NET2021 Conference
Live session full abstracts

Theme Session 2C
Student experience, engagement and achievement

2Ci, 10:30 - 12:20, 1 September 2021
Issues for debate paper
Capturing the student's practice learning experience: The implementation of a national reporting system and practice learning datasets in Scotland
Irene McDade, NHS Education for Scotland

Promotional abstract: This presentation will demonstrate NHS Scotland's Quality Management of Practice Learning Experience (QMPLE) system which provides a national approach to quality assurance, providing real-time information and reports relating to learning opportunities, student support, supervision and assessment and student feedback. It will show how quality indicators for the learning environment have been developed and are used to inform improvements.

Key concepts to be addressed, including, where possible, the international relevance: Internationally, Nurse Education programmes incorporate practice learning experiences. In Scotland, it is recognised that high quality practice learning experiences, delivered within a positive learning environment, support the development of healthcare professionals to provide safe and effective person-centred care (Scottish Government, 2010). A crucial aspect of ensuring the quality of practice learning experience (PLE) is evaluation and feedback from the students themselves. This presentation will introduce NHS Scotland's Quality Management of Practice Learning Experience (QMPLE) system developed and implemented in all universities and across all Pre-Registration Nursing and Midwifery practice learning experiences.

Aim(s)/focus: QMPLE provides a national approach to quality assurance using regulatory audit and the Quality Standards for Practice Learning (NES, 2020). QMPLE provides real-time information and reports relating to learning opportunities, student support, supervision and assessment and student feedback. It includes the national student practice learning feedback (SPLEF) tool recently revised to align with the Nursing and Midwifery Council Standard for student supervision and assessment (NMC, 2019). It is accessible to universities, practice partners and students. The system interfaces with university student placement software and, for the first time, provides national reporting of student placements, practice learning capacity and student learning experiences.

Evidence base and literature informing the arguments: Timely review of student feedback ensures partnership working across practice education and universities to resolve emerging issues and to share good practice across organisations. QMPLE also ensures that students can be made aware of changes made as a result of their feedback through the "you said, we did" section within the system. Participants will also be introduced to Scotland's Excellence in Care (EiC) national quality improvement approach. This ensures a consistent standard and quality of care. During 2020, measurements of quality of the learning environment have been developed to ensure QMPLE data links to EiC. This presentation will

outline the key themes identified by Pre-Registration Nursing and Midwifery students that impact on the quality of the learning environment. These are safe orientation and induction, support and supervision, learning environment culture and belongingness (Ford *et al*., 2016, Shivers *et al.*, 2017, Cooper *et al.,* 2020). Current questions within the student feedback tool (SPLEF) were mapped to these categories and a numerical value or weighting allocated to each question. These are then calculated to give collated EiC QMPLE learning environment datasets and these are available as part of the overall national Care Assurance and Improvement Resource (CAIR) dashboard.

Issues for debate: During the session, collated feedback and EiC reports available in QMPLE will be presented and examples of how these can be used to inform and identify learning needs within practice learning environments will be discussed. How QMPLE has enabled focused practice education support, informed quality improvement activities and developments to further enhance the overall student practice learning experience will also be shared.

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

- Increased information is made available to all those responsible for providing practice learning;
- It provides timely feedback on student experience to all stakeholders;
- Creation of a national practice learning environment dataset that will inform and influence the direction of practice education resources.

References:
Cooper, S., Cant, R., Waters, D., Luders, E., Henderson, A., Willetts, G., Tower, M., Reid-Searl, K., Ryan, C. & Hood, K. (2020) 'Measuring the quality of nursing clinical placements and the development of the Placement Evaluation Tool (PET) in a mixed methods co-design project'. *BMC Nursing* 19, 101 (2020).

Ford, K., Courtney-Pratt, H., Marlow, A., Cooper, J., Williams, D. & Mason, R. (2016) 'Quality clinical placements: the perspectives of undergraduate nursing students and their supervising nurses.' *Nurse Education Today*. 2016;37:97–102.

Shivers, E., Hasson, F. and Slater, P. (2017) 'Pre-registration nursing student's quality of practice learning: Clinical learning environment inventory (actual) questionnair.' *Nurse Education Today*, 55, 58-64.

NHS Education for Scotland (2020) Quality Standards for Practice Learning (QSPL). Edinburgh: NES.

Nursing and Midwifery Council (2019) Standards for student supervision and assessment, NMC, London.

Scottish Government (2010) Healthcare Quality Strategy for NHSScotland. Edinburgh: Scottish Government.

Keywords: Practice, Education, Quality Learning, Feedback.

Research paper
Placement impact experience and destination (PIED) longitudinal study: Nursing and Midwifery student belongingness 2018-2021
Dr Mark Wareing, University of Bedfordshire

Promotional abstract: This paper presents findings from a three-year collaborative longitudinal study undertaken by two universities into Nursing and Midwifery student belongingness whilst in clinical placements at the time of the Black Lives Matter movement and COVID-19 pandemic.

Background, including underpinning literature and, wherever possible, the international relevance of the research: The University of Bedfordshire and Canterbury Christ Church University have undertaken a collaborative longitudinal study into the placement experiences of Nursing and Midwifery students who commenced their studies in September 2018.

Aim(s) and/or research question(s)/research hypothesis(es): The study sought to explore the level of belongingness that students experienced on placements that coincided at the time of the Black Lives Matter movement and Coronavirus pandemic.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: This longitudinal study sought to identify students' pre-existing motivation and career aspirations; what impact clinical placements had on students' choice of clinical specialty; what factors students perceived as important in terms of the desirability of a clinical specialty, and at what stage did clinical placements begin to influence the employment intentions of Pre-Registration students. Students at both universities completed a paper questionnaire at the start of their studies which explored their pre-existing career motivations. At the end of each academic year the same participants completed an online questionnaire which explored their emerging career interests, intended career destination and level of belongingness whilst on placement.

Key findings and recommendations: The paper concludes with an exploration of the implications of the notion of student belongingness for practice supervisors/assessors, university link lecturers and practice partner education teams and how this facet of the learner experience can enhance inclusivity, student engagement and retention and wellbeing.

Three key points to indicate how your work contributes to knowledge development within the selected theme: There is a clear relationship between the impact of clinical placements and where students choose to work as newly qualified nurses and midwives. A key component of the practice learning experience is the level of belongingness felt by the student whilst undertaking a clinical placement. Clinical placement experiences are greatly enhanced when learners feel a strong sense of belongingness which in turn, influences levels of student engagement, inclusivity, retention and the extent to which the learner is likely to select a particular clinical speciality.

Keywords: Practice Learning, Belongingness, Career Destination.

Research paper
Empowering students: Flexible rostering for practice placements to enhance learning
Judy Brook, City, University of London

Promotional abstract: Today's Healthcare students manage competing demands of academic study, clinical placement attendance and family/home life responsibilities. This study co-designed and piloted a flexible rostering system for Nursing students in acute settings to empower them to make choices about their shift schedules during clinical placements. Findings indicate students unanimously supported the system and recognised the significant impact it had on their ability to learn. Ward managers, practice supervisors and assessors observed a positive impact on punctuality, absenteeism and student focus when students chose their own shifts, although careful planning was important to mitigate challenges with supervision and assessment.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Attrition from Pre-Registration Healthcare courses is complex but often linked to competing demands of academic study, clinical placement attendance and family/home life responsibilities (Lovegrove, 2018). Generation Y and generation Z students also seek more flexibility and work-life balance than previous generations (Jones *et al.*, 2015). Students can find clinical placements anxiety provoking (Moscaritolo, 2009), affecting learning and performance. Many have financial pressures, particularly associated with travel or childcare. Not knowing details of the location of upcoming placements or allocated shift patterns well in advance can have practical (e.g. hindering planning for other commitments) and psychological (e.g. feeling anxious, reduced autonomy) implications.

Aim(s) and/or research question(s)/research hypothesis(es): The aim of this study was to collaboratively design, pilot and evaluate a flexible rostering system for Pre-Registration Nursing and Midwifery students in specific in-patient areas in a large inner-city NHS organisation. Our research question was 'Does flexible rostering for students during their clinical placements enhance student experience and contribute to a positive learning environment?'.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: This was a qualitative research study. Co-design of the rostering system occurred through Nursing and Midwifery student focus groups in October 2019. The co-designed rostering system was piloted in four placement areas of an NHS Trust. Evaluation data were collected via focus groups and one-to-one interviews in February 2020. Topic guides for interviews and focus groups were derived from a priori literature and designed to explore the feasibility, benefits and challenges to flexible rostering for student nurses, midwives and placement staff in clinical areas. Qualitative data were analysed using thematic analysis (Braun & Clarke, 2017) and Nvivo software.

Key findings and recommendations: Four co-design focus groups were conducted, with 10 Nursing and Midwifery students. All students felt greater choice about shift patterns would help them feel valued, enhance work/life balance and learning opportunities. The co-designed system allowed students complete choice about dates and length of shifts during placements. Eleven students participated in the pilots and eight in the evaluation. Seven pilot area staff were interviewed. Initial findings indicate all students appreciated the opportunity to choose their shift patterns. They felt more relaxed, took advantage of learning opportunities and prioritised their own wellbeing. Ward managers, supervisors and

assessors highlighted that students seemed more focused, positive and punctual, and there were reduced levels of absenteeism. They received no complaints from students or requests to change shifts where previously there had been tension about the rota. Challenges related to distribution of students across shifts and fewer opportunities for named supervisors/assessors to work with students. Participants acknowledged this could be mitigated with planning. All participants saw potential for wider implementation of flexible rostering. Both students and staff felt the flexible rostering system pilot empowered students to choose their shift patterns, enhanced student experience and potential for learning, and should be considered for implementation on a wider scale.

Three key points to indicate how your work contributes to knowledge development within the selected theme: Although flexible rostering systems may be used for qualified healthcare staff, there is less evidence of their use with students, even though student participants reiterated the challenges of maintaining work/life balance when undertaking clinical placements. Empowering students to choose their own shifts enabled them to take advantage of learning opportunities, and to prioritise their wellbeing during the flexible rostering project. Accordingly, students reported feeling less anxious and more relaxed. Clinical staff observed a positive impact on punctuality, absenteeism and student focus when students chose their own shifts, although careful planning is important to mitigate challenges with supervision and assessment.

References:
Braun, V. & Clarke, V. (2017) 'Thematic analysis.' *The Journal of Positive Psychology*, 12:3, 297-298. Available at: https://doi.org/10.1080/17439760.2016.1262613.

Jones K., Warrren, A. & Davies A. (2015) 'Mind the Gap: Exploring the needs of early career nurses and midwives in the workplace', Birmingham and Solihull Local Education and Training Council.

Lovegrove, M. (2018) 'Reducing pre-registration attrition and increasing retention report', Health Education England. Available at: https://www.hee.nhs.uk/our-work/reducing-pre-registration-attrition-improving-retention [Accessed 16.02.2020].

Moscaritolo, L. (2009) 'Interventional strategies to decrease nursing student anxiety in the clinical learning environment.' *Journal of Nursing Education*, 48(1), 17-23.

Keywords: Clinical Placements, Practice Education, Flexible Rostering, Work/life Balance, Student Experience.

2Civ, 10:30 - 12:20, 1 September 2021
Research paper
Increasing student nurse placement capacity and patient safety
Dr Graham Williamson and Adele Kane, University of Plymouth

Promotional abstract: We conducted a study to see whether or not having additional students working in Collaborative Learning in Practice (CLIP) placements made any difference to patient safety outcomes including medications errors, falls and pressure ulcer formation, from the NICE guidance. We also circulated a survey to assess whether students believed that CLIP made any difference or not to their competence at point of registration and leadership skills.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Proponents claim that CLIP can improve student nurses' preparation for registrant practice, and it is timely to investigate what this might mean, and we will use professional competence and leadership behaviours as measures to evaluate it (Clarke, Williamson & Kane, 2018). Shortages of skilled graduate nurses has been shown to increase morbidity, mortality and adverse safety outcomes (Aiken *et al.*, 2014), and 'better' nurse staffing means 'better patient outcomes' (Liao *et al.*, 2016). Staff shortages have been important in disasters like Mid-Staffs, but UK safe staffing guidance (NICE, 2014) is advisory only, unlike internationally where it has legal status.

Aim(s) and/or research question(s)/research hypothesis(es): The research questions this study addressed were:

1. Does CLIP make measureable gains for student nurses' leadership skills and professional competence at point of graduation?
2. Does CLIP reduce the incidence of reported patient safety outcome measures in clinical areas?

The aims of the study were:

1. To investigate whether clinical areas operating CLIP models show a reduction in reported patient safety outcome measures (NICE, 2014) using routinely collected and anonymised audit data.
2. To investigate whether CLIP placements have measurable impacts on students' leadership skills and professional competence at point of graduation, using existing valid and reliable measures (Nilsson *et al.*, 2018; Posner, 2016).

Research methodology/research design, any ethical issues, and methods of data collection and analysis: Ethical approval was secured from the University Faculty staff ethics committee.

- Phase 1 (Completed winter 2019). Routinely collected audit data on falls, pressure ulcers and medications errors in areas that have run CLIP placements; comparisons with times when they were not running CLIP.
- Phase 2 (spring 2020). A survey will be emailed to 1200 third years and alumni via JISC surveys. Combined Student Leadership Practice Inventory - Self (SLPI-S) and the short form of the Nurse Professional Competence scale (NPC scale-SF). We will examine correlations in the data between respondents who have undertaken a CLIP placement and those that have not.

Key findings and recommendations: When data collection and analysis are completed (spring 2020), we will review and triangulate the data, and consider the implications of all the data and results and construct a narrative concerning the implications of CLIP placements on patient safety and preparation for registrant practice.

Three key points to indicate how your work contributes to knowledge development within the selected theme: CLIP is discussed as having potential to improve students' preparation for registrant practice but no evidence exists about whether this is the case or not. The additional student numbers available in CLIP placements ought to have some impact on safe staffing metrics. We are using objective measures for both these claims and will present our analysis when it is completed (spring 2020).

References:
Aiken, L.H., Sloane, D.M., Bruyneel, L., Van den Heede, K., Griffiths, P., Busse, R.,

Diomidous, M., Kinnunen, J., Kózka, M., Lesaffre, E., McHugh, M.D., Moreno-Casbas, M.T., Rafferty, A.M., Schwendimann, R., Scott, P.A., Tishelman, C., van Achterberg, T. & Sermeus, W. (2014) 'Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study'. *The Lancet*, 383 (9931), 1824-1830.

Clarke, D., Williamson, G.R. & Kane, A. (2018) 'Could students' experiences of clinical placements be enhanced by implementing a Collaborative Learning in Practice (CliP) model?' *Nurse Education in Practice*, 33, A3-A5.

Liao, L.-M., Sun, X.-Y., Yu, H. & Li, J.-W. (2016) 'The association of nurse educational preparation and patient outcomes: Systematic review and meta-analysis'. *Nurse Education Today*, 42, 9-16.

NICE (2014) Safe staffing for nursing in adult inpatient wards in acute hospitals. Safe staffing guideline [SG1] NICE London: National Institute for Health and Care Excellence.

Keywords: Collaborative Learning in Practice, Survey, Safe Staffing, Leadership, Competence at point of registration.

2Cv, 1 September 2021, 10:30 - 12:20
Poster+
Development of an Integrated Simulation and Assessment in Donning and Doffing for healthcare professionals (iSADD)
Neville Schembri, Malta College of Arts Science and Technology

Promotional abstract: To date, donning and doffing of Personal Protective Equipment relies on specific written guidelines. This research project aims to build and test an innovative technology which could be the first step towards providing an attainable solution than the traditional methods of training and can support Health Care Professional educators in providing an enhanced simulation environment. Initial testing of the application is presenting the basis for an innovative tool which provides clear signage and visual alerts in a classroom setting. This goes beyond traditional teaching methods and, if found to be effective, can provide simulation which does not allow trainees to progress further during a donning/doffing educational process if this is done incorrectly.

Main focus/theme of, or issues addressed by, the poster: The project poster is presenting a novel approach to the training methodology of donning and doffing of Personal Protective Equipment against traditional written guidelines. The project is testing a prototype which still allows adherence to highly accurate and specific guidelines while reducing the complexity and uncertainties of the process of donning and doffing of Personal Protective Equipment and assists Healthcare Educators and students by providing a realistic simulation environment through the use of augmented reality in the classroom.

Research approaches and underlying evaluation: A qualitative approach is being adopted in collecting data through interviews from a small purposive sample of Healthcare Professionals and Nurse Educators going through the donning and doffing process using the prototype application. Following feedback emerging from the analysis of interviews, further insights will be obtained through interviews with a non-probability sample of students following an undergraduate Nursing program at the Malta College of Arts, Science and Technology.

Implications for healthcare education: It can present the basis for an innovative tool which provides clear signage and visual alerts in a classroom setting. This goes beyond traditional

teaching methods and, if found to be effective, it can provide simulation which does not allow trainees to progress further during a donning/doffing educational process if this is done incorrectly.