Strand 3A: Learning, teaching and assessment strategies
Linking theme: Simulation

3Ai, 10:30-12:15, 7 September 2022
Theme paper, Research paper
Simulating Practice Education: What should we simulate?
Terri Grant, University of Worcester

Promotional abstract: This study seeks to understand what students really learn during their first placement, which may not be captured by the intended learning outcomes, in order to inform the development of simulated environments to replace placements. Students and educators in this ongoing study were interviewed with the intention of developing a theory of placement learning. This theory will be used to inform the development of simulation curricula and enhance student learning on placement.

Background, including underpinning literature and, wherever possible, the international relevance of the research: With the impact of the Covid-19 pandemic stretching placement capacity to its limits (RCOT, 2021), simulating placements appears to be a logical solution. 40 hours of simulated practice have been permitted by Royal College of Occupational Therapists (RCOT) as part of the 1,000 hours' overall practice requirement since 2019 (RCOT, 2019), and some guidance on how to ensure that such placements are of sufficiently high quality has been offered by colleagues overseas (Occupational Therapy Council of Australia, 2020). However, the body of research into the effectiveness of simulated placements is small, with no consideration to which aspects of placement should be simulated (Grant *et al.*, 2021).

Aim(s) and/or research question(s)/research hypothesis(es): What skills, knowledge and behaviours are learned during Student Occupational Therapists' early exposure to practice in the course of their first assessed placement, and what is the implication of such learning on the construction of simulated placements?

Research methodology/research design, any ethical issues, and methods of data collection and analysis: Using grounded theory methodology following ethical approval, first-year Pre-Registration Occupational Therapy students and practice educators have undertaken semi-structured interviews to determine what they believe is learned during the first placement. Constant comparative analysis has determined specific categories of learning identified by participants.

Key findings and recommendations: Early results of this ongoing study suggest four core categories of learning, which are co-dependent and impact on one another, and are being developed to propose a theory of placement learning that can be employed to enable educators to consider the parameters and purpose of simulated placements. This presentation will report on the parameters of these four categories and discuss their impact on one another, along with reporting on one core category which underpins the others.

Later stages of this study will site this theory within existing educational theory and seek to make recommendations to help students and educators maximise learning opportunities in both traditional and simulated placements. This presentation will report on the results to date, launching the proposed theory, and will make suggestions of relevant educational theory which may provide context and relevance.

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

1. Students experiencing their first placement undergo learning that is not captured within the intended learning outcomes.
2. Such learning can be categorised into four distinct areas, each of which impacts on the others.
3. Understanding what students learn during their first placement can be used to decide whether simulating placement is possible, and appropriate, at this stage of learning.

References:

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Occupational Therapy Council of Australia (2020) 'Accreditation standards for entry-level occupational therapy programmes explanatory guide: the use of simulation in practice education / fieldwork'. [Online] Available from: https://www.otcouncil.com.au/wp-content/uploads/Explanatory-notes-for-simulation-in-practice-education-updated-March2020.pdf (Accessed: 01/02/22).

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RCOT (2021) 'RCOT Informed View: Supervision of student nurses by health and social care professionals'. [Online] Available from: https://www.rcot.co.uk/file/8025/download?token=Tq6CWJgq (Accessed 01/02/22).

3Aii, 10:30-12:15, 7 September 2022
Theme paper, Innovation paper
The challenges and opportunities of online simulated interprofessional learning, during the pandemic, with Midwifery, Adult Nurse, Social Work and Paramedic students
Dr Rosalind Weston, Alison Lewis, Fazilah Twining and Jenny Dale, University of Worcester

Promotional abstract: The aim of this session is to present some of the challenges and opportunities for developing Online Simulated IPL with Midwifery, Adult Nurse, Social Work and Paramedic Students. The objectives will be to show these were created during the pandemic and include exploration of perinatal mental health issues for Adult Nurse and Midwifery students, a Simulated Initial Child Protection Conference between Social Work and Midwifery students along with a 'Two Blues and Diesel' Mega Emergency home birth situation with Paramedic and Midwifery students. Forum Theatre, using Freire's (1970) Pedagogy of the Oppressed, and Service Users' experiences informed aspects of the learning and teaching.

Background, context and evidence base for the innovation, including, where possible, its international relevance: The World Health Organisation (2010) recognised the benefits of interprofessional education to support collaborative working. CAIPE (2021) define this as being where two or more professions learn with, from and about each other to improve the quality of care. During the perinatal period, women's mental health is at significant risk. The mental health crisis resulting from the COVID-19 pandemic increased this risk (Papworth *et al.*, 2021). Maternal and neonatal outcomes were also affected (MBRRACE, 2020, NPEU, 2021). This provided the rationale to develop simulated online interprofessional learning scenarios to equip Health and Social Care students with improved skills for practice.

Aim/focus of the innovation: Aim: To enable 'real-life' immersive learning opportunities through Online Simulated IPL with Midwifery, Adult Nurse, Social Work and Paramedic Students. The focus of the innovation was to enable team working, decision-making and an appreciation of the skill set of other professions. This was facilitated through an IPL day for Adult Nurse and Midwifery students which explored perinatal mental health issues, a role-play Simulated Initial Child Protection Conference between Social Work and Midwifery students and a Mega Emergency home birth situation with Paramedic and Midwifery students. Forum Theatre and Service Users' experiences informed aspects of the learning and teaching.

Implementation of the innovation: The perinatal mental health day, for over 75 Adult Nurse and 20 Midwifery students, was facilitated by adult and mental health nursing, midwifery lecturers, a service user, a perinatal charity worker and a community perinatal mental health nurse. The Safeguarding scenario was co-created to enable third year Midwifery and Social Work students to take part in a simulated Initial Child Protection Conference. Paramedic and Midwifery students developed their non-technical skills when responding to a simulated pregnant person experiencing several birth emergencies. The scenario was 'paused' at various points to enable whole group reflection and further decision-making to occur.

Methods used to assess the innovation:

- An ethics approved evaluation of the impact of the multi-professional online learning and teaching day on the topic of perinatal mental health for final year undergraduate students from the disciplines of Adult Nursing and Midwifery.

- An anonymous Microsoft office questionnaire was developed and used to gain feedback from the Paramedic and Midwifery student IPL learning opportunity.
- Verbal and module evaluation feedback was gained from Social Work and Midwifery students about the Simulated Initial Child Protection Conference.
- Verbal feedback was sought and given by students and lecturers at the end of all three IPL events.

Key findings: Collaborative learning, communication and decision-making are all enhanced through simulated online IPL learning. Students enjoy the challenge and opportunities for learning with, about and from each other. Online learning provides a safe space for reflection and learning through uncertainty. Paramedic and Midwifery students increased their shared knowledge and understanding around emergency procedures and roles. Students co-constructed new understandings within the complex Safeguarding situations of an Initial Child Protection Conference, and people experiencing perinatal mental ill health. The investment in lecturer time spent in planning for IPL learning is considerable, but scenarios and online learning resources can be reused.

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

1. contributes to national and international expectations that health professionals will be equipped with skills to work in effective, respectful collaboration with others;
2. enables adaptable, boundary-spanning practitioners who can co-create and enhance knowledge development, with service users and practice learning partners;
3. ensures the sustainability of effective IPL, using a range of technologies to promote equality, diversity and inclusion, which is integral to excellence in IPL. Thus inspiring intellectual curiosity and evidence-informed practice to work collaboratively across the lifespan.

References:

CAIPE (2021) Inter-professional Education Handbook Available from: https://www.caipe.org/resources/publications/caipe-publications/caipe-2021-a-new-caipe-interprofessional-education-handbook-2021-ipe-incorporating-values-based-practice-ford-j-gray-r (Accessed 24/02/22).

MBRRACE (2020) 'Saving Lives, Improving Mothers' Care Rapid Report: learning from SARS-CoV-2- related and associated maternal deaths in the UK'. Available from: https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/MBRRACE-UK_Maternal_Report_2020_v10_FINAL.pdf (Accessed 24/02/22).

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The WHO (2010) 'Framework for Action on Interprofessional Education and Collaborative Practice'. [Online] Available from: http://apps.who.int/iris/bitstream/handle/10665/70185/WHO_HRH_HPN_10.3_eng.pdf;jsessionid=C4B68E36607E9F9CBD83CE498958B188?sequence=1 (Accessed 24/02/22)

The 5-stage approach: A framework for the integration of simulation in undergraduate education

Emily Browne, Staffordshire University

Promotional abstract: Our aim was to create a framework that integrated clinical skills and simulation increasing in complexity applicable to any Healthcare curriculum. We created the five-stage approach which scaffolds learning, bringing simulation into the curriculum from the very start with the early introduction of consolidation and simulation allowing for a gradual cognitive load. The approach consists of five stages;

1. Online learning
2. Facilitated practical (Task Training)
3. Simulation consolidation (facilitated simulation)
4. Simulation days (Remote Facilitation)
5. Clinical practice

Background, context and evidence base for the innovation, including, where possible, its international relevance: In recent years there have been many publications providing guidance on simulation-based education and frameworks for the development of faculty and delivery of simulation. However, there is not a framework for the integration and delivery of skills and simulation within a curriculum. This finding was recently echoed within the literature, as Ferguson *et al.* (2020) conclude that there is a gap in how a simulation strategy becomes effectively implemented and embedded within an existing curriculum.

We created the five-stage approach which scaffolds learning, bringing simulation into the curriculum from the very start with the early introduction of consolidation and simulation allowing for a gradual cognitive load.

Aim/focus of the innovation: Our aim was to create a framework that integrated clinical skills and simulation increasing in complexity applicable to any healthcare curriculum.

Implementation of the innovation: The approach consists of five stages;

1. Online learning
2. Facilitated practical (Task Training)
3. Simulation consolidation (facilitated simulation)
4. Simulation days (Remote Facilitation)
5. Clinical practice.

Over the course of a curriculum, skills both technical and non-technical are initially introduced, then moving the focus to knowledge review and a higher expectation of understanding and assimilation into the simulated environments. Over the course duration facilitation lessens until students are leading on simulation delivery and debrief.

Methods used to assess the innovation: This study took a mixed methodology of research methods with both qualitative and quantitative data being collected using a questionnaire. A mixed methodological approach was chosen in order to allow a more detailed understanding of the impact of our intervention than would be obtained through using either quantitative or qualitative work alone.

The questionnaire consisted of two sections; firstly, a group of subject areas which students were asked to rate their confidence in on a Likert scale from 1 (very poor) to 5 (very good).

Secondly, students were able to give free-text responses about their experiences of simulation based education.

Key findings: The success of the 5 Stage Approach is demonstrated by the overwhelmingly positive feedback received from students. Student feedback highlights the positive impacts of this teaching innovation for student learning experience and success:

- Increased sense of confidence
- Confidence in own competence increased
- Real-life situations

Demonstrating proof of the popularity and success of the innovation, the 5 Stage Approach framework has led to the successful integration of simulation learning across multiple other departments and schools within Staffordshire University, as well as generating interest from other higher education institutions

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

1. An innovative student- focused framework that will help to deliver better patient safety outcomes.
2. Being the first framework of its kind for the integration of simulation across Nursing and Midwifery Curriculum, the 5 Stage Approach has been presented in numerous national simulation conferences.
3. Underpinned by sound pedagogical theory, the framework is sustainable by virtue of its flexibility and can be adapted to suit the needs of a wide variety of subject areas wishing to embed simulation learning in a curriculum.

References:
Ferguson, J., Astbury, J., Willis, S., Silverthorne, J. & Schafheutle, E. (2020) 'Implementing, embedding and sustaining simulation-based education: What helps, what hinders'. *Medical Education*, 54, 10, 915–924. Available from: https://onlinelibrary.wiley.com/doi/abs/10.1111/medu.14182 (Accessed 01/10/2020).

Keywords: Simulation. Framework.

Simulations as a pedagogical method for vaccination competence: Educating Vaccination Competence (EDUVAC) Erasmus+ project

Dr Dimitra Perifanou, University of West Attica

Promotional abstract: Worldwide immunisation is saving peoples' lives from infectious diseases. Simulations are a useful method for Health Sciences students which offer them to practice on real-life scenarios, to work in teams, making decisions through a safe environment. "Educating Vaccination Competence" (EDUVAC) an Erasmus+ funded project in which five European higher educational institutes from Greece (coordinator), Finland, Slovakia, Spain and Italy, co-developed different pedagogical approaches in order to enhance students' vaccination competencies. Simulations teachers 'guide and students' guide are available as open access resources with creative commons license and they are accessible online (ww.eduvac.eu) along with all EDUVAC learning materials.

Main focus/theme of, or issues addressed by, the poster: Worldwide immunisation is saving peoples' lives from infectious diseases. COVID-19 pandemic raised the importance of vaccination in the fight against a new infectious disease. Healthcare professionals should have adequate competences in order to improve vaccination coverage and address issues of vaccination hesitancy. Simulations are a useful method for Health Sciences students which offer them to practice on real-life scenarios, to work in teams, making decision through a safe environment.

Research approaches and underlying evaluation: "Educating Vaccination Competence" (EDUVAC), is an Erasmus+ funded project in which five European higher educational institutes from Greece (coordinator), Finland, Slovakia, Spain and Italy, co-developed different pedagogical approaches in order to enhance students' vaccination competences. A total of 33 Health Science students took part in simulation sessions which included five vaccination cases. After the sessions, 31 students answered a feedback questionnaire. Of them, 26 (83.8%) agreed that their knowledge have been reinforced after participating in the simulations, 26 (83.8%) students positively evaluated their learning experience, and 30 (96.8%) students would encourage other students to participate in such educational sessions.

Implications for healthcare education: It is suggested that simulations are used for developing vaccination competences, as they are an effective and well accepted learning method. Simulations can be integrated into the curricula of higher education along with other learning methods. The EDUVAC project team has developed a web-based course (3ECTS) and an intensive course (2ECTS). Simulations can be used either in the intensive course or in a blended course. Simulations teachers' guide and students' guide are available as open access resources with creative commons license and they are available online (ww.eduvac.eu) along with all EDUVAC learning materials.

References:
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Motola, I., Devine, L.A., Chung, H.S., Sullivan, J.E., & Issenberg, S.B. (2013) 'Simulation in healthcare education: a best evidence practical guide. AMEE Guide No. 82'. *Medical Teacher*, 35(10), e1511–e1530. Available from: https://doi.org/10.3109/0142159X.2013.818632.

Nikula, A., Puukka, P. & Leino-Kilpi, H. (2012) 'Vaccination competence of graduating public health nurse students and nurses'. *Nurse Education Today*, 32(8), 850-856. Available from: http://dx.doi.org/10.1016/j.nedt.2011.10.008.

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Theme paper, Innovation paper
Developing an interprofessional approach to Midwifery Education to support communication with people with cognitive impairment using simulated scenarios
Joanna Andrews and Helen Needham, Birmingham City University

Promotional abstract: Multi-professional collaborative workshop involving academics from Midwifery and Learning Disability Nursing to facilitate undergraduate learning with a different professional lens using multi-dimensional authentic clinical simulation.

Background, context and evidence base for the innovation, including, where possible, its international relevance: Nursing and Midwifery students throughout their career will work with people who have cognitive impairments, which can include learning disability, dementia, and acquired brain injury. However, evidence suggests further education is required to facilitate effective access and communication to ensure inclusivity (Northway 2017). There is a plethora of information highlighting the health inequalities that occur for people who would have a cognitive impairment (Emerson & Baines, 2010; Holland, 2011; Black, 2013). People with cognitive impairment and/or learning disability have the same rights to access healthcare (Equality Act, 2010).

Aim/focus of the innovation: To incorporate the needs of the diverse population into Healthcare Education, generates Interprofessional education, which is defined as occasions where two or more professionals learn with, from and about each other to improve collaboration and the quality of care (CAIPE, 2002). This can be extended to Healthcare students, occasions where Healthcare students of two or more professional groups learn with, from and about each other to improve collaboration and the quality of care and services (CAIPE, 2002)

Implementation of the innovation: Academic colleagues from Midwifery and Learning Disability Nursing have devised a day-long workshop to incorporate simulated scenarios with cognitive impairment using 'actors' to teach the core skills of baby bathing, baby safety and baby examination.

The workshop is accessed by a cohort of 80 student midwives, who are in three workstations throughout the day, on a rotational basis, enabling full access to all learning opportunities. Each station will have a set of learning objectives, alongside multi-disciplinary facilitators, and actors to portray authentic experiences the students may face in clinical practice.

Methods used to assess the innovation: The students can give oral feedback and evaluation of the day throughout, and complete an online evaluation form, where results will remain anonymous.

Next steps will be that ethic approval will be sought for this collaborative approach, for further research and extended evaluation in the form of focus groups and follow-up questionnaires. In future, we plan to extend the workshop so that Midwifery and Learning Disability Nursing students will learn alongside each other in the same workshop.

Key findings: Awaiting results which will be available by conference date.

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

- Multi-professional collaborative approach.

- Simulation.
- Experience by immersion.

References:

Black, L.A. (2013) Health Inequalities and People with a Learning Disability. Northern Ireland Assembly. Available from: http://www.niassembly.gov.uk/globalassets/Documents/RaISe/Publications/2013/health/134 13.pdf (Accessed 02/01/22).

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Keywords: Multi-professional. Simulation. Midwifery. Learning Disability. Undergraduate.

Strand 3B: Educational enhancement
Linking theme: Person-centred care

3Bi, 10:30-12:15, 7 September 2022
Theme paper, Innovation paper
Putting the Uni in the COMMuniTY to humanise healthcare education
Jennifer Raschbauer, Derbyshire Voluntary Action

Promotional abstract: An exploration of the ways in which the COMMuniTY Chesterfield partnership project has enhanced the Healthcare Education of students at the University of Derby. This three-year project has embedded touchpoints within the curriculum and created 3,700 meaningful connections between individuals with lived experience and students. The variety of connections that the project has facilitated has given students insightful first-hand connections to enhance their learning, increase their engagement and accelerate their understanding of person-centred care.

Background, context and evidence base for the innovation, including, where possible, its international relevance: Partnerships between universities and third sector organisations have potential to benefit the partners, students and local communities and develop citizenship between all of these (Bell *et al.*, 2014). This theme paper will report on an innovative and ambitious partnership which aimed to bring assets of the community sector and higher education together. The enterprise 'Community Chesterfield' was launched in September 2019 to co-ordinate an exchange of knowledge and skills between its regional higher education institution, the University of Derby, and the local community of Chesterfield. This collaborative partnership was funded by the UK's National Lottery Community Fund for three-years.

Aim/focus of the innovation: The project's main aims were:

- to enhance the skills and capacity of the local voluntary sector to effectively address the community's health, wellbeing and social needs;
- to facilitate a future a workforce which understands the diversity of the voluntary sector and enables them to make a positive contribution within their local communities.

The project has utilised voluntary sector resource throughout to enhance student learning and humanise Healthcare Education. Lived-experience involvement has an important role to play in the education of healthcare professionals (Happell, Gaskin & Byrne, 2015).

Implementation of the innovation: Community Chesterfield works with more than 300 voluntary and community-based organisations across Derbyshire, which have wide ranging expertise. Community Chesterfield has been able to broker connections between these individuals and groups and the University, enabling them to access a vast array of experts by experience to benefit the student experience. Over the duration of the project 2,250 students have met 57 impactful experts by experience. Alongside provision of experts by experience, Community Chesterfield has worked with programme and course leaders to develop other meaningful connections between university students and voluntary community sector groups including shared learning sessions.

Methods used to assess the innovation: The University of Derby's Health and Social Care Research Team have conducted an independent evaluation of the partnership between the University and Derbyshire Voluntary Action.

The project team has also conducted evaluation of the impact of the project on students, staff and the voluntary sector organisations. This has used predominantly qualitative methods, including feedback and semi-structured interviews.

Key findings: Through the project students have gained an enhanced understanding of; person-centred care and the importance of working with individuals to support their health. In addition, they have gained insight into how the voluntary sector supports the health and well-being of communities and works alongside statutory and NHS provision. Through different work streams, the Community Chesterfield project has encouraged a strong focus on the individual, which has provided additional context to the syllabus which students and lecturers have found motivational and inspiring.

Three key points to indicate how your work contributes to knowledge development within the selected theme: This partnership and the wide array of organisations which Derbyshire Voluntary Action works with enables the university to access a vast resource and knowledge base which would otherwise be either unavailable or not cost effective to access. The impact on students has been significant, with students reflecting that the experts by experience have deepened their knowledge and understanding of a subject and increased their motivation and engagement with the course and subject matter. These experiences with the voluntary sector also provide students with a greater understanding of the complexities of the healthcare system, which is important as services are increasingly provided by voluntary sector organisations.

Keywords: Health. Social Care. Students. Experts. Lived Experience. Voluntary Sector.

Theme paper, Research paper
Learning to become a person-centred healthcare professional: A mixed-methods study
Dr Deirdre O'Donnell, Ulster University

Promotional abstract: International policy and regulatory bodies are increasingly profiling the need for the future healthcare workforce to practice in a person-centred way. Despite this, the explicit embedding of person-centred principles in Healthcare curricula has been slow to progress. This mixed-methods study examined Pre-Registration Nursing students' understandings and perceptions of person-centred practice, and factors that influenced their learning. The findings demonstrate that although students rated their person-centred practice positively from the end of the first year, certain aspects consistently challenged them throughout their course. Factors that influenced students' learning informed the development of a conceptual model on learning to become a person-centred healthcare professional.

Background, including underpinning literature and, wherever possible, the international relevance of the research: The merits of person-centred practice have contributed to its emergence as a pervasive concept in healthcare policy (World Health Organization, 2020) and served as an impetus for the promotion of person-centredness in the education of healthcare professionals. Harding *et al.* (2015) contend that central to the actualisation of person-centred healthcare, is the education of healthcare professionals for person-centred practice. Despite this, there is little evidence of the efficacy of curricula in preparing the future healthcare workforce to practice in a person-centred way.

Aim(s) and/or research question(s)/research hypothesis(es): The aim of this study was to examine Pre-Registration Nursing students' understandings and perceptions of their person-centred practice, and factors that influenced their learning.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: This research was conducted in a UK university where the three-year, Pre-Registration Nursing programme was underpinned by a person-centred curriculum. The study used a multi-phase, sequential explanatory mixed-methods design:

Phase 1: Modified Delphi technique to develop an instrument to measure students' perceptions of their person-centred practice.

Phase 2: A quantitative survey (n=532) to test the instrument and measure Nursing students' perceptions of their person-centred practice.

Phase 3: Focus groups (n=30) to illuminate students' understandings of person-centred practice and factors that influenced their learning. Permission to conduct the study was obtained from the University's Research Ethics Committee.

Key findings and recommendations:

- The Person-centred Practice Inventory-Student (PCPI-ST) instrument was developed, tested and found to have acceptable psychometric properties with this study's population.
- Students' perceptions of their person-centred practice were positive from the end of year one, with a statistically significant increase in scores by the end of their course.

- The same aspects of practice consistently challenged students throughout each year of their course including: being prepared to challenge others whose practice is not person-centred, leading initiatives in practice and voicing an opinion during decision-making forums.
- Students had well developed understandings of person-centred practice. Factors that enabled their learning included having: 'a person-centred ethos', 'your support systems', 'you remember a story or an experience' and 'we never had rose-tinted glasses'. However, students also highlighted factors that inhibited their learning: 'you are almost shocked when someone mentions person-centredness', 'bottom of the food chain', 'putting it in practice is really different in reality' and 'what exactly do you do?'.

Findings were integrated and the resulting meta-inferences conceptualised as a Model of Learning to Become a Person-centred Healthcare Professional. The model highlights key considerations in supporting the education of future healthcare professionals in becoming person-centred practitioners.

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

1. The PCPI-ST is the first theoretically derived instrument designed to measure students' perceptions of their person-centred practice and as such, is more robust than previous proxy measures.
2. This is the first study to investigate the impact of a person-centred curriculum on students' understandings and perceptions of their person-centred practice.
3. This study has confirmed that students perceive they are more likely to flourish when they experience person-centred learning cultures in academic and practice learning. Achieving cultural alignment with the intentions of the curriculum is therefore of tremendous significance.

References:

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Keywords: Person-Centred Practice. PCPI. Healthcare Education. Humanising Healthcare Education. Person-Centred Learning.

Triple Jeopardy: Outcomes of a co-developed learning project in a high secure mental health setting, to enhance care for people who are ageing with mental disorder and dementia

Dr Margaret Brown and Dr Anna Jack-Waugh, University of the West of Scotland and Laura McCafferty and Mark McGeehan, The State Hospital

Promotional abstract: This paper reports findings from a learning project about dementia care for nursing staff in a high secure mental health setting. This was a partnership programme of learning about people who are legally detained in hospital, are ageing, have a mental disorder and dementia; described here as triple jeopardy. This setting is difficult, and perhaps inappropriate, for people with dementia and staff may not be well prepared for care. This mixed-method study presents findings that firstly, illustrate the outcomes of the learning sessions and secondly, the impact of learning on direct care.

Background, context and evidence base for the innovation, including, where possible, its international relevance: Secure care settings can expect an increasing number of older patients in line with population ageing. Prevalence of dementia in forensic services is likely to be below 10% of the older population, yet small numbers may create challenges as forensic staff are unlikely to be prepared with specialist knowledge for practice and care (Tomar *et al.*, 2005). The recent review of forensic services recommended an assessment and action concerning training needs, particularly around dementia. We co-developed this learning programme with academics and nursing staff using a hybrid approach for delivery.

Aim/focus of the innovation: To evaluate the learning outcomes and contribution to practice of a bespoke dementia care in forensic settings learning programme.

Implementation of the innovation: Academics and senior clinical leaders co-produced an educational programme based on the biopsychosocial and spiritual needs of a specific individual in a clinical area. The whole clinical team attend the training. Academics taught theory and skill on Teams with co-facilitation by a senior clinical practitioner in the rooms with the learners. This project received a national Mental Health Nursing award. Development work continues with the State Hospital extending its expertise in working with the ageing population with co-morbidity of mental illness and dementia.

Methods used to assess the innovation: Using a mixed-method design, 20 programme participants were recruited. Two standardised self-report measures relating to caring for people with dementia in a hospital setting were administrated, 1) ADQ (Lintern, 2000) (19 items) 2. Knowledge of dementia (Elvish *et al.,* 2014) (16 items). Descriptive data and the Wilcoxon Signed-Rank Test was used to determine the statistically significant difference between pre- and post- scores. Two focus groups used a qualitative schedule to explore how the learning was experienced in practice caring for people with dementia. Thematic analysis was undertaken using the five-stage approach outlined by Braun and Clarke (2006).

Key findings: Results from the questionnaires Knowledge in Dementia Scale (KIDE) and Attitudes to Dementia Scale (ADQ) showed staff had increased knowledge and recognition of personhood as specific outcomes. Overall, the training was found to be effective in improving knowledge and attitudes toward dementia; a change that was found to be statistically significant on both dimensions.

Qualitative findings from the focus groups surfaced how staff were able to embed their learning, especially in improved communication skills with people living with dementia. In particular, they showed enhanced expertise and compassion in providing good personal and intimate care.

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

1. The contributions to the educational enhancement (innovation) theme are: Identification and action in partnership for a growing knowledge and skills need.
2. The innovative use of co-production to address both specific and transferable clinical need.
3. The simultaneous use of hybrid and in-person co-facilitation to maintain the quality and learner engagement while keeping learners and facilitators safe during the COVID-19 pandemic.

References:

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Di Lorito, C., Dening, T. and Völlm, B. (2019) A'geing in forensic psychiatric secure settings: the views of members of staff'. *The Journal of Forensic Psychiatry & Psychology*, 30(2) 270-285.

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Forsyth, M.G. (2017) 'Psychogeriatric Care in a Forensic Setting'. *Journal of Mental Health and Addiction Nursing*, 1(2), 1-5.

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Keywords: Forensic, nursing, dementia, education, co-production

Theme paper, Research paper
Journey less travelled: Nursing students' experiences of intimate care
Dr Simangele Shakwane, Unisa

Promotional abstract: During clinical placement, Nursing students are delegated tasks that require them to see and touch areas of a patient's body parts that are considered private and emotionally sensitive, yet they are not well prepared for it. Nursing Education Institutions (NEIs) use simulation as a method to teach clinical procedures. Intimate care and touch are not considered as nursing care that need to be taught to students. Simulation in skills laboratories focuses on psychomotor skills; whereas the affective skill of touch and navigation of personal body space is neglected; and little is known about how nurses learn, rehearse and incorporate appropriate touch strategies (O'Lynn & Krautsheid, 2014).

Background, including underpinning literature and, wherever possible, the international relevance of the research: O'Lynn and Krautsheheid (2014), define intimate care as task-oriented touch to areas of patients' bodies that might produce feelings of discomfort, anxiety and fear, or might be misinterpreted as having a sexual purpose. During the execution of intimate care, nursing students experience embarrassment, discomfort, shame (Shakwane, 2014), awkwardness and potentially a sense of being violated when social barriers were broken (Crossan & Mathew, 2013). The nursing students' intimate care challenges are based on the lack of adjustment time in clinical facilities, gender roles, sexuality and lack of intimate care teaching expertise (Mainey *et al.*, 2018; Reid-Searl *et al.*, 2018).

Aim(s) and/or research question(s)/research hypothesis(es): To explore Nursing students' intimate care experiences and support provided during intimate care conflict.

Objectives:

- To explore Nursing students' experiences when providing intimate care to diverse patients.
- To explore the support Nursing students receive during intimate care conflict.
- To describe the principles or strategies Nursing students use when providing intimate care.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: A descriptive phenomenological approach was used to explore the experiences of Nursing students. Thirty Nursing students were purposively sampled and participation was voluntary. Before data collection, all participants signed informed consent. Data were collected using focus group and individual in-depth interviews. Verbatim transcriptions and Moustakas phenomenology data analysis approach were used to analyse data. An independent co-coder provided credibility to the developed themes. Ethical clearance was obtained from the University of South Africa Research Ethics Committee, Ethical Clearance Certificate Number HSHDC/496/2015 and written approvals from the Gauteng Department of Health and two NEIs.

Key findings and recommendations: Four themes were developed:

1. The care that is given by nurses that require touch:
   For a nurse to provide fundamental nursing care, he/she has to touch the patient. Intimate care is provided in a confined space, where a patient and a nurse are in

proximity physically and psychologically. The patient's private space is invaded, and his/her fragile body is seen and touched by a stranger.
2. Principles of intimate care implementation:
Nursing students use procedural principles such as building rapport with patients and promoting trust, provision of physical privacy, maintaining dignity and obtaining informed consent to provide intimate care.
3. Intimate care experiences:
Nursing students experienced fear, discomfort and embarrassment; their touch was misunderstood and misinterpreted by patients of the opposite gender, and cultural, social and religious taboos (age, gender and training levels).
4. Intimate care support.
5. Lack of support during intimate care conflict: clinical practice and NEIs.

Recommendations:

Intimate care needs to be a visible skill in Nursing Education and practice. Intimate care must be an outcome not a process so that the art of touch, socio-cultural and religious constructions about the body can be facilitated and evaluated for competency.

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

1. Intimate care is not well researched in an African context, and the few international scholars that have embarked on intimate care have focused on experiences of male students/nurses only, whereas this study focuses on both genders.
2. Creating awareness of the sacredness of the human body by making students share their cultural, religious and social beliefs and experience on intimate care.
3. Shared with the wider community, the findings will assist in finding the solution in intimate care strategies and support for students.

References:
Crossan, M. & Mathew, T.K. (2013) 'Exploring sensitive boundaries in nursing education: Attitudes of undergraduate student nurses providing intimate care to patients'. *Nurse Education in Practice*, 13(4), 317–322. Available from: https://doi.org/10.1016/j.nepr.2013.04.007.

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O'Lynn, C. & Krautscheid, L. (2015) 'Evaluating the Effects of Intimate Touch Instruction: Facilitating Professional and Respectful Touch by Male Nursing Students'. *Journal of Nursing Education*, 53(3), 126-35. Available from: https://doi.org/10.3928/01484834-20140211-08.

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Keywords: Intimate Care. Nursing Care. Nursing Student. Patient. Touch.

To produce the DOC (Documentation, Ongoing risk assessment, Communication) Learning Tool

Jean Watson, University of the West of Scotland

Promotional abstract: The DOC Learning Tool was developed and designed during the study and took account of Nursing and Midwifery Council (NMC) standards. The Tool was designed by an expert working group and comprised: Documented care is accurately provided: Ongoing risk assessed (patient safety) is evident and Communicated care effectively with all disciplines is demonstrated. Through social constructivism and constructionism, staff learned through peer, situational-based, interprofessional and reflective learning when using the Tool. Practical recommendations were to keep the Tool concise and user friendly for practitioners. Thus, rendering it meaningful and supportive to continually develop nurses and midwives in their everyday professional practice.

Main focus/theme of, or issues addressed by, the poster: This presentation is from a PhD Study to produce an effective learning mechanism for midwives conducting documentary review in accordance with professional standards. Internationally the quality of healthcare documentation is a concern. Few tools were found to assess documentation of diagnostic skills of nurses and fewer assessing midwifery. No tools were discovered exploring the way people learn in clinical practice and none incorporating the nursing and midwifery professional standards. Thematic analysis revealed two overarching themes: 'Mechanisms and Practicalities' and 'Person-Centred Engagement and Enhancement through Learning'. There was clear evidence the DOC Learning Tool was in alignment with NMC professional standards and fit for purpose.

Research approaches and underlying evaluation: A participatory action research study was undertaken. Phase One: An Expert Working Group created the DOC Learning Tool based on NMC Standards. Face and content validity was achieved (100%). Phase Two: Testing over four cycles involved 24 midwives. Descriptive statistics revealed a reduced range in scores and a steadily increased mean of 68.10 to 78.17. Qualitative data through focus groups and qualitative comments from the DOC Learning Tools revealed the Tool was in alignment with NMC professional standards. Phase Three: Triangulation of findings enhanced the areas of convergence and divergence resulting in ongoing improvements to the DOC Learning Tool over the study duration.

Implications for healthcare education: Practitioners need to be encouraged to prioritise contemporary accurate documentation as they would any other aspect of clinical care. Women's views and informed decisions on their clinical care need to be evidenced in documentation. Embedding the DOC Learning Tool at the end of each episode of care and regular review of midwifery documentation using the Tool would ensure documentation is of a high standard for quality assurance purposes. The DOC Learning Tool for documentation review is fit for purpose and will benefit other practitioners, especially nurses who adhere to the same professional standards.

Keywords: Documentation. Learning. Clinical Practice. Documentation Review Tools. Professional Standards.

Strand 3C: Key challenges in healthcare education
Linking theme: COVID-19

3Ci, 10:30-12:15, 7 September 2022
Theme paper, Innovation paper
Implementing an innovative patchwork portfolio assessment for final year Nursing students during COVID
Dr Emma Jones, Katie Warburton, Pippa Shaw and Sarla Gandhi University of Central Lancashire

Promotional abstract: This presentation shares the experiences of students and staff at the University of Central Lancashire in adapting the final year nursing assessment strategy to implement an innovative patchwork portfolio assessment during COVID-19, encouraging consideration of innovative assessment methods. Students propose an individually chosen change in clinical practice via various digital formats playing to their strengths, enhancing creativity and inclusivity, in addition to engaging their passion. Some students have gone on to implement their ideas in their clinical practice areas, applying theory to practice. This authentic assessment aims to develop innovative leaders of the future who are able to lead change to create a positive future for patient care.

Background, context and evidence base for the innovation, including, where possible, its international relevance: This presentation shares the experiences of students and staff at the University of Central Lancashire in adapting the final year nursing assessment strategy to implement an innovative patchwork portfolio assessment during COVID-19. This complex, large-scale module has approximately 500 students per year, including a traditional degree route and apprentice learners across three campuses with multiple entry points. To add further complexity, emergency nursing standards during COVID-19 meant third year student nurses were able to opt into the NHS workforce, choosing whether to become employed in practice (NMC, 2020) and therefore some of the cohort were theory-only students whilst others worked in clinical practice.

Aim/focus of the innovation: The module assessment strategy previously included three parts, one of which was a face-to-face assessment. At the start of the pandemic we developed an innovative patchwork portfolio assessment. Patchwork portfolios consist of smaller sections (patches) that are gradually assembled and then submitted as a whole (Matheson *et al.*, 2013; Winter, 2003), usually with an additional reflective piece (Richardson & Healy, 2013). In this portfolio, students propose a change in clinical practice through submission of seven patches constructively aligned with the module aims and content (Biggs, 2003).

Implementation of the innovation: Students submit their portfolio in various digital formats including Microsoft Sway, Word, PowerPoint or Padlet. This flexibility plays to their individual strengths enhancing creativity, innovation, and inclusivity (Gandhi, 2016). Students chose to investigate an area of personal interest in their field of nursing to ensure the portfolio engaged their passion for the subject maximising the opportunity for learner agency (Gillaspy & Vasilica, 2021).

Methods used to assess the innovation: To ensure consistency across such a large and complex cohort, a small group of staff ran online module assessment group support sessions throughout the module for students, in addition to the development of marking guidance sessions for the module team to reduce any challenges with parity due to the

differences in portfolio presentation, word count equivalents and project area. The portfolio is engaging and enjoyable for students and the module team. The module has received positive student and staff evaluation and became a permanent assessment strategy for the module.

Key findings: The COVID-19 pandemic initiated a need to innovate a new assessment strategy across a complex Nursing programme. We developed a flexible assessment that promoted inclusivity and learner agency to develop nursing leaders of the future. We gained positive staff and student feedback and practical application of some students' ideas.

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

1. We hope in sharing our experiences of implementing an innovative assessment across a complex programme we will encourage consideration of creative assessment methods to engage staff and students.
2. Some students have gone on to implement their ideas in their clinical practice areas, demonstrating the application of theory to practice.
3. This authentic assessment aims to develop the nursing leaders of the future who are able to innovate, adapt and lead the significant changes required by the workforce to create a positive future for patient care.

References:

Biggs, J. (2003) 'Aligning teaching for constructing learning'. The Higher Education Academy. Available from: https://www.cardiff.ac.uk/__data/assets/pdf_file/0020/584030/Aligning-teaching-for-constructing-learning-John-Biggs-HEA.pdf

Gandhi, S. (2016) 'Confessions of an Accidental Inclusivist'. In Equality Challenge Unit and Higher Education Academy (Scotland), Equality and diversity in learning and teaching Papers from Equality Challenge Unit and Higher Education Academy (Scotland), pp55-69. London: Equality Challenge Unit and Higher Education Academy (Scotland). Available from: https://www.ecu.ac.uk/wp-content/uploads/2016/03/Equality-and-diversity-in-learning-and-teaching-Full-report.pdf.

Gillaspy, E. & Vasilica, C. (2021. 'Developing the digital self-determined learner through heutagogical design'. *Higher Education Pedagogies*, 6(1), 135-155, DOI: 10.1080/23752696.2021.1916981.

Matheson, R., Wilkinson, S.C. & Gilhooly, E. (2012) 'Promoting critical thinking and collaborative working through assessment: combining patchwork text and online discussion boards'. *Innovations in Education and Teaching International*, 49(3), 257-267, DOI: 10.1080/14703297.2012.703023.

Nursing and Midwifery Council (2020) Emergency standards. [Online] Available from: https://www.nmc.org.uk/standards-for-education-and-training/emergency-education-standards/.

Richardson, M. & Healy, M, (2013) 'Beneath the patchwork quilt: unravelling assessment'. *Assessment & Evaluation in Higher Education*, 38(7), 847–856.

Winter, R. (2003) 'Contextualizing the Patchwork Text: Addressing Problems of Coursework Assessment in HE'. *Innovations in Education and Teaching International*, 40(2), 112-122.

Keywords: Innovation. Assessment. Nursing. COVID-19. Change.

Poster+ presentation
Experiences in academia throughout the second deployment of adult student nurses during COVID-19
Hannah Mosley, Eleanor Chisholm and Claire Lynch, Birmingham City University

Promotional abstract: This cross-sectional study invited Adult Nursing undergraduates at one higher education institute (HEI) to complete an anonymous survey on completion of deployment in May 2021. The aim was to identify experiences of student nurses studying during deployment, to ascertain differences between deployed/non-deployed students, with the additional aim of identifying what educational activities and interventions were perceived as beneficial.

Three major themes emerged:

- Personal impact
- Academic impact
- Social impact

The identification of these themes provides opportunities to develop targeted interventions during the delivery of programmes, to address the impact of conflicting academic and clinical workloads for students across a range of Healthcare programmes.

Main focus/theme of, or issues addressed by, the poster: The COVID-19 pandemic impacted on the education of student nurses in many different ways; firstly, and similarly to other faculties the seismic shift to online, remote learning, but also with the instigation of the Nursing and Midwifery Council (NMC) emergency standards. These were instigated in March 2020, and then again in January 2021 and enabled students in their final year of study to 'opt in' to paid placements. This study aimed to identify the experiences of student nurses studying during deployment, to ascertain differences between deployed and non-deployed students, with the additional aim of identifying what educational activities and interventions were perceived as beneficial.

Research approaches and underlying evaluation: Literature has been published on online learning (Ali *et al.*, 2018; Hayter & Jackson, 2020) and psychological impact of deployment (Kane *et al.*, 2022). Investigating students' experiences whilst on deployment provides opportunity to examine how academic work alongside placements can be supported and delivered in the future. This becomes of greater significance considering the increase of Nursing Apprenticeships nationally (UCAS, 2022). Furthermore, the balance of study and clinical placement is relevant to many Healthcare courses. This cross-sectional study invited Adult Nursing undergraduates at one HEI to complete an anonymous survey on completion of deployment in May 2021.

Implications for healthcare education: Three major themes emerged:

- Personal impact
- Academic impact
- Social impact

Whilst 50% of students reported a positive impact of deployment, every student reported at least one barrier to their study across all themes which included time/workload management, study space and access to resources.

Recording of online sessions and reduced travel time were the most positively rated factors throughout the deployment period.

The identification of these themes provides the opportunity to develop targeted interventions during the delivery of programmes, to address the impact of conflicting academic and clinical workloads for students across a range of Healthcare programmes.

References:
Ali, S., Uppal, M.A. & Gulliver, S.R. (2018) ' conceptual framework highlighting e-learning implementation barriers'. *Information Technology & People*, 32(1), 156-180.

Hayter, M. & Jackson, D. (2020) 'Pre-registration undergraduate nurses and the COVID-19 pandemic: Students or workers?'. *Journal of Clinical Nursing*, 29(17-18), 3115-16. Available from: https://doi-org.ezproxy.bcu.ac.uk/10.1111/jocn.15317.

Kane, C., Wareing, M & Rintakorpi, E. (2022) 'The psychological effects of working in the NHS during a pandemic on final-year students: part 2'. British Journal of Nursing, 31(2), 96–100.

UCAS (2022) 'Next Steps: Who are the 'future nurses''. [Online] Available from: https://www.ucas.com/file/563001/download?token=XP5Ik5yI.

Keywords: Student Experience. Nurse Education. Clinical Placement.

"Operation Simulation" online simulation in response to COVID-19
Stephanie Reynolds and Alison Warren, Birmingham City University

Promotional abstract: In response to COVID-19, an innovative approach was taken by Birmingham City University (BCU) to ensure that student nurses continue to have simulated patient scenarios. An online model of simulation informed six stages of learning via Microsoft Teams. With an underpinning theme of developing student confidence in relation to growth mind-set (Dweck, 2014). The students were assigned teams in which to conduct the learning which was facilitated using patient actors to reflect Adult, Child, Mental Health and Learning Disability challenges. This presentation will discuss what was involved in the development and evaluation of the innovation.

Background, context and evidence base for the innovation, including, where possible, its international relevance: COVID-19 presented global challenges to the delivery of higher education, but in particular to the delivery of simulated learning to student nurses. Furthermore, there was the challenge of how to deliver simulated learning to a cohort of 500 students online, in a realistic and practical way. "Operation Simulation" explored innovative methods of delivery to ensure that the fidelity of the online simulation was immersive. The model of simulation used was adapted from MAES (Diaz *et al.*, 2016) and took a six-stage approach using Microsoft Teams, including self-directed learning, reflection, peer support, and adopting a growth mind-set (Dweck, 2006).

Aim/focus of the innovation: The focus of the innovation was to ensure that the simulation was as meaningful online as it would be face-to-face. Patient actors were employed to ensure the simulation was immersive, and the six-stage model ensured that learning was maximised, was self-directed, improved students' confidence, encouraged peer learning and challenged students to move out of their comfort zones. Four carefully written case scenarios from each field were realistic, personable and transferable for student practice. Students were divided into inter-field teams in small groups of 10 to encourage team building, support, interaction, and peer learning.

Implementation of the innovation: The six stages were:
Stage 1: Introduction and Team Building: Students met their team and learnt about growth mind-set.
Stage 2: Pre-Simulation Preparation: Online resources were provided for self-directed learning.
Stage 3: Execution of the Simulation: Four scenarios were executed over two hours, including a hot debrief.
Stage 4: Group Review of the Recorded Simulations. Students watched the videos in their teams for further reflection.
Stage 5: Deep Debrief: Facilitated review of their confidence ratings, key learning and how this would impact on their practice.
Stage 6: Self-Reflection and Application of Learning to Practice: how learning was applied in practice.

Methods used to assess the innovation: A pilot study with four students was conducted to test if the simulations would work. The students gave very positive feedback. When carrying out the innovation with 500 students, informal feedback occurred naturally when discussing learning with students at hot debriefs and in particular deep debriefs. More formal evaluations conducted via Microsoft Forms, reviewed each stage of the model to test

whether each was effective for maximising the learning. Evaluations were overwhelmingly positive and included responses from those who initially were uncertain about online simulation, stating how much of a benefit it had been to their learning.

Key findings: Evaluations showed that students valued the opportunity to get to know and work with their team across the four fields and found the peer support helpful. Studies indicate that peer learning is effective in increasing confidence, self-esteem and self-efficacy in accountability and acquisition of professional skills (Choi, 2020). Students were surprised at how immersive the simulation was considering it was online. They valued the opportunity for direct feedback on their practice at the hot and deep debrief. The use of the Microsoft Teams chat function was helpful for students needing support but could also be a barrier for interpersonal skills.

Three key points to indicate how your work contributes to knowledge development within the selected theme: Immersive simulation using patient actors, conducted in a real time online environment has proved to be just as successful as a face-to-face event. However, an effective simulation model to inform the structure of the learning events needs to focus on the students building their knowledge and skills and to allow interaction within the scenarios. Working with peers to support one another was beneficial for students. It allowed them to increase their confidence and push them out of their comfort zone.

References:

Dweck (2006) *Mindset: The new psychology of success: How we can learn to fulfil our potential*. New York. NY Ballantine books.

Diaz Agea, J.L., Costa,C.L, Garcia, J.A., Hernandez, E., Adanez, M.G. & Jimen, A.S. (2016) 'Self- learning Methodology in simulated environments (MAES): Elements and characteristics'. *Clinical Simulation in Nursing*, July 2016.

Choi, J., Kim, O., Lim, H. & Kim, J.H. (2021) 'The effectiveness of peer learning in undergraduate nursing students: a meta analysis'. *Clinical Simulation in Nursing,* 50, 92-101.

Keywords: Model of Simulation. Online. Growth Mindset. Cross-Field Learning. Impact on Practice.

Theme paper, Research paper
Student experiences of practice education during COVID-19: Resilience and Readiness for employment

Dr Helen Frank, Terri Grant and Rebecca Lees, University of Worcester, Professor Yvonne Thomas, Otago Polytechnic

Promotional abstract: COVID-19 resulted in major disruptions to health delivery and consequently impacted on practice education opportunities for Allied Health Professional students. This paper presents the experiences of graduate Physiotherapists and Occupational Therapists from one UK university who completed their final placement during the height of the COVID-19 epidemic, discussing their resilience and readiness for employment.

Background, including underpinning literature and, wherever possible, the international relevance of the research: COVID-19 resulted in major disruptions to health delivery (Haines & Berney, 2020; Ward & Casterton 2020) and consequently impacted on practice education opportunities for Physiotherapy and Occupational Therapy students. Many programmes were forced to cancel placements in 2020, however students at one UK university were able to continue placements to support the NHS workforce. This study was conducted to explore the experience of student practice education during COVID-19.

Aim(s) and/or research question(s)/research hypothesis(es): Aim: to explore the experiences of graduates who completed their final placement during the height of the COVID-19 epidemic in the UK

Research methodology/research design, any ethical issues, and methods of data collection and analysis: Ethical approval was gained from the University. A qualitative study captured the experiences of newly employed Occupational Therapy and Physiotherapy graduates who had undertaken their final placement during COVID-19. A qualitative approach facilitated both the immediate (short-term) impacts on students and enabled discussion of longer-term implications to students continuing in their education. Graduates were recruited using purposive sampling using social media and emails with prior consent. 10 participants engaged in three focus groups using Microsoft Teams, and other participants provided experiences via social media. All data were analysed thematically.

Key findings and recommendations: Three themes emerged from this study: 1) Dealing with uncertainty; 2) Meeting learning outcomes; and 3) Being flexible and resilient. This paper focuses on being flexible, resilient and readiness for employment.

Students experienced a range of experiences; while some placements were minimally affected, others were completely disrupted. Frequently students worked virtually with little face-to-face contact with either practice educators or clients. Students discovered that learning could be achieved through creative problem solving, effective communication and support of peers. As new graduates, they confirmed that undertaking their placement during COVID-19 was beneficial in their graduate positions, enabling their "readiness" for employment with the knowledge that the worlds of Physiotherapy and Occupational Therapy had changed at least for the immediate future.

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

1. Exploring the experiences of graduates who undertook placements during a pandemic may not be generalisable, but offers a unique perspective.
2. The findings illustrated that there was great value in preparing students for uncertainty, whilst developing problem solving skills and building resilience.
3. Dealing with uncertainty and being flexible and resilient prepared students for employment as registered Allied Health Professionals.

References:

Haines, K. & Berney, S. (2020) 'Physiotherapists during COVID-19: usual business, in unusual times'. *Journal of Physiotherapy*, 66(2): 67-69.

Sinclair, K. (2021) 'Occupational therapy and COVID-19', *World Federation of Occupational Therapists Bulletin*, 77(1), 1-2, DOI: 10.1080/14473828.2021.1897291.

Ward, G. & Casterton, K. (2020) 'The impact of the COVID-19 pandemic on occupational therapy in the United Kingdom'. Royal College of Occupational Therapists.

Strand 3D: Learning, teaching and assessment strategies
Linking theme: Reflective practice

3Di, 10:30-12:15, 7 September 2022
Theme paper, Research paper
Professional identity development: Exploring student perceptions of what it means to be and become a speech and language therapist
Kate Tucker, Cardiff Metropolitan University

Promotional abstract: The aim of this project was to understand the meaning of first year Speech and Language Therapy (SLT) students' experience of the process of professional identity development. It viewed professional identity through an ontological lens, as a sense of being that professional (Dall'Alba, 2009), and education as an ongoing process of becoming (Scanlon, 2011). Two themes that emerged were compassion and connection. The participants felt that by becoming an SLT they could be true to themselves within their professional role, which would enable them to establish authentic, caring and meaningful relationships with their patients. Implications for Healthcare Education are explored.

Background, including underpinning literature and, wherever possible, the international relevance of the research: When studying for a professional qualification, students develop a professional identity. This project is underpinned by an ontological perspective, concerned with the meaning of being human in the world (Heidegger, 1962/1927). Professional identity is seen as a sense of being that professional (Dall'Alba, 2009), and learning as an ongoing process of becoming (Scanlon, 2011). Supporting professional identity development in the curriculum has recognised benefits (Chandran *et al.*, 2019). Understanding professional identity development from a student perspective has received little attention in SLT and has broader relevance amongst the healthcare professions (Cruess *et al.*, 2019).

Aim(s) and/or research question(s)/research hypothesis(es): The aim of this project was to understand the meaning of first year SLT students' experience of the process of becoming an SLT. A secondary aim was to identify and understand the meaning of their perceptions of what it means to be an SLT. It had a focus on first-year students, as early experiences during training are considered pivotal in shaping professional identity (Wald, 2015).

Research methodology/research design, any ethical issues, and methods of data collection and analysis: This was a qualitative study, conducted within an interpretivist research paradigm. It employed hermeneutic phenomenological methodology to explore lived experience and meaning making (van Manen, 1997). Individual semi-structured interviews were carried out with 11 first-year SLT students from a UK higher education institution (HEI). The interviews were carried out at the start of their programme of study and repeated at the end of their first academic year. Interviews explored the experiences of the students and how these influenced their understanding of SLT and their professional identity development. Data were analysed via an iterative process of coding, interpretation and theme development.

Key findings and recommendations: Participants perceived compassion, connection, equality, positivity, praxis and being professional as central to the nature of professional identity in SLT. This paper will focus on the themes of compassion and connection. Compassion was to do with caring, helping, empathy, and taking action that makes a difference. Connection was about the central importance of communication within the human

experience and how the purpose of SLT relates to cultivating meaningful human connection. The participants were seeking a professional identity which was congruent with their personal identity. They were resistant to adopting a professional identity which was not overtly compassionate and person-centred. They felt that by becoming an SLT they could be true to themselves within their professional role, which would enable them to establish authentic, caring, meaningful and effective relationships with their patients. This study brings new insights into potentially unique aspects of what it means to be an SLT as well as deeper understanding into the process of becoming an SLT. It also brings implications for supporting professional identity development in Allied Health Professionals. Consideration should be given as to how to best support the process of professional identity development, especially with regards to the integration of personal and professional identities.

Three key points to indicate how your work contributes to knowledge development within the selected theme: This study shows that insights into what it means to be a specific health professional from a student perspective generate a more informed understanding of the student experience. This can help inform curriculum design. Seen through an ontological lens, a focus on professional identity development within the educational process can promote students' understanding of what it means to be human, as a healthcare professional. Supporting students in critically and authentically engaging in the ongoing process of constructing professional identities fosters the development of a clinical practice which has integrity and is motivated by values such as compassion and human connection.

References:

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Keywords: Professional Identity. Student. Compassion. Ontology. Speech and Language Therapy.

Theme paper, Issues for debate paper
What skills and knowledge do academics require for teaching reflective practice to undergraduate Nursing students?
Lisa Speedie, Charles Sturt University

Promotional abstract: Both academics and clinical practitioners are often under prepared to teach reflective practice at the undergraduate level (Bass *et al.*, 2018). Both clinical facilitators and academics of undergraduate Nursing students report a lack of communication skills and insight by students, reflective practice enhances these skills (Legare & Armstrong, 2017). There is a need for academics, clinical facilitators, and students to be competent in reflective practice skills. What is the 'right' way to teach reflective practice? What is this the 'right tool to be teaching with?' Let us reflect and see where it takes the discussion.

Key concepts to be addressed, including, where possible, the international relevance:
Bass (2020) and Barbagallo (2019) show that teaching of reflective practice is not transferring well to students. Legare & Armstrong (2017) support this statement by stating many academics and clinicians are under prepared and unsure of what resources to use to teach reflective practice to undergraduate students in Bachelor of Nursing degrees. There are many discussions about academics and clinicians in many settings not having the skills themselves to be able to successfully teach reflective practice to students (Clearly, Horsfall, Happell & Hunt, 2013; Parrish & Crooke, 2016; Donohoe, 2019; Legare & Armstrong, 2017).

Aim(s)/focus: Nursing students will always need skills to practice professionally. These skills include emotional intelligence, critical thinking, and problem-solving skills. Reflective practice allows students to gain and build on these skills. (Beauvais, Brady, O'Shea & Griffin, 2010; Por, Barriball, Fitzpatrick, & Roberts, 2011). Reflective practice is not a 'skill or task' that is just written into curriculum', it is a requirement within the Standards of practice for Nursing (NMBA, 2016) and is a requirement within the Bachelor of Nursing for accreditation in many university curricula for this reason (NMBA, 2016). Are those teaching also practicing reflective practice and meeting professionalism?

Evidence base and literature informing the arguments: The definitions of reflection are many, depending on the discipline and the purpose. Reflection is a complex process whereby feelings and cognition are interrelated and interactive, resulting in deeper learning and for lifelong learning (Hill & Watson, 2011). Schon (1983) defines reflection as the process and artistic process that allows the professional to response to unfamiliar situations rather than react and does so with critical thinking and emotional intelligence (Hill & Watson, 2010; Beauvais *et al.*, 2010; Por, *et al.*, 2011). Reflective practice provides deeper learning and can be achieved through student-centred learning (Biggs & Tang, 2011). For undergraduate Nursing students reflective practice enhances their emotional intelligence skills and bridges the gap between theory and practice (Legare & Armstrong, 2017). The long-term benefits are not only attrition at university but also retention within employment. Are those teaching also practicing reflective practice and achieving deeper learning to the benefit of the students?

Issues for debate: As academics we need to gain in-depth understanding of Nursing students' perceptions and understanding of the use of reflective practice in the teaching environment and clinical and its link to professional growth (Joyce-McCoach & Smith, 2016). How do we as academics/teachers of reflective practice, 'practice what we teach?' Let us discuss the 'check list' of what is needed.

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

1. Reflective practice is focused on placing the student at the centre of their learning, and enhances their life-long learning (Hill & Watson, 2010; Beauvais *et al.*, 2010; Por, *et al.*, 2011).
2. Students report increased wellbeing and emotional intelligence with the implementation of reflective practice within academia and clinical practice if understood (Legare & Armstrong, 2017).
3. Reflective practice can be taught online with great success (Griggs, *et al.*, 2018; Bass *et al.*, 2020; Barbagallo, 2019), what needs to change is the trusting relationships built in the online environment with students to allow them to engage and thrive (Legare & Armstrong (2017).

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Poster+ presentation
Reflective Practice: Building resilience for new academics
Catherine Jones, Kim Lewin, Seb Birch and Siobhan McGuckin, University of Roehampton

Promotional abstract: Reflective practice is central to a nurse's professional identity. This session aims to describe how utilising reflective practice has assisted the smooth transition from expert clinician to novice academic for new members of the Nursing Education Team. We will explore what reflective practice is from a clinical perspective and share why we felt it would be a useful adjunct to our professional development as Nurse Academics. We will explore the advantage of adopting this approach within the higher education setting and share some of the challenges we have experienced both implementing and sustaining this forum during the pandemic.

Main focus/theme of, or issues addressed by, the poster: Reflective practice is central to a nurse's professional identity. It is a form of 'attentive consideration' (Taylor, 2010, p. 6) through which clinicians examine and analyse the many interconnected themes of their work. A small, peer-to-peer reflective practice group has been formed by a group of new lecturers. This poster aims to describe utilising reflective practice to assist the smooth transition of senior and specialist clinicians navigating the path from expert clinician to novice academic (Benner, 1984) for new members of the Nursing Education Team at University of Roehampton.

Research approaches and underlying evaluation: Using the group theory of Guattari (2015), subject groups are ones which operate "on the assumption of an internal law". The subject group will have the freedom to explore their own inner sense of becoming. Conversely, a subjugated group is defined as "alienated from the discourse of other groups, condemned to remain prisoner of the non-meaning of its own discourse". Restrictions during the pandemic, limited spaces, places and time for new academics and risked stunting their sense of becoming and capacity to become a subject group. Reflective practice facilitated transition from subjugated to subject group.

Implications for healthcare education: Reflective practice supported this group of new academics to negotiate challenges associated with forming new identities and building resilience, individually and as a team. The pandemic emphasised the need to consider the psychological impact of academic work and expanded the conversation regarding wellbeing. As we assimilate this new way of working into the 'new normal', care should be taken to ensure that this heightened awareness is not lost, and practices such as this are nurtured and sustained. Additionally, Nursing and Midwifery Council (NMC) (2018) standards reemphasise the importance of reflective practice, this also provides an opportunity to role model this for next generation.

References:
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Theme paper, Innovation paper
Teaching how to manage the 'fragility of goodness' as a compassionate leader: A methodology for practice

Dr Nicola Lloyds-Jones and Alison Lester-Owen, Wrexham Glyndwr University

Promotional abstract: This presentation describes a teaching method used in an inter-disciplinary workshop, critically reviewing the value of compassionate leadership. Pursuit of this positive vision has been embraced by the Health and Social Care leadership strategy for Wales and these workshops are delivered as an effective way to engage in an open dialogue underpinned by 'listening with fascination' 'empathy' 'understanding' and 'helping'. The students are encouraged to consider assumptions and prejudices as influences on their decision-making before building their arguments for action. The experience has been evaluated well by the students who have space to reflect on their practice as compassionate leaders.

Background, context and evidence base for the innovation, including, where possible, its international relevance: Trying to create a culture of compassion in the workplace is a worthy endeavour, the background for this innovation is the drive to influence organisational culture through a national leadership strategy. In 2021, the Health Education and Improvement Wales (HEIW) commissioned Michael West (2021) to support the development of a leadership fellowship programme. A large repository of resources was compiled with contributions by experienced leaders from across the Health and Social Care sector and Glyndwr University was commissioned to develop this short course in partnership.

Aim/focus of the innovation: The innovation is the partnership between strategic policy and academia which is contributing to the national leadership initiative. The innovative teaching method is the creation of a safe and structured environment for open dialogue amongst a diverse group of professionals already committed to the compassionate leadership vision. Its aim is to promote critical thinking and to humanise the role and responsibilities of leadership during challenging times. The focus is how to enhance the students' personal resources when working in difficult, often emotive and stressful circumstances.

Implementation of the innovation: The workshops are managed using online breakout rooms and, following clear guidance, the students are asked to bring a change management project they are working on in their practice area. The facilitators use a blend of action learning and coaching methods to reveal assumptions and inferences influencing perspectives. Derived from the work of Martha Nussbaum and her teaching of authenticity and emotional literacy, a conversation between 'the personal' and compassionate principles is constructed. This allows students to navigate tensions and conflicts between their role as leader and the particulars of context.

Methods used to assess the innovation: Academic assessment of this innovation is through the production of a reflective account of a change management initiative and a resource (poster, video, interactive workbooks) for introducing compassionate leadership in their workplace. As a further measure of evaluation, the students were invited to present their resources in the wider context of the fellowship programme and sought feedback on their value for potential implementation from the leadership contributors.

Key findings: Key findings include evidence of significant pressures experienced by those working in Health and Social Care resulting in frequent tensions between personal values

and organisational priorities. Practising the principles of compassionate leadership in a safe and structured environment with others in similar circumstances is a positive learning experience. There is a strong appetite for compassionate leadership as an alternative approach to other leadership strategies, but its sustainable implementation is problematic.

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

- Compassionate Leadership is a relatively new model of practice but would appear to be intuitively appropriate as a strategic approach for the future of Health and Social Care.
- Without the opportunity for critical conversations in structured safe academic environments there is a risk of it becoming another good idea but without firm foundations.
- The challenges of recent global events would support the need for a balanced reflective equilibrium where the personal and the professional are given equal opportunity in accountable decision-making.

References:

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Keywords: Compassionate Leadership. Accountability. Coaching.

Strand 3E: Educational enhancement
Linking theme: Continuing professional development

3Ei, 10:30-12:15, 7 September 2022
Theme paper, Research paper
An evaluation of study days in Cardiology and Chronic Obstructive Pulmonary Disease (COPD) for Community Matrons
Dr Claire Sutton and Sarah Partington, University of Bradford

Promotional abstract: There has been a limited provision of continuing professional development (CDP) study days locally for Community Matrons. In the autumn of 2020, the University of Bradford was approached by a local community NHS Trust to provide study days for their Community Matrons. Study days were provided on dementia, diabetes, history-taking and physical assessment, cardiology and COPD in the first six months of 2021. The faculty team of the study days on cardiology and COPD sought to evaluate their study days to explore the strengths and limitations of the days, how delegates perceived the impact and value of the days for their clinical practice and the potential future provision of such study days. This theme paper provides an overview of the action research carried out for this evaluation.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Community Matrons (CMs)/Advanced Clinical Practitioners (ACPs) are embedded and key contributors in today's UK community healthcare services (Evans *et al*., 2020a). Increasingly ACPs around the world provide healthcare historically delivered by medical teams (Evans *et al*., 2020b). Increasingly CMs in the UK provide essential healthcare for older, most fragile patients (Girot & Rickaby, 2008). Whilst Advanced Clinical Practice has proffered patients essential care, it has also offered experienced non-medical healthcare professionals routes to advancement. However, whilst initial education for ACPs becomes increasingly formalised and standardised across the UK, CPD for experienced ACPs is far more piecemeal and reliant upon local provision.

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

- To identify the perceived relevance for delegates of the content of the cardiology and COPD study days delivered in May and June 2021.
- To evaluate the strengths and limitations of the teaching and learning strategies utilised.
- To ascertain the impact of the study days for delegates' clinical practice.
- To gather opinions from delegates regarding future cardiology and COPD study days' content and learning strategies.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: The evaluation was designed as an action research project aligned to Moch *et al*.'s (2016) stance. Ethics approval for the evaluation was garnered from the relevant ethics committee of the University of Bradford. At the end of each study day all delegates who had attended the study day were invited to participate in the evaluation research. Delegates who consented were provided with an information sheet and a written questionnaire to complete. The questionnaire was short. It took delegates approximately fifteen minutes to complete. Both quantitative and qualitative data was gathered. A thematic approach to data analysis was used.

Key findings and recommendations: Delegates willingly participated in the evaluation research. For example, 16 out of 20 attendees of the cardiology study day completed the questionnaire evaluation. This response rate was similar for the COPD study day. Most delegates reported most sessions within each study day as of relevance, lecturers as enthusiastic and engaging, information presented in an organised and engaging way, the volume of information appropriate, activities appropriate and the evidence base drawn upon. Delegates reported the study days provided useful opportunities to refresh and extend knowledge. Delegates valued sessions that offered clinical updates. They also appreciated the opportunity to collaborate with colleagues from across the locality, especially during the complex case discussions and simulated practice learning of the afternoon sessions of each study day. The faculty team had collaborated with the local CMs' practice lead to plan appropriate content and a learning and teaching strategy for the study days.

Most delegates reported the study days were useful and would positively impact their practice, enhancing levels of confidence and competence whilst also enjoying the opportunity to network with colleagues. This research recommends study days designed specifically for experienced CMs through collaboration between faulty and clinical partners are valued by CM delegates.

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

1. Continuing professional development opportunities for Community Matrons are non-standard and reliant on local bespoke arrangements between academic and clinical partners.
2. Study days in cardiology and COPD benefit from collaboration between the faculty team and commissioning clinical partners to design most-valued content and a learning and teaching strategy.
3. Active and collaborative learning approaches such as complex case scenarios and simulated practice learning are valued not only as opportunities for study day delegates to apply key theoretical learning through critical discussion but to share good practice.

References:
Evans, C., Pearce, R., Greaves, S. & Blake, H. (2020) 'Advanced clinical practitioners in primary care in the UK: A qualitative study of workforce transformation'. *International Journal of Environmental Research and Public Health,* 17(12), 4500. Available from: file:///C:/Users/cesutto1/Downloads/ijerph-17-04500-v2.pdf (Accessed 10/04/21).

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Keywords: Community Matrons. Cardiology. COPD. Study Days.

3Eii, 10:30-12:15, 7 September 2022
Theme paper, Issues for debate paper
Diversity training does not work
Musharrat Ahmed-Landeryou, London South Bank University

Promotional abstract: Provocation: Why are Health and Social Care organisations spending enormous amounts of money on diversity training, when there is evidence of little change in outcomes for staff, students and service users?

Key concepts to be addressed, including, where possible, the international relevance:
Evocation: We must own up that diversity training does not work. Equality, diversity and inclusion departments, in some form or another, have been in NHS and healthcare organisations quite a while. However, there has been little overall contribution to impact improvement for Black and Minoritised Ethnicities (BME) employees and service users' life experiences and outcomes (Public Health England 2020; Center for Ageing Better, 2021; NHS England 2021). Dobbin *et al.*'s 2007 study, of 829 firms over 31 years showed diversity training did not work, essentially because the trainings were framed on information from the 1960s; and the focus/agenda of the firms was risk reduction rather than culture and behaviour change which made behaviour worsen (Dobbin & Kalev, 2016).

Aim(s)/focus: There must be examination why diversity training doesn't work, and what conditions need to be in situ for it to be impactful and sustain, starting with national and global discussions to help frame research questions.

Evidence base and literature informing the arguments:
Dobbin, F., Kalev, A., Kelly, E. (2007) 'Diversity management in corporate America. Contexts', *Fall*, 6(4), 21-27. DOI: 10.1525/ctx.2007.6.4.21.
Dobbin, F., Kalev, A. (2016) 'Why Diversity Programs Fail'. *Harvard Business Review*, July-August. Available from: https://hbr.org/2016/07/why-diversity-programs-fail (Accessed 13/01/22).
Hussain, B., Sheikh, A., Timmons, S., Stickley, T. & Repper, J. (2020) 'Workforce diversity, diversity training and etnic minorities: The case of the YK National Health Service'. *International Journal of Cross Cultural Management*, 20(2), 201-221 DOI: 10.1177/1470595820938412.
Portnoy, G.A., Doran, J.M., Isom, J.E., Wilkins, K.M., DeViva, J.C. & Stacy, M.A. (2021) 'Correspondence - An evidence-based path forward for diversity training in medicine'. *The Lancet Psychiatry,* March 8(3), 181-182 DOI: https://doi.org/10.1016/S2215-0366(21)00024-9

Issues for debate: If it is proposed that diversity training does not work, then we need to identify what we should do that is impactful and sustainable.

Three key points to indicate how your work contributes to knowledge development within the selected theme: My recent activities specifically have focused on decolonising Occupational Therapy, but is transferrable to Health and Social Care:

1. Building an evidence-based framework – Decolonising the curriculum checklist wheel.
2. Developing affinity groups from a safe active space for Occupational Therapy/Allied Health students, clinicians/staff and educators who identify as racialised and BME
3. Engaging in discussions nationally and internationally on decolonising the profession and focusing on an equity and justice lens/frame for transformation.

References:

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(Accessed 24/10/21)

Theme paper, Research paper
The lived experience of completing a mentorship course: Implications for current education
Dr Garry Collins, University of the West of Scotland

Promotional abstract: This study explored the lived experiences of Nursing and Midwifery Council (NMC) registrants undertaking a mentorship preparation course. Participants were interviewed at the beginning and after completion of their course. Data was collected from interviews by means of audio-recording, then transcribed verbatim. Interpretative phenomenological analysis was used to design the study and inform data analysis. Findings uncovered several positive aspects of mentorship preparation that may now be lost with the move in the UK away from facilitated mentorship preparation. This session will provide an opportunity for participants to discuss these findings and the potential implications for future preparation of practice supervisors and assessor roles.

Background, including underpinning literature and, wherever possible, the international relevance of the research: The role of educating student nurses and midwives within practice learning environments is an important aspect of Nursing and Midwifery Education. Supervision and assessment responsibilities are placed on practitioners who are prepared for the role. Changes by the NMC (NMC, 2018) to the requirements for preparation have been adopted with the move from 'mentor' (NMC, 2008) to the roles of practice supervisor and assessor. Previous international studies on role preparation suggested a variety of outcomes, however, no studies explored the lived experience of attendees. This study explored the experiences of eight NMC registrants undertaking mentorship preparation.

Aim(s) and/or research question(s)/research hypothesis(es): The experience of those undergoing preparation for the role of mentor was found to be an important area for investigation. Two research questions emerged:

1. What is it like to experience undertaking a mentor/preceptor preparation course?
2. What is the lived experience of registrants' transition to becoming a mentor/preceptor?

Research methodology/research design, any ethical issues, and methods of data collection and analysis: A qualitative design was used for this study using interpretative phenomenological analysis. This involved interviewing NMC registrants (n=8) at the start of their mentorship preparation course and again after its completion. Interviews were conducted within a university setting using semi-structured, in-depth interviews to capture their lived experience of attending the preparation course. Ethical approval was secured prior to data collection and written informed consent was obtained from all participants. All interviews were audio-recorded and transcribed verbatim by the researcher. Data analysis followed the six-step process detailed by Smith, Flowers & Larkin (2009).

Key findings and recommendations: Participants reported positively on the university classroom experience where they valued academic facilitation and contact with peers facilitating the sharing and discussion of previous experiences. Previous experiences, typically of being a student themselves, was seen as a key motivating factor for some. The importance of this was supported by wider literature on the use of critical reflection as an enabler to transformative learning (Mezirow & Associates, 1990; Kitchenham, 2008/2012). Previous studies have suggested the importance of transformative learning optimising their

efficacy as educators (Zannini *et al.*, 2011). Participants also reported a range of intentional and unintentional positive outcomes, for example, an increase in confidence, revitalising career aspirations with some re-evaluating their career paths, and encouraged some to engage in further academic study. Key recommendations from these findings provide an insight into the benefits of synchronous group facilitation, as well as optimising learning for registrants who will be charged with supervising and assessing students in practice placement areas. These findings suggest learning is optimised during registrant preparation when conducive conditions are met to allow critical reflection. The move away from mentorship preparation to the supervisor and assessor role may potentially mean these conducive conditions are absent.

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

1. The findings from this study are novel and are specific to the field of mentorship and practice education.
2. The move away from mandated synchronous facilitation for NMC SSSA (NMC, 2018) has meant some of the delivery benefits of the previous mentorship programmes may have been lost.
3. Participants undertaking mentorship preparation reported several unintended benefits from attending the programme.

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Keywords: Mentorship. Lived Experience. Nursing. Midwifery.

Strand 4A: Learning, teaching and assessment strategies
Linking theme: Enhancing healthcare research and practice

4Ai, 13:15-15:00, 7 September 2022
Theme paper, Issues for debate paper
Advanced clinical practitioners preparedness: Using a spiral curriculum to integrate research and scholarship
Dr Nicola Lloyds-Jones and Dr Joanne Pike, Wrexham Glyndwr University

Promotional abstract: This paper contends there is expectation of Advanced Clinical Practitioners (ACPs) to be more than upskilled clinicians but also able to contribute to a body of knowledge that will consolidate this role as an evidence-based profession. It discusses research and scholarship preparedness of ACPs following Masters completion. Acknowledging emphasis on clinical competence by most educational programmes, this paper presents an innovative approach to delivering research as a thread within a spiral curriculum. The contention is that embedding knowledge and skills of a disciplined researcher whilst teaching clinical skills will strengthen the potential for ACP to be a sustainable professional career.

Key concepts to be addressed, including, where possible, the international relevance: The growing international debate around education of the Advanced Clinical Practitioner is the focus of this paper. The key concepts for discussion are educators' responsibility for the 'preparedness' for a role, a future profession and the progressive improvement in healthcare. The notions of research and scholarship will be discussed in the context of a spiral curriculum delivery.

Aim(s)/focus: The aim of this paper is to stimulate debate about current issue of ACP preparedness and how to ensure this role does not only become a means to fill a gap for more healthcare professionals to undertake diagnostic and decision-making roles (Imison *et al.*, 2016). There continues to be tensions about the effectiveness of current Masters programmes (Dover *et al.*, 2019). The focus in the presentation will be on the integration of research and scholarship within in a spiral curriculum as a meaningful way to embed the knowledge, integrity, discipline and rigour of a good researcher within an ACP programme.

Evidence base and literature informing the arguments: There is no international consensus on the definition of what is an ACP or the practical and academic elements required in an educational programme to adequately prepare for this role (Dover *et al.*, 2019). The NHS England ACP Framework recommended inclusion of four pillars of clinical practice, with core and area-specific clinical competencies (HEE, 2017). However, there continues to be tensions about the required balance in current programmes, with claims that it is application and integration of theory and practice that is essential (Dover *et al.*, 2019). It is also reported by Fothergill *et al.* (2021) that according to their survey of n=4,013 ACPs in England, the research pillar was a neglected area of focus, with the clinical pillar consistently prioritised. The point for discussion is whether there is a need to place more emphasis on these new roles having capability to contribute to a body of knowledge by developing theories and innovations, that will make this new career a sustainable profession. It is proposed that a spiral curriculum approach to teaching (Modo & Kinchin, 2011) may be an effective way to embed the values of scholarship as a foundation for enhancing capabilities to contribute to the development of this new profession.

Issues for debate: The issues for debate are the priorities of educational preparedness of Advanced Clinical Practitioners which is a growing body of healthcare workers from a wide

range of disciplines. The motion is that educators need to listen seriously to practitioners and that although we have a responsibility to develop and educate, the needs of the service should be placed more centrally. By opening up to a mode of delivering the pillar of research around the central clinical pillar, it may create a critical conversation from which there may be some new ways of understanding the changing parameters of healthcare.

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

1. A spiral curriculum is an innovative approach to integrating research.
2. Teaching research and scholarship as a sustainable method for preparedness.
3. Educators have a responsibility for teaching research and scholarship that is fit for purpose.

References:

Dover, N., Lee, G., Raleigh, M., Baker, E., Starodub, R., Bench, S. & Garry, B., (2019) 'A rapid review of educational preparedness of advanced clinical practitioners'. *Journal of Advanced Nursing*, 75(12), 3210-18.

Fothergill, L., Al-Oraibi, A., Houdmont, J., Conway, J., Evans, C., Timmons, S., Pearce, R. & Blake, H., (2022) 'Nationwide evaluation of the advanced clinical practitioner role in England: a cross-sectional survey'. BMJ Open, 12(1), e055475.

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Imison, C., Castle-Clarke, S. & Watson, R. (2016) 'Reshaping the workforce to deliver the care patients need'. Research report. Nuffield Trust.

Modo, M. & Kinchin, I. (2011) 'A conceptual framework for interdisciplinary curriculum design: a case study in neuroscience'. *Journal of Undergraduate Neuroscience Education*, 10(1) PMCID: PMC3598188.

Keywords: ACP. Spiral Curriculum. Research and Scholarship.

Theme paper, Innovation paper
A multi-faceted and dynamic approach to research informed teaching for undergraduate student nurses
Gioele Attardo, Tiff Sinclair and Professor Karen Wright, University of Central Lancashire

Promotional abstract: This presentation will provide an overview of the University of Central Lancashire's (UCLan) Research informed teaching (RiT) strategy for undergraduate student nurses with examples of our teaching and learning experience, and discuss some of the hurdles crossed on our journey to creating research informed student nurses using a five-fold approach:

1. Using Research Excellence Framework (REF) submitted papers submitted by UCLan researchers;
2. Integral journal club sessions;
3. A flipped classroom approach for the use of a CASP adapted tool;
4. Interviews and podcasts with the authors/researchers with students leading the interview; and
5. Establishing research placements to respond to both Nursing & Midwifery Council (NMC) and Council of Deans (CoD) guidance for nurse curricula.

Background, context and evidence base for the innovation, including, where possible, its international relevance: Contemporary, graduate nursing should be research informed, and is internationally accepted (Reedy, 2019), as nurses provide practice with an evidence base that aligns with clinical guidelines service protocols and professional body requirements. Undergraduate nurses often struggle to read research papers which may lead to a 'dumbing down' of empirical research to increase accessibility to all, and to create inclusive widening participation. UCLan's strategy to create inclusive and accessible research informed teaching and learning deconstructs the elements of research informed teaching and practice to enable a dynamic, interactive and engaging approach to preparing student nurses to be informed and reliable registrants

Aim/focus of the innovation: The aim of this innovative teaching strategy was to create interactive and engaging 'active blended' learning that included both researchers and student nurses in the deconstruction of research and publications in order to create perspective on practice which are grounded in epicism.

Implementation of the innovation: The implementation was five-fold:

1. Using REF submitted papers submitted by UCLan researchers;
2. Integral journal club sessions;
3. A flipped classroom approach for the use of a CASP adapted tool;
4. Interviews and podcasts with the authors/ esearchers with students leading the interview; and
5. Establishing research placements to respond to both NMC and CoD guidance for nurse curricula

Methods used to assess the innovation: A range of module evaluation strategies have been employed and are planned. Students have engaged in a mid-module review of strategy. A formal research strategy will be employed to model research approaches such as focus groups, evaluation questionnaires and mid-module evaluation forms to add a further dimension to research informed teaching. Student nurses will be invited to take part in the evaluation to learn about research from the inside out.

Key findings: Early feedback suggests that the student experience depends heavily upon the delivery of the session by the educator. There are mixed views; many found it useful, but some declared that they 'don't like research' whilst others stated that although they don't enjoy reading research they appreciate the value of it. Others have said that it is 'extremely useful' for developing critical thinking skills. Suggestions as to enhancing engagement with research have been made.

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

1. This is an innovative teaching and learning strategy for the engagement of research informed teaching.
2. Recommendations for developing lecturer confidence and competence in teaching research.
3. This is an innovative strategy for implementing the Council of Deans (CoD, 2021) recommendations and professional body requirements (NMC, 2018)

References:

Council of Deans for Health (2021) 'Becoming research confident – research placements in pre-registration nursing, midwifery and allied health programmes in the UK'. [Online] Available from: https://www.councilofdeans.org.uk/2021/06/report-becoming-research-confident-research-placements-in-pre-registration-nursing-midwifery-and-allied-health-programmes-in-the-uk/.

Nursing & Midwifery Council (2018) 'Future Nurse: Standards of proficiency for registered nurses.' [Online] Available from: https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/future-nurse-proficiencies.pdf.

Reedy, N.E. (2019) 'Becoming and being a nurse: a research informed theory to guide contemporary university and industry approaches to preparing and supporting graduate nurses' (Doctoral dissertation, University of Southern Queensland). Available from: https://eprints.usq.edu.au/39429/.

Keywords: Research Informed Teaching. Active Blended Learning. Flipped Classroom. Journal Clubs. Research Excellence Framework.

4Aiii, 13:15-15:00, 7 September 2022
Theme paper, Innovation paper
An innovation project to enhance students' experiences of a postgraduate research programme
Dr Jessica Baillie and Dr Mohammad Al-Amri, Cardiff University

Promotional abstract: A postgraduate research (PGR) qualification is a vital component of developing research capacity, but research shows that PGR students may experience depression, anxiety and stress. Furthermore, the impact of COVID-19 on PGR students was highlighted early in the pandemic. This session will present an innovation project aiming to enhance students' experiences of a PGR programme in a Health faculty in a Welsh university. Key areas for enhancement will be presented: (1) academic career development, and (2) student wellbeing; demonstrating how improvements in students' experiences were achieved.

Background, context and evidence base for the innovation, including, where possible, its international relevance: Research is central within Healthcare and care quality may be higher in research-active organisations (Health Research Authority, 2017). Therefore, increasing research capacity and capability amongst Healthcare professionals is crucial (Council of Deans, 2022), and a postgraduate research (PGR) study is often considered a researcher's training. The Higher Education Statistics Agency (HESA) (2021) reported 7,455 students undertaking PGR study in subjects allied to medicine in the United Kingdom (UK) in 2019/2020; 260 were studying in Wales. However, undertaking PGR study is challenging with international and UK research identifying that students experience anxiety, depression, and stress (Woolston, 2019; Metcalfe *et al.*, 2018). Therefore, a supportive approach by universities is essential.

Aim/focus of the innovation: Within the Health faculty of a research-intensive Welsh university, around 95 students are undertaking doctorates. This international community includes part-time and full-time students, from a variety of professional backgrounds. Thus, this community has diverse learning and support needs. The 2018 Postgraduate Research Experience Survey (PRES) for the faculty showed students reported high overall positive experience (91%, response rate: 39%). However, fewer students were satisfied with the faculty's research culture (53%). Furthermore, the potential detrimental impact of COVID-19 on PGR students was highlighted early in the pandemic (Paula, 2020; Byrom, 2020). Therefore, an innovation project was developed aiming to enhance students' experiences of a PGR programme.

Implementation of the innovation: Two PGR Programme Managers worked closely with the Director of PGR, Research Support Office, and PGR community to implement and evaluate this innovation project from 2020. Areas for enhancement (Langley *et al.*, 2009) were targeted, and this abstract will report on:

1. Academic career development: collaboratively with PGR students, we enhanced and expanded an online seminar programme, a journal club, a philosophy café and workshops for research knowledge and skills. Students were supported to lead seminars and the journal club, and to attend collaborative events with research staff.
2. Wellbeing: online seminars were delivered focusing on student wellbeing. A wellbeing week was facilitated, including practical sessions to increase personal wellbeing.

Methods used to assess the innovation: Utilising improvement methodology, the PGR team asked three questions for each area for enhancement (Langley *et al,*. 2009):

1. What did we want to accomplish?
2. How will we know that a change is an improvement?
3. What change can we make that will result in improvement?

To evaluate the changes, the 2021 PRES results were compared to the 2018 PRES results. Students were asked to complete evaluations following sessions, which included free-text boxes and Likert scales. Data were then reviewed by the PGR team to understand what worked well and where future changes were required.

Key findings: Academic career development: The 2021 PRES results (response rate: 21%) demonstrated 100% overall satisfaction with students' experiences of the PGR programme (increased from 91% in PRES 2018). Satisfaction with research culture increased from 53% to 67%, while satisfaction with seminar opportunities increased from 56% to 78%. Student evaluations highlighted high satisfaction and perceived relevance of academic career development opportunities.

Wellbeing: The 2021 PRES results demonstrated 75% of students felt supported with their wellbeing, an increase from 55% of students who were satisfied with their work-life balance in 2018. A wellbeing week was then held in autumn 2021, which evaluated very positively.

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

1. This innovation project highlights the importance of striving for innovation and improvement within a PGR programme.
2. Working collaboratively as a PGR team with the wider PGR community, including PGR students, enabled this innovation project to contribute meaningfully to PGR students' academic development and wellbeing, ultimately improving their overall PGR experience.
3. Despite the unprecedented challenges of COVID-19, particularly for Health faculties, this innovation project shows that as a PGR team we were able to enhance students' experiences of PGR study.

References:

Byrom, N. (2020) 'COVID-19 and the Research Community: The challenges of lockdown for early-career researchers', eLife Jun 12, 2020. Available from: https://elifesciences.org/articles/59634

Council of Deans (2022) 'Transforming healthcare through clinical academic roles in nursing, midwifery and allied health professions'. [Online] Available from: https://www.councilofdeans.org.uk/2016/11/transforming-healthcare-through-clinical-academic-roles-in-nursing-midwifery-and-allied-health-professions/.

Health Research Authority (2017) 'UK Policy Framework for Health and Social Care Research'. [Online] Available from: https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/.

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Langley, G., Nolan, K., Nolan, T. *et al.* (2009) *The Improvement Guide: A Practical Approach to Enhancing Organisation Performance*. Second edition. San Francisco, CA: Jossey-Bass.

Metcalfe, J., Wilson, S. & Levecque, J. (2018) 'Exploring wellbeing and mental health and associated support services for postgraduate researchers'. UKRI. [Online] Available from: https://www.ukri.org/publications/exploring-mental-health-support-for-postgraduate-researchers/.

Paula, J.R. (2020) 'Lockdowns due to COVID-19 threaten PhD students' and early-career researchers' careers'. *Nature Ecology and Evolution*, 4, 999.

Woolston, C. (2019) 'PhDs: the tortuous truth'. Nature, 13 November, 2019. [Online] Available from: https://www.nature.com/articles/d41586-019-03459-7#ref-CR2.

Keywords: Academic Development. Innovation. Postgraduate Research. Student Experience. Wellbeing.

Theme paper, Research paper
Ethical conduct in Healthcare Education research: Student perspectives from New Zealand and Sweden
Amanda Lees, Auckland University of Technology

Promotional abstract: In Healthcare Education, students potentially hold dual roles. They are learners but may also be research participants in learning and teaching projects. There is a lack of understanding of students' perspectives of ethical conduct in these projects and the extent to which national or institutional ethics review processes reflect their views. Our research aims to illuminate perspectives of ethical conduct for teaching and learning research. The project is an international, multi-site nested case study. This session focuses on students from health-related faculties in New Zealand and Sweden.

Background, including underpinning literature and, wherever possible, the international relevance of the research: In Healthcare Education, students hold dual roles. They are learners but also potential research participants in learning and teaching projects. Although students can learn first-hand through research participation (Tolich, 2010), they are considered by some as vulnerable (Aycock & Currie, 2013). Institutional ethics committees govern ethics review; however, there is a lack of understanding of research participants' perspectives of what constitutes ethical conduct and the extent to which ethics review meets their needs (Nicholls *et al.*, 2015). Our research contributes to critical analyses of research ethics, explicitly exploring students' perspectives of ethical conduct for learning and teaching research.

Aim(s) and/or research question(s)/research hypothesis(es): This research forms part of a doctoral study that aims to illuminate ethical conduct in teaching and learning research. The project is an international, multi-site nested case study focusing on those holding dual roles within teaching and learning spaces, specifically students who may also be potential research participants and lecturers who may also have a researcher role. The presentation focuses on a specific phase of the projects, notably students' views. The research question asked how students conceptualised ethical conduct for teaching and learning research and compared students' perspectives between health-related faculties in New Zealand and Sweden.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: Stake (1995, 2006) and Thomas (2011, 2016) informed this international multi-site nested case study, drawing upon two tertiary settings, one in New Zealand and one in Sweden. Within each site, the focus was on faculties offering health-related programmes. Students were recruited to participate in focus groups or individual interviews. Vignettes, drawn from published learning and teaching research, prompted conversations where student participants discussed ethical issues and shared their views on ethical conduct. Data underwent reflexive thematic analysis (Braun & Clarke, 2021).

Key findings and recommendations: Significant differences exist regarding research ethics governance in New Zealand and Sweden. These differences also influence how students learn about research ethics. Preliminary findings suggest that students in both New Zealand and Sweden shared an interest in contributing to teaching and learning research. Both groups recognised the importance of this type of research, not so much for themselves but others, yet they differed in who they considered these others to be. Both felt strongly that they should be free to choose whether to participate. This voluntariness reflects a key principle of ethics review. However, students may not value other principles embedded in

ethics review processes. Notably, students we spoke with did not necessarily consider themselves vulnerable. Ethics committees often deter lecturers from undertaking research with their students due to vulnerability issues and the potential coercive relationship. Both groups in this study valued relationships with their teachers. Many students reported having more trust in their teacher as a potential researcher than someone unknown.

This research will offer important recommendations for governing learning and teaching research and optimal ways for students to learn about ethics and research ethics first-hand.

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

1. The student experience is a central theme of teaching practice and evaluation. At present, little is known about how students view ethical issues as potential participants in research evaluating their experiences as learners. Our study illuminates these perspectives.
2. Our preliminary findings suggest that experiences from the student participant community vary in the degree to which they reflect principles currently governing ethics review processes.
3. Seeking student perspectives on research involving them reflects an ethical approach to research while re-establishing the learner's centrality within the research-teaching nexus.

References:

Aycock, D.M., & Currie, E.R. (2013) 'Minimising risks for nursing students recruited for health and educational research'. *Nurse Educator*, 38(2), 56-60.

Braun, V. & Clarke, V. (2021). *Thematic analysis: A practical guide*. Sage.

Nicholls, S.G., Hayes, T.P., Brehaut, J.C., McDonald, M., Weijer, C., Saginur, R. & Fergusson, D. (2015) 'A scoping review of empirical research relating to quality and effectiveness of research ethics review'. *PloS One*, 10(7), e0133639. https://doi.org/10.1371/journal.pone.0133639.

Stake, R. (1995) *The art of case study research*. Sage.

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Thomas, G. (2016) *How to do your case study: A guide for students and researchers*. (2nd ed.). Sage.

Tolich, M. (2010, 2010/11/01) 'Researching with integrity: the ethics of academic inquiry'. *International Journal of Research & Method in Education*, 33(3), 317-318. https://doi.org/10.1080/1743727X.2010.512098.

From reflection to action: A pilot in to develop Action Research knowledge and skills
Danielle Thibodeau, Queen Mary University of London

Promotional abstract: This poster and presentation explore a pilot project introducing academic clinical and lab teachers from Queen Mary's Institute of Dentistry to educational action research. This project, developed and delivered in partnership with the Queen Mary Academy, uses a series of reflective activities to help participants identify areas of educational practice that could benefit from investigations while learning principles and practices of action research. This presentation is a case study of intra-institutional collaboration focused on research and evaluation skill development. The potential impacts of this kind of project on the career progression of staff on teaching and education contracts are also considered.

Main focus/theme of, or issues addressed by, the poster: From February-July 2022, the Queen Mary Academy is leading a group of staff from the Institute of Dentistry through reflective processes meant to introduce participants to Action Research (AR). Staff invited to participate in this project include part-time clinical and lab teachers to create a diverse community sharing reflections and discussing possible research projects. Through synchronous sessions and asynchronous tasks planned to enable participation of those balancing academic and clinical work, the project's intended learning outcomes are that those taking part will begin to evaluate an aspect of their educational practice through reflection to hypothesise a future action research project.

Research approaches and underlying evaluation: Our poster and presentation will use this pilot project as a case study to explore how similar projects can be developed to help clinical/academic practitioners grow as educators through action research and reflective practices. Through a review of feedback from participants and facilitators, the presentation will interrogate whether this process was useful in helping participants reach their intended learning outcomes, particularly whether they intend to extend their reflections into future action research projects. Furthermore, we will explore how this type of process may benefit academic staff on teaching and education contracts who may not have other opportunities to conduct research.

Implications for healthcare education: It is anticipated that AR will close the gap between research and practice, between researcher and object, and between disciplinary differences in the context of dental education. There will be opportunity to question teaching practice and to explore alternatives. AR viewed through the lens of an integrated practice, including teaching, research, and reflection, provides a new concept of scholarship. It is proposed that AR will facilitate conceptualisation of how educational practice can be improved and the impact of this on the learning of both students and educators enhancing Healthcare Education and creating a community of practice of education researchers.

Keywords: Dentistry. Action research. Education. Communities of Practice. Reflection.

Strand 4B: Educational enhancement
Linking theme: Simulation

4Bii, 13:15-15:00, 7 September 2022
Theme paper, Issues for debate paper
The experience of design and delivery of simulated activity in the field of health at a higher education institution: Reflections and recommendations
Claire Aubrey, Dr Karen Morris and Finn Drude, University of Cumbria

Promotional abstract: It has been the role of the newly created Health Simulation Team at the University of Cumbria to investigate the efficacy of various types of simulation, as well as to explore a robust design process, placing content at the core, rather than technology. Through this experiential self-enquiry, this presentation will draw initial conclusions and recommendations for educators and practice areas in the design and delivery of their own simulated activity. Ideas presented will initiate a wider dialogue around the use of simulation and its application in other educational settings.

Key concepts to be addressed, including, where possible, the international relevance: Successful simulation is immersive, interactive and realistic (Gaba, 2004). There is a good deal of emerging evidence to support its usefulness in both didactic and practical terms, even providing alternative and innovative practice experience.

Simulation can be presented in many ways, from no-tech role play to high-tech virtual reality (Persson, 2017). There is currently limited research around a formal design and delivery process of simulation, particularly in response to replicating healthcare practice (Chu *et al.*, 2019). This presentation will therefore draw on the reflections of staff within the Health Simulation faculty, to explore their experiences of designing, delivering, and evaluating simulated activity in response to the COVID-19 pandemic and beyond.

Aim(s)/focus: Through this experiential discussion, the presentation will draw initial conclusions and recommendations for educators and practice areas in the design and delivery of their own simulated activity. Ideas presented will initiate a wider dialogue around the use of simulation and its application in other educational settings.

Evidence base and literature informing the arguments: Successful simulation is immersive, interactive and realistic (Gaba, 2004). There is a good deal of emerging evidence to support its usefulness in both didactic and practical terms, even providing alternative and innovative practice experience.

Simulation can be presented in many ways, from no-tech role play to high-tech virtual reality (Persson, 2017). There is currently limited research around a formal design and delivery process of simulation, particularly in response to replicating healthcare practice (Chu *et al.*, 2019).

Issues for debate: This will form an initial self-enquiry into the emerging design process of simulation at a HEI, including the challenges and barriers, as well as the successes. It will reflect on the continuous liaison with stakeholders, as well as the ongoing process of evaluation in order to maintain focus, quality and efficacy.

Three key points to indicate how your work contributes to knowledge development within the selected theme: This will add to the body of research around simulation from a higher education institute perspective, but with a new focus on a newly formed team building

a collection of innovative and sometimes bespoke simulation material, and will examine simulation from an interprofessional perspective.

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.

Gaba, D.M. (2004) 'The future vision of simulation in health care'. *BMJ Quality & Safety,* 13 i2-i10.

Persson, J. (2017) 'A review of the design and development processes of simulation for training in healthcare – A technology-centered versus a human-centered perspective'. *Applied Ergonomics*, 58, 314–326.

Theme paper, Issues for debate paper
Project and research placements within a simulation team at a higher education institution: Reflections and recommendations
Claire Aubrey, Dr Karen Morris and Finn Drude, University of Cumbria

Promotional abstract: The demand for health placements is currently very high, due to COVID-19 and increasing retirement numbers, as well as a growing body of students being recruited onto training programmes. To counter these problems in the local area, the Simulation Team at the University of Cumbria have been piloting a model of in-house placements, based around research and project development. This presentation will look at the experiences of the Simulation Team in delivering these placements. We will provide initial reflections and experiences of this model, integrating tutor and student evaluation, as well as the effects on learning outcomes.

Key concepts to be addressed, including, where possible, the international relevance: The demand for health placements is currently very high, due to COVID-19 and increasing retirement numbers, as well as a growing body of students being recruited onto training programmes. This is resulting in universities struggling to locate a sufficient amount of appropriate placement areas where learning outcomes can be met and proficiencies obtained (Imms *et al.*, 2018). Even when placements are found, staffing shortages and work overload can mean that high students are diminished, and the appropriate time and energy needed to support a student may be significantly reduced or absent (Parker, 2018).

Aim(s)/focus: To counter these problems in the local area, the Simulation Team at the University of Cumbria have been piloting a model of in-house placements, based around research and project development. This presentation will look at the experiences of the Simulation Team in delivering these placements.

Evidence base and literature informing the arguments: The demand for health placements is currently very high, due to COVID-19 and increasing retirement numbers, as well as a growing body of students being recruited onto training programmes. This is resulting in universities struggling to locate a sufficient amount of appropriate placement areas where learning outcomes can be met and proficiencies obtained (Imms *et al.*, 2018). Even when placements are found, staffing shortages and work overload can mean that high students are diminished, and the appropriate time and energy needed to support a student may be significantly reduced or absent (Parker, 2018).

To counter these problems in the local area, the Simulation Team at the University of Cumbria have been piloting a model of in-house placements, based around research and project development. With the ever-increasing pressures out in practice, this is fast becoming an innovative solution to ensure quality and accessibility (Taylor, 2021).

There is currently limited research on student-led simulation, but this viewpoint will enable simulation to focus on areas where experience has been lacking, more accurately in order to develop a more well-rounded practitioner.

Issues for debate: This presentation will look at the experiences of the Simulation Team in delivering simulation placements. We will provide initial reflections and experiences of this model, integrating tutor and student evaluation, as well as the effects on learning outcomes, enabling discussion around the potential for simulation placements in the future, their design and application, as well as efficacy.

Three key points to indicate how your work contributes to knowledge development within the selected theme: This will contribute to the emerging discussion around simulated placements, as well as about placements which support students focusing on technology and research. It will give a clear demonstration of the application of simulation to help take pressure off limited placement areas.

References:

Imms, C., Froude, E., Chu, E.M.Y., Sheppard, L., Darzins, S., Guinea, S., Gospodarevskaya, E., Carter, R., Symmons, M.A., Penman, M., Nicola-Richmond, K., Gilbert Hunt, S., Gribble, N., Ashby, S. & Mathieu, E. (2018) 'Simulated versus traditional occupational therapy placements: A randomised controlled trial'. *Australian Occupational Therapy Journal*, 65(6), 556–564.

Parker, B.A. & Grech, C. (2018) 'Authentic practice environments to support undergraduate nursing students' readiness for hospital placements. A new model of practice in an on campus simulated hospital and health service'. *Nurse Education in Practice*, 33, 47–54.

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. HEI. Healthcare. Simulated Activity. Placements.

Theme paper, Research paper
Transforming student midwives 'lived' experience of caring for bereaved parents using high fidelity simulation: An interpretive phenomenological analysis study
Anne Leyland, University of Salford

Promotional abstract: Student midwives frequently encounter bereaved parents as part of their experience in clinical practice. Yet many students report feeling unprepared and anxious when caring for them during this difficult time. Another concern is that midwifery students are often shielded in practice and as a result have limited clinical involvement with caring for bereaved parents. The evidence on how best to educate and prepare student midwives in this aspect of care is limited both in scope and quality. Simulation-based education has shown promise in other areas and this is the first study utilising high-fidelity simulation to emotionally prepare students to provide sensitive and compassionate care to parents during this traumatic time.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Higher education institutions (HEIs) have a responsibility to offer quality curricula and education that enables Midwifery students to be well prepared and equipped with the necessary knowledge, skills, and values to provide safer and better care overall (Nursing & Midwifery Council, 2018). This is a challenge due to the inconsistent bereavement content within undergraduate curricula combined with the absence of clinical learning opportunities in light of COVID-19. These constraints can seriously impact on students' ability to apply knowledge about bereavement care and caring learned in a classroom to the practicalities of a real situation (Hörberg, Galvin, Ekebergh, & Ozolins, 2018).

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

- To gain insight into student midwives 'lived' experience within the context of a bereavement simulation scenario.
- To understand the meaning making and learning processes that student midwives undergo as a result of participating in the simulation.
- To explore student midwives' perception of simulation as a defined model of teaching and learning in preparing them to provide sensitive and compassionate care to bereaved parents experiencing perinatal loss.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: An interpretative phenomenological analysis approach was used to explore student midwives' lived experience of bereavement simulation. The study utilised a purposive sample of nine students using in-depth semi-structured interviews to explore the meaning of the experiential phenomena of bereavement simulation. Mezirow's Transformative Learning Theory was also used as a framework to analyse the data. Ethical approval was granted by the University of Salford in 2017

Key findings and recommendations: Three overarching themes emerged from the findings. The first theme; 'Rollercoaster of emotions' revealed how a disorientating dilemma such as witnessing grief and loss for the first time triggered a complex array of emotions that the students found difficult to control. The second theme; 'Trying to console and making things easier' identified the students' difficulty in their attempts to provide emotional support to the parents and choosing the right words to say. The final theme; ' A unique learning experience' revealed bereavement simulation to be effective in promoting transformative

learning and application of their skills to future experiences in clinical practice. Bereavement simulation is an effective form of experiential learning that can emotionally prepare students to provide sensitive and compassionate care to bereaved parents. This study supports bereavement simulation as a transformational model of teaching and learning that needs to be integrated into Midwifery curricula and complement existing methods of bereavement education

Three key points to indicate how your work contributes to knowledge development within the selected theme: This study contributes to the limited body of evidence on bereavement simulation within the context of Midwifery Education. Application of Mezirow's transformative learning theory enabled the students to reflect and make meaning of the experience which in turn provided them with new perspectives about death and dying involving perinatal loss. There are limited studies exploring the subjective and embodied nature of these emotions that underpin the phenomenological and hermeneutic strands of IPA. Therefore, bereavement simulation provides a context in which student can express and process these emotions which can positively impact on preparing them for practice and improving the quality of care that bereaved parents so deserve

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Poster+ presentation

A pilot study: A qualitative exploration of the value of stroke simulation within interdisciplinary Medical Education and the impact of using an actor within scenarios

Dr Kathryn Price, Dr Laura Mitchell and Dr Christopher White, King's College NHS Foundation Trust

Promotional abstract: A high-fidelity simulation programme was developed over 2-3 years with the aim to meet the needs of the stroke department at King's College Hospital NHS Trust. We used qualitative research methodology with thematic analysis of focus groups, to review the value of utilising an actor for scenarios. This pilot study was developed to assess the impact of this educational programme on interprofessional participants and develop an effective and sustainable teaching method for the stroke department which could be applied to other hospital trusts. Preliminary results show that actors within stroke simulation improve the fidelity and enhance non-technical educational opportunities.

Main focus/theme of, or issues addressed by, the poster: Previous studies have examined the use of high-fidelity stroke simulation within interdisciplinary education for acute stroke teams showing its value and necessity (1,2). We aim to demonstrate enhancement of core stroke simulation scenarios using an actor to supplement traditional high-fidelity simulation. Each scenario aimed to cover a specific acute stroke emergency applicable to clinical practice and the actor was incorporated with the aim of enhancing non-technical education. This pilot was developed to assess the impact of this enhanced educational method on staff clinical confidence, team working and communication for the stroke department at King's College Hospital NHS Trust.

Research approaches and underlying evaluation: We used pre- and post- course questionnaires to assess the learning impact of the course on participants and to enhance development of high-fidelity stroke simulation. Additionally, qualitative research methodology with thematic analysis of focus groups was used to review the value of utilising an actor for scenarios. We conducted a one-day course with eight interprofessional participants from King's College Hospital. Following a review of data further courses were developed and conducted to incorporate feedback. Preliminary results show that actors within stroke simulation improve the fidelity through clinical "realism" and enhance non-technical educational opportunities such as "seeing other staff members' perspective".

Implications for healthcare education: This pilot study was developed to assess the impact of this educational programme and the preliminary evidence shows that actors enhance learning and experience for participants. This has implications on the care of stroke patients by increasing clinical competence through education. This strategy enhances non-technical education through simulation such as team working and communication which are vital for timely management of stroke emergencies and could applied to other simulation educational activity. In future, the use of actors should be incorporated in high-fidelity stroke simulation for effective and sustainable teaching, as this is essential for upskilling the workforce and enhancing patient care.

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Farias, D.A., Guarda, S.N., Santos, J.P.S., Reis, M.S.M., *et al.* (2021) 'Realistic simulation is associated with healthcare professionals' increased self-perception of confidence in providing acute stroke care: a before-after controlled study'. *Arq Neuropsiquiatr*, 2021 Jan; 79(1), 2-7.

4Bvi, 13:15-15:00, 7 September 2022
Poster+ presentation
Issues, challenges and opportunities within higher education to develop and evolve simulated education for the Future Nurse
Faye Middle and Sally Phillimore, Keele University

Promotional abstract: Simulation in Nurse Education is an evolving and developing pedagogical technique. It is recognised as a valuable asset within Nurse Education, providing an area to learn safe practice to promote improved care delivery. It is an area that universities and the NHS are investing in to develop for future nurses and as an area that allows experiential learning by the Nursing & Midwifery Council (NMC). Kolb (1984) highlights active learning and engagement being key to achieving learning outcomes, such as improved confidence and safe care delivery. Simulation can align with this theory and support the development of future student nurses.

Main focus/theme of, or issues addressed by, the poster: The main focus of the poster addresses the need for innovative simulation methods in Nurse Education with an opportunity to foster interprofessional integration between higher education institutions (HEIs) and our NHS partners. The driving force behind this innovative teaching method is to enhance partnership working whereby there is synergy between theory and practice utilising Trust staff to develop, alongside HEIs, training/educational packages to ensure the simulation is meeting the Future Nurse Standards (NMC, 2018). Key themes include staff knowledge and confidence within a simulated environment, creating a skilled workforce and positive learning experiences through reflective practices and discussions.

Research approaches and underlying evaluation: The necessity of exploring simulated methods to enhance theory and practice is born from a key factor in the vision 2030 (Jisc, 2020), Future Nurse Standards (NMC, 2018) and Health Education England (HEE) (2020) that identify simulation in future healthcare will be needs-led, leading to improved working and patient safety. The poster uses Kolb (1984) as a contextual framework for implementation with Lewin's (1951) model of change focusing on progression of simulated practice for the future nurse, recognising the challenges and driving forces.

Implications for healthcare education: Simulation, when used effectively, is identified as a learning pedagogy that supports achieving learning outcomes. However, the number of students, alongside access to appropriate learning environments, can hinder the effectiveness on learning outcomes for those undertaking simulation training. Access to appropriate resources, investment in these environments within HEIs, alongside effective collaboration and co-creation between HEIs and Trust partners needs to be considered and fostered.

References:
Health Education England (2020) 'Simulation and immersive technologies'. [Online] Available from: https://www.hee.nhs.uk/our-work/technology-enhanced-learning/simulation-immersive-technologies (Accessed 16/12/20).

Jisc (2020) 'Vision launched for the future of employer – university collaboration'. [Online] Available from: https://www.jisc.ac.uk/news/vision-launched-for-the-future-of-employer-university-collaboration-26-nov-2020 (Accessed 16/12/21).

Kolb, D. (1984) *Experiential Learning*. Englewood Cliffs, NJ: Prentice-Hall.

NMC (2018) *Future Nurse: Standards of Proficiency for Registered Nurses*. London: NMC.

Keywords: Simulation. Pedagogy. Collaboration. Future Nurse.

Strand 4C: Learning, teaching and assessment strategies
Linking theme: Interprofessional learning

4Ci, 13:15-15:00, 7 September 2022
Theme paper, Innovation paper
Physiology Health Check: Interprofessional, peer-learning and practice of health assessment skills
Dr Katherine Rogers and Maggie Bennett, Queen's University Belfast

Promotional abstract: This paper presents an interprofessional, student-led event that involved Medical and Nursing students co-facilitating a health check event on participants wishing to have non-invasive health checks on several body measurements such as blood pressure or blood glucose. Students reported excellent satisfaction scores saying that it was an engaging learning experience and that they would like to take part in future events.

Background, context and evidence base for the innovation, including, where possible, its international relevance: Educators on Healthcare courses need to provide an educational experience that equips students with knowledge and expertise to interact with and care for patients while remaining cognisant of equality, diversity and inclusion (EDI) issues. Most studies focus on sociology-themes of EDI awareness for healthcare practice (Leung *et al.*, 2020), but responsibility also lies within Bioscience educators to encourage students to consider links between EDI issues and a patient's physiology (Rogers *et al.*, 2021).

Aim/focus of the innovation: Engaging with physiology is an aspect of Nurse Education that some students find challenging, yet students appreciate the importance of a comprehensive bioscience knowledge to underpin their clinical practice.

Implementation of the innovation: To promote engagement with these subjects, and widen participation in education of healthcare professionals, we secured an outreach grant from The Physiological Society UK to host an event aimed at increasing awareness of physiology for health. The "Physiology Health-Check" event involved a cross-collaboration with students and staff from the School of Medicine and School of Nursing jointly facilitating the event. At the Physiology Health-Check event the student volunteers measured heart rate, blood pressure, blood glucose, body mass index and pulse oximetry of passing participants.

Methods used to assess the innovation: All student volunteers reported that participating in the event helped them to apply their academic theory when undertaking skills and reporting findings to participants. Children's Nursing students reported the benefit for them as they have infrequent opportunities to conduct these skills on adults, which is important as the skills set is slightly different when working with children. The academic staff facilitators reported an interesting EDI observation where male participants gravitated towards male student volunteers for their health check, possibly because they were perceived to have more "in common" and were more comfortable discussing their results?

Key findings: Feedback from student volunteers and participants was extremely positive: students reported the great learning opportunity it provided, working alongside students from the other profession, gaining skills in patient and professional communication.

All student volunteers said they would participate in future similar events - evidence of the value such events in enriching the student experience.

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

1. Since the onset of the COVID-19 pandemic, students on Healthcare courses have had fewer opportunities to practice clinical skills outside university-based skills classes.
2. This event allowed Nursing and Medical students the opportunity to practice in a safe, supervised environment and to ask for advice and guidance from facilitators or other students.
3. This active peer-learning event enriched the student experience and promoted interprofessional team work – all essential skills for future healthcare professionals.

References:

Leung, D.Y.L, Chan, E.A., Wong, A.K.C., Reisenhofer, S., Stenberg, M., Pui Sze, C. *et al.* (2020) 'Advancing pedagogy of undergraduate nursing students' cultural awareness through internationalization webinars: A qualitative study'. Nurse Education Today, 93 104514.

Rogers, K.M., Boyle, D., Bennett, K., Bennett, M. & Torrens. C. (2021) 'Diversifying the case study: How far has physiology education come in integrating equality, diversity and inclusion into the curricula?' Physiology News, Autumn 2021, 123, 28-31

Keywords: Equality, Diversity and Inclusion (EDI). Active Learning. Student-led Learning. Interprofessional Learning. Healthcare Student Skills.

Drama-based education improves student nurses' attitudes to interprofessional working and nursing advocacy: A pre-test post-test study

Professor Richard Kyle, University of Exeter

Promotional abstract: In this session we share findings from our study examining the impact of the use of drama-based education on student nurses' attitudes towards interprofessional working and nursing advocacy. We discuss the development and evaluation of two plays created and performed by students and patient and public representatives that explore the complexities and realities of working in interprofessional teams in increasingly integrated Health and Social Care landscapes. We then show how our drama-based education led to significant improvements in student nurses' attitudes to interprofessional working and nursing advocacy. Finally, we make suggestions for how student-created drama can enhance Healthcare Education.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Healthcare educators need to ensure that their students are equipped to work in interprofessional teams and advocate for patients within increasingly integrated Health and Social Care landscapes. Drama-based education has been used in Nursing to enable students to grapple with new and complex concepts and practices, including communication, empathy and patient safety (Arkalev *et al.*, 2015). However, few studies have used drama to develop students' understanding of health policy around Health and Social Care integration and interprofessional working (Balen *et al.*, 2010; Dingwall *et al.*, 2017; Fusco *et al.*, 2020), and none have involved student-led drama-based educational interventions.

Aim(s) and/or research question(s)/research hypothesis(es): The aim of this study was to examine the effects of drama-based education on student nurses' attitudes to interprofessional working and nursing advocacy. Two plays focused on patients' experiences of integrated and dis-integrated Health and Social Care services were developed: 'Mad, Bad, Invisible' and 'Cracks'. Each play was publicly performed by students and patient and public representatives, filmed, and then embedded in a second-year undergraduate module on Health and Social Care integration. The study answered the following research question: Do student nurses' attitudes to interprofessional working and nursing advocacy improve after drama-based education?

Research methodology/research design, any ethical issues, and methods of data collection and analysis: A pre-test post-test study was conducted in one large Nursing School in Scotland. Undergraduate student nurses in the second year of a three-year programme enrolled on the 15-week module completed a paper questionnaire at the start (n=274, response rate: 80.1%) and end (n=175, 63.9%) of the module. Outcome measures were the validated 14-item Attitudes Towards Healthcare Teams Scale (ATHCTS) and 37-item Protective Nurse Advocacy Scale (PNAS). Mean ATHCTS and PNAS scores were calculated and change in outcomes assessed using paired samples t-tests, with Cohen's D to estimate effect size. University research ethics approval was received.

Key findings and recommendations: Improvements in student nurses' attitudes towards working in interprofessional teams and protective nursing advocacy were observed after drama-based education. ATHCTS scores significantly increased from 3.87 to 4.19 (p<0.001, d=0.52). Overall PNAS scores increased from 3.58 to 3.81 (p<0.001, d=0.79), with significant improvements in the 'acting as an advocate' (4.18 to 4.51, p<0.001, d=0.81) and

'environmental and educational influences' subscales (3.79 to 4.13, p<0.001, d=0.75). No significant change was found for the 'work status and advocacy actions' or 'support and barriers to advocacy' subscales of the PNAS. The greatest change in ATHCTS and PNAS items were for statements focused on the role of interprofessional working in promoting holistic and dignified care, and enabling health professionals to be responsive to the emotional and financial needs of patients.

Education based on plays developed and performed by student nurses led to significant improvements in student nurses' attitudes towards interprofessional working and nursing advocacy.

Educators should seize opportunities to involve students in the creation of drama-based educational experiences and resources. Embedding these drama-based approaches in Healthcare Education can enable students to grapple with the realities and complexities of interprofessional working in increasingly integrated Health and Social Care settings.

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

1. The study is the first internationally to evaluate the effects of the use of student-created drama on student nurses' attitudes towards interprofessional working and nursing advocacy.
2. The study shows that student-led drama had positive effects on student nurses' attitudes towards the importance and value of working in interprofessional teams and advocacy for patients.
3. The study indicates that teaching and learning strategies in Nursing and Healthcare Education should incorporate greater use of drama and the performing arts to enable students to vicariously experience the realities and complexities of interprofessional working and Health and Social Care integration.

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4Ciii, 13:15-15:00, 7 September 2022
Theme paper, Innovation paper
An innovative approach to explore the impact of Art Therapies in Pre-Registration Nurse Education
Jane Hopping and Michelle McBride, University of Roehampton

Promotional abstract: This session will discuss an innovative approach that was used to explore the impact of Art Therapies in Pre-Registration Nurse Education. A learning experience was designed through collaboration with specialists in Art Therapy and nurse educators to enable pre-registration student nurses to enhance their understanding of Art Therapies. Student experience and learning was evaluated through surveys which demonstrated that students had gained a greater insight into Art Therapies and how these techniques can be used both in their own development and to enhance patient care.

Background, context and evidence base for the innovation, including, where possible, its international relevance: There is minimal literature discussing the incorporation of learning experiences exploring Art Therapies in Pre-Registration Nurse Education, however there is evidence of the benefits of doing this in other health professional groups. It has been recognised that Art Therapies contribute to patient care and build therapeutic relationships (Melhuish, Beuzeboc & Guzman, 2017; Huet, 2016). Dimonte (2021) recommended the inclusion of Dance Movement Therapy in Nurse Education as it enhances communication and relational skills. With this evidence in mind, it seemed appropriate to source a learning experience within the Art Therapies for undergraduate student nurses at Roehampton.

Aim/focus of the innovation: The aim of the innovation was to increase the knowledge base of the student nurses with respect to Art Therapies used within healthcare settings (Dance, Art, Music and Drama). This was embedded in a week-long virtual programme that was delivered by qualified therapists in collaboration with nurse academics. The intention was not only to increase theoretical knowledge but also to enhance confidence and to overcome any preconceived barriers by engaging the students in the individual therapies in small groups and to present their experiences back to the group.

Implementation of the innovation: Planning of the project commenced by enlisting a specialist external organisation to work collaboratively with nurse academics to design and deliver teaching sessions and learning activities that would be delivered over a four-day period to allow the students to explore the use of art therapies in the provision of care and to reflect on their understanding of these. The students were then asked to work in groups to produce a creative piece to be presented back to the wider group to demonstrate their learning. All sessions were facilitated through online teaching methods.

Methods used to assess the innovation: An electronic survey was given to the students before and after completion of the learning activities. The survey included a combination of both Likert scales and free text boxes. Survey findings were reviewed to evaluate the project and responses from the pre-, and post- surveys were compared.

Key findings: These surveys revealed that prior to commencing the insight experience the students had a limited understanding of Art Therapies and their use in healthcare, however they were excited to develop their knowledge through the planned activities. Following completion of these activities the student surveys demonstrated that the students felt that they had increased their knowledge in the subject and had a greater understanding of how Art Therapy could be applied in practice. The students also reported that the knowledge

gained had increased their self-awareness and had inspired them to consider the role of the arts in enhancing their own development.

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

1. Nursing students gained an increased understanding of the use of Art Therapies in healthcare; focusing on how Music, Art, Drama and Dance Therapy could be used as a strategy within healthcare to help service users and healthcare professionals to communicate efficiently and effectively.
2. Nursing students also gained a sense of self-awareness, increasing their confidence and ability to use influences from the Arts to enhance their own development.
3. Students acquired new skills that they could embed in their future careers to enhance their delivery of person-centred care and challenged their prior misconceptions.

References:

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Huet, V. (2017) 'Case study of an art therapy-based group for work-related stress with hospice staff.' *International Journal of Art Therapy*, 22, 22-34.

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Keywords: Art Therapies. Self-awareness. Nurse Education.

Poster+ presentation
QR Code Generated Information Guide for the interprofessional team redeployed to critical care

Lovely Ann Sorianosos, University Hospitals of Derby & Burton NHS Foundation Trust and Suzanne Le Blond, University of Derby

Promotional abstract: In response to the COVID-19 pandemic staff were rapidly redeployed into new clinical roles and environments, often working at the limits or beyond their normal scope of practice. Transferring interprofessional working skills to adapt to those required in critical care takes time. Nursing in critical care is highly specialised. It requires years of training, education and clinical experience to achieve the skills and knowledge needed. A QR Code Generated Information Guide was developed to access common subjects in critical care ensuring these resources follow the local hospital policies and latest national guidelines. This poster impacted directly on colleague education and critically ill patient care.

Main focus/theme of, or issues addressed by, the poster: This poster discusses in detail the development of a learning resource with an interprofessional focus in the healthcare setting with reference to relevant literature and learning theories. Within the poster is a critical analysis of the development of interprofessional learning, teaching models, learning styles, strategies for diversity and inclusion, and different forms of evaluation. This poster demonstrated a synthesis between theory and practice; recommendations were also made for future developments. This poster is a reusable and sustainable learning resource and it hopes to change practice from the ground up in an interprofessional and inclusive manner.

Research approaches and underlying evaluation: The evaluation of this resource has suggested that learners have gained additional knowledge and by doing so, it has decreased anxiety in being redeployed to an unfamiliar area, increased staff confidence and awareness of the rationale behind performing nursing care in critical care. Different theories can supplement each other and utilising these can achieve various educational goals. Different strategies should be used to enhance diversity as well as motivate and engage learners whilst following evidence-based professional practice.

Implications for healthcare education: There is a plethora of information online but through the development of this practice-related information it aims to ensure consistency of quality across the area, meet the needs of the staff, build their knowledge and increase their confidence. The development of this learning resource was a novel idea adding both to the nurses and interprofessional body of knowledge but ultimately it aims to ensure a concise, accessible guide that is available to support and improve patient safety in critical care.

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Keywords: Interprofessional Learning. Learning Theories and Styles. Teaching Models. QR Code. Evaluation.

4Cv, 13:15-15:00, 7 September 2022
Poster+ presentation
Safeguarding Proactive Intensive Teaching (SPRINT Programme)
Sarah Osborne-Cudmore and Dr Sreena Das, Kings College Hospital

Promotional abstract: The purpose of our virtual SPRINT education programme is to learn collaboratively with our multi-professional workforce caring for children, young people and adults. In alignment with the safeguarding intercollegiate documents (2019) all staff who come into contact with patients have a responsibility to safeguard, promote welfare and manage safeguarding concerns accordingly. Our interprofessional level 3 safeguarding education content is delivered by expert faculty working across both Health and Social Care. The aim of our virtual Bite-Size training is to keep learners updated on safeguarding-related topics. Following pilot and implementation across the organisation, evaluation remains positive with a 4.4* rating out of 5*.

Main focus/theme of, or issues addressed by, the poster: During the COVID-19 pandemic and the suspension of face-to-face education across healthcare, the safeguarding experts were keen to continue with the delivery of safeguarding education through use of technology enhanced methodology. The main objective was to allow learners to explore safeguarding education via a virtual safe environment. Identified themes for the poster will focus on interprofessional learning models (IPEC, Donnelly, 2019; Gopee & Galloway, 2017) utilised for the development of the SPRINT programme, and how the innovative training sessions have led to high engagement from all healthcare professional working across both Health and Social Care.

Research approaches and underlying evaluation: This methodological approach to research attempts to analyse a Bite-Size model to teaching (HEE Bite-Size, 2022), incorporating a multi-professional learner and teacher group whilst being tested via a new online virtual platform. The Kirkpatrick evaluation model was chosen (Hansen, 2005; Heydari *et al.*, 2019), reaching Level 1 measuring learners' reaction. Collection of participants' feedback and suggestions were collated via e-questionnaire. Following positive engagement and motivation of the MDT learners, we will be moving across to Level 2 of the evaluation model with the aim to measure the learning that has taken place and discover if learners have gained the safeguarding knowledge and skills required to manage safeguarding practice effectively.

Implications for healthcare education: Our overarching outcome for the SPRINT programme is to keep healthcare professionals continually updated through interprofessional technology enhanced education, leading to a reduction in safeguarding incidents and higher quality patient care. The use of technologies within the learning experience of healthcare professionals is recommend by DoH (2011). Technology enhanced learning is extremely relevant to future education delivery, and with the ongoing effects of the pandemic (Masha'al *et al.*, 2020; Al-Balas *et al.*, 2020), there is an increased demand to commission technological teaching materials across healthcare (Alsoufi *et al.*, 2020; HEE TEL, 2020).

References:
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Strand 4E: Student experience, engagement and achievement
Linking theme: Student perceptions

4Ei, 13:15-15:00, 7 September 2022
Theme paper, Research paper
Exploration of neurodiversity through the lens of two individuals studying at doctoral level
Laura Hodgetts and Scott Colton, Birmingham City University

Promotional abstract: We will be using our experiences as students who have been diagnosed with a neurodiverse condition to highlight how we have overcome challenges whilst studying at doctoral level so that other students or educators may benefit.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Globally, as many as 1 in 7 of us are neurodivergent (The Donaldson Trust, 2022). It is commonly accepted that accompanying use of 'neurodiversity' as an umbrella term collectively refers to many conditions such as "dyspraxia, dyslexia, attention deficit hyperactivity disorder, dyscalculia, autistic spectrum disorder (ASD) and, in some definitions Tourette syndrome" (Clouder *et al.*, 2020; Institute for employment studies, 2019).

Aim(s) and/or research question(s)/research hypothesis(es): This presentation will give an overview of commonly identified characteristics of neurodiverse conditions and through the lens of our own experiences of studying for a doctorate. We will use our own experiences as learners who have sought and received formal diagnoses during our doctoral studies discussing the strategies and our own learnt expenses so that those studying in higher education and those supporting learners may have more awareness of neurodiverse conditions and may use our expenses to foster confidence in the ability to achieve.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: Lived experience to discuss studying at doctoral level with a neurodiverse condition.

Key findings and recommendations: When related to higher education settings specifically, there is a growth in students declaring a specific learning disability. This was observed during 2018/19 and 2019/20, where an additional 94,385 students declared a specific learning difficulty or mental health condition. Of these students who declared a specific learning difficulty: such as dyslexia, dyspraxia, or AD(H)D in 2019/20 accounted for 33% of the totalled difference (HESA,2021). However, despite the rise in student numbers that self-disclose and advocate for their own learning needs, there is a marked deficit between support offered at a primary school age to higher or further study (Gillespie-Lynch *et al.*, 2017). This may be transferable to the number of students opting to study at doctoral level and go on to complete further study (Cox *et al.*, 2017). In contrast, the difference between support being available to students between primary, secondary and higher levels of education, may lead to individuals studying at higher levels remaining ill-informed about what support they can gain during their studies (Lightner, 2012) and therefore not reach their full potential.

Three key points to indicate how your work contributes to knowledge development within the selected theme: This is perhaps most evident still when considerations are given to the number of students who have graduated and go into academia as members of staff. In

2020/2021, 810 staff in the UK declared having a disability at Professor level, 255 at other senior academic level with 10,330 listed as other contract level (HESA,2022). Although this may seem like a substantive figure, greater examination indicated that in comparison to others, 22,045 individuals at professor level, 5,965 and 185,125 people are employed and align to 'no known disability'.

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Theme paper, Research paper
'We are not Alexa.' How do Health Science staff and students perceive and experience communication?
Alexandra Nowicki, Amelia Borchard, Professor Joanne Lymn and Professor Aimee Aubeeluck, University of Nottingham

Promotional abstract: Two Health Science interns explored how communication between staff and students impact the student experience in the University of Nottingham School of Health Sciences. Quantitative and qualitative data was collected and thematically analysed to explore this aim. Our results established confusion between staff and students with utilising communication methods, language and approaches. Alleviating this confusion can only happen if the student voice is centred, to develop a better understanding and improved perception of communication processes across higher education institutions.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Communication is embedded into the curricula of Health Science programmes and is essential for student understanding of course requirements. COVID-19 saw 11% more students leaving Health Science programmes (Jones Berry, 2021), as well as the emergence of multiple additional methods of communication. However, there is a paucity of research exploring the impact of staff/student communication on student satisfaction. Educators can involve students more closely in the improvement of their educational institutions, including through seeking communication feedback. Such improvements may foster a sense of belonging, address inequality and workforce supply (Sawatzky *et al.*, 2009).

Aim(s) and/or research question(s)/research hypothesis(es): Aim: To explore staff and student perceptions of communication processes.

Objective: To utilise a sequential explanatory mixed-methods approach to develop an understanding of staff and student experiences and perceptions of effective communications.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: A literature review informed the development of cross-school surveys, exploring staff and student perceptions of communication strategies. Surveys were distributed electronically to all final year students and associated teaching staff. Responses were obtained from 72 students and 35 staff. Quantitative data was analysed using excel and informed focus group questions. Five focus groups were used to explore the quantitative data. Focus groups were audio recorded and transcribed verbatim. Qualitative data was thematically analysed (Braun & Clarke, 2021) into subthemes (n=33) and subsumed within five overarching themes. Consent was gained by participants in line with ethical research principles (Declaration of Helsinki, 2013).

Key findings and recommendations: A significant proportion (28%) of students reported dissatisfaction with communication overall. Staff and students have contrasting communication preferences. Staff overwhelmingly prefer to communicate via email (n=29, 83%): "provides a record of all contact", "students can reply at their own convenience". Conversely only 28% of students preferred this format: "we'll get the same email sent two or three times by different people", "we just get bombarded with emails". Students' first preference was for face-to-face contact (n=50%). This has been largely via MS teams during the pandemic, however the increase in communication methods, coupled with inconsistency

of their use, has caused a sense of confusion with 41% of students being unaware of who to contact for support. This is reinforced by 78% (n=56) of students feeling unsure if their feedback is heard by the school, with a further 88% (n=63) unsure if their feedback was acted upon. The data suggest that staff and students need to work collaboratively to utilise a range of communication methods. Methods and approaches should be standardised to alleviate confusion, and this should be done in partnership with students. Ensuring student feedback is heard and acted upon is imperative in improving student experience.

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

1. This work facilitates a deeper understanding of how staff and student perceptions of communication impact the student experience.
2. The COVID-19 pandemic had implications for communication between staff and students, that influenced the student experience in both a positive and negative manner.
3. More research is needed to explore communication between Health Science staff and students in higher education institutions, specifically in relation to how it impacts Healthcare professions more widely.

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Keywords: Communication. Student Experience. Health Sciences. Higher Education. Healthcare Workforce.

Student perceptions of the experience of assessment feedback
Sarah Traill, Dr Gillian Rayner and Dr Philippa Olive, University of Central Lancashire

Promotional abstract: The aim of providing students with written assessment feedback is to support future development, yet feedback is an area notorious for student dissatisfaction. The significance and impact of what academics do when providing feedback is dependent on the meaning the students give to the feedback experience. This research uses interpretive phenomenological analysis (IPA) to explore individual students' perception of the experience of receiving feedback on their assessed work within the context of culture, meaning and emotion, with the aim of generating new knowledge that may help inform enhanced approaches to feedback.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Effective feedback has an important role in student learning (Ferguson, 2011). Students make sense of the world of higher education and assessment feedback, based on a sense of themselves in that world, and a sense of what it is to be a good student. Their previous experience and culture provide reference points for them and for the sense they make of the feedback they receive and the meaning that experience has for them. The significance of what academics try to do when providing effective feedback is dependent on the meaning the students give to the experience.

Aim(s) and/or research question(s)/research hypothesis(es): Aims- to reveal student/s perception of the experience of receiving feedback in order to generate new knowledge that may help inform enhanced approaches to feedback.

Research question - How do students who have received written feedback on their written academic work make sense of their experience of receiving feedback?

Research methodology/research design, any ethical issues, and methods of data collection and analysis: Retrospective in-depth interviews were employed with a purposive sample of Mental Health Nursing undergraduate students who have received written feedback on their written assessments. The interviews were audio recorded and transcribed. The use of interpretive phenomenological analysis (Smith, Flowers & Larkin, 2009) provided a method for detailed examination of the students' perception of the experience of receiving written feedback on their written assessments. It then provided a framework connecting the idiographic information from the individual students' perspective with that of other students' perspectives in order to explore themes. The ontological positions informing the research include hermeneutic phenomenology and critical realism (Bhaskar, 1978).

Key findings and recommendations: To date the research is in the analysis stage, however some initial themes are revealing themselves. Perceptions of contemporaneous feedback are influenced by formative experiences in education. Making sense of the experience of feedback is associated with emotional and embodied reactions which influences engagement with feedback. Clear feedback on how to improve or "feed-forward" was cited as useful in learning the rules and accepted practices in the world of higher education. In that sense, feedback students receive on their academic work can be ontologically considered as equipment which is used in order to do the work of academic development and learning in order to fulfil their potential. There are noted frustrations concerning imbalances of power and unfairness along with a sense of having to conform.

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

1. The participants in this research are all mature widening participation students. The meaning they attribute to the feedback phenomena are helpful in the development of context sensitive, helpful feedback that facilitates success.
2. The application of Heidegger's (1927) "modes of being" and "care structures" in the conceptualisation of helpful assessment feedback with students from widening participation groups.
3. Written feedback containing feed-forward guidance is perceived as the most helpful for academic development.

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Poster Presentations

The best of the old and the best of the new: The postgraduate experience of problem-based learning during Covid-19
Josephina Price, St George's University London

Promotional abstract: This project evaluated the application of small group online learning focusing on problem-based learning (PBL) within the St George's University Graduate Entry Medicine (MBBS4) Curriculum during COVID-19. Observations made by the distance teaching cohort were compared to the parallel course taught in-person during the previous year. Differences in student experience were thought to be caused by virtual delivery during the pandemic compared to traditional in-person teaching in previous years. Upon evaluation of student commentary, the team generated a novel list of recommendations for the University to implement into a 'hybrid' model framework of problem-based learning, to incorporate the best aspects of online learning when returning to on-site teaching.

Main focus/theme of, or issues addressed by, the poster: COVID-19 initiated a major change in educational settings. The conditions of the pandemic forced the majority of higher education teaching online, with a necessity of continuing teaching, learning was conducted at home for many Medical students. Problem-based learning (PBL) is a quintessential aspect of the St George's Graduate-Entry-Medicine course, with the University being one of the few UK-based medical schools to employ small-group learning as part of teaching. From the pandemic onset, COVID-19 forced PBL wholly online and the small-group format was conducted virtually for the first time. The project is the first of its kind to examine student experiences of online versus in-person PBL teaching at St George's, by the students affected themselves.

Research approaches and underlying evaluation: A combination of quantitative and qualitative analysis was used to delve into shifts in student perspectives. Data was collected from student end-of-module feedback forms that were completed after the Foundation Module of MBBS4 year one, and through subsequent focus-group sessions. The SSTG platform was used for accurate data analysis and comparison of the two cohort student responses via Likert-scale rankings of their experience. Free-text box comments from the online distance-learning cohort denoted 'emerging' themes with regards to online learning. Explorative questions were generated from the emerging themes. Small focus groups of volunteers MBBS4 students that had experienced PBL online were conducted, led by the created informed question set.

Implications for healthcare education: Upon evaluation of student commentary, the team generated a novel list of recommendations for the University to implement into a 'hybrid' model framework of problem-based learning, to incorporate the best aspects of online learning when returning to on-site teaching. In doing so, the team hopes not only to share the findings of the study, but also to create an open forum of sharing best practice on small group teaching between courses. In this way the project will help to ensure the continuous evolution of teaching at the University.

Keywords: Online Learning. Pandemic. Problem-Based-Learning (PBL). Medicine. Graduate Student.

P2ix, 14:15 - 14:45, 7 September 2022
Poster presentation
Can a short motivational resilience-building teaching intervention improve doctors' perceptions about the Medical Registrar role?
Dr Allessia Cooper, Sandwell and West Birmingham NHS Trust

Promotional abstract: Trends of recruitment and retention suggest the Medical Registrar role is under threat; fewer foundation doctors are transitioning straight into further training and the competition ratio for internal medical training has declined. This project aimed to see if implementing brief motivational educational interventions to foundation doctors training within Sandwell and West Birmingham NHS Trust would change their opinions towards different aspects of the Medical Registrar role, thereby encouraging junior doctors to train in internal medicine.

Main focus/theme of, or issues addressed by, the poster: Trends of recruitment and retention suggest the Medical Registrar role is under threat; fewer foundation doctors are transitioning straight into further training and the competition ratio for internal medical training has declined (1,2). This project aimed to see if implementing brief motivational educational interventions to foundation doctors training within Sandwell and West Birmingham NHS Trust would change their opinions towards different aspects of the medical registrar role, thereby encouraging junior doctors to train in internal medicine.

Research approaches and underlying evaluation: Two different educational interventions were undertaken on three occasions; titled 'The Medical Emergency Debrief' and 'Heroes of Tomorrow'. Both interventions focused on motivational content to educate and empower junior doctors, providing skills to build resilience and establish coping mechanisms during difficult situations. Pre and post intervention questionnaires were undertaken and analysed. Results were encouraging and showed positive improvements in attitude towards working as a Medical Registrar, belief in good work-life balance, decreased perceived anxiety and understanding of the role and duty of Medical Registrar.

Implications for healthcare education: This project has proved that motivational educational interventions can, at least in the short-term, improve opinion and attitude of junior doctors towards internal medical training and the Medical Registrar role in career progression. Further use of this intervention is planned and further research is required to ascertain whether this change in opinion can be sustained over time or, most importantly, when applied more consistently on a larger scale, if this could translate into improved Medical Registrar staffing levels.

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Keywords: Motivation. Intervention. Recruitment. Retention.

P2v, 14:15 - 14:45, 7 September 2022
Poster presentation
SLTs4Humanities: Where the science of communication disorders meets art
Alexandra Mallinson, Plymouth Marjon University and Dr Irene Walsh, Trinity College Dublin

Promotional abstract: SLTs4 Humanities (Speech & Language Therapists for Humanities), an initiative established in 2021, explores the Arts and Humanities against a backdrop of the discipline of Speech and Language Therapy. SLTs4 Humanities is a network of like-minded people who come together to reflect on the human condition of communication and/or swallowing disorders with reference to those affected and to SLTs' understanding and experiences. This poster will outline the objectives, rationale and progress made thus far, and consider the potential impact SLTs4Humanities may have on innovations in Allied Healthcare Education, where compassionate, person-centred care is core, and where Art can meet Science.

Main focus/theme of, or issues addressed by, the poster: SLTs4 Humanities (Speech and Language Therapists for Humanities) is an inter-university, extra-curricular initiative which was established in 2021 to explore and interpret the Arts and Humanities against a backdrop of the discipline of Speech and Language Therapy. This poster will outline the objectives and rationale for this initiative, the progress made to date, and the potential impact SLTs4Humanities may have on future (extra-)curricular innovations in the education of allied healthcare professionals, where compassionate and person-centred care is core, and where Art can meet Science.

Research approaches and underlying evaluation: This poster will be primarily descriptive in its content. It will describe the inspiration for the initiative of a network entitled SLTs4Humanities, outlining its position in the context of Medical and Healthcare Humanities, its objectives, rationale and progress made to date.

The poster will reference the positive evaluations this initiative has received thus far, despite its nascent nature, and its potential for future development to inform Healthcare Education for Allied Healthcare professionals.

Implications for healthcare education: SLTs4Humanities has the potential to have a significant impact on allied healthcare curricular, such as Speech and Language Therapy, in showcasing what can be learnt from the Arts and Humanities. Allowing reference to the Arts and Humanities to permeate Allied Healthcare existing curricular activities can inform a broader understanding and appreciation of the human condition for those affected by communication and/or swallowing disorders.

Moving beyond scientific textbook accounts of 'disorders' and moving to a landscape of understanding illness and impairment through this supplementary lens has the potential to deepen appreciation of communication struggle and suffering in conditions such as aphasia, stuttering, voice disorders and dementia.

Keywords: Healthcare. Arts and Humanities. Speech and Language Therapy. Communication.

Poster presentation
Multi-professional simulations of older people care enhance teamwork skills among Healthcare and Medical students
Johanna Kero, Satakunta University of Applied Sciences

Promotional abstract: This presentation describes the multi-professional simulation of older people care simulation education between universities of applied sciences (UAS) (n=6), university (n=1) and vocational schools (n=2) in Finland. In 2021, there were six multi-professional simulation scenarios held. Simulation was held as a hybrid model: in classroom and online more than 100 Healthcare and Medical students and teachers participated in the scenarios. The topic of the scenarios was based on older person care in different settings, such as home healthcare and acute care. In addition, multi-professional teamwork should be addressed when caring for older people in hospital or home care settings.

Main focus/theme of, or issues addressed by, the poster: Simulation pedagogy provides Medical, Nursing, Practical Nurse, and Paramedic students with opportunities to practice their clinical and decision-making skills through this real-life situational experience and has a strong educational effect (Kim, Park & Shin, 2016; Liaw *et al.*, 2016). Simulation learning supports the positive growth of professional identity relative to others (Pulkkinen, 2006), and each participant practices their own professional skills in a role of multi-professional team member.

Research approaches and underlying evaluation: Nursing students often do not see nursing for older people as an attractive option (Koh, 2012). Multi-professional teamwork was new to participating Healthcare and Medical students, teachers chose a low-fidelity simulation method (Kim, Park & Shin, 2016). To address identified key skills, such as interaction with older patients and multi-professional team, an appropriate simulator was chosen. A real clinical acute care environment with a student in the role of an older patient or a client, was used in these simulations (Maran & Galvin, 2003). The post-simulation debriefing method was used (Levett-Jones & Lapkin, 2014).

Implications for healthcare education: Multi-professional simulation was seen as an educative possibility to practice older people care and multi-professional team working skills in a safe environment. Debriefing was also considered educative since the differences between Healthcare and Medical students helped to understand that these two professions have their own tasks, but also both parties focus on the same objective: to provide the best care for the older patient. (Cant & Cooper, 2014; Liaw *et al.*, 2016). The students have developed more skills to work together as a multi-professional team providing safe and effective care for the patient.

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A mixed-methods approach to evaluating the skills for practice website
Dr Claire Ford and Dr Laura Park, Northumbria University

Promotional abstract: Northumbria University created the Skills for Practice Website, which acts as a central repository for more than 100 institutional recorded skills videos, posters, and podcasts.

Main focus/theme of, or issues addressed by, the poster: Due to the changing shape of Healthcare Education and the increase in cohort numbers, higher education institutions have needed to make better use of technology and adopt alternative ways of teaching to ensure Healthcare students acquire the skills needed for practice.

To address this concern, Northumbria University created the Skills for Practice Website, which acts as a central repository for more than 100 institutional recorded skills videos, posters, and podcasts. It incorporates a blended learning pedagogy as it uses a mix of physical/real-world interaction complemented by e-learning. This hybrid mode is especially relevant to introducing elements of flexibility into traditional courses.

Research approaches and underlying evaluation: An explorative sequential mixed-methodology approach was adopted, and deductive quantitative numerical data was collected via semi-structured questionnaires, to elicit factual statistical data as well as opinions and views of the participants. This was sent to all undergraduate Nursing students. Qualitative inductive exploration was then undertaken with a sample of Nursing students, via semi-structured interviews. 107 students participated in the questionnaire and four students were additionally interviewed. Qualitative and quantitative data were analysed using thematic analysis and a statistical software package for cross-correlation. Coding and initial thematic analysis were undertaken independently by researchers before being shared to triangulate results.

Implications for healthcare education: Initial questionnaire data is currently in the process of being cross-correlated with the data from the transcribed interviews. The final analysis is scheduled for April with a view to completing the study by August 2022.

So far, findings suggest that the use of videos is seen by students as a useful tool to enhance the learning of clinical skills. However, feedback also highlights that this must be used in conjunction with face-to-face teaching and content must be student-driven. It is hoped that the findings will provide insight into the future direction and development of the website and its resources.

Keywords: Clinical Skills. Technology-Enhanced Learning. Allied Health Students. Teaching Innovation.

Poster presentation
A realist evaluation of simulated and technology-enhanced learning to assist with practice preparation and assessment

Barbara Davies, Dr Claire Ford and Dr Laura Park, Northumbria University

Promotional abstract: Due to the COVID-19 pandemic and placement pressures, Northumbria University has developed and created, a new programme of events: 'SkillsFest', that will effectively prepare students for the skills required for progression to year 3 and can also be used to replace placement hours and support assessment of practice. In order to explore the effectiveness of the programme, a realist evaluation of simulated and technology-enhanced learning will be undertaken.

Main focus/theme of, or issues addressed by, the poster: Due to the COVID-19 pandemic and placement pressures, Northumbria University has developed and created, a new programme of events 'SkillsFest', that will effectively prepare students for the skills required for progression to year 3 and can also be used to replace placement hours and support assessment of practice. In June 2022, second-year students in Adult, Mental Health, Learning Disability and Children's Nursing will undertake a four-week simulated learning programme, which incorporates simulated activities of clinical practice skills, utilising virtual reality (VR) technologies to understand the anatomy, physiology, and pathophysiology associated with these clinical skills, and making use of other technology-enhanced learning platforms.

Research approaches and underlying evaluation: A realistic evaluation approach, which seeks to explore and examine the workings and benefits of interventions, will be applied to evaluate students' and Practice Assessors' perspectives of the 'SkillsFest' programme and the use of simulated practice and technology-enhanced learning pedagogies to help inform practice assessment. An online survey will be sent to all students who were aligned to the respective programme and the data will be analysed during July-August 22. Coding and initial thematic analysis will be completed independently and concurrently by the research team before being shared to triangulate results and increase rigour.

Implications for healthcare education: Although data collection and analysis has not started, it is anticipated that the data will lead to better understanding of how simulation can inform and contribute to placement assessment. It will also allow access to the views of students and practitioners and whether they see value in this programme to support practice assessment and student learning. Additionally, useful information may emerge which will enable education providers to understand the key barriers to using simulated practices to support placement assessment and provide valuable insight into how simulated and technology-enhanced practices can be integrated into future Nursing programmes.

Keywords: Simulated Practice. Technology-Enhanced Learning. Practice Placement. Nursing.

Poster presentation
Evidence-based approach for selection of Occupational Therapy, Physiotherapy and Speech and Language Therapy students. Can multiple mini-interview scores (MMI) predict the academic and clinical performance of students? A predictive validity study
Swati Kale, University of East Anglia

Promotional abstract: Multiple mini interviews (MMI) are used in the selection process for Physiotherapy, Occupational Therapy and Speech and Language Therapy programmes in one UK university. It is important that selection processes are evaluated to determine their validity and ensure they are fit for purpose. The aim of our study was to evaluate the predictive validity of multiple mini interview scores for future academic and clinical performance on the programmes. Although in our study MMIs were not found to be a predictor of success, they could be useful in assessing non-cognitive attributes which are necessary for professional success on these programmes.

Main focus/theme of, or issues addressed by, the poster: Traditional interviews for selecting students in Healthcare programmes are time consuming, resource intensive (Grice, 2014) and lack reliability (O'Brien *et al.*, 2011). Multiple mini interviews are increasingly being used internationally as they support the judgement of non-cognitive attributes (Husbands & Dowell, 2013; Power & Clews, 2015). Recruitment processes should be evaluated to ensure selection of students to Healthcare programmes is robust and evidence based. We carried out this study to identify whether multiple mini interviews are an effective method of selecting students with the necessary attributes desired by the professional and statutory regulatory bodies and employers.

Research approaches and underlying evaluation: Secondary data analysis involving a total of 169 students was carried out to investigate the relationship of multiple mini interview scores, entry grades and age with subsequent clinical placement and academic performance on the programmes. Multiple linear regression modelling, using the standard method, was applied to the predictor and outcome variables.

Standardised coefficients (β) were recorded for each predictor variable as well as corresponding p values. Pearson's correlations between predictor and outcome variables were considered across cohorts and professions. Multiple mini interview scores were not found to be a significant predictor of academic or clinical performance. Neither multiple mini interviews nor entry tariff predicted clinical placement performance in this study.

Implications for healthcare education: Limited research exists on the predictive validity of multiple mini interviews on academic performance in Physiotherapy, Occupational Therapy and Speech and Language Therapy professions. Our study showed that entry grades and age correlated with academic achievement for all three professions. Multiple mini interview scores were not found to be a significant predictor of academic or clinical performance but this could be a useful selection tool for assessing non-cognitive attributes. Repeating this study using larger cohorts will provide more robust results. Choosing appropriate tools for student selection is important as it can also positively impact retention and graduate employability in Healthcare.

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Keywords: Multiple Mini Interview. Occupational Therapy. Physiotherapy. Predictive Validity. Speech and Language Therapy.

Poster presentation
Demystifying practice placements and models of supervision for the Allied Health professions: A quality improvement project
Sarah Jackson and Chanel Roberts, University of Birmingham

Promotional abstract: Practice-based learning for Pre-Registration Allied Health Professionals (AHPs) has traditionally been delivered using a 1:1 model. Placement models including simulated environments, technology enabled care services, student-led clinics, multi-student models, new learning environments and non-patient-facing environments enable students to develop clinical skills alongside leadership and research skills and gain an understanding of population health. Yet these placements still feel revolutionary. This systematic review evaluates literature across multiple AHPs and found the evidence was largely positive for all placement types and models of supervision, supporting implementation in practice-based learning to expand placement capacity and upskill the workforce of the future.

Main focus/theme of, or issues addressed by, the poster: Practice-based learning for Pre-Registration Allied Health Professionals (AHPs) has traditionally used a one educator to one student placement model selected by many placement providers. Due to changing healthcare and population needs, and increasing demand for AHP placements, innovative and different models of supervision for practice placements must be considered. These placements can increase capacity and provide AHP students with the skills to meet the healthcare demands of the future (Health Education England, 2021). The aim of the project was to summarise the evidence base surrounding practice placements and create an easy access guide for students, educators, and relevant bodies.

Research approaches and underlying evaluation: A systematic review using CINAHL and MEDLINE was completed on literature between 2011 and 2021 around innovative placements and models of supervision. Innovative placements included simulated environments, technology enhanced care services and different models of supervision included multi-student models, new learning environments, non-patient-facing areas and on-site university clinics. Proforma's for each placement type were produced from the evidence to form a reference guide. Evidence suggests these placements are beneficial to students and educators, in increasing capacity and enhancing employability of the future AHP workforce. Future research should focus on designing high quality studies enabling firmer conclusion to be made.

Implications for healthcare education: There is promising evidence to suggest using these innovative placements and different models of supervision may enhance placement capacity and develop the skillset of future AHPs to meet the demands of an ever-changing healthcare system. Addressing resistance can be achieved through changing terminology surrounding these placements and setting expectations at the start of pre-registration programmes, with there being no gold standard for practice education. To make sustainable change, placement providers should seek to change the culture within their organisation promoting open minds towards placement education and build relationships with higher education institutions to facilitate the implementation of these placements.

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A constructivist grounded theory study of the use simulation for Sonographer Education: Exploring educator experiences
Catriona Hynes, Professor Julie Nightingale and Dr Mark Collins, Sheffield Hallam University

Promotional abstract: The development of high-fidelity ultrasound simulators has increased the potential of this educational tool, but there is limited evidence on how simulation can effectively support clinical skills development in Sonographer training programmes. This study found that although there is huge potential to include a wide variety of well-designed simulations in Sonographer Education to enhance student learning, simulation strategies are not always implemented effectively or consistently in Sonographer Education. There is a need for educator training, time for design and planning, and capital investment to allow simulation to be used to its' full potential for Sonographer Education.

Main focus/theme of, or issues addressed by, the poster: Simulation encompasses a wide variety of teaching methods, and it is increasingly used in Healthcare Education. The development of high-fidelity ultrasound simulators has increased the potential of this educational tool, but there is limited evidence on how simulation can effectively support clinical skills development in ultrasound training programmes.

This study explored educator experiences in the use of simulation for Sonographer Education, including key challenges in using simulation for development of clinical skills in ultrasound practice.

Research approaches and underlying evaluation: This study formed part of a programme of research for a PhD award, with ethical approval obtained from Sheffield Hallam University. A constructivist grounded theory approach using qualitative interviews explored the views and experiences of eight ultrasound educators using simulation for Sonographer Education. Individual interviews were conducted using online video conferencing. Interviews were recorded, transcribed and analysed using an inductive, constant comparative approach.

Implications for healthcare education: The study confirmed that simulation is regularly used in ultrasound education, mainly using high fidelity task-trainers for self-directed student learning. The effective use of simulation for clinical skill development is currently limited by availability of space and equipment, high costs, time, and limited educator training in the use of simulation as a pedagogical tool.

Educators showed enthusiasm for simulation learning, but simulation was not always embedded throughout the curriculum. There is huge potential to include more simulated learning in Sonographer Education, but to allow simulation to reach its full potential in ultrasound clinical skill development educators need training, time for design and planning, and capital investment.

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Keywords: Simulation. Ultrasound. Sonographer.

Poster presentation
Evaluating the benefits of diversity: The art of thinking independently together
Catherine Gordon and Catherine Fletcher, University of Liverpool

Promotional abstract: This project evaluated the effectiveness of delivering an interactive, multi-professional teaching session involving a diverse group of Level 7 learners registered on a module entitled 'Supporting Learning in Professional Practice'. The group included learners undertaking an MSc Advanced Clinical Practitioner apprenticeship, MSc Advanced Practice in Healthcare and MSc Nursing programmes alongside continuing professional development (CPD) students. Learners were experienced healthcare professionals from a variety of professions and backgrounds including international learners. The cohort's interactive group work was designed to provide an interprofessional learning opportunity whilst simultaneously developing a knowledge and understanding of methods to enhance and support interprofessional learning in clinical practice.

Main focus/theme of, or issues addressed by, the poster: The main focus addressed by the poster is to demonstrate how interprofessional learning continues to develop yet further at level 7 when teaching and learning takes place in a multi-professional group. By working together in the classroom, the learners developed a greater degree of knowledge and understanding of the need and importance of interprofessional learning whilst, at the same time, learning with, from and about the other professionals in their group (CAIPE, 2002).

Research approaches and underlying evaluation: This project utilised a social constructivist approach by facilitating group discussions and activities to encourage the learners to work together. The session was evaluated and qualitative data gathered using two specifically designed reflective questionnaires to identify the level of knowledge and understanding of interprofessional learning by each learner both prior to the teaching session and following the session. Any learning from and about other professions represented in the group such as Radiotherapy was also identified.

Implications for healthcare education: The multi-professional framework for advanced clinical practice in England (HEE, 2017) emphasises the need for multi-professional working stating "Evidence consistently shows that multi-professional team working delivers better outcomes for patients and more effective and satisfying work for clinicians" and that "Multi-professional work requires flexibility in attitude and behaviours and for professionals to value and respect the distinct contribution each professional make." It is therefore, crucial that level 7 learners working towards Advanced Clinical Practice in the modern NHS (NHS 2014; NHS 2017; NHS 2019; NHS 2020) are equipped to support interprofessional learning in practice whilst continuing their own interprofessional learning.

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Empowering students to learn to be leaders and teachers through simulation-based education

Satasha Culshaw, Helen Henderson, Sarah Lalley and Emma Rushton, Edge Hill University

Promotional abstract: "A day as a SIM educator" was developed for students, based on feedback from students about how we can improve their simulation-based education (SBE) experiences. As a team, we recognise the importance of evolving the way in which we support Second Year MSc undergraduate nurses to progress in the areas of Leadership and Development. We have focused on student empowerment - to make choices, have opportunities and contribute to leading their own and others' learning. This project has empowered student nurses to be leaders, teachers and role models, all of which are skills and attributes accustomed to Registered Nurses.

Main focus/theme of, or issues addressed by, the poster: Healthcare students need to possess teaching and leadership skills to be able to work and collaborate in healthcare teams. However, this can be a challenge for faculty to achieve and often newly graduated nurses do not feel sufficiently prepared to take on leadership and teaching roles (Labrague, 2021). Simulation-based education (SBE) is a powerful teaching modality to enhance students' communication, critical thinking skills and competence and it has potential to be of use in improving teaching and leadership skills. Alternative and innovative teaching approaches to develop these skills, as well as improve student experiences of SBE, need to be explored.

Research approaches and underlying evaluation: This pilot, using SBE was an exploratory way of enhancing opportunities provided to second year MSc undergraduate nurses to progress in the areas of 'Leadership' and 'Development' whilst acquiring skills in facilitating and supervising others. Students stated that they felt empowered to lead peer learning, enabling them to self-reflect and identify previously unrecognised abilities and skills. Following their participation, students reported that they felt motivated to influence their own learning and can identify that they are supporting junior peers to feel prepared on their nursing journey and can then one day go out and support junior students themselves.

Implications for healthcare education: Evaluations of this pilot are significant in supporting the need for innovative and creative methods of designing, delivering and facilitating SBE. Feedback suggests that students felt empowered, more satisfied with their learning experience and were able to recognise and demonstrate the value of being involved. Students could clearly identify the link between the theory to prepare, the benefit of participation itself and then the impact of improvement in their confidence, ability, and feeling of preparedness, prior to going to practice placements. In future, we will involve students in developing scenarios for SBE based on their student practice experiences.

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Keywords: Empowering Learners. Simulation-Based Education.

Poster presentation
Bilingual education in an undergraduate Physiotherapy programme: Perceptions of Welsh-speaking first year undergraduate Physiotherapy students
Gwyneth Hayward, Cardiff University

Promotional abstract: Offering language choice can improve the quality of healthcare provision and using the Welsh language in healthcare is actively encouraged through the 'Active Offer'. Introducing Welsh teaching and learning resources into the Physiotherapy undergraduate curriculum is supported by Welsh Government initiatives. Incentive scholarships are available through Coleg Cymraeg Cenedlaethol for students who study a minimum of 40 credits in Welsh, but they may not choose to do so. Little research has focused on this field and this qualitative study explores Welsh speaking students' perceptions early in the programme. This may inform curriculum development and facilitate future Welsh medium uptake.

Main focus/theme of, or issues addressed by, the poster: Roberts and Paden (2000) reported limited published research concerning minority language use in healthcare higher education (HE). Little has changed. Resources for Welsh speakers rely on translating content and supporting bilingual teaching: the gold standard is assessment and marking in Welsh (QAA, 2019).

This qualitative study aimed to:

- establish what Welsh-speaking Physiotherapy students knew regarding availability of Welsh language initiatives;
- gain insight into perceived problems/barriers they had; and
- identify ways of facilitating bilingual education.

The results of this study may inform the faculty and healthcare HE providers, both nationally and internationally, in countries where minority languages have equal status.

Research approaches and underlying evaluation: Purposive sampling resulted in four participants in a Welsh-speaking focus group. Primary researcher thematic analysis of the Welsh transcript was reviewed by two researchers and collective agreement culminated in the final findings, verified by participants. Participants recognised that patients valued speaking Welsh, and valued speaking Welsh themselves, identifying employability benefits. Input/support of Welsh speaking lecturers/personal tutors was important. They lacked confidence in their own ability in both spoken and written Welsh, self-reporting their capability in Welsh to be inferior to English. 'Fitting in' was important, influenced by interpersonal factors. They feared being treated differently, losing out and being a nuisance.

Implications for healthcare education: Further research is suggested, to explore Welsh speaking students' views, behaviours and values associated with Welsh language use and to support curriculum development. The introduction and promotion of bilingual resources and assessment requires further engagement with students, in addressing allaying fears and further informing students about commitments and programme content. Promoting an environment where the coexistence of a minority language with equal status is seen as the 'norm', may benefit students by actively encouraging them to gain confidence in the use of their native tongue. Further research is planned to revisit the cohort's perceptions after completing their programme.

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Keywords: Bilingual Healthcare. Physiotherapy. Minority Language. Welsh-Speaking Students.

Poster presentation
Development of Physiotherapy simulation activities via Nominal Group Technique

Amanda Deaves and Jonny Slimming, University of Liverpool

Promotional abstract: Simulation can be used to allow experiential learning of education goals via the use of real-life situations within a safe learning environment. The role of simulation within Physiotherapy Education to support the challenges within the complex clinical environment has been recognised and has demonstrated an enhanced learner satisfaction, self-confidence, communication and team-working skills. This study used the principles of student curriculum development and the Nominal Group Technique to develop a range of simulation scenarios. Year 3 undergraduate Physiotherapy students co-designed, facilitated and evaluated Year 1 simulation activities.

Main focus/theme of, or issues addressed by, the poster: The development of simulation activities to be included within a Physiotherapy undergraduate programme should be authentic, engaging and motivational for students (Roberts & Cooper, 2019). Experienced students within the programme are able to contribute to simulation curriculum design due to their insights regarding programme content and previous clinical placement exposure (Huppatz, 1996). Utilisation of the Nominal Group Technique enabled experienced students to contribute to the generation of simulation scenarios which were then incorporated within Year 1 simulation activities. An evaluation of this simulated clinical placement was undertaken to ascertain the value of these experiences.

Research approaches and underlying evaluation: Year 3 Physiotherapy students were invited to take part in a workshop to develop simulation scenarios. Following the Nominal Group Technique principles, the students generated scenario ideas and prioritised their value; then worked in groups of three to develop the scenarios with further detail. This technique allowed for the generation of multiple ideas from all individuals involved and ensured that consensus regarding the topic value is achieved (McMillan *et al.*, 2016). The scenarios were further developed by University academics prior to utilisation within the year 1 simulation activities. The scenarios were evaluated using the Simulation Design Scale (NLN, 2020).

Implications for healthcare education: The co-design and facilitation of the scenarios enabled students to enhance their learning and leadership skills (Opton & Wilkinson, 2014). This process ensured that the scenarios were embedded within their authentic clinical experience; and addressed areas of practice the student membership identify as a valuable experience. The utilisation of the Nominal Group Technique allowed for the students to make a positive contribution to the development of the curricula within simulation activities. This activity was positively evaluated and supports the development of simulation activities to enhance student confidence and competent within realistic but low-risk simulated practice (Wright *et al.*, 2018).

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Poster presentation
Collaborative partnerships: Facilitating a bespoke learning experience for Advanced Clinical Practice role
Lynne Harrison, John Billington and Jane Dean, University of Central Lancashire

Promotional abstract: This poster explores a bespoke learning experience showcasing engagement and collaboration in the design of tailored learning and assessment experiences that are aligned to specific Advanced Clinical Practice role requirements. The module supports students to deepen their understanding, widen clinical boundaries, and enhance professional practice to benefit patients and service users. A key aspect is the development of tripartite (student, employer and HEI) collegial working relationships built on trust and respect. This independent learning unshackles the student from being tied down to specific learning experiences and allows them to direct themselves in determining exactly what they will learn about and how.

Main focus/theme of, or issues addressed by, the poster: Advanced Clinical Practitioners (ACPs) are employed in roles that are designed to respond directly to patient and organisational need. The Multi-professional Framework for Advanced Clinical Practice (HEE, 2017) identifies the role as having a set of core capabilities and specific competencies. Strategies that offer opportunities for the development of capabilities, knowledge and skills relevant to specific ACP roles are therefore valued elements of curriculum design. ACP students at the University of Central Lancashire (UCLan) have the opportunity to undertake a module that facilities working in partnership with employers to create of a package of learning and assessment experiences based on an individual training needs analysis.

Research approaches and underlying evaluation: Pedagogical approaches that engage students more deeply in the teaching and learning process are clearly advantageous (Henderson *et al.*, 2018). This co-created learning and assessment experience offers opportunities for partnership working and requires students to take ownership of their own learning (Edwards *et al.*, 2015). Key aims are to respond to the requirements of the ACP framework and empower students to take responsibility for managing their own learning (HEE, 2017; Kukulska-Hulme *et al.,* 2021). Module evaluation highlights the impact of creating effective learning communities and promoting constructive relationships with employers, peers and lecturers on the process and outcome of learning.

Implications for healthcare education: Module processes include:

- active partnership working includes the allocation of supervisor to act as a critical friend;
- engagement by all partners to develop a learning contract, including agreed outcomes and action plan;
- agreement of an assessment strategy that supports the application of theory to practice and reflection on learning. These elements have options related to the type of assessment method thereby reinforcing the development of employability skills;
- 4-weekly action learning sets.

Collaborative approaches ensure that learning is transferred to practice offering direct benefit to patients. Central is the development of a tripartite partnership between the student, employer and HEI.

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Keywords: Partnerships. Learning Communities. Advanced Clinical Practice. Co-created Learning.

P3xv, 14:15 - 14:45, 7 September 2022
Poster presentation
Experiential learning: Promote advancing practice through quality improvement
Lynne Harrison, Jennifer Bebb and Mary Cavill, University of Central Lancashire

Promotional abstract: A key, central element of the role of Advanced Clinical Practitioners (ACPs) is leading the development of high quality, effective services to meet the needs of service users (HEE, 2017). Educational preparation must be designed to develop the necessary knowledge, skills and behaviours to support quality improvement activity. This poster will showcase the vibrant experiential learning process offered to ACP students engaging with a module to design a quality improvement project. The teaching and learning strategies employed are designed to engage and immerse students with the process of learning and to support the product or outcome of the module assessment.

Main focus/theme of, or issues addressed by, the poster: Experiential learning is a process that enables students to learn through 'doing', 'learning while experiencing', through 'hands on practice' and 'reflection' (Beard & Wilson, 2018). The module aim requires students to design a quality improvement project as an element of Advanced Clinical Practice role preparation. It enables students to experience a varied range of experiential learning activities. The key purpose of each activity is engagement with a process that seeks to increase the student's independence in their own learning, ability to analyse and translate theory to practice and develop the skills required to deliver and act upon constructive critique.

Research approaches and underlying evaluation: The pedagogical approach used for the development of the module delivery has its foundation in experiential learning theory (Kolb, 2015). The learning experiences are designed to promote:

- Experiencing and doing: Strategies to promote active engagement throughout classroom and work-based learning environments, creating an active community of learning.
- Sharing and supporting: Opportunities and forums for students to share their work with peers, giving and receiving constructive critique.
- Analysing and reflecting: Creation of personal and peer group reflective spaces.
- Application of learning: Exercises to support application theory to their own quality improvement project, ability to manipulate and translate theory to differing context.

Implications for healthcare education: Module evaluation recognises the value and impact of the experiential learning process. Opportunities for students to test ideas and receive feedback from peers is highlighted as a key feature. Experiential learning is a method that affords students a supported opportunity to generate a deeper understanding of concepts, increase capability and confidence through a cycle of experience, reflection, observation testing solutions and learning in practice (Kolb, 2015). Experiential learning methodologies require that faculty members give students more responsibility and authority over their own learning. Careful planning and preparation are required to facilitate a meaningful learning experience for students.

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