learning needs.
2. Online learning should be open and inclusive, available to everyone respecting equality and diversity.
3. Lecturers should design learning experiences as sequences of activities that consider the entire learning experience not just the required content.

**References:**

Laurillard, D., Charlton, P., Craft, B., Dimakopoulos, D., Ljubojevic, D., Magoulas, G., Masterman, E., Pujadas, R., Whitley, E.A. & Whittlestone, K. (2013) 'A constructionist learning environment for teachers to model learning designs'. *Journal of Computer Assisted Learning*, 29(1), 15-30. Available from: <https://doi.org/10.1111/j.1365-2729.2011.00458.x>

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**Keywords:** Technology Flipped Classroom. Online Learning. Student Interaction. Learning Design.

2Dv, 13:15-15:00, 6 September 2022

Theme paper, Research paper

### What does academic self-efficacy look like in Nursing? Determining patterns across fields of practice and years of study

Brian McGowen, Ulster University

**Promotional abstract:** What is Academic Self-Efficacy (ASE), and why is it important to engage with it? Its utility in Nursing Education is developing with no clear pattern established. This exploratory study mapped the prevalence of the construct in undergraduate Nursing students from all branches of Nursing and across all three years of preparation programmes. This session will outline the approach taken to map the prevalence of ASE and present findings from the survey. The session also considers the findings in terms of what the implications of knowing about this are for students and educators. Questions and interaction are encouraged.

**Background, including underpinning literature and, wherever possible, the international relevance of the research:** Academic Self-Efficacy (ASE), is the domain-specific expression of the concept of self-efficacy which is in turn an expression of an internal appraisal of personal capacity at a moment in time according to Bandura (1977). ASE is linked in the literature to academic achievement and has been the subject of study for several decades. Its utility in Nursing education is developing with no clear pattern established. Findings from studies globally have linked ASE to valid predictors of future academic performance. Understanding and harnessing ASE has an international appeal because it pertains to an internal construct that crosses borders.

**Aim(s) and/or research question(s)/research hypothesis(es):** The aim of this exploratory study was to map the prevalence of ASE in undergraduate Nursing students from all branches of nursing and across all three years of preparation programmes.

**Research methodology/research design, any ethical issues, and methods of data collection and analysis:** This was a quantitative study embedded in a post-positivist paradigm but informed by interpretivist tendencies. Ethical approval was granted after consideration of the ethical issues inherent in staff-student research studies. A cross-sectional design was employed and data were collected using an online self-report questionnaire; the Academic Capacity Scale for Nursing 25 (ACSN25), that was constructed for this study informed by a previously validated tool. Descriptive statistics illustrated the demographic features of the sample and facilitated the mapping of measures of central tendency. Exploratory factor analysis was used to excavate and expose the underlying architecture of the collected data.

**Key findings and recommendations:** 123 respondents (n=123) took part. ASE was moderately high and was a stable trait across years of study and field of practice. The highest scoring item was 'meeting assignment deadlines' with  $\mu=87.9$ . The lowest scoring item was responding to questions in lectures and asking questions in lectures with scores of  $\mu=49.3$  and  $\mu=45$  respectively. Differences in mean scores for ASE turned out to not be significant. Exploratory factor analysis revealed a five-factor model that contained the constructs: confidence in intellectual skills, independent study skills, interacting with faculty, information processing and lecture theatre behaviour. ASE needs to be considered in curriculum design in Nursing undergraduate courses in terms of advocating for pedagogical practices that enhance ASE. Lecturers should engage with continuing professional development activity that matures their knowledge and understanding of ASE and consider how they might develop their pedagogy to focus on those behaviours that enhance ASE in



others. Further study is recommended that includes elements of social self-efficacy and reflection self-efficacy and how this links with clinical competence.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. Academic self-efficacy is comparable across fields of practice.
2. Academic self-efficacy grows across the years.
3. Academic Self-efficacy needs to be considered in a wider context that includes reflective self-efficacy and clinical self-efficacy.

**References:**

Bandura, A. (1977) 'Self-efficacy: toward a unifying theory of behavioral change'.  
*Psychological Review*, 84(2), 191-215.

**Keywords:** Academic Self-Efficacy. Online Questionnaire. Central Tendency. Factor Analysis. Undergraduate Support and Development.

## Strand 2E: Key challenges in healthcare education

### Linking theme: Key challenges in healthcare education

2Ei, 13:15-15:00, 6 September 2022

Theme paper, Research paper

#### Developing global leaders in palliative care: Refining a postgraduate taught programme using co-design methodology

Dr Clare Ellis-Smith, Kennedy Nkhome, Mark Willis, Debbie Braybrook, Oladayo Afolabi, Ghadeer Alarjeh, Ehsan Khan, Eve Namisango, Jaqualyn Moore and Richard Harding, King's College London

**Promotional abstract:** The Lancet Commission revealed that millions of people die each year with serious health-related suffering. Despite evidence that palliative care reduces suffering and is affordable, and its inclusion as an essential service within Universal Health Coverage, access remains poor. We urgently need world-leaders in palliative care to develop services and advocate policy change. Our workshops co-design a postgraduate taught palliative care programme to develop international leaders. Recommendations include an international teaching environment with learning from peers, educators and alumni with global experience; equitable models of teaching; opportunities to develop international networks through student-led conferences and social media; and leadership teaching.

**Background, including underpinning literature and, wherever possible, the international relevance of the research:** Each year, approximately 61 million people experience serious health-related suffering towards the end of their lives with 80% in low- and middle-income countries (LMICs). Palliative care reduces symptoms and improves quality of life for those with life-limiting illnesses. Yet despite its affordability, access is poor. Reasons include misinformation, lack of advocacy, and care for dying not being prioritised. We urgently need world-leaders in palliative care who are equipped with the skills to advocate for policy change and initiate evidence-based services. To do so, we need to develop future leaders through world-leading postgraduate education that is accessible and globally relevant.

**Aim(s) and/or research question(s)/research hypothesis(es):** To co-design the refinement of a research-based postgraduate taught palliative care programme (Programme) to maximise access and international relevance, that can contribute to a future workforce and network of global leaders positioned to develop the field of palliative care.

**Research methodology/research design, any ethical issues, and methods of data collection and analysis:** This study draws upon co-design methodology comprising iteratively developed workshops underpinned by social constructivism learning theory, and informed by the content and delivery of the Programme. Up to 30 purposively sampled expert stakeholders took part, including past and current home and international students, Programme educators including module leads and lecturers, educators with expertise in distance learning, educators with expertise in developing programmes or curricula, and international collaborators with expertise in the provision of palliative care in LMICs. Small groups addressed key questions. Discussions were recorded, and scribes made notes. The workshop recordings and scribe notes were thematically analysed.

**Key findings and recommendations:** Two workshops were conducted with 30 and 15 participants respectively. Participants could select multiple roles/expertise/countries and comprised past and present students (n=6 in workshop 1, n=4 in workshop 2), educators

(n=15, n=8), educator expertise (e.g. distance learning) (n=4, n=2), international palliative care experts (n=7, n=6). Participants described themselves as clinicians (n=16, n=6), researchers (n=12, n=6), or other (n=7, n=2). N=14/n=8 reported being from the UK, while n=18/n=9 were from overseas. Findings comprised four main themes:

1. Networks: participants identified the requirement to form international networks as essential to be positioned as future leaders. These included opportunities to meet international leaders and organisations, engage in formalised alumni networks, and opportunities for student conferences to present and make contacts.
2. Leadership: included developing the skills to lead teams, work with policy-makers and funders, and to become palliative care advocates. Recommendations included student-organised conferences and leadership-based assignments.
3. International context: this reflected the requirement for students to learn from an international teaching workforce and from each other, using accessible language and teaching media.
4. Models of teaching explored synchronous and asynchronous methods to facilitate equitable learning opportunities, and use of HyFlex teaching methods, and technologies for peer learning and networking.

### **Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. Networking opportunities with international peers, alumni and leaders is essential for developing future leaders. Technology is needed to ensure equitable networking opportunities for those unable to travel.
2. An international teaching workforce with multiple opportunities for peer learning is desirable to enhance global relevance and international learning.
3. Leadership assignments and tasks such as student-organised events and writing business cases provide opportunities for students to develop leadership skills through application of acquired knowledge.

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**Keywords:** Palliative care, distance education, leadership, global health

2Eii, 13:15-15:00, 6 September 2022

Theme paper, Issues for debate paper

### How are Healthcare students taught about the physiology of dying?

Dr Laura Ginesi, University of East Anglia and Katie Brown and Professor Derek Scott, University of Aberdeen

**Promotional abstract:** We aim to promote discussion about teaching of physiology of death and dying to Healthcare students. Knowledge of body systems is expected as part of training of healthcare professionals, so we examine content from textbooks related to mechanisms that are common to terminal illness and sudden death. We suggest that Healthcare students who are caring for patients and their families benefit from clear, honest explanations of what is happening at the end of life. We make suggestions about ways to introduce physiology of death and dying in workshops with the aim of alleviating anxiety and distress.

#### **Key concepts to be addressed, including, where possible, the international relevance:**

There are an almost infinite number of different possible causes of death, but the fundamental mechanisms underlying the dying process and death itself are universal. There is an expectation that Healthcare students develop understanding of anatomy and physiology as part of their training, so that they develop competence to plan, organise and implement care across the lifespan (Biosciences in Nurse education, 2016; College of Paramedics, 2019; General Medical Council, 2018; Nursing and Midwifery Council, 2018). However, our experience of teaching physiology across the range of professions suggests that we, as educators, are rarely called upon to explain or discuss the physiological processes leading to death and dying, even during teaching about palliative care and end of life.

**Aim(s)/focus:** The aim of the investigation was to determine the extent to which physiology of death and dying was included in 150 physiology, nursing, medicine, paramedic science and pathophysiology textbooks and 30 curriculum documents for Healthcare programmes were also examined. Keywords and index terms used to examine the texts for terminology and content included death, dying, end of life.

The majority of textbooks included explanations of mechanisms for cell death, while some examined palliative care, brain death and mortality. The most infrequently used term was dying, which suggests that this was not considered to be a key physiological process by many authors.

**Evidence base and literature informing the arguments:** Observable alterations towards the end of life include increased somnolence, mottling of the skin and reduced ability to maintain consciousness (Minett & Ginesi, 2020). Students and family members may come across expressions like Cheyne-Stokes respiration and “death rattle” (Hui *et al.*, 2014) but these terms alone, without further description, do very little to explain the physiological changes which are happening in the dying person. The process, and the basis for clinical observations, can be attributed to a much more finite range of physiological mechanisms. For example, muscle atrophy related to cancer is predominantly attributed to an increased rate of protein degradation, as a consequence of impaired nutrient availability, that is aggravated by the metabolic disturbances induced by the multiplex of factors released by the tumour (Aversa, Costelli & Muscaritoli, 2017). When death is imminent, cyclic alterations in cardiovascular and neurological activity, exemplified by fluctuations in heart rate, blood pressure and muscle sympathetic nerve activity (MSNA) (Cherniack, Longobardo & Evangelista, 2005) progressively lead to poor perfusion of tissues, failure of respiratory drive, hypoxia and irreversible metabolic disturbance and progression to organ failure.

**Issues for debate:** We appreciate that the multitude of mechanisms and causes of death cannot always be attributed to underlying physiological changes in isolation. Unique to every individual, death may occur suddenly and unexpectedly (Hillman, 2003) or may be a more gradual process and there is an undeniable distinction between the trajectory of a death attributed to a terminal illness and sudden death.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:** Just as knowledge of systems anatomy and physiology is expected as part of the education of healthcare professionals, we make suggestions about introducing discussion about the physiology of death and dying in student sessions.

We propose that there is an opportunity to improve students' understanding of physiological processes that lead to terminal changes including apnoeic breathing, dysphagia and agitation that occur towards the end of life.

Healthcare students who are caring for patients will benefit from clear, calm and honest explanations of what is happening and of what might be expected when death is imminent can alleviate anxiety & distress (Mannix, 2018)

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**Keywords:** Healthcare Education. Physiology. Death. Dying.

2Eiii, 13:15-15:00, 6 September 2022

Theme paper, Innovation paper

## Learn, Teach, Reflect, Repeat: A novel microteaching course disrupting peer-teacher training

Syed Maqbool and Rohan Mehra, University of Leicester

**Promotional abstract:** Newly qualified doctors are expected to work effectively as mentors and teachers. But as a junior doctor with an endless jobs list, would you really have the motivation and time to teach? Would you feel prepared to teach given that you weren't trained in teaching during medical school? In this session, we will explore an innovative, exciting and holistic approach to peer-teacher training that addresses a gap in current Medical Education. By analysing the current challenges of peer-teacher training, we will showcase how our methods promote multidisciplinary collaboration and how it can be integrated into your institution.

**Background, context and evidence base for the innovation, including, where possible, its international relevance:** Globally, it is agreed that teaching is vital to good medical practice. Both the UK's General Medical Council and the Australian Medical Council requires graduate doctors to work effectively as teachers [1,2]. Unfortunately, few medical schools offer formal peer-teacher training (PTT) and even those that are on offer solely rely on large and small-group teaching [3,4,5]. As teaching skills are best developed through a combination of training, practice and feedback, this approach inadvertently prioritises theory over skillset [6]. Unsurprisingly, common complaints of current PTT programmes include a lack of practice opportunities and meaningful feedback [3].

**Aim/focus of the innovation:** As Medical students, we have time and again observed how a good teacher is much more than a mere presenter. As highlighted by Goldie *et al.* (2015), excellent teachers are role models who possess essential non-cognitive traits that allow them to motivate, guide and nurture students into achieving their best potential [7]. We, therefore, created Teaching in the Spotlight (TIS), a novel PTT programme that incorporates various approaches to deliver a holistic developmental journey for aspiring peer-teachers.

**Implementation of the innovation:** TIS comprises a Crash Course, which prepares participants to deliver teaching sessions, and a Core Course, whose sessions are divided into two parts:

1. Practice and feedback, in which participants deliver a teaching session to their younger peers, after which they receive immediate feedback.
2. Training, in which participants are taught how to deliver a lesson of a particular teaching style, for example, bedside teaching.

Through a flipped classroom format and ensuring sessions are constructively aligned, deep learning is promoted throughout. Furthermore, mentorship is offered, with trained peer-tutors guiding participants through the course and offering regular, tailored feedback.

**Methods used to assess the innovation:** No literature yet describes such an approach to PTT, whereby microteaching is utilised to offer regular, extensive practice whilst also providing comprehensive training. Hence, we explored the perceptions of our participants regarding the TIS course. Our mixed-methods research evaluates TIS through a combination of pre-post questionnaires and focus groups.

**Key findings:** Participants found TIS "enjoyable", with the cohort improving across all 11 self-reported variables and concluding that the course exceeded their expectations.

Microteaching was the “key element that developed [participants’] skills”, ranging from presentation skills to time management. Weekly, multifaceted feedback enabled participants to make “micro-adjustments” to their teaching. Meanwhile, the Crash Course better prepared them for delivering teaching sessions. Hence, the “combination of practice and training... [was] optimal”. Participants particularly favoured the “bespoke feedback” offered by tutors. Overall, our alumni recognised the longstanding impact of this innovative course, particularly in developing their non-cognitive abilities.

### Three key points to indicate how your work contributes to knowledge development within the selected theme:

1. Teaching in the Spotlight is an innovative solution that incorporates various learning theories and microteaching to deliver a novel and holistic approach to peer-teacher training.
2. Teaching in the Spotlight effectively addresses a current gap in Medical Education wherein teacher training is either not provided or lacks adequate practice opportunities.
3. Teaching in the Spotlight would be a valuable resource for all healthcare institutions as it promotes widening participation and multidisciplinary collaboration.

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**Keywords:** Innovation. Microteaching. Multidisciplinary. Widening Participation. Peer-Teacher Training.

2Eiv, 13:15-15:00, 6 September 2022

Theme paper, Research paper

## Preparing for leadership. Experiences and perceptions of Pre-Registration Nurse Education

Alison James, Cardiff University

**Promotional abstract:** Leadership development is a core requirement within undergraduate Nurse Education and standards, due to new educational standards and standards for registration by the regulatory body, while the approaches within education continue to be disparate. While the Nursing and Midwifery Council (NMC) set the expectations, there is little definition and empirical evidence for pedagogical approaches. This narrative inquiry research explores the experiences, emotional awareness and preparedness for leadership in education by student nurses, academics and senior nurses. Narratives from all three participant groups will be presented from initial analysis and a discussion of education methodologies and implications.

**Background, including underpinning literature and, wherever possible, the international relevance of the research:** Leadership skills within Nursing Education are thought to be a continuous process of development and learning; it often emerges as a final year competency within the curriculum (Pepin *et al.*, 2011; Ha & Pepin, 2018). The transition from student nurse to qualified nurse may be challenging and stressful leading to the potential for leaving the profession and feelings of low confidence (Ekström & Idvall, 2015; O'Shea and Kelly, 2007; Doody *et al.*, 2012) and this is an international issue for the nursing workforce. Global evidence explores the effectiveness of differing methodologies for leadership preparation in Nursing Education including simulation, self-awareness development and service learning, however there is lack of consensus and further evidence is needed.

**Aim(s) and/or research question(s)/research hypothesis(es):** The research question is: What are the experiences of leadership and pre-registration education preparation for leadership for students, educators and senior nurses? The aims of the research are to:

- Explore a tripartite view of the experiences of students, senior nurses and educators which form their perception of leadership in nursing.
- Explore the experiences and perception of students, senior nurses and educators in the preparation for leadership of students.
- Expose the narrative of each participant to explore the meaning and explanatory knowledge of what leadership in nursing is.

**Research methodology/research design, any ethical issues, and methods of data collection and analysis:** Narrative inquiry was chosen as a methodology applying Dewey's perception of experience as a constant and unceasing interaction of notions and personal, social and material situations (Clandinin & Rosiek 2007). Photographic images as symbolism and metaphors for leadership provided impetus to expand the narratives of experience (Reissman, 2008). Semi structured interviews were recorded and transcribed. The narrative inquiry methodology and analysis of Clandinin & Connelly (2000) and Dewey's theory of Temporality, Sociality and Place was applied (Dewey, 1958).

**Key findings and recommendations:** This study is currently at the end of data collection phase. Analysis will begin in April 2020. Initial findings and recommendations will be available by September 2020, which I intend to present.



**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. This work will contribute to education and curriculum development within undergraduate Nursing Education and provide international perspectives on global approaches to leadership development.
2. The findings will add to the current empirical evidence of what effective preparation for leadership means to students, academics and clinical nurses.
3. The outcomes and impact will be the development of a conceptual framework for leadership development in undergraduate Nurse Education.

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**Keywords:** Leadership. Undergraduate Nurse Education. Curriculum Design.

2Ev, 13:15-15:00, 6 September 2022

Poster+ presentation

**Discipline in the higher education classroom: A study of its intrinsic influence on professional attributes, learning and safety**

Fazeela Patel, Edge Hill University

**Promotional abstract:** The session will reflect upon the research findings to discuss the impact of poor behaviour on learning, psychological safety in the classroom (Transferable to other places where learning is fundamental for improvement: Healthcare), and professional value-based attributes. An approach of 'discipline' will be compared with 'control' to determine the intrinsic/extrinsic influences. The concept of 'Discipline' will be discussed in conjunction with the current 'learning outcomes'-based education to highlight the lack of cohesion in education and practice partnership, pertinent to the development of value-based professional attributes. National influences from contemporary issues within Healthcare will be addressed to support the urgency of this partnership.

**Main focus/theme of, or issues addressed by, the poster:** This poster focuses on:

- Impact of poor behaviour on learning, psychological safety in an environment, and professional attributes.
- The function of higher education on professional programmes which include Theory (University) and Practice (Clinical experience) partnership.
- The impact of poor behaviour on healthcare organisations (Culture/incivility/barriers to improvement through transparency).
- The impact of poor behaviour in the learning processes (Experiential learning/social constructivism/simulation).

**Research approaches and underlying evaluation:** This is a qualitative study, which analyses the perceptions of Operating Department Practice students, studying on an undergraduate professional programme (UK). The thematic analysis was approached with a critical realist framework, which accepts the perceptions as real, but applies the causal influences to interpret the findings. The themes utilised an inductive and deductive approach to explore and find potential resolutions. The questions explored the extent to which behaviour impacts upon learning and a safe culture of learning. The answers were also analysed to retrieve an understanding of the intrinsic and extrinsic application of 'discipline' to determine the degree of influence obtainable by its use.

**Implications for healthcare education:** The research proposes a potential means of developing professional attributes through strategically incorporating 'discipline' within higher education, as a means of conditioning intrinsic behaviour which is based on healthcare values and is fit for adults, as opposed contextual aims i.e. classroom control/management. This addresses the theory and practice partnership, whereby actions should be based on underpinning evidence which rationalise implications. Without this, individuals will continue to conform to individual practice culture. Ultimately, indiscipline impacts upon the safety within environments which aim to improve services from transparency and learning from mistakes i.e. healthcare.

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**Keywords:** Discipline. Adult Professional Education. Healthcare Values. Psychological Safety. Theory and Practice.

# Poster Presentations

P1iv, 15:00 - 15:30, 6 September 2022

Poster presentation

**Active blended learning: Peer-led drop-in sessions**

Michael Smith and Kirstie Harrison, University of Central Lancashire

**Promotional abstract:** Following the lessons learned from lockdown which has challenged the way that we have traditionally worked, it is clear that elements of online learning are remaining as useful features of the higher education landscape. To ensure that we continue to develop the quality of resources and student experience, it is necessary to support staff in adapting to the new technological demands of the role and encourage creative approaches both inside the classroom and online. We will share our practice of running peer-led drop-in sessions to support staff with developing these approaches as and when they need it.

**Main focus/theme of, or issues addressed by, the poster:** The poster focuses on how active blended approaches towards Healthcare Education have been shared and promoted within our school through the use of informal peer-led drop-in sessions. The sessions' aim is to help staff adapt to technology and adopt the best approach for their particular needs at that time, as well as promoting an active and creative approach towards in-person education. The sessions are flexible to the needs of those attending them and are reported as useful for building confidence, particularly in newer staff, as well as sharing new ideas amongst experienced staff.

**Research approaches and underlying evaluation:** Active blended learning is becoming more widely adopted in higher education (Armellini & Padilla Rodriguez, 2021). The approach combines the well-established principles of active learning which encourages students to develop critical thinking skills in relation to real-life concepts (Armellini *et al.*, 2021) with a hybrid approach of online and face-to-face teaching. As Godlewska *et al.* (2019) describe this change in pedagogical approach is not without its challenges in implementation. We are currently engaging in the evaluation of this intervention to support staff through questionnaires and monitoring the themes discussed.

**Implications for healthcare education:** Whilst there is a growing evidence base for active blended learning, as Lomer and Palmer (2021) describe, the adoption of this approach can be difficult, with elements feeling 'bolted on' to traditional teaching practices rather than a cohesive approach to education. In addition, the scope of technical needs of teaching staff has also increased dramatically over recent years, potentially leaving staff overwhelmed (Dahabiyeh, Najjar & Wang, 2022). The drop-in sessions form a part of the solution to promoting the good practice we are striving for and could be a useful approach that other organisations adopt.

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**Keywords:** Active Bended Learning. Staff Support.

**P1vi, 15:00 - 15:30, 6 September 2022**

**Poster presentation**

**Outcomes of a peer placement model in the development of Physiotherapy students**

Kate Garden and Paul Moran, Robert Gordon University, Aberdeen

**Promotional abstract:** A Physiotherapy Peer Placement model was designed, and student confidence evaluated, which included community outreach, specialist projects and student-led exercise groups, exposing students to core practice areas. Students rated their confidence pre- and post- their six-week placements in core clinical competencies using a questionnaire with Likert scales. Initial analysis indicates development of professional skills and a better understanding of managing a variety of projects. Peer placement increases confidence in Physiotherapy students in core clinical competencies and provides a model for developing and enabling students to attain clinical competence and transferable skills in a non-traditional setting.

**Main focus/theme of, or issues addressed by, the poster:** The most memorable learning occurs on placement, where students integrate and apply skills, attitudes, and values to real situations facilitating re-scaffolding of knowledge and deep learning. Challenges in providing adequate practice-based learning experiences were reported prior to the COVID-19 pandemic which has worsened the situation. This has led to the development of a University Peer Placement (PP) model which has been supported by Scottish Government funding. The aims of the project are to evaluate the effects of the PP model on student confidence and to investigate student experiences of the PP model.

**Research approaches and underlying evaluation:** Between September 2021 and February 2022, three placements have run equating to 161 placement weeks delivered by 1.8wte physiotherapists (a 1:5 supervision model) indicating this model is a cost-effective method for delivering high quality placement learning experiences. Students rated their confidence in core clinical competencies at the start and end of the placement using a questionnaire with Likert scales. Impact on self-reported confidence will be reported but initial analysis indicates improvement across the placement. Students reported the development of professional skills, a better understanding of managing a variety of projects and benefiting from expert clinician's feedback.

**Implications for healthcare education:** PP increases confidence in Physiotherapy students in core clinical competencies. This provides a model for developing and enabling Physiotherapy students to attain clinical competence and confidence and transferable skills in a non-traditional setting. This initiative provides opportunity for the development of the wider skills required of clinicians and could be adapted across other healthcare professions.

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**Keywords:** Placement. Physiotherapy. Simulation. Innovative. Confidence.