NET2021 Conference
Live session full abstracts

Theme Session 2D
Educational enhancement

2Di, 10:30 - 12:20, 1 September 2021
Research paper
Preconceptions, perceptions and preparation for practice: A longitudinal study exploring self-efficacy in undergraduate student nurses caring for persons with dementia
Dr Hazel McWhinnie, Government of Jersey

Promotional abstract: A prospective, longitudinal, mixed-methods case study, exploring self-efficacy in (n=420) student nurses caring for people with dementia.

Background, including underpinning literature and, wherever possible, the international relevance of the research: In terms of epidemiological impact, dementia has been cited as one of the most significant modern challenges to international Public Health (Scottish Government, 2013; Alzheimer's Disease International, 2014; World Health Organisation, 2015; Scottish Government, 2017). There is a plethora of research examining dementia care from nursing and social care perspectives but a dearth of research examining ability to deliver dementia care exclusively from the student nurse perspective (Suhonen *et al.*, 2010; Koh, 2012; Spector *et al.*, 2012; Clissett *et al.*, 2013; Koskinen *et al.*, 2015; Ridgeway *et al.*, 2018).

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

- to explore undergraduate student nurse perceptions of dementia care and their role in care delivery;
- to examine the influence of theory, skills training and clinical experience on approach to dementia care delivery amongst undergraduate student nurses;
- to appraise how dementia training policy directives for Pre-Registration Nurse Education are reflected in undergraduate student nurses' knowledge, skills and readiness for nursing practice; and
- to evaluate the psychometric properties of a self-efficacy tool designed to measure attitudes, experiences and perceptions of dementia care in undergraduate student nurses.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: The study consisted of a longitudinal, mixed-methods case study exploring self-efficacy in (n=420) student nurses caring for people with dementia. A self-efficacy tool was adapted and validated for use to measure attitudes, experiences and perceptions of dementia care in undergraduate student nurses. The Dementia and Dementia Care Perceptions Questionnaire (DDCPQ) was used to facilitate understanding of undergraduate student nurses' self-perceptions of dementia care and method triangulation was used in concurrent qualitative data collection and analysis.

Key findings and recommendations: Most student nurses had little or no dementia care experience at course commencement (n=295). Despite this, students were keen to work in dementia care and attitudes were positive towards their perceived ability to deliver dementia care. However, these perceptions of ability were found to be inaccurate predictors of actual ability. Satisfaction in working with dementia significantly reduced (p=0.004), as did motivation to work with dementia (p=0.003) as students became more experienced. Furthermore, students felt significantly less prepared to deliver dementia care (p=0.000) as they progressed through their undergraduate programme. These results represent unrealistic expectations at course commencement. Thus, the conclusions are: Training, experience and knowledge has a positive effect on dementia care delivery; Students remained positive towards dementia and overall attitudes demonstrated commitment to deliver excellent dementia care; but students had unrealistic expectations of the reality of the complex needs in dementia care. Recommendations are:

- Consideration of the timing of educational interventions in undergraduate Nursing programmes; this study has shown dementia education is significantly more meaningful nearer the beginning of the student's nursing journey;
- Support for learning through the use of role modelling. Role models should be enthusiastic, knowledgeable and motivated;
- Elderly care and dementia care is recognised as an exciting, worthwhile and rewarding career choice.

Three key points to indicate how your work contributes to knowledge development within the selected theme: It is widely recognised that many older adults are living longer with multiple healthcare needs and thus require complex care from nurses. In Nursing Education, curricular design should always take cognisance of current health policy to ensure that nurses are fully prepared for practice. Theory and practice have equal weighting in Nursing training and the impact of pre-registration learning has a significant impact on future practice. There is a need to explore student nurses' perceptions of delivering dementia care. This is an original research study, carried out as part of the author's PhD and offers a unique knowledge contribution.

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Keywords: Education, Dementia, Student Nurse, Self-efficacy.

2Dii, 10:30 - 12:20, 1 September 2021
Innovation paper
The introduction of case-based learning to an Adult Nursing programme
Rachel McMillen, Sara Morgan and Pamela Davies, University of South Wales

Promotional abstract: Case-based learning (CBL) is a well-established pedagogical method used in Health Professional Education which aims to promote active, deep learning based on a real-life situation (Thistlewaite *et al.*, 2012). This approach has been introduced into a third year Adult Nursing module on the Bachelor of Nursing programme to replace a more traditional didactic style of learning. An unfolding case scenario was developed along with blended learning activities for the students to engage with throughout the module. This innovation will be presented along with the results of student evaluations and lessons learnt for future module and curriculum design.

Background, context and evidence base for the innovation, including, where possible, its international relevance: The background to this innovation was the desire of an Adult Nursing module team to explore the use of an evidence-based pedagogical approach which utilised authentic, patient-centred cases to promote inclusive learning and increase student participation. Case-based learning (CBL) is a well-established pedagogical method used widely in Health Professional Education both in the UK and internationally (Thislethwaite, *et al.*, 2012). This approach has been reported to promote self-directed learning, clinical reasoning, problem solving and decision making (Hasamnis *et al.*, 2019; Kantar & Massouth, 2015; Thistlethwaite *et al.*, 2012), all qualities we are aiming to develop in our students.

Aim/focus of the innovation: The focus of the innovation was the introduction of a CBL approach into an undergraduate Adult Nursing module. The module is undertaken by a diverse population of learners, many of whom have years of healthcare experience. In the session we will discuss how we designed an unfolding case scenario (Day, 2011) of a fictional family who have a range of problems and needs to reflect the complexities of modern healthcare. We will outline the design, planning and delivery of multimodal team-based learning activities or the module and the facilitation of face-to-face sessions.

Implementation of the innovation: A CBL approach has been developed and utilised within the module for seven cohorts of undergraduate students. The scenario unfolds throughout the module with different family members experiencing health problems. There are pre-session activities to complete each week and students work in tutor-allocated teams to undertake a variety of online or classroom-based learning activities related to the case. The multimodal delivery of the module maximises inclusively and caters to a range of learning styles. Drawing on their theoretical knowledge and clinical experiences, students are encouraged to develop their problem-solving, clinical-reasoning and decision-making skills throughout.

Methods used to assess the innovation: The introduction of CBL to the module has been evaluated by verbal and written student feedback. Feedback has also been obtained via the organisation's online feedback system (LOOP). Staff observations have been collated and compared with existing literature on the use of CBL.

Key findings: Student feedback has been overwhelmingly positive with benefits including increased interaction, an informal and inclusive learning environment and a more authentic, contextualised patient-centred approach. Staff have observed that the students are more independent, engaged and active in their learning and it has improved their confidence to articulate their knowledge and experiences. There has been a significant shift in the role of the lecturer to a facilitator and partner in learning (Thistlethwaite *et al.*, 2012; McCabe & O'Connor, 2014). Areas for further development include increasing staff facilitation skills and rolling out this approach more widely within the new Nursing curriculum.

Three key points to indicate how your work contributes to knowledge development within the selected theme:
- This work presents our experiences of designing and implementing a CBL approach within an undergraduate Nursing module.
- It demonstrates positive outcomes of using CBL by increasing the quality, authenticity and inclusivity of student learning.
- It critiques the benefits and challenges of introducing CBL into the Nursing curriculum.

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Keywords: Case-based Learning, Student-centred, Nursing Curriculum, Authenticity, Inclusive Learning Environment.

2Diii, 10:30 - 12:20, 1 September 2021
Innovation paper
Advancing Respiratory Care Education in COVID-19
Dr Claire Sutton and Alexandra Roberts, University of Bradford

Promotional abstract: This innovation presentation will present an overview of Advanced Respiratory Care: a bespoke delivery of a Masters' Level module at a district general hospital in response to the increased educational needs of ward-based nurses owing to the pandemic of COVID-19. The presentation will discuss the importance of versatility in delivering continuing professional development to healthcare professionals in terms of both a flexible curriculum that reflects the needs of organisations, and a willingness to deliver education in clinical settings conducive to student participation and engagement.

Background, context and evidence base for the innovation, including, where possible, its international relevance: The brunt of caring for the critically unwell with COVID-19 has not only been borne by those healthcare professionals versed in critical illness and familiar with working in specialist critical care areas, but also by those who typically work in Level 1 ward areas tasked with managing patients' deterioration, yet with limited experience and knowledge of managing critical illness (Bennett, 2021; Leasa, 2021). COVID-19 has been a time of tremendous pressure for the UK National Health Service (NHS), however, it has also been a time of opportunity for workforce education and development (Camilleri *et al.*, 2020) and notably the nursing workforce (Credland & Gerber, 2020). The UK experience of critical care nursing workforce education is also evident internationally (Marks *et al.*, 2020).

Aim/focus of the innovation: Airedale General Hospital (AGH), local to the University of Bradford, UK, identified a need to re-configure their Level 1 respiratory care ward area to accommodate increased patient admissions, particularly those requiring non-invasive ventilation, by opening a new Acute Respiratory Care Unit (ARCU). The Matron and Senior Sister of AGH's respiratory ward recognised the importance of adequately preparing and supporting their staff to manage those patients admitted to the ARCU. The aim was for the University of Bradford to support AGH to meet these additional educational requirements.

Implementation of the innovation: In early 2020, a new postgraduate taught module, 'Advanced Respiratory Care' (ARC), was designed as part of the postgraduate critical care provision of the University of Bradford's School of Nursing and Healthcare Leadership. ARC was postulated based on the knowledge that many patients requiring admission to critical care have advanced respiratory care needs (The King's Fund, 2020) and was initially anticipated to run January to May 2021. However, owing to staff development needs in caring for patients with advanced respiratory illness secondary to COVID-19, ARC was commissioned and first run in August and September 2020 as a bespoke education opportunity for the staff of an incipient Acute Respiratory Care Unit (ARCU) at Airedale General Hospital, West Yorkshire.

Methods used to assess the innovation: Advanced Respiratory Care at Airedale General Hospital was well received by students and senior managers at the Trust. Students regularly provided verbal feedback and completed brief questionnaires after each taught day. Additionally, the Course Tutors were in frequent contact with the senior management team at AGH to discuss the impact of the course on patient care and outcomes, in addition to staff retention and satisfaction.

Key findings: Students valued increasing their knowledge in managing patients receiving non-invasive ventilation, as well as the chance to gain Masters' Level credits. Students also recommended the small study group and the convenience of teaching delivered at Airedale General Hospital. It is noted that one of the students on the course was the Senior Sister of the proposed ARCU. Her presence served to motivate and role model positive behaviours in relation to engagement with the course and assisted the Course Tutors to tailor the teaching and facilitate discussions around practice challenges specific to the nurses on the course. The benefit of ARC was also recognised by senior staff at AGH, who have since commissioned a similar project to develop the knowledge and skills of their coronary care nurses.

Three key points to indicate how your work contributes to knowledge development within the selected theme:
- This spotlights the importance of advancing respiratory care education for ward-based staff.
- It emphasises the need for higher education institutions (HEIs) to work more closely with clinical partners to develop and deliver accredited continuing professional development that meets the dynamic needs of clinical practice areas.

- It advocates for the design of versatile modules of study both in terms of learning outcomes and assessment strategies whereby students are supported to identify and plan for clinical practice improvement unique to their own practice.

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Keywords: Advancing Respiratory Care Education, COVID-19

2Div, 10:30 - 12:20, 1 September 2021
Research paper
Caring for frail older people: A coaching and educational intervention for Community Nurses
Dr Constantina Papadopoulou, University of the West of Scotland

Promotional abstract: Using a participatory action research approach, a coaching and online teaching programme was developed aimed at enhancing the skillset of community nurses to manage frailty in a primary care setting. Following a mapping exercise, the programme was co-created with people currently living with frailty alongside the nurse participants and coaching and teaching team. A model that encompasses the breadth and depth of the programme has been developed as a reference tool for other community teams to work with. Steps are now being taken to publicise and digitise the model for use by others.

Background, including underpinning literature and, wherever possible, the international relevance of the research: The number of people over 65 living with frailty in the community is steadily increasing both in the UK and worldwide. Current guidelines recommend for all Health and Social Care professionals to be aware of frailty, and possess the skills to identify and manage people at increased risk for frailty (BGS, 2014).

Aim(s) and/or research question(s)/research hypothesis(es): The principle aim of the project was to enhance the skillset of community nurses to manage frailty in a primary care setting. To this end, we co-designed, developed and delivered a person-centred coaching programme for community nurses to strengthen their leadership role in managing frailty within interprofessional teams. The coaching programme was supported by an online educational resource delivered via a free-at-source blogging platform. This looked at effective and personalised care and support for people living with frailty in the community. The online resource was also co-created and responded to the needs of the community nurse participants.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: We adopted a participatory action research (PAR) cyclical approach (i.e. planning, reflection, action, and evaluation) to enhance the knowledge, confidence and capability of participants (Chevalier & Buckles, 2013) The research was also conducted in 3 phases 1) Mapping; 2) Delivery and 3) Evaluation and Dissemination.

Key findings and recommendations: Phase 1: Mapping: Frailty was initially seen as vulnerability, loss and complex comorbidity. Participants indicated that their current practice was largely reactive, influenced by professional judgement and intuition, with little systematic frailty-specific screening and assessment (Papadopoulou *et al.*, 2021). Phase 2: Delivery: Using these views, a coaching and education programme aimed at addressing the participants' needs was co-created alongside people with frailty. During this process a model was created to illustrate the key requirements of frailty management education within integrated community teams. Phase 3: Evaluation and Dissemination: Following delivery and evaluation that were both affected by the COVID-19 pandemic, the model, currently called the 'House of Frailty' has been well received. Steps are underway to publicise and digitise the model for use by other interested parties.

Three key points to indicate how your work contributes to knowledge development within the selected theme:
- Frailty is a UK and worldwide problem that needs to be tackled more effectively by community teams in contact with those living with frailty every day.
- This programme offers a way to improve the skillset of community staff dealing with anyone living with frailty they encounter.
- The 'House of Frailty' model provides a simple and intuitive framework that is relevant to current practice that can be adapted to suit the needs of other community teams across the UK and more widely.
- Completing a project in a pandemic has highlighted a number of structural issues, such as staffing levels, redeployment and succession planning that need to be addressed so that change within community integrated teams can be more effectively supported.

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Keywords: Frailty, Nurses' Perceptions, Community Nursing, Education, Integrated Care.

2Dv, 1 September 2021, 10:30 - 12:20
Poster+
Mr B's COVID frailty journey
Dr Claire King, Barnet hospital, Royal Free hospital NHS trusts

Promotional abstract: Mr B's COVID frailty journey is a four-part webinar series arising out of the need to provide education about frailty and COVID during the pandemic which follows the clinical journey of fictitious patient Mr B through his presentation with frailty and COVID to the emergency department, his clinical progress, treatment escalation decision making, rehabilitation from acute illness and long COVID as well as end-of-life issues.

Main focus/theme of, or issues addressed by, the poster: Frailty in COVID education is important for healthcare professionals (HCPs) to improve the care of frail older patients with COVID. Face-to-face teaching has been disrupted by the COVID pandemic so it was imperative that education was moved online to support the accessibility of participants at a time of their choosing at home and at work. The teaching is brought to life by following the journey of a single fictitious patient, Mr B, from his clinical presentation in the emergency department with delirium through treatment escalation planning, rehabilitation after acute and long COVID to end-of-life care.

Research approaches and underlying evaluation: Mr B's COVID Frailty Journey (FJ) emanates from research indicating that setting memorable context to improve participant engagement and recall of topics are well established (Greenhaigh, 2001; Hunter & Hunter, 2006). Mr B's FJ provides a realistic, credible clinical context. Over 1,000 people have listened to the webinars; 360 people attended live, 352 accessed recordings and 290 attended on zoom. Feedback was overwhelmingly positive. 96.9% would recommend these sessions. Comments: "interactive and engaging, nice narrative tying everything together with excellent focus on human aspects of care, what I like most was the multidisciplinary approach to management of Mr B and the emphasis on long-term community management".

Implications for healthcare education: The COVID-19 pandemic has allowed the rapid transition from face-to-face teaching to using video collaborative tools such as Zoom, Microsoft Teams and GoTo Webinar at scale for the delivery of teaching. This allows trainees and trainers to access teaching sessions remotely thereby improving accessibility to training and keeping up to date at a time of convenience and reducing contact and travel time for the delivery of teaching. Furthermore, taking one's learners on a patient's clinical journey is a powerful tool for frailty in COVID multidisciplinary education. It engages the audience and helps ensure subject matter remains clinically relevant throughout.

References:
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Keywords: Mr B, Frailty, Journey, COVID.