

NET2021 Conference

Live session full abstracts

Theme Session 4B

Educational enhancement

4Bi, 2 September 2021, 07:00 - 08:20

Research Paper

Supporting students: Develop healthy conversation skills

Dr Anne Mills, Bournemouth University

Promotional abstract: There is a public and professional expectation that nurses will be healthy role models and promote the health and wellbeing of individuals and communities (NMC, 2018). Academics at Bournemouth University, embedded Brief Interventions, Making Every Contact Count (PHE *et al.*, 2016) within a health promotion module, with the goal of improving students' health-promoting skills for service users and themselves. The unit has now been delivered to 1,000 students. Results are positive but indicate that students require support and refresher sessions to help them to continue to utilise the principles of healthy conversations in their own lives and in their practice.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Although there is a public and professional expectation that nurses will be healthy role models and promote the health and wellbeing of individuals and communities (Blake & Harrison, 2013; NMC, 2018), many registered and student nurses, practise health behaviours which contribute to poor health outcomes (Ross *et al.*, 2017). For some nurses, awareness of their own health behaviours may contribute to a disinclination to engage in health promoting conversations with service users, while others may simply use a health education approach. This fails to acknowledge the complexity of human behaviour change (Whitehead, 2006; Kasila *et al.*, 2018).

Aim(s) and/or research question(s)/research hypothesis(es): Nurse Academics at Bournemouth University, became Brief Interventions Trainers, Making Every Contact Count (MECC) (PHE *et al.*, 2016) and embedded MECC within a second year undergraduate health promotion module. The aim of this educational activity was to improve undergraduate student nurses' health and wellbeing, by supporting the growth of personal self-care skills and the development of the practical skills required for the initiation and practise of healthy conversations. The research seeks to understand the enablers and barriers for students using the acquired healthy conversations skills and knowledge within their practice and their own lives.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: This work uses a qualitative approach, it seeks to understand the factors which may help or hinder students in their use of healthy conversation skills. Ethical approval was obtained from Bournemouth University. Online questionnaires were distributed to 300 students from 2017 and 300 from the 2018 cohort. To complement the questionnaire data, focus groups were convened for students in their final year. Questionnaires were also sent to MECC trained staff who taught on the programme, to understand their experiences.

Data was thematically analysed (Braun & Clarke, 2006, 2014). Cross referencing of emerging themes within the data is currently being undertaken.

Key findings and recommendations: The thematic analysis of the data has revealed a number of key themes. The main themes to emerge are clustered around the following: Students reported that they felt they had a good understanding of the principles and practice of healthy conversations; most students are keen to use healthy conversation skills in their practice. There is a lack of support and knowledge in placement for students to enable them to role model themselves on staff using healthy conversation skills. Students wanted more support in their Trust placements. The demands and constraints on students undertaking the UG Nursing programme are extensive, for some students these limit or prevent the use of healthy conversation knowledge in self-care. This finding is supported by work from the Nuffield Trust *et al.* (2019) which recognises the intensity of the undergraduate Nursing programme and its impact on the health and wellbeing of student nurses. Teaching staff reported a higher workload with the inclusion and delivery of healthy conversations skills in the curriculum. However, they were willing to continue, embracing the innovative work because of its value to the students.

Three key points to indicate how your work contributes to knowledge development within the selected theme: Well supported students are able to act as agents of change within practice. Collaborative learning and working within placements requires mentors and other Nursing staff to be respectful, supportive and open to the use of skills and techniques gained by student nurses in other settings. It is challenging for individuals to change their health behaviour on their own. Placements, Nursing programmes and higher education institutions must acknowledge their role in supporting and promoting the health and wellbeing of students.

References:

- Blake, H. & Harrison, C. (2013) 'Health behaviours and attitudes towards being role models.' *British Journal of Nursing* 13, 22(2), 86-94.
- Braun, V. & Clarke, V. (2006) 'Using thematic analysis in psychology.' *Qualitative Research in Psychology*, 3, 77-101.
- Braun, V. & Clarke, V. (2014) 'What can thematic analysis offer health and wellbeing researchers?' *International Journal of Qualitative Studies in Health and Well-being*, 9, 1-2.
- Kasila, K., Hallman, M., Kautiainen, H., Vanhala, M. & Kettunen, T. (2018) 'The gap between behavioral risk status and willingness to change behavior among healthcare professionals.' *Perspectives in Public Health*, 138(6), 311-315.
- Nuffield Trust, Health Foundation and Kings Fund (2019) *Closing the gap Key areas for action on the health and care workforce*. Available at: https://www.nuffieldtrust.org.uk/files/2019-03/1553101044_heaj6918-workforce-briefing-190320-web.pdf [Accessed 6.2.2020].
- Nursing and Midwifery Council (2018) *Future nurse: standards for proficiency for registered nurses*. Available at: <http://tinyurl.com/y4usajo6> [Accessed 6.2.2020].
- Public Health England, NHS England, Health Education England (2016) *Making every contact count (MECC). Consensus statement. 2016*. Available at: <http://tinyurl.com/y6hanuob> [Accessed 6.2.2020].
- Ross, A., Bevans, M., Brooks, A.T., Gibbons, S. & Wallen, G.R. (2017) 'Nurses and health-promoting behaviours: knowledge may not translate into self-care.' *AORN Journal*, Mar 2017;105(3), 267-275.

Whitehead, D. (2006) 'Health promotion in the practice setting: findings from a review of clinical issues'. *Worldviews on Evidence-Based Nursing*, 3(4),165–184.

Keywords: Nursing, Knowledge, Students, Perceptions.

4Bii, 2 September 2021, 07:00 - 08:20

Innovation Paper

Humanising healthcare: Does role play as a patient enhance the learning of a health practitioner?

Professor Deborah Starkey and Dr Mary Hannon-Jones, Queensland University of Technology

Promotional abstract: It is important our Healthcare students develop empathy and patient-centred care as they progress to future healthcare professionals. Humanising healthcare requires students to embrace the non-technical skills of a health practitioner. Simulation activities undertaken in the university setting enhance the preparation of Healthcare students to engage in the clinical practice. This project investigated student learning following a range of role-play activities, including as a patient for a different healthcare discipline. This presentation provides the results of analysis of student reflections from their experiences as the patient in role-play scenarios, and their report of impact on their learning.

Background, context and evidence base for the innovation, including, where possible, its international relevance: "Aside from being technically competent... What makes the biggest difference in patient engagement is not the head stuff. It's the heart stuff. It's how we listen, how we care, how we connect, and the humanness of what we do." Ward in McKay (2018). Various authors have provided insight into the need for human-centred care and the perspective of the patient following their own experiences as a patient. Kate Granger (2013) reflected on her experiences as a patient and instigated the #hellomynameis campaign, to make a positive difference to the patient experience of health care. Youngman (2016) describes the "human need for kindness and compassion in response to vulnerability and suffering".

Aim/focus of the innovation: The researchers sought to explore the hypothesis: engaging in role-play activities as a patient enhances the participant's insight into patient experiences, and impacts on delivery of person-centred care. Heyward (2010) found classroom role-play can improve learner understanding and engagement. Mackey *et al.* (2014) and Mandrusiak *et al.* (2014) both reported greater insight into the patient experience for students acting as standardised patients. For this study, students alternated roles in scenarios as either health care practitioner or patient for a range of scenarios, including for another health profession.

Implementation of the innovation: The Australian system of education for many health disciplines uses a university approach of formal program delivery combined with periods of embedded clinical placement. Simulation activities undertaken in the university setting are designed to enhance student preparation to engage in the clinical health delivery environment. Health practitioner students regularly participate in a range of role-play activities to engage in the holistic delivery of healthcare. For Medical Imaging students this is role-play of imaging examinations within the safety of the on-campus simulation facilities. For the Dietetics students this was through client interview.

Methods used to assess the innovation: This presentation provides an analysis of student reflections on experiences as a patient in role-play activities. Where students identified impact on future practice this was explored. Building on the 2018 pilot project of

interdisciplinary role-play (presented at NET2018), the authors undertook more in-depth examination of student learning experiences in role-play. Additional to the interdisciplinary role-play as a standardised patient for a discipline other than their own, Medical Imaging students also participated in role-play for a range of imaging examinations, including an activity for providing consent. Students provided reflection on their learning following each of these activities.

Key findings: Descriptive analysis of student reflections indicates experience as a patient in role-play is able to produce meaningful learning for student participants. The outcomes are best summarised by one of the participants: “This experience reminded me that as a health professional, building a connection and being professional and empathetic truly are some of the most important attributes to have.” There is potential scalability for implementation of some of the role-play activities used for this study. Some activities were undertaken in a standard classroom setting. Student reflections reported these too made a lasting impact on their learning.

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

- Students engaged in the project activities reported positive impact on their learning.
- Students reflecting on “care delivered through role-play” recognised impact on their own practice.
- Role-play activity need not require additional or specialised equipment to impact learning.

References:

Granger, K. (2013) ‘Healthcare staff must properly introduce themselves to patients.’ *British Medical Journal*, 347(7927), f5833. Available at: <https://doi.org/10.1136/bmj.f5833>

Heyward, P. (2010) ‘Emotional Engagement through Drama: Strategies to Assist Learning through Role-Play’. *International Journal of Teaching and Learning in Higher Education*, 22(2), 197–204. Available at: <http://search.proquest.com/docview/881454248/>

Mackey, S., Tan, K.T., Ignacio, J., Palham, S., Dawood, R. & Liaw, S.Y. (2014) ‘The learning experiences of senior student nurses who take on the role of standardised patient: A focus group study.’ *Nurse Education in Practice*, 14, 627-697. DOI:10.1016/j.nepr.2014.10.003.

Mandrusiak, A., Isles, R., Chang, A., Choy, N., Toppenberg, R., McCook, D., Smith, D., O’Leary, K. & Bauer, S. (2014) ‘Senior physiotherapy students as standardised patients for students enhances self-efficacy and satisfaction in both junior and senior students.’ *BMC Medical Education*, 14, 105. Available at: <http://www.biomedcentral.com/1472-6920/14/105>

McKay, M. (2018) ‘A Nurse’s Role in Humanising Healthcare: A Conversation with Adjunct Prof. Kylie Ward.’ [Weblog post] Available at: <https://www.hotdoc.com.au/practices/blog/nurses-humanising-healthcare/>

Youngson, R. & Blennerhassett, M. (2016) ‘Humanising healthcare.’ *British Medical Journal*, 355, i6262. Available at: <https://doi.org/10.1136/bmj.i6262>.

Keywords: Role-Play, Empathy, Learning, Humanistic Healthcare.

4Biii, 2 September 2021, 07:00 - 08:20

Research Paper

Nursing students' perception of the clinical learning environment: The importance of a supervisor

Dr Christine Sommers and Ian Mambu, Universitas Pelita Harapan

Promotional abstract: This session will discuss the importance that supervision of Nursing students has on their perception of the clinical learning environment. The Clinical Learning Environment, Supervision and Nurse Teacher Scale was completed by Baccalaureate Nursing students in Indonesia. Nursing students that did not have a named Nursing supervisor, or that rarely met with their supervisor, perceived their clinical learning environment less favourably than Nursing students that had a named supervisor or a supervisor that met with them.

Background, including underpinning literature and, wherever possible, the international relevance of the research: The clinical learning environment (CLE) is an important part of Nursing Education and has a key role in the successful development of Nursing students (Doyle *et al.*, 2017). Understanding Nursing students' perception of the CLE assists in providing information about the nursing supervision that occurs. In a previous qualitative research study in Indonesia, the CLE was described as lacking in support from the supervising nurse and being ineffective in developing Nursing students (Adila, 2015). In another study with Baccalaureate Indonesian Nursing students, many (35%) did not agree or disagree with being satisfied with the CLE (Sommers *et al.*, 2019).

Aim(s) and/or research question(s)/research hypothesis(es): The purpose of this presentation is to describe Indonesian Baccalaureate Nursing students' perception of the CLE and their experiences with clinical supervision. The differences in their perception based on supervisor experience and their perception compared with the previous research study will be highlighted. Additional information will also be discussed about the process to revise the wording of the Indonesian version of the Clinical Learning Environment, Supervision and Nurse Teacher Scale (CLES+T). Previous research indicated that the wording of the scale needed to be revised (Sommers *et al.*, in press).

Research methodology/research design, any ethical issues, and methods of data collection and analysis: After ethical clearance was obtained, the Indonesian version of the CLES+T scale was reviewed by nurses and Nursing students to clarify the wording. After wording was clarified, the revised CLES+T scale and a demographic questionnaire was sent to a convenience sample of Baccalaureate Nursing students who had completed at least one clinical practice rotation. Descriptive statistical analysis was used to describe the characteristics of the students from the demographic questionnaire and each item of the scale. Inter-item correlations, exploratory factor analysis (EFA), Cronbach's alpha, and evidence of validity were used to examine reliability and validity of the scale.

Key findings and recommendations: Most of the 589 students were female (79.3%), had a clinical placement in the urban Jakarta area (81.0%), on an adult or pediatric medical surgical ward (40.7%), and were enrolled in the third year of their study (44.3%). Questions about supervision were answered by 516 students. The most frequent title for supervisor was Nurse (28.4%). Many students indicated they met once or twice during the placement (32.1%) or not at all (31.6%). A few students (4.4%) did not have a supervisor. Of the students who completed the entire CLES+T scale (481), those that did not have a supervisor had a lower overall satisfaction of the supervisory experience than those that had a known supervisor ($p < .001$). Factor analysis, using principal component analysis with Promax rotation of the CLES+T scale, yielded five factors that explained 63.4% of the variance. The

Cronbach's alpha coefficient for the entire scale was .96 and the Cronbach's alpha for the subscales was .78 to .95. The revised wording of the Indonesian CLES+T is a valid and reliable scale. Based on the results of this research, the scale will be used to evaluate the CLE and supervision of each hospital clinical course in the Baccalaureate Nursing program.

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

1. Described Nursing students' perception of the clinical learning environment and supervisory experience using the revised Indonesian version of the CLES+T scale.
2. Students who did not have a named supervisor had a lower perception of the clinical learning environment.
3. The clinical learning environment plays an important role in preparing Nursing students to become nurses. Based on this research, the CLES+T scale will be used in each hospital clinical practice course to better understand the clinical learning environment and supervisory experience.

References:

Adila, W. (2015) 'Peran pembimbing praktik klinik pada praktik klinik keperawatan diploma III keperawatan Stikes An-Nur Purwodadi.' *Jurnal Kebidanan Adila Bandar Lampung*, 15 (2), 65-72.

Doyle, K., Sainsbury, K., Cleary, S., Parkinson, L., Vindigni, D., McGrath, I. & Cruickshank, M. (2017) 'Happy to help/happy to be here: Identifying components of successful clinical placements for undergraduate nursing students.' *Nurse Education Today*, 49, 27–32. Available at: <http://dx.doi.org/10.1016/j.nedt.2016.11.001>.

Sommers, C.L. & Mambu, I. (2019) 'Indonesian baccalaureate nursing students' perceptions of the clinical learning environment: a research study.' Presentation at NET: Networking for Education in Healthcare Conference 2019, Keele University, UK.

Sommers, C.L. *et al.* (in press) 'Exploratory Factor Analysis of the Indonesian version of the Clinical Learning Environment, Supervision, and Nurse Teacher Scale (CLES+T).' *Journal of Nursing Measurement*.

Keywords: Clinical Learning Environment, Nursing Student, Nursing Education, Nursing Supervisor.

4Biv, 2 September 2021, 07:00 - 08:20

Poster+

A Delphi study to identify whether Biomedical Scientists are adequately prepared for practice by their undergraduate studies and professional training

Kathryn Dudley, University of Wolverhampton

Promotional abstract: Biomedical Scientists (BMSs) are Health and Care Professions Council (HCPC) registered professionals working within the NHS and healthcare laboratories. The professional standards that BMSs are required to comply with refer to the importance of the patient and service user, yet their role involves little or no patient contact (HCPC, 2014; HCPC, 2016, IBMS, 2018). In the published literature, there is no discussion of how BMSs can meet these standards which provides a challenge for education and training. Although the BMS title is specific to the UK, the medical laboratory scientist role exists worldwide, therefore there are wider implications for education and training internationally.

Main focus/theme of, or issues addressed by, the poster: The study utilises a modified Delphi methodology consisting of two rounds (Keeney, Hasson & McKenna, 2011). Invitations were sent to HCPC registered BMSs, academics and students on the BSc Biomedical Science course and representatives from the professional and regulatory bodies. Round one consisted of interviews and focus groups and round two consisted of an electronic questionnaire including a Likert scale. The research aims to assess stakeholder perceptions of the BMS role within the healthcare team, including how BMSs can evidence they are striving to achieve patient outcomes and determining whether Pre- or Post-Registration training delivers these key concepts for practicing BMSs.

Research approaches and underlying evaluation: There are approximately 25,000 HCPC registered Biomedical Scientists working in the NHS, which is a significant proportion of the workforce (NHS Digital, 2020). The Quality Assurance Agency (QAA) Benchmark Statements for Biomedical Sciences do not refer to the importance of the patient within the BMS role, despite this being an essential requirement of HCPC registration (QAA, 2019). Therefore, this research aims to determine whether undergraduate students on the BSc Biomedical Science programme are adequately prepared for their future role. This has the potential to impact curriculum delivery and professional standards to ensure that students can meet the requirements of their role.

Implications for healthcare education: The importance of independent learning is emphasised in healthcare programmes internationally (Moghadari-Koosha *et al.*, 2020; Gqweta, 2012; Cadarin *et al.*, 2012; Linaker, 2015; Naeger *et al.*, 2014; Sheakley *et al.*, 2019; Spence, 2019), with peer learning a useful support mechanism (Ellshami *et al.*, 2020). Additionally, the UK has seen increasing emphasis on student training within specialist imaging modalities, with rapidly increasing demand (NHS, 2019; Sloane & Hyde, 2019). This module is innovative in initiating student-directed active learning, enhancing motivation to learn (Knowles, 1984), with peer and supervisor support. Direct clinical relevance, and communication skills development add authenticity to assessment.

References:

- Health and Care Professions Council (2014) *Standards of Proficiency: Biomedical Scientists* [Online]. Ref: 20070509cPOLPUB. Available at: http://www.hcpc-uk.org/assets/documents/100004FDStandards_of_Proficiency_Biomedical_Scientists.pdf [Accessed 10/05/18].
- Health and Care Professions Council (2016) *Standards of Conduct, Performance and Ethics*. [Online]. Ref: 20120801POLPUB/SCPE. Available at: <http://www.hcpc-uk.org/assets/documents/10004EDFStandardsofconduct,performanceandethics.pdf> [Accessed 15/04/18].
- Institute of Biomedical Science (2018) *Good Professional Practice in Biomedical Science*. [Online]. Version 5. Available at: <https://www.ibms.org/resources/documents/good-professional-practice-in-biomedical-science/> [Accessed 16/03/19].
- Keeney, S., Hasson, F. & McKenna, H. (2011). *The Delphi Technique in Nursing and Health Research*. Chichester, West Sussex; John Wiley & Sons Ltd.
- NHS Digital, (2020) *NHS Workforce Statistics, August 2020*. [Online]. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/august-2020> [Accessed 04/12/20].
- Subject Benchmark Statements: Biomedical Sciences. [Online]. Ref: QAA2449. Available at: https://www.qaa.ac.uk/docs/qaa/subject-benchmark-statements/subject-benchmark-statement-biomedical-sciences.pdf?sfvrsn=2bf2c881_4 [Accessed: 04/03/20].

Keywords: Biomedical Scientist, Professional Registration, Delphi.