

NET2021 Conference

Live session full abstracts

Theme Session 7E

Educational Enhancement

7Ei, 10:30 - 12:15, 3 September 2021

Innovation paper

Implementing a CLiP model of supervision into a Midwifery placement area

Heather Bower and Dr Marianne Markowski, University of Greenwich

Promotional abstract: The purpose of this presentation is to describe a new model of Collaborative Learning in Practice (CLiP) for Midwifery students, which we have been piloting in a practice setting from January 2020. We will describe the aims of the project, the preparation, implementation and evaluation to date. The model is based upon peer-assisted learning and coaching. Students are placed in triads of varying experience, under the supervision of a coach or practice supervisor. The aim of this model is to enable students to learn from one another in becoming independent practitioners, improving confidence, care planning and decision-making skills.

Background, context and evidence base for the innovation, including, where possible, its international relevance: Motivation to implement this CLiP project arose from a national drive to increase Midwifery student numbers (Health Education England, 2019). As part of this strategy, the university elected to implement a different model of student supervision, with the potential to increase placement capacity for students (Hill *et al.*, 2020; Williamson *et al.*, 2020). The team's interest in CLiP was driven by the literature, which suggests that it increases student confidence, care planning and decision-making skills (Hellström-Hyson *et al.*, 2012). This enables students to negotiate the transition from student to qualified midwife more smoothly, becoming more confident practitioners on graduating.

Aim/focus of the innovation: The aim of the new model of Collaborative Learning in Practice (CLiP) for Midwifery students is to improve confidence and decision making. The model is based upon peer-assisted learning and coaching. Students are placed in triads of varying experience, under the supervision of a coach or practice supervisor. This is in contrast to the traditional model of student supervision, which is based on a one-to-one relationship between the student and practice supervisor. It is hoped this new model will enable students to learn from one another in becoming independent practitioners.

Implementation of the innovation: An initial visit was made to another Trust, which has successfully introduced CLiP into Midwifery. Discussions then took place with a local Trust to pilot CLiP on their ante/postnatal ward. Students and midwives were prepared for CLiP using coaching materials (Bresser & Wilson, 2010). Preparation is the key to successful implementation of the CLiP model (Lobo *et al.*, 2014). Triads of 1st, 2nd and 3rd year Midwifery students were rostered on the same shifts, with one practice supervisor to oversee each triad. Students were facilitated to plan, implement and evaluate care of women and babies together, with support from their practice supervisor.

Methods used to assess the innovation: Evaluation of the pilot project is taking place through online questionnaires and interviews. Once the pilot has been evaluated and

adapted according to the findings, it is anticipated that the CLiP model of supervision will be introduced into the postnatal ward in the other hospital in the Trust. Formal evaluation on both sites will take place before deciding whether this is a model of student supervision that could be expanded to other units in London and the South East. There is interest from other universities and Trusts providing Midwifery education as CLiP has potential to increase capacity in maternity wards.

Key findings: Evaluation of the pilot project is at an early stage. However, early results suggest that there are benefits to the senior students who are acting as role models and facilitating teaching, thereby increasing their self-confidence. There are also benefits to the junior students in learning through peer-assisted teaching from their senior colleagues. Further survey responses and interview data will be available in the next few months and findings will be discussed in the conference presentation.

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

- CLiP is a potentially innovative way of improving student confidence, decision making and independence.
- CLiP enables students to engage in peer learning/teaching, which has been demonstrated to strengthen their own learning.
- CLiP has the potential to increase Midwifery student placement capacity, particularly in the ante/postnatal ward.

References:

Bresser, F. & Wilson, C. (2010) 'What is Coaching?' In: Passmore, J. (ed) *Excellence in Coaching* 1-25. London, Kogan Page.

Health Education England (2019) *Maternity Workforce Strategy: Transforming Maternity Services*. Available at: <https://www.hee.nhs.uk/our-work/maternity/maternity-workforce-transformation-strategy>.

Hellström-Hyson, E., Mårtensson, G. & Kristofferzon, M.L. (2012) 'To take responsibility or to be an onlooker. Nursing students' experiences of two models of supervision.' *Nurse Education Today*, 32(1), 105-110.

Hill, R., Woodward, M. & Arthur, A. (2020) 'Collaborative Learning in Practice (CLiP): Evaluation of a new approach to clinical learning.' *Nurse Education Today*, 85, 104295.

Lobo, C., Arthur, A. & Lattimer, V. (2014) 'Collaborative Learning in Practice (CLiP) for pre registration nursing students.' Paper given at CLiP conference, University of East Anglia, 18.9.14.

Williamson, G.R., Plowright, H., Kane, A., Bunce, J., Clarke, D. & Jamison, C. (2020) 'Collaborative Learning in Practice: A systematic review and narrative synthesis of the research evidence in nurse education.' *Nurse Education in Practice*, 102706.

Keywords: Collaborative Learning, Peer Assisted Learning.

7Eii, 10:30 - 12:15, 3 September 2021

Research paper

'Placement' recovery and re-imagination: Scaling up the Peer Enhanced E-Placements (PEEP) model

Dr Lisa Taylor, University of East Anglia and Professor Gilly Salmon, Education Alchemist Ltd

Promotional abstract: The online Peer Enhanced E-Placement (PEEP) was created in response to the COVID-19 placement suspensions. Based on strong pedagogy and evaluation, it is now widely adopted across multiple health and social care professions. A three-stage online PEEP acquisition package was developed, to enable practice education teams to customise the model for their own students. An action research project is building the evidence base for ways of rapid customisation, adoption, and the wider impact of the PEEP model. The results of the research and recommendations for the future of the PEEP will be presented.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Practice education can be achieved using alternative models of delivery, however evaluation is important. The Peer Enhanced E-Placement (PEEP) was created in response to the COVID-19 placement suspensions (Taylor, 2020). Strong pedagogy (Salmon, 2011), rich in-depth learning, and placement capacity generation, rapidly led to PEEP's widespread desirability as a model of practice education. The PEEP Acquisition Package enables Higher Education/practice setting placement teams to customise a PEEP (Taylor & Salmon, 2020). To date more than 60 teams, across 15 health and social care professions have completed a PEEP acquisition package, creating the potential for over 13,000 weeks of practice placements.

Aim(s) and/or research question(s)/research hypothesis(es): The aims of the research were to build the evidence base for the PEEP Acquisition Package (a flipped learning online synchronous professional development experience), for enabling placement teams to adapt and adopt PEEP. The following questions were the focus for the research;

1. How many participants and practice teams implement a PEEP following completion of the PEEP Acquisition Package, and how soon?
2. What makes a difference to their adoption, what gets in the way?
3. How does contextualisation for their professions help adoption?
4. Are equivalence and authenticity demonstrated against the placement learning outcomes;
5. are there additional emergent benefits?

Research methodology/research design, any ethical issues, and methods of data collection and analysis: Ethical approval for this project was obtained from the Research Ethics Committee at the University of East Anglia (Reference number: 2020/21-026). Participants of the PEEP Acquisition Package were invited to complete an online survey, with a mix of closed and open questions. Selected participants also took part in evaluative interviews, to enable more in-depth exploration of emerging key themes. An independent research assistant conducted thematic analysis of the qualitative data from the survey and the interviews. The qualitative thematic and quantitative descriptive data was combined, to triangulate the findings, and provide a comprehensive picture of the overall results.

Key findings and recommendations: We will outline main areas of learning and development from the PEEP Acquisition Package, and the key indicators for rapid and viable adoption by staff. We offer insight into and recommendations for online placements. We will

demonstrate the evidence and processes for the adoption of PEEP as an alternative placement model for health and social care students, as a rich in-depth practice education learning experience. We will clarify the ways in which PEEP can assist with widespread placement capacity challenges. We provide wider commentary on the challenges and opportunities of the recovery of traditional placements through high quality online methods.

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

- The Peer Enhanced e-Placement (PEEP) offers an innovative practice education model for health and social care students, which has evaluated positively across multiple professional groups.
- The PEEP Acquisition Package gives placement provider teams the opportunity to link the pedagogical theory underpinning the PEEP design and structure for their own students, when adapting and adopting the PEEP. The PEEP model is being adopted by more than 15 professions, with the creation of over 13,000 weeks of potential placement capacity.
- The PEEP offers an innovative technology enhanced practice based, in depth quality learning experience for Health and Social Care students.

References:

Salmon, G. (2011) *E-moderating: The key to teaching and learning online* (3rd ed.). New York: Routledge.

Taylor, L. (2020) Occupational Therapy Virtual Practice Placement – Case Study Health Education England. Available at: <https://www.hee.nhs.uk/our-work/allied-health-professions/occupational-therapy-virtual-practice-placement>

Taylor, L. & Salmon, G. (2020) Peer Enhanced E-Placement PEEP Model Conversation. Available at: <https://www.educationalchemists.com/placements.html#/>

Keywords: Practice Education, Pedagogy, Technology, Innovation, Online Learning.

7Eiii, 10:30 - 12:15, 3 September 2021

Research paper

What educational experiences do Pre-Registration Adult Nursing students find most effective to support their clinical decision-making

Michael Kelleher, Northumbria University

Promotional abstract: The aim of this study was to utilise a qualitative interpretive phenomenological approach to explore the perceptions of undergraduate Nursing students in their ability to make effective clinical decisions. Within this, the study initially sought to understand how clinical decision-making is understood and defined by the informants from their individual perception. The study then explored how their experience has influenced and impacted upon the informants' ability to make clinical decisions and which components of their educational experience have the most impact on developing confidence in their abilities.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Within clinical practice, practitioners are faced with multiple decisions of varying complexity and urgency (Yuan *et al.*, 2011). Effective clinical decision making becomes even more relevant to current and future practice as the Nursing and Midwifery Council's (NMC) Code of Professional Conduct (NMC, 2018) expects

practitioners to deliver care based on best available evidence or best practice. Current trends in Nurse Education place an emphasis on the production of creative, problem-solving practitioners who are able to act and think independently and employ skills imaginatively. Teaching of clinical decision-making has to be able to reflect the realities of practice and support student development through the utilisation of the most effective educational approaches.

Aim(s) and/or research question(s)/research hypothesis(es): The aim of this study was to utilise a qualitative interpretive phenomenological approach to explore the perceptions of undergraduate Nursing students in their ability to make effective clinical decisions. Within this, the study initially sought to understand how clinical decision making is understood and defined by the informants from their individual perception. The study then explored how their experience has influenced and impacted upon the informants' ability to make clinical decisions and which components of their educational experience have the most impact on developing confidence in their abilities.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: The informants were recruited as a purposive sample (n=7) from the Adult field undergraduate Nursing students who had completed the same experience of their undergraduate course to ensure they had a similar understanding of clinical decision making. The study employed paired semi-structured interviews lasting 30 to 45 minutes each, the initial interview took place during a period of study at the university. The second interview took place following this study period and a period of clinical practice. The interview transcripts were analysed using thematic content analysis and open coding techniques (Lincoln & Guba, 1985). Full ethical approval was gained for the study.

Key findings and recommendations: Initial interview findings showed that while the respondents recognised elements of the clinical decision-making process, they were often not aware of applying any formal decision-making models to their practice. Within the second interview the respondents showed more awareness of process suggesting a degree of co-construction within the data. When exploring the influences on decision making the key themes that emerged were the facilitation of learning, influences on decision making and future learning models. Sub themes within the main themes included self, situation, patient safety and confidence.

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

1. Within the theme of future learning models the respondents identified integrated patterns of education and practice delivery that could support their ongoing learning.
2. Respondents identified patient safety as a key influence on their decision making.
3. Within the facilitation of learning in both practice and education settings respondents recognised the facilitator remains key to development of skill and confidence.

References:

Lincoln, Y.S. & Guba, E. (1985) *Naturalistic inquiry*. Thousand Oaks, California: Sage.

Nursing Midwifery Council (2018) *The Code: Professional standards for practice and behaviour for nurses, midwives and nursing associates*. London: NMC. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>.

Yuan, H.B., Williams, B.A. & Fang, J.B. (2011) 'The contribution of high fidelity simulation to nursing students' confidence and competence: a systematic review.' *International Nursing Review*, 1, 26-33.

Keywords: Clinical Decision-Making, Pre-Registration Education.

7Eiv, 10:30 - 12:15, 3 September 2021

Innovation paper

Developing a simulated clinical placement in a global pandemic

Jan Williams, Mark Murphy and Dr Amanda Garrow, Liverpool John Moores University

Promotional abstract: This presentation will describe the development of a four-week simulation placement replacing a clinical allocation for first year Paediatric, Mental Health and Adult Nursing students (n=400). The simulation placement forms part of an innovative Pre-Registration programme validated by the Nursing and Midwifery Council (NMC) in 2019, and is the first of its kind to be awarded the HEE placement tariff in the UK. The onset of the global pandemic required rapid adaptations. This presentation will illustrate some of the creative solutions to delivery and assessment strategies that were developed. In addition, student evaluations of this experience and lessons learned will be shared.

Background, context and evidence base for the innovation, including, where possible, its international relevance: The growth of simulation in Nursing curricula has been influenced by increased student numbers and decreased clinical placements (Cobbett & Snelgrove-Clarke, 2016). The Nursing & Midwifery Council (NMC) endorsed the use of simulation to replace up to 300 clinical practice hours in 2007, however, this is the first time in the UK that a simulated placement has been developed to replace a four-week clinical allocation. The global pandemic shrank the number of available traditional placements for students; necessitating an innovative response to ensure students could continue their clinical learning and decrease the demand on overstretched clinical services.

Aim/focus of the innovation: It was important to ensure the 400 students in the cohort received an effective, realistic and immersive placement experience that met the NMC standards (2018) and followed the INASCL good practice guidelines (2017). The design of this simulation placement also had to consider available resources and faculty. Due to COVID-19 restrictions of social distancing and building space, face-to-face contact had to be reduced from 50% to less than 5% and creative solutions developed. This new approach utilised novel blended methods, encompassing both face-to-face and e-simulation, to create a unique and interactive experience.

Implementation of the innovation: To ensure relevance to practice, all areas of delivery were mapped directly to the NMC education standards (NMC, 2018). Content and delivery was informed via a multi-disciplinary approach involving all nursing fields. In addition, the Technology Enhanced Learning team were critical in the design and delivery of the project. To give meaning and value to the content, a narrative pedagogy approach was adopted, including stages of pre-briefing, scenario and debrief, followed by 'real-world' student activity which related directly to practice. A 'Simulated Hospital Trust' hosted each day's activities, in virtual clinical areas, with virtual patients and condition-specific scenarios.

Methods used to assess the innovation: Throughout the placement student learning was assessed in a number of ways. For example, communication skills were assessed via a telephone call where a patient's spouse called the simulated ward to enquire on their progress. Students were expected to receive the phone call and respond in a professional manner acknowledging their limitations. Individual formative feedback was provided. Student placement documents were completed evidencing achievement of core proficiencies and field exposures. It was evident in the qualitative feedback and satisfaction scores that overall students felt well prepared for clinical placement.

Key findings: Students were asked to rate their overall experience of the simulation placement; 92% students rated it as good/excellent. When asked whether the simulation placement had helped prepare them for real life practice, 92% responded positively. We were able to make some comparisons with previous cohorts who experienced a clinical placement at the same stage of the programme. This data illustrates that students were comparably satisfied. Importantly, this project has resulted in a robust, versatile and flexible model of delivery. This flexibility not only allows for development and expansion but also a shift in delivery blend between e-simulation and face-to-face.

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

1. This innovative approach is a potential solution to enable large numbers of students to achieve NMC proficiencies and exposures in a creative and interactive way. The majority of students felt prepared for practice and that their learning needs were met.
2. Whilst the blended approach of remote and face-to-face learning had to adapt to COVID-19 restrictions, it has resulted in a robust, versatile and flexible model of delivery which can be adapted in future delivery.
3. The fundamental concept and design developed could be transferred to a variety of healthcare professional programmes both in the UK and internationally.

References:

Cobbett, S. & Snelgrove-Clarke, E. (2016) 'Virtual versus face-to-face clinical simulation in relation to student knowledge, anxiety, and self-confidence in maternal-newborn nursing: A randomized controlled trial.' *Nurse Education Today*, 45, 179-184.

INACSL (2017) 'Standards of Best Practice'. *Clinical Simulation in Nursing*, 13(12), 681-687.

NMC (2018) *Standards for pre-registration nursing programmes*. NMC, London

Keywords: Pre-Registration Nursing Students, Simulation, Placement, Global Pandemic Response, Assessment Strategies, Evaluation.