Strand 1A: Student Experience, Engagement and Achievement
Linking theme: Student mental health and wellbeing

1Ai, 10:30-12:15, 6 September 2022
Theme paper, Research paper

Designing the learning environments in Nursing Education in the pandemic age:
Detecting factors which lead to better students’ wellbeing
Dr Valentina Simonetti, University of Bari, Dr Dania Comparicini, University of Marche and Professor Marco Tomietto, Northumbria University

Promotional abstract: Nursing care was particularly affected by the pandemic, as suggested by recent evidence focusing on the high prevalence of psychological disturbances among nurses caring for patients with COVID-19. Nursing Education, including both classroom teaching and clinical learning, was affected as well. New uncertainties have been introduced, accompanied by the fear of infection, the challenge of distance learning, and the obstacles in attending clinical practice. Our study identified the major educational factors related to students’ anxiety about their education. By detecting such factors, our study supports the designing of new strategies to enhance Nursing Education during the pandemic.

Background, including underpinning literature and, wherever possible, the international relevance of the research: The impact of the COVID-19 outbreak, and the virus containment strategies were widely examined by several studies worldwide. It is universally recognised that such measures increased the risk of psychological distress and other mental disorders (Bansal et al., 2020). In this scenario, Nursing Education, including both classroom teaching and clinical learning, was affected by the epidemiological situation. A new reality of uncertainty has thus been introduced, accompanied by the fear of infection and the challenge of distance learning (Savitsky et al., 2020). Nursing students expressed concern that the interruption of their education would interfere with their clinical competence and future career achievements (O'Flynn-Magee et al., 2021).

Aim(s) and/or research question(s)/research hypothesis(es): The aim of this study was to explore the main determinants of anxiety in Nursing Education students, by considering the main factors of the study environment at the classroom and clinical level.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: A cross-sectional and descriptive study was carried out from April to July 2021 by disseminating an online survey among a sample of Nursing students in Italy. Overall, 842 Nursing students participated in the study: 223 first year students, 243 second year students and 376 third year students.

The Self-Rating Anxiety Scale (SAS) was adopted to assess the anxiety level. The Altered Student Study Environment Tool (ASSET) was adopted to assess students’ concerns about the altered study environment.

A linear regression model was performed to identify the main determinants of anxiety by considering the three factors of the ASSET.
National and European laws (GDPR, 2018) were adopted to ensure data confidentiality, in accordance with the Personal Data Act (523/1999).

**Key findings and recommendations:** Our study highlighted that “grade attainment” is the major source of anxiety in Nursing students ($\beta=0.41$, $p<0.001$). Overall, the regression model explains 18% of the variance. When stratifying the students according to their year of attendance, the “grade attainment” factor is still the main determinant of anxiety with $\beta$ values ranging from 0.30 (first year), to 0.54 (second year) and 0.36 (third year) ($p<0.001$). Only the first year students also showed a significant impact of the “completion of clinical placement” on anxiety ($\beta=0.14$, $p=0.047$).

Grade attainment is the major source of anxiety for Nursing students. Students’ academic success in Nursing largely depends on the possibility to complete both their classroom demands and clinical learning experiences. The pandemic put pressure and uncertainty on the completion of the clinical placements as well as on the attendance of simulation-based education and on classroom attendance. These factors should be carefully designed to support Nursing students along with their careers and to provide a secure track to overcome the uncertainties related to the pandemic.

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

1. New strategies to support Nursing students’ academic success and wellbeing are needed when both teaching and clinical learning activities are compromised by external factors (e.g. pandemic).
2. Grade attainment is the major anxiety factor for Nursing students.
3. Strategies to overcome the uncertainties related to the pandemic, should focus on securing learning opportunities.

**References:**


**Keywords:** Nursing Education, Pandemic, Anxiety, Clinical Learning Environments
Promotional abstract: This session will provide an overview of the Office for Students funded project at UCLan. The project aims to produce and deliver a peer-to-peer Mental Health (MH) framework for mental health and/or LGBTQ+ students. Students have been learning how to support each other and practice self-care. The project comprises four work streams: Building Resilience (training for Resilient Peer Support Mentors, RPSM); Tate Liverpool facilitating creative activities aimed to support LGBTQ+ and MH; podcasts and magazine programmes; and a final theatre production. The initial research evaluation will also be discussed.

Background, context and evidence base for the innovation, including, where possible, its international relevance: The project rationale was influenced by Yap et al. (2011) who found that people with higher self-stigma are less likely to seek professional help and they are more likely to experience poorer therapeutic alliance with healthcare providers (Kondrat & Early, 2010). Theatre has been widely used to reduce the stigma of MH (Michalak et al., 2014). Narrative podcasts with storytelling have been used to good effect in MH (Kuhnigk et al., 2012). Peer support was selected by 89% of LGBTQ+ students in a multi-university survey, they liked the idea of peer support around sexuality and MH (Smithies & Byrom, 2018).

Aim/focus of the innovation: This session presents the Office for Students project at UCLan. It aims to produce and deliver a peer-to-peer Mental Health/LGBTQ+ framework for Students. It brings together multiprofessional partners from our creative innovation zone (CIZ), Arts & Media, Counselling and Psychological Therapies, Health Education, Mental Health Nursing, Student Wellbeing Services, Eat Grow Thrive, Tate Liverpool, Lancashire LGB and Lancashire Mind. It invites students into a peer healthcare intervention even if some students are not on healthcare courses. This project has provided educational and experiential activities that engaged the students as active collaborators and co-producers (Healey, 2019; Neary, 2010).

Implementation of the innovation: Students have been learning how to practice self-care and support others. Through the production of Arts and Media content, they have been enhancing a strong, positive shared understanding of LGBTQ+ and mental health experiences. Creativity is at the heart of this project, with students breaking down engagement barriers. We have 4 work streams: Building Resilience (training for Resilient Peer Support Mentors, RPSM); Tate Liverpool facilitating creative activities aimed to support LGBTQ+ and MH; podcasts and magazine programmes; and a final theatre production co-created with students and staff and an alumni’s theatre company.

Methods used to assess the innovation: The research evaluation consists of a multi-method strategy combining quantitative and qualitative approaches. Participants are invited to take part and they self-select by choosing to engage. Online questionnaires are being used for staff and students. Analysis using descriptive statistics will be presented. In addition to this, two qualitative focus groups will be facilitated for the Peer support mentors. The findings from the first one will be presented here. This will be analysed using thematic
analysis and a phenomenological approach in order to get the personal depth of experience with a focus on stigma and cultural change.

**Key findings:** The initial analysis of the questionnaires will be completed and presented for the first year of the project. The first student focus group will have taken place and be analysed and themes presented. The first year projects are currently in progress.

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

1. This project provides an innovative solution to experiencing stigma for MH and LGBTQ+ experiences.
2. The evaluation will present the reported experience of this project for students and staff.
3. This will inform future provision of student wellbeing services for LGBTQ+ and mental health.

**References:**

Healey, M. (2019). *Students as partners and change agents in learning and teaching in higher education.* York: Advance HE. Available at: [www.mickhealey.co.uk/resources](http://www.mickhealey.co.uk/resources).


**Keywords:** Mental Health. LGBTQ+. Student Peer mentoring. Creative methods. Building resilience.
Promotional abstract: Student mental wellbeing has been negatively affected by the coronavirus pandemic. For healthcare students there have been the additional challenges of disrupted university and clinical education experiences as well as directly witnessing the impact of the virus on patients and their families. Government concerns about the future nursing, midwifery and allied health profession (NMAHP) workforce and their retention led to a survey of Scottish healthcare students to establish their need, knowledge and utilisation of wellbeing resources, as well as to ascertain what additional support might be required (and where best to locate this).

Background, including underpinning literature and, wherever possible, the international relevance of the research: Student mental health was already a matter of concern prior to the Covid-19 pandemic (Hubble & Bolton, 2020), with the burnout and distress being cited globally by healthcare students a further cause for concern (Rios-Risquez et al., 2016). During the pandemic frontline workers, especially nurses, were at highest risk of negative mental health outcomes (De Kock et al., 2021) consequently, preserving good mental wellbeing became a priority area to support a sustainable healthcare workforce (WHO, 2020). This study sought to explore the perceived value and gaps in current wellbeing resources for healthcare students to thus inform ongoing developments.

Aim(s) and/or research question(s)/research hypothesis(es): The aims of the survey were to:
1. Understand how requests from healthcare students for health and wellbeing support had changed from pre-pandemic to the present moment.
2. Discover what internal and external wellbeing resources healthcare students were using (and when), as well as their perceived value.
3. Uncover if there were perceived gaps in relation to health and wellbeing support, and what could be done at university and/or national level to address this, particularly as services endeavoured to resume pre-Covid-19 operations.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: Ethics permission was granted to conduct a Qualtrics online anonymised survey in the first two weeks of June 2021 to gather qualitative data to understand pandemic-related issues pertaining to healthcare student wellbeing. Healthcare faculty staff within Scottish universities and student leaders were asked by the Council of Deans of Health Wellbeing Short-life Working Group to alert students via email/social media to the survey. The communication contained an embedded link and noted that participation was voluntary. Braun and Clarke’s (2006) six-stage approach to thematic analysis was adopted to examine the trends emerging in the data.

Key findings and recommendations: While a number of students were very positive about the available support, the pandemic had evidently caused high levels of distress with many emotionally-loaded negative responses.

It was felt that universities could do more to help work-life balance (including better placement planning, management of deadlines, careful organisation of content), to help them connect with peers, to ensure that staff were regularly checking in on students, to recognise diversity/individual circumstances and to be attuned to pleas for help. It was felt
that more bespoke mental health/counselling support was needed, as well as opportunities to debrief. Health events promoting self-care were also requested. At a national level, students requested:

- Continued discussion with professional bodies about requisite hours for registration;
- Standard processes for placement management;
- Adherence to supernumerary status;
- Student hubs in placement areas;
- Review of student financial support;
- Access to specialist pastoral support officers/post-placement therapy;
- Regulated processes for clinical assessors/supervisors;
- Upskilling in mental health support for healthcare academics;
- Recognition of their contribution to healthcare;
- Online fora for healthcare students to connect;
- A one-stop shop for web-based wellbeing resources.

Study outcomes were shared with the Council of Deans of Health membership and with Scottish Government healthcare representatives to inform pandemic transition action plans.

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

1. A sustainable healthcare workforce is fundamental to the delivery of care. Prior to the advent of Covid-19 there were concerns around resilience and retention, these have been further exacerbated by the toll of the pandemic.
2. Good academic practices, processes, and support systems and the promotion of good self-care can enable a healthy work-life balance for healthcare students and will be important to recruiting and retaining this workforce.
3. More could be done within government health departments to acknowledge the contribution of healthcare students and to ensure that there are available and appropriate resources to support their clinical learning.

References:


Keywords: Healthcare Students. Mental wellbeing. Resilience. Student support.
Promotional abstract: Belonging is not new to higher education (HE). This paper will look at the collaborative innovation between staff and students at Birmingham City University (BCU) to create an Adult Nurse Learning Identity and Community; utilising in-person events and an online platform. As the University for Birmingham, BCU are determined and committed in supporting the personal and professional growth of their local, national and international students from diverse backgrounds. This paper will look at the evolution of the project at BCU and evaluate the increased significance belonging is starting to hold in relation to documented literature, but also of its ability to impact on student experience, engagement and achievement.

Background, context and evidence base for the innovation, including, where possible, its international relevance: The massification of education and initiatives encouraging widening participation in higher education institutes (HEIs) demonstrates that fostering a sense of belonging is critical to student success (O'Keefe 2013), particularly for students from diverse groups who experience belonging differently, which is also explicitly linked to their attainment (Cureton & Gravestock 2019; Neves & Hewit, 2020; Austen et al., 2021). Throughout the COVID-19 pandemic, Healthcare students, including nurses, have been required to work in challenging clinical environments with significant changes to course delivery. This unique situation has demonstrated why prioritisation of student wellbeing is paramount (Neves & Hewit, 2020; HEE, 2020).

Aim/focus of the innovation: The aim is to build a learner identity and community to foster a sense of belonging for Birmingham City University Adult Nursing students.

Addressing ‘belonging’ has positive ramifications strongly associated with academic achievement and success (Ahn and Davis, 2019), where ‘sense of belonging’ is one of three things that really matter to students, alongside academic staff working with them, and the nature of their studies (Meehan and Howell, 2018). Belonging is also vital to social functioning outside the academic setting; preparing students for this, as well as their professional career, is an important HEI role (Moeller, Seehuus & Peisch 2020).

Implementation of the innovation: A new collaborative working group was established within the School of Nursing & Midwifery. The project created an environment for students to socialise, reflect and share experiences outside of the academic programme, fostering a sense of belonging to the Adult Nursing field, BCU and the City of Birmingham.

The project included designing and commissioning badges to inspire a sense of identity, creating social events including quizzes and clinical simulations.

The project included the development of a Virtual Learning Environment (VLE) where students can access staff introductions, student ‘top tips’, and shared experience podcasts. Other resources include where to explore within the city of Birmingham.

Methods used to assess the innovation: Feedback has been collected via Microsoft Forms and informal discussions at events. We will continue to enhance feedback through collecting students’ personal accounts and experiences when engaging with the project. In
comparison to virtual resources, the social events of the project have received a greater level of participation from students and staff. A desire for more ‘spaces’ where students can interact in person has been highlighted as key to fostering belonging.

**Key findings:** Having a sense of identity is integral to every aspect of a student’s journey within academic life and terms such as ‘belonging’ have been thrust into the limelight, holding newer and greater meanings. Goodenow (1993) defined belonging as the extent to which students feel personally accepted, respected, included and supported by others; the evidence behind interpersonal belonging, happiness and wellbeing is also strong (McAdams & Bryant, 1987). This definition has been strongly reflected in student feedback from the project. To date, praise cards nominating students who support their peers along with the badges has received the most engagement from students.

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

1. Research supports prioritising the need for belonging as an essential component to student retention and academic success.
2. Innovating replicable student-centred projects promoting students, professional growth, and identity.
3. Under the key area for learner experience, belongingness has become part of the school strategy for 2022.

**References:**


**Keywords:** Belonging. Student Experience. Social Events. Adult Nursing. Wellbeing. Student Identity.
Can interprofessional simulation improve student paramedic confidence in de-escalation skills?
Simon Downs and Laurence Drew, University of Surrey

Promotional abstract: There is increasing demand for access to mental health support services both for ongoing care and at time of crisis. Preparation of undergraduate students for encounters for ongoing mental health care and at time of crisis remains sporadic and difficult to encompass. Simulation gives students opportunities to develop technical and non-technical skills through the recreation of an experience that is as close to reality as possible. An exploratory study of student self-perceptions of self-awareness and self-regulation in encountering clinical situations with persons in high states of arousal and potential conflict, was conducted. To evaluate the exercise and its value, students were asked to self-evaluate their confidence and knowledge both prior to and subsequent to the teaching exercise.

Main focus/theme of, or issues addressed by, the poster: Simulation gives students opportunities to develop technical and non-technical skills through the re-creation of an experience as close to reality as possible. Students learn using previous knowledge and experience to construct new knowledge through experience and exposure. Key to such is reflection 'in' and 'on' action as scenarios unfold and are debriefed. A teaching exercise was implemented targeting high fidelity scenarios with actors that were designed to challenge the communication strategies and techniques of the students, under the supervision of the teaching team. Beyond promoting exposure, the authors aimed to evaluate the impact upon an individual's confidence in interaction with these patients.

Research approaches and underlying evaluation: An exploratory study of student self-perceptions of self-awareness and self-regulation in encountering clinical situations with persons in high states of arousal and potential conflict, was conducted. To evaluate the exercise and its value, students were asked to self-evaluate their confidence and knowledge both prior to and subsequent to the teaching exercise. There was a positive shift of self-awareness and self-regulation post training. Confidence in being able to de-escalate a situation was reported as the key outcome to take from the session, along with techniques on how to de-escalate a scenario.

Implications for healthcare education: While it is not possible at this stage to definitively measure the impact of the teaching on practice or draw firm conclusions for education providers, the exercise does evidence individual impact and enjoyment.

References:


with use of sedatives and restraints in the emergency department.' The Journal of Emergency Medicine, 57(5), 611-19.

Keywords: Education. Health Professional. Skills Training. Mental health.
Embedding sustainability principles to Nursing Education: Preparing professional staff for a Net Zero healthcare system
Dr Kirsi Talman, Dr Jocelyn Cornish and Melanie Maddison, King’s College London and Victoria Stanford, Centre for Sustainable Health

Promotional abstract: Climate change is the biggest global health threat of the 21st century. However, there is a gap in knowledge and skills for sustainable healthcare among health professionals. Educational innovations were implemented to embed principles of sustainable healthcare within the undergraduate and postgraduate curricula at King’s College London. Innovations were evaluated via anonymous surveys. The results demonstrate that students were highly interested in sustainability in healthcare and impacted their plans to embed sustainability into quality improvement for their future.

Background, context and evidence base for the innovation, including, where possible, its international relevance: Climate change is the biggest global health threat of the 21st century (Watts et al., 2018). For example, National Health Service England (NHS), has set a ‘Net Zero’ plan to reduce its carbon footprint to net zero by 2040 (NHS England, 2020). However, there is a gap in knowledge and skills for sustainable healthcare among health professionals (Center for Sustainable Healthcare, 2022). To achieve the net zero targets, sustainable models of care require innovation and leadership by healthcare professionals. Healthcare educators have an important role to underpin educational preparation of current and future healthcare professionals.

Aim/focus of the innovation: This presentation will describe the implementation of educational innovations to embed principles of sustainable healthcare within the undergraduate and postgraduate curricula at KCL across a range of modules to give future nurses and qualified healthcare professionals (nurses, midwives and physiotherapists) an understanding of how practice can be made more sustainable.

Implementation of the innovation: Two three-hour online workshops, developed by the Centre for Sustainable Healthcare (CSH), were co-delivered by CSH and members of academic staff to one undergraduate Nursing cohort (n=280) and one postgraduate Nursing cohort (n=38). The workshops included an introduction to sustainability in healthcare and the sustainable quality improvement framework (SusQI). This provided students with the tools to identify and measure environmental and social resource use in the system, and how to design quality improvement (QI) projects to increase the sustainable value of healthcare services.

Methods used to assess the innovation: An anonymous survey was sent to participating students for workshop evaluation. The response rate was 6% (11/170) for the undergraduate module and 42 % (16/38) for the postgraduate module workshop. The results were analysed using descriptive statistics and open-ended questions were analysed using thematic analysis.

Key findings: According to the main results, students in both programmes were highly interested in learning the concepts of sustainable quality improvement and considered learning these important concepts to be relevant to their future practice. Students also felt
that the workshop changed their thinking about sustainability in healthcare, and most students had specific ideas on how to embed sustainability into QI for their future. More specific results will be presented at the conference.

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

1. Innovations are needed to embed sustainability into Nursing Education to prepare professional staff to contribute to a net zero healthcare system.
2. Using innovative methods, the sustainability principles can be easily embedded across different programmes and modules.
3. Implementation of this innovation provided students with the knowledge, motivation and confidence to embed sustainability into their future practice.

References:


Keywords: Healthcare. Sustainability. Quality Improvement. Educational Innovation.
Promotional abstract: This session explores an innovative project to ‘green up’ practices within clinical skills teaching, learning and assessment at the University of Brighton. Clinical skills sessions are a common denominator of Nursing programmes, introducing students to fundamental skills which they hone in clinical practice. The project aimed to identify and adapt key elements of clinical skills activities and adopt sustainable alternatives, in areas such as procurement of supplies, use of resources and waste management. Through active learning and role modelling in these new ways of working, students and educators can be empowered to share good practice far and wide.

Background, context and evidence base for the innovation, including, where possible, its international relevance: Healthcare professionals have a moral obligation to act to reduce environmental impacts of healthcare provision (Shaw et al., 2021). This extends to educators as universities aim to lead by example. Preparing healthcare students to practise in sustainable ways can mirror the rapidly advancing sustainable approaches seen in clinical practice all over the world. Clinical skills teaching, learning and assessment at the University of Brighton provides a golden opportunity to apply the principles of sustainable healthcare which exemplifies the University’s Global Challenges commitment (2022) and the pledge to Health Care Without Harm Europe’s Nursing School Commitment and Nurses’ Climate Challenge (2021).

Aim/focus of the innovation:

- To review and adapt key aspects of clinical skills teaching, learning, practice and assessment in the pre-registration BSc Nursing curriculum in order to improve sustainable practices.
- To produce a Good Practice Guide to be piloted in the BSc Nursing programme and subsequently rolled out for use across all healthcare courses with a clinical skills component.
- To disseminate learning for other organisations to adopt in similar contexts and settings.

Implementation of the innovation: Members of the University’s School of Sport and Health Sciences Sustainability Special Interest Group used the SusQI (Sustainability in Quality Improvement) framework (Mortimer et al., 2018) to plan and deliver the project.

This framework consists of four steps: set goals, study the system, design improvements and measure impact. In ‘Setting goals’, our approach was to ‘start small but think big’. ‘Studying the system’ involved understanding and prioritising areas where improvements could be made, and ‘Designing improvements’ focused on principles of sustainable clinical practice such as researching lean systems and low carbon alternatives while preserving good pedagogic practice.

Methods used to assess the innovation: SusQI uses the ‘Measure Impact’ step to assess whether changes made actually lead to improvements. The project’s success was measured according to the ‘triple bottom line’ of environmental, financial and social outcomes as the indicators of sustainable value. Additionally, the Special Interest Group engaged with other sustainability initiatives in healthcare and education to help evaluate the project, such as the
Planetary Health Report Card (2021) and the Nurses’ Climate Challenge (Health Care without Harm Europe 2021). We have also assessed the project against the strategic sustainability priorities and commitments for both the School and the wider University.

Key findings: Key areas where more sustainable ways of working could be put into practice were identified for the immediate, medium and longer term, considering issues such as procurement of supplies, use of resources, plastic consumption, energy and water use and waste management. For example, a goal was made to stop the unnecessary use of aprons and gloves for most clinical skills activities. Further specific outputs from the project are undergoing analysis and will be presented at the conference. These will include results from an environmental audit of clinical skills teaching practices conducted by Masters-level Environmental Management students at the University.

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

- Clinical skills teaching, learning and assessment are a common denominator of Nursing programmes where students and educators can make a huge contribution to improving the sustainability of practices.
- This project encourages direct action and good sustainable practice within the university setting, and delivers many teachable moments for students on sustainability through active learning and role modelling.
- Students can be empowered to translate this learning into noticing and questioning the sustainability of healthcare practices in the clinical environment, helping them to bridge the theory-practice gap. It can encourage them to champion sustainability issues themselves and take positive action throughout their careers.

References:


Keywords: Clinical Skills. Nurse Education. Sustainability. Sustainable Healthcare. Sustainable Development Goals.
Promotional abstract: This presentation summarises findings of the Health Education England (HEE) Global Health Survey. This was a national survey of healthcare students in England, which aimed to understand current engagement and future interest in global health learning and development opportunities. Drawing on data collected from 683 full-time students and 172 part-time students, the presentation will outline the current level of engagement in global health among participating healthcare students, their interest in engaging in the future, and barriers and facilitators to doing so. Therefore, this presentation aims to inform the development of education and training provision for healthcare students in England.

Background, including underpinning literature and, wherever possible, the international relevance of the research: There is increasing evidence of the benefits offered to national health systems of global learning opportunities, such as attending educational events which focus on global health issues, collaborating virtually with health professionals in other countries, or participating in clinical and non-clinical fellowships (Tyler et al., 2018). Thus, organisations such as the World Health Organisation (WHO), Health Education England (HEE), universities and service providers have begun providing opportunities for global health engagement to current and future health professionals. However, there is a lack of knowledge of current exposure to, future interest in, and barriers and facilitators to global health engagement.

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

- To collate a body of evidence relating to interest and current and prior participation in global health activities of the current and future NHS workforce.
- To establish the professional global health opportunities that are made available through employing NHS secondary care organisations and higher education institutions (HEIs).

Research methodology/research design, any ethical issues, and methods of data collection and analysis: Data collection consisted of two surveys, both of which facilitated the collection of quantitative and qualitative data. Survey one was intended for completion by individual staff and healthcare students currently working or studying in England. Survey two was aimed at HEIs and secondary care provider organisations based in England. Data analysis of responses provided by 683 healthcare students and 29 higher education institutions in England will be presented to better understand global health activity participation among healthcare students in England and the barriers and facilitators to such participation.

Key findings and recommendations: Key findings of the survey, which will be explored in further detail during the presentation, is that most (80%) individual respondents to the Global Health Surveys indicated that they had not previously participated in a global health activity. Despite this, there was a strong appetite to participate in the future, with only 8% indicating that they had no interest in engaging in global health activity opportunities in the future. The global health activities of most interest to respondents were attending global health events (e.g., seminars, talks), mentorship with overseas health professionals, and taking part in overseas health programmes, respectively. However, key barriers to participating in global
health activities for individuals were a lack of information about and opportunity to undertake such opportunities. For organisations, such as universities, the most common barriers to support healthcare students to participate in global health activities were a lack of resources, with insufficient being most significant. These findings suggest that there is a need not only to increase the volume of funded opportunities for healthcare students in England to participate in global health activities, but also that the communication of such opportunities needs to be enhanced to ensure that, where opportunities exist, those to which they are targeted are aware of them.

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

1. Provides evidence from healthcare students and organisations serving them of interest in engaging in global health activities, an important component of developing the future healthcare workforce in England and worldwide.
2. Presents evidence on experiences of global health engagement among healthcare students in England, an under-researched yet increasingly important area of the education and training of healthcare professionals.
3. Assists in understanding the barriers and facilitators to engagement in global health activities, such as overseas placements.

References:

Keywords: Global Health. Student Engagement. Surveys.
Promotional abstract: A recently developed innovative interdisciplinary Masters programme in Humanitarian Engineering offered a unique opportunity to introduce shared teaching as inspired by the WHO (2010) framework for action on interprofessional education and collaborative practice. The teaching and assessments for a global health module are shared across an Engineering and Medical School course, bringing students from at least two professions together to learn about and solve global health challenges together. This interprofessional educational approach to teaching and assessment enabled not only collaboration across a variety of disciplines and professions, but an opportunity to prepare students with core competencies to address real world challenges globally.

Background, context and evidence base for the innovation, including, where possible, its international relevance: A recently developed innovative interdisciplinary Masters programme in Humanitarian Engineering offered a unique opportunity to introduce shared teaching as inspired by the World Health Organisation (2010) framework for action on interprofessional education and collaborative practice. The teaching and assessments for a global health module are shared across Engineering and Medical School courses, bringing students from at least two professions together to learn about and solve global health challenges together. This interprofessional educational approach to teaching and assessment enabled not only collaboration across a variety of disciplines and professions, but an opportunity to prepare students with core competencies to address real world challenges globally.

Aim/focus of the innovation: Development of the global health module for the interdisciplinary Masters course identified a prospect to better utilise teaching time, while offering a unique interprofessional educational opportunity. Students attend the same global health-related teaching opportunities, both synchronous and asynchronous, over a two-week period and are required to work collaboratively on a group presentation throughout that period. The groups are mixed with students from Humanitarian Engineering and Public Health in each group. The authentic group assessment allows students to develop the five core interprofessional competencies (van Diggele et al., 2020) namely, roles and responsibilities, ethical practice, conflict resolution, communication and collaboration and teamwork.

Implementation of the innovation: Students share four days of teaching activities which include some didactic style lectures but mostly comprise small group work and active engagement. The students are divided into groups of 4-6 students including students from both courses for one of the summative assignments. The groups are required to identify a specific global health issue in a particular country/region and use the time allocated during the two-weeks of teaching to formulate a possible solution. The justification for selecting the health concern and setting as well as the proposed solution forms the basis of the 10-minute group presentations. Student presentations are marked as a group, but peer-evaluations contribute to the final module mark.

Methods used to assess the innovation: The module has been running for three years with about 40 students each year from the two postgraduate courses. Each cohort is asked to complete an end-of-module questionnaire to provide feedback on their experiences.
Thematic analysis of the relevant open-ended comments made relating to the core interprofessional education competencies will be provided. Examples of presentation topics will be shared to illustrate how the students rise to the challenge.

**Key findings:** Students feel challenged by having to work across various disciplines and in groups, but report learning a lot about organisation, communication and group work. They also report learning about other professions and disciplines and seeing solutions to global issues from a different perspective.

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

1. Core competencies in interprofessional education can be achieved while supporting scalability of teaching.
2. Activity design and scheduling are essential.
3. Peer assessment is needed to address aspects of group dynamics.

**References:**


**Keywords:** Interprofessional Education. Global Health. Peer Assessment. Team Work. Postgraduate.
Strand 1C: Learning, teaching and assessment strategies
Linking theme: Collaborative practice

1Ci, 10:30-12:15, 6 September 2022
Theme paper, Research paper
Collaborative Learning in Practice in General Practice Nursing settings: A research study
Dr Graham Williamson and Adele Kane, University of Plymouth

Promotional abstract: This presentation summarises research to evaluate the implementation of Collaborative Learning in practice in General Practice (GP) Nursing settings, in South West England. Adult Field student nurses were placed in General Practices in primary care networks. We collected qualitative and quantitative data and sought to discover what staff and students felt about CLIP placements experiences, interprofessional learning exposure, and the extent to which having students in a GP placement improved access to nursing appointments and created a skill mix to allow permanent staff to see more complex patients.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Attracting new graduate nurses to work in the community is problematic, and this has contributed to shortages in this sector in the United Kingdom and internationally. This paper reports the findings of a research study to implement Collaborative Learning in Practice in one region of the UK. We have had success (Williamson et al., 2020a, 2020b, 2020c) with placing student nurses in GP placements previously in a pilot study and want to evaluate more thoroughly the potential benefits, or otherwise, to student and staff experiences of placement and interprofessional learning, social prescribing and benefits such as increased access times for patients to services.

Aim(s) and/or research question(s)/research hypothesis(es):
Aim 1: To implement and develop CLIP in GP nursing settings and evaluate that implementation.
Aim 2. To use a mixed-methods approach to evaluate the project work-streams.

Work-stream 1: Community of Practice, relating to the implementation and development of the project.
Work-stream 2: CLIP impact, relating to interprofessional education, GP nursing metrics including waiting and response times for common presentations, social prescribing and community-related local activity.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: We used a mixed-methods approach focus groups with staff and students, a survey with students using the Clinical Learning Environment Inventory (Newton et al., 2010) and the Interprofessional Team Learning Profiling Questionnaire (ITLPQ, Nisbet et al., 2016) and a survey for staff using only the ITLPQ, and routinely collected audit data anonymised at source to examine if having student nurses in a GP practice had an impact on access to services and appointments. The research study received approval from the University Faculty Committee and permission from IRAS. Participants received the usual guarantees of confidentiality and anonymity. Written informed consent was taken.

Key findings and recommendations: At time of submission, data collection and analysis are ongoing, however, preliminary analysis indicates that staff and students believed their CLIP placements to be beneficial, fostering problem solving, peer support and leadership
behaviours amongst students. Students had opportunities to problem solve, see patients in clinics with coaching, and improved access to patients for some appointments such as blood pressure checks and vaccinations. There are myriad opportunities for multidisciplinary exposure and interprofessional learning available in a GP surgery.

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

1. CLIP placements in general practice introduce students to this sector in a positive way which may benefit recruitment to the sector.
2. Students are exposed to interprofessional learning as a routine activity in general practice.
3. Students improve access to services and appointments for patients because they run clinics, take bloods and contribute to annual checks and other activities, and this can free up permanent staff for more complex care delivery.

**References:**


**Keywords:** Interprofessional Learning. Collaborative Learning in Practice. Mixed Methods.
Promotional abstract: A collaborative project showcasing the success of the online Peer Assisted Learning Scheme during the global pandemic, across all Nursing disciplines at the University of Derby. This project is led by students in collaboration with academics and the Union of Students, underpinning the development of vibrant cohort identities and a positive student experience to support progression. Please view the promotional video here: https://derbyuni.padlet.org/e_bellamy/Building_Collaborative_Communities_PALUS

Background, context and evidence base for the innovation, including, where possible, its international relevance: The global pandemic has meant that learning and teaching across the university has constantly had to adapt to evolving government advice. Peer Assisted Learning (PAL) was developed as an online scheme to complement the University's evolving model of blended and, at some points solely, online delivery. This project is led by students in collaboration with academics and the Union of Students, underpinning the development of vibrant cohort identities and a positive student experience to support progression. Please view our introductory video here: https://derbyuni.padlet.org/e_bellamy/Building_Collaborative_Communities_PALUS

Aim/focus of the innovation: This session explores how the University of Derby approach to peer learning rapidly changed and developed under the unexpected and unprecedented global pandemic. With a move to online learning and the demands of a practice-based course through such challenging circumstances, we demonstrate how this collaborative project was deployed virtually to build vibrant cohort identities, provide support across Nursing disciplines, and build a sense of belonging through adversities (Thomas, et al., 2017). Designed specifically to enhance the student experience and engagement, we explore the benefit of the experienced curriculum (Posner, 1995; Prideaux, 2003) from the student, academic and Union perspectives.

Implementation of the innovation: Peer Assisted Learning offers a PAL Leader to support students by aiding their transition to university. Working collaboratively with student groups provided vital connectivity insights as to what support first year students require both academically and socially. The innovation was rapidly changed in 2020 to meet the distance and remote needs of learners brought about by the pandemic. The new way of working digitally facilitated improvements in accessibility and opportunities to develop student networks and cohesion, including increased interdisciplinary support. The continued evaluation and impact review supported the development of the innovation to deliver optimal output in supporting positive progression and providing a high-quality student learning and social experience.

Methods used to assess the innovation: All bespoke delivery sessions are complemented by a six-question survey providing detailed qualitative feedback to understand student perspectives and enhance the innovation. Mood scales have been impactful in measuring responses and monitoring engagement via analytics, with the unexpected outcome of cathartic opportunities for peer support. Weekly evaluations provided insightful findings following the review assessments of learning needs and supported content development. Statistical analysis is offered of engagement data with advice for the audience on opportunities for monitoring engagement. Qualitative narrative is supported with direct
learner feedback and statistical analysis to deliver evaluation on optimal methods of meeting learner expectations.

**Key findings:** Student experience is enhanced through the development of digital peer communities to the benefit of learner digital capabilities, socialisation, and student confidence. A key theme of all feedback was the preference for senior peers to support learning and develop confidence to overcome isolation, with multiple intakes supporting drive for the scheme and renewed enthusiasm throughout the intensity of Healthcare Education. For Student PAL Leaders and the wider student body, supporting the development of digital skills was integral to the success of the scheme and to the engagement and progression of students in a blended learning interface.

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

- The blended learning model meant PAL support was more important than ever, with the PAL leaders helping their peers navigate the new digital landscape and develop effective remote study approaches.
- A collaborative approach is key to success with interdisciplinary academic liaison support to understand courses and opportunities, and the impartiality of The Union to work with students as partners, alongside institutional engagement groups.
- PAL has proven essential in the learning developments during and following the global pandemic to support peer interactions and individual wellbeing. This unique digital social learning environment fosters confidence, communities of practice, and a sense of belonging.

**References:**


**Keywords:** Collaboration. Blended Online Learning. Digital Skills. Communities. Student-led.
Promotional abstract: This theme paper aims to examine the purpose of, and practices around, the use of generic assessment criteria. Deconstruction was achieved through consideration of different discipline imperatives and practices enabling meaningful reconstruction. The process was managed via traditional face-to-face meetings and interim online collaboration. The interdisciplinary team evaluated the purpose of generic criteria, then explored the underpinning meanings of criteria, enabling the co-production of definitions meaningful to students and staff. Brainstorming and identification of key terms required to meet the needs of both students and markers resulted in the creation of generic assessment criteria through a student lens.

Background, context and evidence base for the innovation, including, where possible, its international relevance: A review of the generic assessment criteria within a School of Human and Health Sciences in a post-92 University, by means of interdisciplinary collaboration, necessitated an innovative approach to recreate the criteria, to promote assessment literacy (Smith, et al., 2013; Carless & Winstone, 2020). The processes used to deconstruct and reconstruct the criteria required a blended approach to promote required outcomes, creating a common language for staff and students. A combination of face-to-face and online collaboration promoted meaningful collaboration within the interdisciplinary team. The face-to-face element proved to be key to promoting collaborative work by capturing non-verbal cues and ensuring that all voices were heard.

Aim/focus of the innovation: The aims of the working group were:
1. to review the present criteria and assess their fitness for purpose;
2. to amend the criteria in line with assessments of purpose;
3. to communicate revised criteria to staff and students.

Emerging questions:
- What is the purpose of generic criteria?
  - For staff?
  - For students?
- Are the criteria as currently structured fit for purpose?
- Do we need to maintain the current organisational structure of the criteria?
- What other models are there?
- How can we best communicate the criteria to enable teaching and learning?

Implementation of the innovation: The working group met face-to-face and used pen and paper to record in-meeting outputs. This method of collaboration enabled non-verbal cues such as “seeing the thought processes” on people’s faces. This facilitated the abstraction level of the task which required the rich inputs and high degree of co-presence afforded by face-to-face meetings (Tang & Bradshaw, 2020) which were key to actualising the innovation. The first meeting determined aims and group composition; the second meeting deconstructed the criteria and determined priorities; and the third meeting reconstructed the criteria promoting assessment literacy to develop a common language between staff and students.
**Methods used to assess the innovation:** Long-term assessment of the innovation will emerge once the new criteria are launched in September 2022. The criteria have been reviewed by the interdisciplinary team who created them and by the school Director of Learning and Teaching and appear to be robust and meaningful with good face validity. Following a rollout of the criteria to staff and students over the summer further evaluation will be possible. The team are also presenting a workshop to the university learning and teaching conference to disseminate the innovation and promote buy-in to the new criteria.

**Key findings:** The key benefits expected from the criteria are that students will appreciate the use of plain English. Any academic terms are supported with meaningful definitions provided in “lightboxes” when students hover over the hyperlinked academic terms. The key benefit relating to the blended/hybrid collaboration methods employed were the richness of communication afforded by the face-to-face meetings. This promoted meaningful insights into the deconstruction and reconstruction required for task success (Tang & Bradshaw, 2020).

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

1. Practical use of a hybrid model to deconstruct and reconstruct generic assessment criteria appears to be useful in promoting interdisciplinary collaboration.
2. Consideration of both staff and student needs when reconstructing generic assessment criteria should enable us to improve students’ assessment literacy.
3. Dissemination of the newly reconstructed criteria through both online and face-to-face methods aims to increase student and staff acceptance and use of the criteria.

**References:**


**Keywords:** Collaboration. Interdisciplinarity. Assessment Literacy. Blended Approaches. Meaning in Assessment Criteria.
Promotional abstract: Primary care is integral to all population health internationally. In the UK, it is vital for a population which is experiencing increasingly complex health conditions managed in the community (HEE, 2017; NHS, 2019). Primary care is at the heart of public health and health promotion (DoHSC, 2018) and can meet education and proficiency standards required for Pre-Registration Nursing students (NMC, 2018). The GPN 10-point plan (NHS England, 2018) advocates more opportunities for Pre-Registration students and nurses in primary care. A collection of Practice Nurses and higher education institutions (HEIs) worked collaboratively to develop resources to support specific student nurse primary care learning.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Primary care is integral to all population health internationally. In the UK, it is vital for a population which is experiencing increasingly complex health conditions managed in the community (HEE, 2017; NHS, 2019). Primary care is at the heart of public health and health promotion (DoHSC, 2018) and can meet education and proficiency standards required for Pre-Registration Nursing students (NMC, 2018). The GPN 10-point plan (NHS England, 2018) advocates more opportunities for Pre-Registration students and nurses in primary care. A collection of Practice Nurses and higher education institutions (HEIs) worked collaboratively to develop resources to support specific student nurse primary care learning.

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

Aim:

- To support primary care practice learning by developing a resource through effective collaboration between HEIs and practice nurses.
- To increase Nursing student practice learning opportunities in primary care (longer term).

Objectives:

- To develop a resource to support practice nurses interested in practice learning.
- To develop a resource with primary care nurse experts, for primary care nurses.
- To develop an integrated practice learning resource for the nurses to support their practice assessor role.
- To evaluate the resource, an integrated workbook, with practice nurses and students.
- To evaluate if this resource can contribute to increasing Nursing student learning opportunities.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: A qualitative methodology is used to explore key stakeholder experiences and evaluation of the workbook.

An action research (Coghlan, 2019) design was chosen due to its iterative nature and ability to change as the research progressed. Two methods of data collection will be undertaken. The initial questionnaire and focus groups will be undertaken to review and enhance the
resource. The next cycle of the data collection will involve questionnaires and focus groups for both practice nurses and Pre-Registration students who have used the resource.

Braun and Clarke’s (2013) thematic analysis model will be used to analyse the data.

Key findings and recommendations: Initial findings only are available at this time.

The initial evaluation and first cohort of students and practice assessors’ data will be complete by July 2022. The collaboration between the HEI and the practice nurses was viewed positively and added to the relevancy of the resource. Nurses have commented that the authorship made them consider it “trustworthy” and they were more likely to use it as a result. The integrated practice workbook is useful to support the practice assessor’s knowledge of the students’ expected level of study. Students have commented on the value of an extra resource to integrate their practice within the wider population health context and understand the role of primary care in the healthcare system.

One recommendation from the work so far is for greater working collaborations on resource development and research between HEIs and primary care expert partners.

Full recommendations will be possible when the data collection and analysis is complete.

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

1. This collaboration between the HEI and practice nurses enabled the synergy of education and clinical experts to produce an enhanced resource, not possible if undertaken independently.
2. The integration of blended practice learning, whilst conceived in the pandemic, can continue to act as a useful compliment to traditional practice learning.
3. The specific contextualisation of the learning in the workbook has supported the students to develop a more expansive understanding, beyond the practical skills in the placement area.

References:

Keywords: Practice Learning. Co-creation/collaboration. Primary Care. Education. Innovation.
Promotional abstract: Increasing Allied Health Professional learners on Healthcare programmes and the COVID-19 pandemic have highlighted the need for radical change and innovative ways of working to address placement capacity. The blended learning placements were implemented in partnership with clinical collaboration across Cheshire and Merseyside region for Physiotherapy and Occupational Therapy learners. The aims of the study were to: ascertain the value and experiences of a newly introduced blended placement-based learning through the anonymous collection of data from an online questionnaire (quantitative) and focus groups (qualitative) in response to challenges relating to placement capacity.

Main focus/theme of, or issues addressed by, the poster: Clinical practice-based learning is pivotal for the education of Healthcare students, however, securing sufficient practice-based learning opportunities is a long-standing, well-documented issue within clinical education. The introduction of the blended practice-based placements, based on a split placement model, was proposed to provide a feasible alternative to the more traditional placement model. The primary focus of the evaluation was to ascertain the value and experiences of this placement model for Occupational Therapy and Physiotherapy learners and educators. Findings will help inform whether the blended practice-based learning model is an appropriate and sustainable vehicle to address placement capacity issues.

Research approaches and underlying evaluation: University ethical approval (Ethics number: 9852) was granted. The participants consisted of second year Physiotherapy and Occupational Therapy learners and their clinical educators. The aims of the study, using a mixed-method approach, were to: ascertain the value and experiences of a newly introduced blended placement-based learning through the anonymous collection of data from an online questionnaire (learners and educators) and focus groups (learners). The questionnaires were devised from previous quality of placement experience questionnaires (Prigg & Mackenzie, 2002; Barrett, Belton & Alpine, 2019); providing quantitative data and free text comments. Thematic analysis was used for the focus group data.

Implications for healthcare education: This innovative approach, comprising clinical hours and projects relevant to the practice arena, enabled practice partners to offer placements with significant impact. 11,800 clinical hours were retrieved, resulting in learners progressing on clinical programmes. Without this innovation, Occupational Therapy and Physiotherapy learners would have required an extension to their programmes, to achieve the regulatory and professional requirement of 1,000 clinical hours for registration. Furthermore, this approach fulfils NHS England’s agenda of increasing the Allied Health professional workforce to meet the complex health and social needs of the population, and the provision of care closer to home (NHS England 2019;2020).

References:


**Keywords:** Education. Clinical Placements. Evaluation. Blended Practice-Based Learning.
Strand 1D: Student experience, engagement and achievement
Linking theme: Clinical practice
1Di, 10:30-12:15, 6 September 2022
Theme paper, Research paper
The importance of effective clinical support and assessment in the development of higher level practice, and the impact that higher education institutions can have on post-registration student outcomes
Dr Wendy Wesson and Julie Reynolds, Keele University

Promotional abstract: This session will reflect upon the findings of two qualitative research studies associated with practice assessment and clinical supervision in the support of higher-level practice development.

Key findings will be identified that explore the challenges associated with higher-level practice assessment, including recognition of the importance of practice in developing student confidence, competence and capability.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Nursing roles across the UK and beyond have evolved to incorporate greater focus on advanced skills and knowledge, resulting in increasing demands being placed on practice assessors.

This paper focuses on the support required by healthcare professionals in their development and assessment of Nursing students undertaking higher-level practice programmes at specialist and advanced levels (Allmark, 2003; Crossley, 2014; Sayer, 2011).

Aim(s) and/or research question(s)/research hypothesis(es): The aim of this paper is to highlight the importance of effective clinical supervision and assessment in the development of higher-level practice, and the impact that higher education institutions (HEIs) can have on the connection between theory and the reality of practice.

- To reflect upon the findings of two qualitative research studies associated with practice assessment and clinical supervision in the support of higher-level practice development.
- To identify key findings that explore the challenges associated with higher-level practice assessment, including recognition of the importance of practice in developing nursing expertise.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: Two qualitative research studies were undertaken:

- Study 1: Focused on nurse practice assessors working within community specialist practice and compared their interpretation of their roles with that of Nurse Academics supporting specialist practice programmes. A grounded theory approach was used with related code and category development, based on interviews with practice assessors and focus groups with nursing academics.
- Study 2: Focused on advanced nurse practitioners and their assessors in practice, to appraise the impact of a curriculum on student development. A case study approach and thematic analysis was used, incorporating interviews with Advanced Nursing Practice students and practice assessors.
Ethical issues related to researcher positionality and involvement-detachment.

Key findings and recommendations: Wesson’s (2012) study indicates that nurse practice assessors see the education aspect of their role as central and integral to their status and performance as practitioners. They do, however, consider that their status as practice assessors is little recognised or considered outside of HEIs. Findings from the research demonstrate that student competence and capability, whilst initially diminishing, is soon built upon and improved with the support and guidance of the practice assessor.

Reynolds (2022) relates to the review of Advanced Clinical Practice curricula, identifying that commitment to clinical supervision within the practice assessor role is essential in student development and achievement. The study supports the suggestion that good clinical supervision allows for transformation of the learner from indecision to self-assurance and certainty.

These qualitative studies reaffirm the importance of recognition by employers of the vital role played by practice assessors and the need for HEIs to continually engage with them and their managers to support and promote clinical education. It is therefore essential that healthcare courses are rooted in the reality of the practice situation (Fitzpatrick, 2009).

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

1. The importance of partnership working between HEIs and employers for post-registration clinical staff development.
2. Further development of clinical academic roles, to raise their profile and recognise their contribution to staff development.
3. The development of academic models that constantly evolve to more closely reflect the reality of practice.

References:

Keywords: Higher-level Practice. Practice Assessor. Advanced Nursing. Specialist Community Nursing.
Promotional abstract: This research aims to evaluate the effectiveness of simulation scenarios in educational health-related programmes to support the development of student situational awareness skills. ‘Situational awareness’ (SA) is an emerging topic of interest and is vital to prevent adverse outcomes for patients. It reduces inability to identify deteriorating vital signs and delaying of intervention. The research investigates SA development using simulation within an HE environment for students. The study is due to be conducted within North West Universities (UK). The intervention consists of simulation sessions utilising an adapted Situational Awareness Global Assessment Scale to evaluate students’ responses to scenarios. Feedback forms analyse the students’ perceptions and engagement with simulations.

Main focus/theme of, or issues addressed by, the poster: The benefits and barriers of using simulation to improve students’ situational awareness in clinical practice.

Research approaches and underlying evaluation: The research adopts a mixed-method approach, capturing the impact of simulation on students’ situational awareness and their perception of events during patient deterioration scenarios. As situational awareness is a multi-factorial and complex concept, data on both performance and perceptions of students is gathered. Evaluations note improved student engagement and experience using simulation. However, the facilitation methods of simulation causes variance in the enhancement of situational awareness skills.

Implications for healthcare education: Overall, simulation provides exciting and innovative methods of facilitating learning when planned and organised effectively. Simulation use is recommended, however, balanced between challenging students and supporting them to engage. With appropriate preparation, design and delivery, clinical simulation can have positive impacts on students’ situational awareness skills, improving their competency and performance when being presented with deteriorating patients. However, to further improve student experience, greater comprehension of the methods of simulation and variable factors impacting ability to engage must be evaluated. Barriers preventing students performing in simulated environments also requires greater attention if simulations are to continue to develop and enhance.

References:


**Keywords:** Simulation. Situational Awareness. Clinical Education.
Promotional abstract: The aim of this session is to share the approach we are using to introduce a system-wide model of clinical practice learning for Pre-Registration Nursing students.

The objectives will be to:

- Outline the background to this development
- Define Expansive Learning in practice – and why it matters
- Explore what is currently working, in terms of supporting practice learning across an Integrated Care System (ICS)
- Discussion of lessons learnt so far

Background, context and evidence base for the innovation, including, where possible, its international relevance: This session is designed to give an overview of our progress on a system-wide project being undertaken currently across North Central London ICS, designed to improve the student learning experience and student placement capacity. Using funding gained from a successful bid to Health Education England (HEE) – which aims to support increases in nursing placement capacity – North Central London (NCL) ICS have drawn on elements of the approach used by University College London Hospitals (NCLH), to develop, roll out and evaluate a model for placement learning, that builds on previous research some of the team have undertaken, by providing students with “expansive learning” experiences in practice (Holbery, Morley & Mitchell, 2019).

Aim/focus of the innovation: This innovative approach to practice learning aims to test the extent to which we can adopt a system-wide approach to practice learning across an Integrated Care System, which helps improve the student learning experience, and critical thinking skills, at the same time as increasing student placement capacity.

Implementation of the innovation: Clinical educators are working across an Integrated Care System (ICS) to adopt elements of an approach used by UCLH to support students in practice, to provide them with expansive learning opportunities - focused on supporting development of critical thinking skills, and on giving them opportunities to reflect on and deepen their understanding of wider practice issues.

We are using coaching skills to enhance student critical thinking, dialogue, reflexivity and leadership skills. Other activities include working in partnership with organisations to facilitate reflective dialogue sessions, peer-learning sessions and provide additional placement learning opportunities across the ICS.

Methods used to assess the innovation: A mixed methods approach was taken including:
Qualitative - evaluation using feedback from students, practice assessors, practice supervisors, link lecturers and clinical tutors to assess perceptions of impact to student learning achievement in practice. Quantitative - comparative assessment of student capacity in areas adopting this model for supporting students.
**Key findings:** At this stage in the project we will be reporting on key learning and findings that emerge over the next 6 months.

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

1. Building on previous research, through application of expansive learning model to clinical - what works?
2. Exploration of degree to which an expansive learning model contributes to improving students’ critical thinking.
3. Application of lessons on what works, in adopting a system-wide approach to supporting student learning across organisations.

**References:**

**Keywords:** Practice Learning. Expansive Learning. Critical Thinking.
Listening at the window: A narrative inquiry describing student nurses' experiences of learning in clinical practice

Ruth Poxon, University of Wolverhampton

Promotional abstract: The aim of this session is to share the outcome of my Doctoral research study which explored student nurses' experiences of learning in clinical practice. This has the potential to develop and enhance the way student nurses are supported whilst developing experiential learning in clinical practice.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Nurse Education is under constant review and student nurses' learning in clinical practice continues to be described as a vital component to learning to become a nurse, with equal weighting given between theory and practice (Nursing & Midwifery Council, 2018). Yet there is a lack of United Kingdom (UK) published research exploring student nurses' perceptions of their experience of learning in clinical practice.

Aim(s) and/or research question(s)/research hypothesis(es): Research question: How do student nurses describe their experiences of learning in the clinical environment?

Aim: To explore student nurses' descriptions of their experiences of learning in clinical practice through the narrative of storytelling.

Objectives were to:

- narratively describe student nurses’ inner world of learning in clinical practice;
- identify factors which positively or negatively influence student nurses’ experience of learning in clinical practice;
- contribute to the understanding and representation of student nurses’ own views of 'learning in practice';
- provide a firmer evidence base to inform curriculum development for Nurse Education in order to make recommendations;
- generate ideas for further research.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: Narrative inquiry research methodology was used to collect 8 self-selected student nurses’ stories exploring their experiences of learning in clinical practice. Ethical approval was gained, and the student nurses were fully informed of the purpose of the study and their right to withdraw.

Confidentiality was assured and all data anonymised. Individual semi-structured interviews were conducted and recorded for transcription. The stories as data were analysed thematically and then grouped together under the three identified themes and recreated with in-vivo quotes using the participants' own words from the transcripts. This representation provided the opportunity for further interpretation and discussion.

Key findings and recommendations: Three themes emerged from the analysis which were, the student nurses' descriptions of learning from others, fitting in and their contribution to practice. A narrative thread ran through all the stories which described the strategies and tactics the student nurses used to survive and/or thrive in clinical practice. The analysis of
the stories builds on the work of O’Mara et al. (2014) who had established four strategies that student nurses used for coping whilst learning in clinical practice described as Retreating, Redirecting, Rebuilding and Reframing. This study has revealed two further strategies used which I have named as Resisting and Restoring. These six strategies have been developed into a model which I recommend needs to be shared with students and academics to help prepare students for their clinical placement experiences and help them to understand how and when to use these strategies as protective considerations for learning in clinical practice.

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

1. This study contributes to the use of narrative inquiry as a research methodology in Nurse Education and provides a unique understanding and representation of a group of UK student nurses’ own views of their experience of learning in clinical practice.
2. It acknowledges the contribution that student nurses make to clinical practice and provides some further understanding of the strategies they use to fit in and learn during their clinical placements.
3. It provides some practical recommendations for helping student to thrive during their clinical placement experience.

References:

Keywords: Student Nurses. Clinical practice. Experiential Learning. Narrative Inquiry.
Promotional abstract: Throughout the pandemic, Medical students have gained less clinical exposure than previous cohorts, with a reported lack of preparedness such as confidence in clinical skills and non-technical abilities. The Clinical Skills Assistant project addresses these deficits by providing opportunities for repetitive skill practice with timely feedback, shown to develop expertise, under nursing mentorship as part of the multi-professional team in a busy emergency department. The aim is to improve student preparedness for starting work as a doctor. Investing in these Medical students now is equally investing in the future of patient care, creating more competent, confident, collaborative and resilient doctors.

Main focus/theme of, or issues addressed by, the poster: The COVID-19 pandemic has resulted in Medical students gaining less clinical exposure. A large proportion of these soon-to-be foundation doctors lack confidence in clinical skills and non-technical abilities, such as collaborative working. The Clinical Skills Assistant (CSA) project addresses these deficits by providing opportunities for repetitive skill practice with timely feedback, shown to develop expertise, under nursing mentorship, whilst volunteering as part of the multi-professional team (MPT) in the Emergency Department (ED). By improving student preparedness for independent practice after graduation, we aim to develop more competent, confident, collaborative and resilient doctors, simultaneously investing in the future of patient care.

Research approaches and underlying evaluation: A weekend induction provided training of core clinical skills on task trainers. These skills were then rehearsed in scenarios with simulated patients (SPs) using hybrid simulation to elicit performance in increasing complexity, with the additional variable of SP interaction. Training was followed by a supernumerary period of voluntary shifts in the ED with regular mentor assessment of practice, working towards independent CSA proficiency. A service evaluation is underway to assess student and mentor perceptions of the impact upon students’ competence and confidence in technical and non-technical domains: clinical skills, communication skills, learning and development, understanding the work environment and team working.

Implications for healthcare education: The project design has intentionally utilised the full ED MPT to enhance learning opportunities. The training weekend was delivered by an educational MPT, including patient participation. ED nurses and clinical support workers were recruited as mentors, utilising their frequently untapped expertise. They will advocate for CSAs within the ED, encourage MPT integration, and offer ongoing support and empowerment to deliver the department’s goal of ‘excellent care without exception’. The objective of students volunteering as CSAs in such an immersive and cooperative environment is to better appreciate the ED MPT, in turn engendering more collaborative and resilient doctors.

Keywords: Emergency Department. Clinical Skills. Medical Student. Cannulation. Multi-professional Team.
Promotional abstract: The School of Nursing at the University of Central Lancashire (UCLan) works in partnership with Comensus, a group of local service users and carers through the SoNIAG group (School of Nursing Involvement Advisory Group). In 2020-21 an innovative pilot project was launched to further embed the voices of service users and carers into Pre-Registration Nursing module design, delivery and assessment. This presentation will showcase the steps taken towards co-creation of authentic module content, present qualitative data from an evaluation in the summer of 2021 and highlight key outcomes from the project to be taken forward by the School.

Background, context and evidence base for the innovation, including, where possible, its international relevance: Service user and carer involvement in Health and Social Care Education has become a core policy requirement in recent years (Health and Care Professions Council [HCPC], 2017; Nursing and Midwifery Council [NMC], 2018; Social Work England [SWE], 2021) and internationally a core component of healthcare training (Towle et al., 2010; Wykurtz & Kelly, 2002). Professional bodies have sought to include and embed the voices of those in receipt of services further in response to publications outlining serious failings in care (Francis, 2013; Keogh, 2013). The NMC in the UK now states that higher education institutions should ‘ensure programmes are designed, developed, delivered, evaluated and co-produced with service users and other stakeholders’.

Aim/focus of the innovation: In 2004 the Comensus group (Mckeown et al., 2011) was core funded by the Faculty of Health at the University of Central Lancashire and the SoNIAG group was set up in 2017-18 to address the new NMC standards (NMC, 2018). This new partnership group helped to design three new pre-registration programmes for accreditation in 2019. Following approval and roll-out of the new programme, a pilot integration and partnership programme began with the aim to further embed the voices of service users and carers into module teams to ensure content was truly authentic and person-centred.

Implementation of the innovation: In partnership with the Comensus group, the Pre-registration Nursing Programme Manager proposed a new approach to managers, course leaders and lecturers whereby service users and carers could be matched according to their experiences with module teams and involved in each stage of the programme. They would be involved as equal partners with lecturers and external stakeholders to design interview questions and scenarios, module content and case studies, and review assessment strategies. Two of the smaller programme teams were selected for the pilot in the first instance and a document circulated to the School to update them on the new strategy.

Methods used to assess the innovation: Following the 12-month pilot, the Involvement Facilitator (and Chair of SoNIAG) hosted separate focus groups for lecturers and Comensus service user/carers. This ensured participants could speak freely without the risk of offending their partner colleagues. The groups were recorded and transcribed before thematically analysed and the results compared. In addition, evaluation forms were co-created by the
Key findings: The qualitative data gathered at the two focus groups were organised into themes: preconceptions, challenges, benefits and recommendations for the future. Both partners admitted to some apprehension and anxiety before the pilot and some of these were confirmed by the challenges related by both groups. Service users often felt out of their depth when module teams were discussing issues such as timetabling or using jargon. Staff were concerned about how much information they should share with the service users as they did not want to overload them with too much work. Overall, however, both were confident that the new approach would ensure an increased focus on the person behind the patient.

Three key points to indicate how your work contributes to knowledge development within the selected theme: Following the publication of these findings, the group collated the responses into a ‘Top tips for partnership working’ aimed at staff colleagues. The three key points from this are:

1. Hold an initial meeting to get to know each other as PEOPLE first & don’t forget to introduce everyone.
2. Remember that service users and carers have offered to help - don’t make assumptions about their health or interest levels. They have signed up for this and are here to enhance the education of future professionals.
3. Give feedback. If Comensus representatives have recommended a change or provided content for a new session, let them know what the students or learners thought about it, talk it through.

References:


Keywords: Co-creation. Partnership. Service User. Carer Involvement. Course Design.
The lived experience of autistic tutors at a Higher Education Institution: Reflections and recommendations for student support
Claire Aubrey and Philippa Laskey, University of Cumbria

Promotional abstract: This presentation will discuss the benefits of framing the tutor as an expert by experience, outline their potential role in student support, and highlight the culture change needed to accommodate this approach to student support within a university setting. The two presenters are both autistic and so will be drawing on their own experience to demonstrate this in a meaningful and authentic way.

Key concepts to be addressed, including, where possible, the international relevance: There is a documented increase in the number of students entering higher education who have a wide and diverse range of needs. Consideration should therefore be given to how to enable institutions and students to work together in harmony so that students feel comfortable discussing and disclosing their needs, whilst universities are engaged in listening and understanding students’ needs on an individual basis. Although the training of tutors is often recommended as a way of building understanding around support, this can be limited in scope and will undoubtedly contradict the framework of individualisation as it can only ever offer a generic overview.

Aim(s)/focus: This session will discuss the benefits of framing the tutor as an expert by experience, outline their potential role in student support, and highlight the culture change needed to accommodate this approach to student support within a university setting.

Evidence base and literature informing the arguments: There is a documented increase in the number of students entering higher education who have a wide and diverse range of needs. Specifically, in 2019/20 332,300 students in higher education declared a known disability, which is an increase of 47% from 2014/15 (Hubble & Bolton, 2021). Although there is a lack of research on this topic, there is a suggestion that support is both limited and inconsistent across the UK (Kendall, 2018), which could be as a result of policies and frameworks which are open to interpretation by each institution. Additionally, it has been found that students do not always disclose fully, either due to poor understanding of their own condition or need, or due to stigma and fear of discrimination (Grimes, Southgate, Scevak & Buchanan, 2019). Feelings of ‘otherness’ have frequently been cited when discussing discrimination (Calloway & Copeland, 2021) and so it is the normalisation and acceptance of this ‘otherness’ that this solution seeks to address.

Issues for debate: A potential solution that we will be proposing in this presentation, is the concept of using the lived experience of tutors to promote an atmosphere of diversity and inclusion in universities. Rather than a formalised package of training, this approach would cultivate an inclusive environment through role modelling. The approach we are proposing has the potential to enable students to feel both represented and accommodated by being able to identify with the tutors and their experiences of similar challenges in higher education. It is also hoped that these tutors would be seen as a safe space or person for students who are in need of support.

Three key points to indicate how your work contributes to knowledge development within the selected theme:
1. This work contributes to a deeper understanding and appreciation of tutors with lived experience.
2. It shows a potential stronger integration of this into the university support system.
3. It will address a unique and largely unexplored style of student support.

**References:**


**Keywords:** Lived Experience. Student Support. Autism. HEI. Role Model.
The Student Midwife Care Survey: Using service users views and preferences to inform the development of practice learning models in midwifery

Dr Rosalind Haddrill, Edinburgh Napier University and Dr Vikki Smith, Northumbria University

Promotional abstract: This survey was developed in the North-East and North Cumbria, UK, and aims to establish women’s preferences around student midwives’ contribution to their maternity care. The findings will be used to inform future models of practice learning, with a particular emphasis on continuity of carer. Questions focused on women’s views and experiences, and the survey was distributed to maternity and parenting groups across the region via social media. 134 responses were received. Analysis shows an overwhelmingly positive response to student midwife care, acknowledging the strength of relationships but also the shared learning between women and students. The survey demonstrates the value of seeking service user views in the development of women-centred practice learning models in Midwifery.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Student midwives play an important part in maternity care. The NHS has a target to train thousands of additional midwives, in order to provide high quality care to all women/birthing people. In addition, national maternity reviews set out a vision for maternity services which are safe and personalised (NHS England 2016; Scottish Government 2017). At the heart of this is the idea that women should have continuity of carer before, during and after birth. Globally, this has been shown to lead to better outcomes and safety for both woman and baby, and an enhanced experience. Gathering the perspectives of women/birthing people about the care they receive is key to ensuring that increased numbers of student midwives gain the experience and skills they need to provide effective care and continuity.

Aim(s) and/or research question(s)/research hypothesis(es): Aim: To identify how student midwives can best support and care for women/birthing people and families, while gaining the appropriate experience and competency required to become qualified midwives, working within continuity of carer models.

Objectives:

- to gather the perspectives of women/birthing people and families with recent or current maternity care experience, about the involvement of student midwives in their maternity care;
- to gather the views of women/birthing people and families about how student midwives can support their maternity journey and how they might provide effective continuity of carer;
- to contribute to the delivery of safe, high quality maternity care by planning appropriate preparation of students to work in continuity of carer models.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: The study employed a questionnaire approach to assess service user views and experiences relating to the involvement of student midwives in their maternity care. Questions were developed collaboratively with service-user representatives. Participants were asked to complete a structured, online questionnaire, made available via maternity and parenting social media networks across the region, over a four-week period in
December ‘21- January ‘22. Ethical approval was granted. Respondents confirmed their consent and eligibility to participate prior to completing the questionnaire anonymously, and did not provide any personal identifiable data. Questions facilitated both fixed and free text responses. Data was analysed using statistical and thematic analysis methods (Braun & Clarke 2006).

**Key findings and recommendations:** 134 responses were received; the majority had experienced care from a student midwife. Analysis shows an overwhelmingly positive response to student midwife care, though the strength of this varied between elements of care antenatally, intrapartum and postnatally. Respondents acknowledged the strength of relationships and the shared learning that occurs between women and Midwifery students throughout the pregnancy journey. It was evident that students had a profound impact on many women/birthing people. Many identified qualities in students that were less evident amongst the professionals who cared for them, such as enthusiasm, compassion and an ability to provide personalised care. Almost all respondents suggested that they valued continuity and would like the opportunity to get to know and receive care from the same student midwife during their pregnancy journey, working alongside qualified staff.

The survey provides unique insights into the experience of student midwife care, and demonstrates the value of seeking service user views to inform the development of person-centred practice learning models in Midwifery. The findings should contribute to placement learning strategies in the North East and North Cumbria, to enable increasing numbers of student midwives to provide safe and effective continuity of carer, with an emphasis on building strong relationships and individualised care. They can be utilised to optimise clinical experiences and shared learning opportunities for students, but also for the women/birthing people and families they care for.

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

1. Responses provide unique insights into the experience of women/birthing people's care by student midwives, and the impact of this, both positive and negative.
2. Service user contributions will inform the development of effective practice learning experiences in Midwifery, at a particularly challenging time, in terms of increased student numbers and resource pressures within the NHS. They will help to address some of the challenges associated with the transition to new ways of working and learning in practice.
3. Momentum around the provision of continuity in maternity care is growing in the UK, but little evaluation of women's views on continuity and its benefits exists. This survey contributes to a greater understanding.

**References:**


**Keywords:** Maternity Care. Student Midwives. Practice Learning. Continuity. Service-User Perspectives.
Promotional abstract: Transnational Nurse Education programmes are becoming more commonplace in the higher education (HE) sector, with academic staff from external universities often assuming a ‘fly-in faculty’ approach to deliver teaching in universities overseas. Although Transnational Nurse Education may be a core component of university business strategies, there is emerging evidence to suggest that it is a complex activity. This presentation will share the findings of a study that explored academic perceptions of their experiences of teaching overseas. It will outline the challenges academics faced, the strategies they implemented to resolve these and introduce a proposed model to support effective Transnational Nurse Education.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Transnational Nurse Education is developing pace across the international higher education sector as a highly regarded lucrative business development strategy (Arunsalem, 2016), resulting in numerous universities establishing themselves as key players in the field. However, Transnational Nurse Education is not without its challenges, with emerging evidence suggesting that it a highly complex activity (Mackay et al., 2016; Maxwell-Stuart and Huisman, 2018). There is limited evidence to inform understanding of academic experiences of delivering Nurse Education within the transnational context. This study therefore aimed to address this knowledge gap and utilise the findings to inform and influence future transnational educational practices.

Aim(s) and/or research question(s)/research hypothesis(es): The study aimed to address the following research question: How do academics perceive their experiences of delivering Transnational Nurse Education programmes overseas?

Research methodology/research design, any ethical issues, and methods of data collection and analysis: The study was underpinned by a grounded theory methodological approach (Charmaz, 2014). Following ethical approval, academics were invited by email to participate in a brief online survey. The survey collected demographic information and gained preliminary insight into the nature and extent of academics’ Transnational Nurse Education experience. Survey data was used to inform a theoretical sampling strategy, which resulted in a sample of 10 participants. Data was collected via individual interviews which were supported by a semi-structured topic guide, transcribed verbatim and analysed using the established grounded theory techniques of initial and focused coding.

Key findings and recommendations: Data analysis supported identification of the following eight themes:

- Understanding the context of healthcare and education;
- Being supported;
- Collaborating with transnational partners;
- Recognising language and cultural influences/barriers;
- Adapting to the environment;
- Implementing effective and responsive educational pedagogies;
- Recognising the benefits for individual development;
- Valuing the benefits for the organisation.
The findings highlight that despite the potential challenges and complexities of Transnational Nurse Education, it is a worthwhile activity that brings with it a host of benefits to the individual academic, the higher education organisation and the transnational partner. However, in order to overcome the challenges and complexities it is evident that the implementation of a range of strategies are needed. Key strategies include developing formal and informal academic peer support, establishing processes to facilitate collaboration with transnational partners to understand the cultural context of healthcare and designing appropriate mechanisms to support academics to adapt to the educational environment and implement the responsive pedagogies that are often unexpectedly required in the transnational context. As a result of the study, an emerging grounded theory is proposed that outlines the principles of Prepare, Perform, Progress as key elements to support effective Transnational Nurse Education in future practice.

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

1. At a time when Transnational Nurse Education is developing at pace, the study findings provide much needed original insight into academic experiences.
2. The findings outline the key challenges and complexities that academics can face when delivering Transnational Nurse Education in overseas contexts.
3. The recommendations suggest a range of strategies to address the challenges and complexities of Transnational Nurse Education and propose an emerging model to inform future practice.

References:

Keywords: Transnational Education. Nurse Education. Academic Experiences.
Promotional abstract: Due to the COVID-19 pandemic many institutions have had to quickly adopt online methods in Nursing student selection to align with the health/safety guidelines introduced by governments. The aim of this study was to develop online student selection interviews for four Nursing programmes to strengthen the evidence-base, fairness and objectivity of the interviews. A mixed-methods design was adopted. As a result, five key areas were identified to be assessed in the interviews, and interview questions and scoring criteria were developed for these.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Globally, there are approximately 35 million nurses and midwives working within healthcare (WHO, 2021), and 121,000 Nursing graduates alone in the European Union (Eurostat, 2019), providing some estimation of the scale of the Nursing student selection processes provided by higher education institutions (HEIs). Internationally, Nursing student selection processes vary greatly but because of the COVID-19 pandemic many HEIs have had to quickly adopt online methods to align with the health and safety guidelines introduced by governments.

Aim(s) and/or research question(s)/research hypothesis(es): The aim of the study was to develop blended online student selection interviews for four Nursing programmes (Adult, Mental Health, Child, MSc Adult & Mental Health dual registration) in the Faculty of Nursing, Midwifery and Palliative Care. The word ‘blended’ refers to an online one-to-one interview format in which both open-ended and multiple-choice question types are used.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: A mixed-methods design was adopted. The development phase of the study included identification of the structure and content of the online interview using a literature review, evaluation of the face validity of the interview questions and scoring criteria using Delphi survey (n=10), and evaluation of the feasibility of the interviews utilising semi-structured interviews (n=4) after a pilot study. Content analysis was used to analyse the literature review results, thematic analysis for semi-structured interview results and Content Validity Index was calculated to analyse the Delphi survey results. Approval to undertake the study was granted by the University Research Ethics Committee.

Key findings and recommendations: According to the literature review, the structure of the online interviews should include five areas to be assessed: career choice, reasoning skills, ethical skills, emotional intelligence skills, and language and communication skills. The interview questions and scoring criteria were developed and finally modified according to the results of the Delphi survey and the pilot tests. The main results and the final structure (number of questions and their type) of the online interviews will be presented at the conference.
It is recommended that student selections should be based on evidence. This study presents several methods that can be used in different healthcare disciplines to develop student selections. The results also provide important information of the areas to be assessed.

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

1. New assessment evidence-based strategies are needed in the student selection context.
2. Provides evidence to support the content and delivery of Nursing student selection interviews.
3. Blended interviews may assist faculty member to assess applicants more comprehensively and objectively.

**References:**


**Keywords:** Nursing Education. Student Selection. Online Interviews. Standardised Questions. Mixed-Methods.
Promotional abstract: Healthcare Education has traditionally been a 100% face-to-face programme. However, the pandemic has allowed educators to become more innovative and increase their digital literacy for teaching. This session will explore how to create effective, engaging, innovative, and interactive digital learning experiences using ThingLink for hard-to-reach subjects with a basis in contemporary pedagogy.

Main focus/theme of, or issues addressed by, the poster: There have been recent calls for research knowledge and skills to be integrated into Pre-Registration Nursing curricula (Council of Deans, 2019). Many healthcare professionals agree that research literacy is a fundamental aspect of quality evidence-based care (NMC, 2018), and students report wanting more within their programmes of study (Council of Deans, 2019). Despite this, the so-called theory-to-practice gap between research and nursing is wide open and requires engaging and innovative teaching techniques to facilitate its closure. 300 final year students across three sites were invited to a virtual research conference with input from research active staff from the School of Nursing with multimodal aspects of learning including videos, research papers and podcasts.

Research approaches and underlying evaluation: This project used an active blended learning approach (Kolb, 1984) with real-world context to achieve higher-order thinking (Bloom, 1956). Different media was used to engage students including a sense of humour to break down perceived difficult research topics including methodology and critical appraisal. Students were shown how to use the platform at the opening of the conference. An instant messaging box was used to facilitate engagement and networking throughout. Students were invited to evaluate the experience using an embedded Microsoft Forms questionnaire.

Implications for healthcare education: Healthcare Education has seen a huge shift during the pandemic from face-to-face to online. Alongside this, the traditional didactic nature of learning is being phased out, making way for more experiential learning experiences. Student evaluation shows that despite a previously perceived notion of research being unimportant, they understood its place in becoming a professional Nursing Registrant. Students described the experience as: “engaging” and “it helped me understand why we do research and the importance of it”. Is it time to think differently about face-to-face versus online learning for difficult to reach subjects?

References:


**Keywords:** Innovation. Effective. Interactive. Engaging. Digital Learning.
Promotional abstract: In 2021, Scotland's National Dementia Champions programme 2021 was commissioned to be delivered digitally as part of the Scottish Government’s Dementia and Covid Recovery Plan. The University of the West of Scotland (UWS) and Alzheimer Scotland delivered early cohorts from 2011 across Scotland in classroom settings. This presentation will provide insight into the multi-agency and multi-speciality approach to adapting this long-established programme into the digital sphere. It will demonstrate the educational strategies and evidence-based pedagogy used to retain the underpinning values of the programme and centrality of the voice of people with dementia and their family carers while developing staff as agents of change.

Background, context and evidence base for the innovation, including, where possible, its international relevance: In 2021, Scotland's National Dementia Champions programme 2021 for more than 100 Health and Social Care professionals was commissioned to be delivered digitally as part of the Scottish Government’s Dementia and Covid Recovery Plan. UWS and Alzheimer Scotland delivered early cohorts from 2011 in five sites across Scotland in classroom settings. Previous studies have highlighted the central role of active voice participants (people with dementia) as peer educators in changing perceptions, attitudes and subsequent actions of Health and Social Care professionals towards people with dementia and their families (Jack-Waugh et al., 2018).

Aim/focus of the innovation: This presentation will provide insight into the multi-agency and multi-speciality approach to adapting this long-established programme into the digital sphere. It will demonstrate the educational strategies and evidence-based pedagogy used to retain the underpinning values of the programme and centrality of the voice of people with dementia and their family carers, while developing staff as agents of change. This session is facilitated by experts in dementia education, learning artefacts co-creators, peer-active voice partners and clinical peers. They will outline their learning and early evaluation findings from the rapidly moving digital development and delivery.

Implementation of the innovation: Dementia Champions Learners were directed to a bespoke virtual learning platform where they undertook five learning packages of four hours each. The learning packages were augmented by five facilitator-led peer-to-peer learning sessions after completion of each virtual learning package and personal tutor coaching. To become Dementia Champions, learners completed two assessed pieces of work. The final assessment was a change action plan to enable Dementia Champions to disseminate their knowledge and improve practice within the sphere of their responsibility.

Methods used to assess the innovation: Evaluation tools used, ethical considerations and application methods, current and comparative outcome data will be presented as previously described in MacRae et al. (2022). Session by session evaluative data will also be presented. This current data will be compared with previous pooled data from programmes delivered in the face-to-face classroom setting.
**Key findings:** Data from the 2021-22 delivery is currently being analysed. Early data indicates satisfaction with the learning experience. During and after the session, the participants will understand:

- The aim of Scotland's National Dementia Champions programme.
- The multi-agency process and educational strategies used to enable digital delivery.
- The methods and relationships underpinning the co-creation of the learning artefacts.
- The multi-media approaches and mediating artefacts used to support learning.
- Preliminary evaluation data.
- The learning so far concerning the digital delivery of a national workforce development programme.

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

1. Enhancing education through partnership working is the central contribution to the selected theme.
2. The knowledge and skills available to participants in this presentation reflect the strategic and creative partnership approaches required to translate a programme from face-to-face to digital.
3. Retaining the essence of a human rights-based approach to the care of people with dementia.

**References:**


**Keywords:** Dementia. Education. Health. Social. Workforce.
Promotional abstract: This presentation will give some insight into the experiences of the Simulation Team at the University of Cumbria in their facilitation of simulated placements and design of online placements which support these pressures. This discussion will draw early conclusions and offer some recommendations for those areas hoping to develop this style of placement in order to widen participation and promote an inclusive environment through simulated activity.

Key concepts to be addressed, including, where possible, the international relevance: There is emerging evidence to support the fact that simulation can not only provide practice hours for Health students, but that it is comparable in terms of learning outcomes, when competently designed (Chu et al., 2019; Imms et al., 2018). This has far-reaching implications, meaning that pressure for placement capacity may be reduced and students can access practice experiences which remain high quality, rather than placements with limited opportunities solely chosen for their availability (Parker, 2018; Taylor, 2021). The additional benefit of simulated placements takes the form of inclusive practice. Where students are either unable to access a physical placement or have other reasons for not being able to attend, simulation offers a solution.

Aim(s)/focus: This presentation will give some insight into the experiences of the Simulation Team at the University of Cumbria in their facilitation of simulated placements and design of online placements which support these pressures. This discussion will draw early conclusions and offer some recommendations for those areas hoping to develop this style of placement in order to widen participation and promote an inclusive environment through simulated activity.

Evidence base and literature informing the arguments: There is emerging evidence to support the fact that simulation can not only provide practice hours for Health students, but that it is comparable in terms of learning outcomes, when competently designed (Chu et al., 2019; Imms et al., 2018). This has far-reaching implications meaning that pressure for placement capacity may be reduced and students can access practice experiences which remain high quality, rather than placements with limited opportunities solely chosen for their availability (Parker, 2018; Taylor, 2021).

Even accommodating students with increased personal responsibilities, such as caring for children or elderly relatives could be contemplated, reducing financial and logistical pressures, and in turn supporting mental health (Ketterer, 2020).

Issues for debate: This presentation will make some suggestions around using simulated practice to provide an environment of inclusivity for students in higher education institutes so that widening participation may occur.

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

1. This presentation will open up the scope of simulation to promote an inclusive practice.
2. It will demonstrate how inclusivity can be integrated seamlessly into the curriculum through simulation.

3. It will open the door for discussion around innovative ways to widen participation on vocational health courses.

References:


Keywords: Simulation. Healthcare. HEI. Simulated Activity. Inclusion.
Promotional abstract: A primary aim of this study is to determine a current state of digital literacy including perception of digital approaches among Pre-Registration Nursing students. A further aim is to study the efficacy of technology-based and virtual experiential learning approaches for delivering a broad and consistent suite of learning opportunities that strengthen knowledge, confidence, and competence within the future workforce. A proof-of-concept virtual experiential learning study comprising a four-week virtual placement commencing June 2022. Technologies will be utilised in the deployment of simulated scenarios including virtual/augmented reality, gamification, hackathons, telehealth and virtual ward scenarios, designed to address the future nurse proficiencies.

Main focus/theme of, or issues addressed by, the poster: A primary aim of this study is to determine a current state of digital literacy including perception and confidence in digital approaches among Pre-Registration Nursing students. A further aim is to study the efficacy of technology-based and virtual experiential learning approaches for delivering a broad and consistent suite of learning opportunities that strengthen knowledge, confidence, and competence within the future workforce.

A proof-of-concept virtual experiential learning study comprising a four-week virtual placement commencing June 2022. Technologies will be utilised in the deployment of simulated scenarios including virtual/augmented reality, gamification, hackathons, telehealth and virtual ward scenarios, designed to address the future nurse proficiencies.

Research approaches and underlying evaluation: A mixed-methods design will be employed to collect and analyse data obtained through observation, interview, focus groups and survey. Study results will be consolidated and documented in August 2022 and will play a role in assessing efficacy for developing confidence, competence and preparedness for the digital future and will inform adjustments to the concept to meet digital literacy challenges and improve effectiveness.

Implications for healthcare education: The NMC requires student nurses to complete 2,300 practice hours over the Pre-Registration Nursing programme. There is, therefore, a high dependence on suitable and reliable learning opportunities for the development of knowledge, skills and proficiencies. The NMC’s Standards Framework (2018) recognises the role of technology enhanced and simulation-based approaches as part of learning and assessment. Until recently, simulation hours have been capped at 300 hours. The NMC has now increased the number of simulation hours to 600 for some institutions. This offers a more outcome-focused approach utilising a greater use of simulation for learning and assessment that facilitates safe and effective care. (Ford, 2021)

References:
Keywords: Virtual Reality. Simulation. Augmented Reality. Technology. Pre-Registration Placement.
Strand 2B: Key challenges in healthcare education  
Linking theme: Innovation in practice learning  

2Bi, 13:15-15:00, 6 September 2022  
Theme paper, Innovation paper  
Student leadership and innovation in practice learning  
Yvette Heatley, University of Chester

Promotional abstract: The Corporate Placement Expansion Project is a work stream within the Enabling Effective Learning Environment (ELEE) work across Cheshire and Merseyside. The overall philosophy of this Health Education England (HEE)-funded project is to expand the practice learning opportunities available for students undertaking Pre-Registration Healthcare programmes, with a focus on experience within quality and leadership.

Background, context and evidence base for the innovation, including, where possible, its international relevance: The Corporate Placement Expansion Project is a work stream within ‘Enabling Effective Learning Environments’. This HEE-funded project aims to expand the learning opportunities available for students undertaking Pre-Registration Healthcare programmes, whilst increasing capacity. The critical need for NHS workforce expansion is emphasised in The People Plan for 2020/21 (NHS England, 2020), including a target to recruit 50,000 nurses into the NHS workforce by 2025. This recruitment drive has been positively reflected by the increase of applications for Nursing degrees, which have increased by 34% (UCAS, 2021).

Aim/focus of the innovation: Collaborating with placement providers in acute and community settings, offering placement circuits throughout Corporate Services, including Quality & Transformation. This immersive learning experience creates opportunities for learners, whilst enabling NHS Trusts to showcase their innovations in practice. In addition, the University of Chester has created a placement opportunity within the Faculty of Health and Social Care. Learners will complete the Edward Jenner Programme via NHS Leadership Academy and have the opportunity to contribute to network-level activity. Placement providers tailored the learning experience to fit their organisations, with some providers utilising a hybrid model to incorporate both corporate and patient-facing elements.

Implementation of the innovation: The initial pilot was allocated to 15 third year student nurses with a view to create a prototype placement which can be utilised by other HEIs as well as other programmes including Midwifery and Allied Health Professions (AHPs). This placement has been aligned to part three of the Nursing & Midwifery Council (NMC) Proficiencies related to quality and leadership. Buy-in from placement providers was key, and was gained through networking with key contacts from Practice Education as well as strategic leads within practice organisations.

Support measures were delivered via regular meetings to review progress and implement extra support when required. A Corporate Placement Workbook was also produced to support both learners and placement providers in structuring the learning experience.

Methods used to assess the innovation: Pre- and post-assessment of student knowledge around leadership/quality, in addition to placement evaluation.
We are currently expanding the research through mixed methodologies including semi-structured interviews and focus groups to explore the experiences of learners and colleagues in practice.

**Key findings:** Evaluation reflected that the learning experience was well-received by students and had a significant, positive impact on their self-assessment of knowledge and skills around leadership and Quality Improvement at a strategic level.

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

1. Innovation through the utilisation of teams not traditionally allocated to for clinical placements.
2. Prepares students for qualifying as registered practitioners, by equipping them with skills and knowledge related to leadership skills and quality.
3. Creation of a prototype placement which could be adopted by other higher education institutions.

**References:**


**Keywords:** Leadership. Quality. Placement. Innovation.
Promotional abstract: Due to the COVID-19 pandemic, innovative approaches to clinical placement exposure had to be developed to ensure student nurses were able to achieve required elements of their programme. University of Birmingham implemented a child development simulated placement that facilitated students to review the resources available within a designated area of the community. Working in groups of 10, students identified the demographics, visited the areas and reviewed what facilities and challenges their area had. They then developed resources to help support them and presented these to their community. These included presentations within schools with regard to healthy eating.

Background, context and evidence base for the innovation, including, where possible, its international relevance: Due to the COVID-19 pandemic, innovative approaches to clinical placement exposure had to be developed to ensure student nurses were able to achieve required elements of their programme. University of Birmingham implemented a child development simulated placement that facilitated students to review the resources available within a designated area of the community. This innovation is transferable across programmes whereby placements are part of the requirements.

Aim/focus of the innovation: This innovation looked at a community focus with regards to placements. Due to changes with COVID-19 and the challenges faced by community health professionals, it was not possible for student nurses to have exposure to community placements. This simulated placement aimed to expose the students to community working through facilitated sessions and community walk rounds to help understand the challenges people may face within their communities.

Implementation of the innovation: Second year student nurses were assigned to a community area within Birmingham and supported by a facilitator who was also their practice supervisor. Health professionals within the community were identified so that students had a point of contact. Over a four-week period and working in groups of 10, students were presented with a problem at the beginning of the week in which they were required to search for potential answers to these problems. Students had to explore the challenges faced by different age groups and the potential impact on their families/community.

Methods used to assess the innovation: In the final week of the simulated placement, the students presented a resource they had developed to their community as well as at an internal conference at University of Birmingham. This resource had to be linked to the challenges they had identified through the previous three weeks. Students provided peer reviews and practice supervisors provided feedback. At the end of the placement, an evaluation was completed.

Key findings: An evaluation is currently under review but will be available for conference. Anecdotally, the students have provided positive feedback on their increased knowledge of the challenges different communities face as well as how health professionals can help support them.

Three key points to indicate how your work contributes to knowledge development within the selected theme:
1. This innovation provides a placement alternative.
2. Students provide peer support and guidance and this increases their knowledge base as well as their skills in providing feedback, team working and effective communication.
3. Students are provided with an understanding of community and how community health can be managed/supported.

References:


Keywords: Simulated Placement. Community. Child Development.
Promotional abstract: In this presentation, we will provide an account of the scoping, development and implementation that led to the successful delivery of a simulated placement in Physiotherapy. In addition, we will share the student evaluation and lessons learned from our experiences. Educators who attend the session can expect to be able to build on and grow their own simulated placements from the lessons we learnt so that they are able to embed simulated placements in their own curriculum.

Background, context and evidence base for the innovation, including, where possible, its international relevance: It is evident that the National Health Service (NHS), independent and charitable sectors are struggling to provide enough clinical placements. This is in part due to a growing competitiveness among London-based higher education institutions (HEIs) and those from further afield, and is additionally complicated by the rising demand for Healthcare students to tackle the wide-ranging workforce challenges. Through our awarded Health Education England (HEE) simulated placement capacity funds, we, as a London HEI, employed a Simulated Practice Learning Developer to help us scope, design and implement simulated practice learning opportunities to mitigate the capacity issues, whilst improving the student experience and supporting the development of professional knowledge, skills and behaviours.

Aim/focus of the innovation: Through a structured programme of simulation, we supplemented the clinical practice of a mixed group of 20 second year BSc and first year MSc Physiotherapy students to augment their clinical practice and deliver 20% of a five-week clinical placement. We used our people’s academy service users and a theatrical group to help contextualise the evolving case studies of two patients. The scenarios started in A&E, through to the ward, a deterioration to intensive care admission, rehabilitation and discharge into the community. We challenged students with conditions, changes and a full range of assessment, management and clinical reasoning scenarios.

Implementation of the innovation: Watson et al. (2012) and Blackstock et al. (2013) implemented simulated placements and designed a programme whereby clinical practice hours were replaced by simulated learning. They found that clinical education in a Simulated Learning Environment (SLE) can successfully replace 25% of placement time without compromising learning outcomes. We developed a structured programme of simulation delivery to be delivered one day a week over five weeks. The scenarios followed patient journeys through a variety of healthcare settings. The debrief of students following a simulated clinical placement was also deemed to be an important part of our delivery model and we based this upon the work of Butler et al. (2018) who developed the Origami Debriefing Model.

Methods used to assess the innovation: Our evaluation of this development took the form of intermittent Mentimeter polls throughout to check in with student satisfaction and sense of engagement. On the final day full evaluation was undertaken by all students via Microsoft Forms. Students were encouraged to communicate with peers and facilitators via the MS Teams site and channels where any issues or confusions were clarified. Students commented on how supportive this mechanism was for them during the experience.
**Key findings:** The staff and student experience has been very positivity reported for this activity. Our evaluation indicates that students want more of this type of activity and they compare it favourably to their experience of clinical practice placements to date. Part of our sustainability plan for continuing to develop these activities to help placement capacity across all professional groups is around simulation staff training to support staff engaging in this new way of working as well as a wide range of resources to support a hybrid approach for all learners.

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

1. It was noted that this method promotes group discussion, sharing of ideas and dilemmas and provides a pool of options for progressing the next element of the scenario.
2. We concluded that the model of reflection helps to broaden clinical reasoning and develop mastery in the decision-making processes that impact on patient care and outcomes.
3. In addition the development of our new simulated practice learning opportunities has not only helped with placement capacity issues but has arguably contributed to a renewed focus on the valued of applied learning and provided new experiences for students to activity engage in their learning journey towards registration as qualified healthcare professionals.

**References:**


**Keywords:** Simulation. Placement. Capacity. Expansion. Physiotherapy.
Designing a new sustainable university speech and language therapy clinic to support student placements: Challenges and successes
Dr Caroline Law and Julia Stewart, Plymouth Marjon University

Promotional abstract: During the pandemic, student placements were significantly reduced. With support from a Health Education England (HEE) grant, the Speech & Language Therapy (SLT) team developed an onsite SLT clinic. To make the clinic sustainable, the design included a fee-paying structure, a range of supervision models and peer placements. This design ensured a range of clinical teaching and learning opportunities for SLT students while requiring a small number of placement educators.

Background, context and evidence base for the innovation, including, where possible, its international relevance: During the pandemic, student placements were significantly reduced. This presented a problem for SLT students who required clinical placement hours to graduate and enter the workforce. With support from a HEE grant, the SLT department at Plymouth Marjon University developed an onsite SLT clinic to expand our student placement opportunities.

Aim/focus of the innovation: A condition of the funding was to make the clinic sustainable to provide student placements into the future. To ensure sustainability the clinic design included a fee-paying structure, so clients pay a small fee for service, similar to an independent practice. Furthermore, a range of supervision structures and peer placements were developed to ensure a range of clinical teaching and learning opportunities were available, requiring only a small number of placement educators.

Implementation of the innovation: Initially, the clinic offered telehealth and simulated learning but now offers a mix of face-to-face, telehealth and knowledge exchange activities. Clinical experiences in the new clinic have been developed to adapt to the needs of the students, the needs of the stakeholders and follow the competency framework required by the Health and Care Professions Council (HCPC, 2014) using case-based learning (Whitworth et al., 2008), reflective models (Geller, 2001) and student views (Quigley, 2020).

Methods used to assess the innovation: To date we have managed more than 30 placements equating to more than 2,000 placement hours. We have two placement educators, and we have 85 clients who have accessed our services. The clinic enabled students to gain placement hours required to graduate and enter the workforce during the pandemic and continues to benefit our students, including students with specific needs and disabilities.

Key findings: In the presentation, we will outline the current model and discuss some of the successes and challenges from our experiences. We hope that our knowledge can be shared with other health programmes as a possible solution to providing effective and valuable placements for students.

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

1. Using an onsite student clinic can help to address shortages in placement provision for SLT students.
2. Using various models of supervision, peer placements and a fee for service can support sustainability.
3. University clinics can be flexible to the needs of students, e.g. students with specific needs, mixed adult and paediatric placements and opportunities for knowledge exchange.

References:
Keywords: University Clinic. Speech and Language Therapy. Student Placement. Sustainability. Supervision.
Strand 2C: Key challenges in healthcare education
Linking theme: Promoting wellbeing

2Ci, 13:15-15:00, 6 September 2022
Theme paper, Issues for debate paper
The costs of becoming a nurse: Promoting student learning and wellbeing amid the cost of living crisis
Dr Mark Molesworth, Glasgow Caledonian University

Promotional abstract: The cost of living crisis is beginning to impact student nurses and looks set to deepen over the coming months and years. This session will explore the responses required by higher education institutions (HEIs) and their partners to promote student learning and wellbeing in the face of these issues. It will critically explore where responsibility lies in ensuring students can fully engage with their studies while many face economic challenges, often compelling them to work in addition to full-time study. Finally, the session will allow debate of strategies and practical measures necessary to support learners.

Key concepts to be addressed, including, where possible, the international relevance:
The key concepts for consideration include exploration of institutional, political, professional and societal issues identified as causal factors of student financial stress. The concept of collaborative working between HEIs and their partners will be considered under the lens of student nurses' learning and wellbeing in the face of a deepening cost of living crisis.

Aim(s)/focus: This session aims to promote self-reflection upon institutional responsibility and consideration of collaborative actions that could be taken in response to student financial stress.

Evidence base and literature informing the arguments: Inflation has been on the rise across much of the world, with most OECD member nations affected (Pew Research Centre, 2022). Even before the current cost of living crisis, personal financial pressures play a role in the problematic levels of attrition seen internationally (Pryjmachuk, Easton and Littlewood, 2009). Although all higher education students experience stress at some point in their education (Lavoie-Tremblay et al., 2021), it is the unique combination of practice learning and university study within Nurse Education that proves stressful for many students in Nursing. The demographic profile of Nursing student cohorts is often comprised of non-traditional students, many of whom are mature students with dependents to support (Bartlett et al., 2016; He et al., 2018; Turner & McCarthy, 2017). Health Education England’s (2018) RePair report shows that financial concerns are the most significant concern for Healthcare students across all years of their Pre-Registration programmes. Economic challenges highlighted within the report include costs associated with clinical placements (e.g. travel and parking) and placement shift patterns limiting access to part-time employment. The implication of continued financial stress among Nursing students requires problem-focused solutions, and by developing an understanding of the causal factors in financial stress, Nurse Educators can begin to develop coping strategy interventions for students (Lavoie-Tremblay et al., 2021).

Issues for debate: We ask delegates to consider the following:

- What are the effects of financial stress upon the mental health and well-being of Nursing and Allied Health Professions students?
- How can HEIs and their partners work collaboratively to support student mental health and wellbeing through the cost of living crisis?
What role can governments play in reducing financial stress for students?
What is the link between student withdrawal and financial pressures?
How can we resolve the barriers of entitlement and bureaucracy to student finance or other benefits, as often faced by students?
What is the impact of part-time work upon academic performance and student wellbeing during university?

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

1. Establishing the views of delegates regarding the cost of living crisis and its potential impact on Nurse Education.
2. Sets out potential strategies that policy makers, HEIs and their partners can use to support student learning and wellbeing through the cost of living crisis.
3. Provide insights into the existing evidence regarding financial pressures on areas such as attrition.

References:

Keywords: Nurse Education. Financial. Economic. Pre-Registration. Wellbeing.
Promotional abstract: Pre-pandemic there were concerns about the resilience and sustainability of the Healthcare Education workforce derived from an ageing demographic and the challenges of recruiting from practice into an academic environment where teaching and research experience are often prerequisites. The pandemic has potentially further damaged this fragile state with more than half of all academics citing emotional burnout as a driver for their intent to leave the sector. Similar statistics exist for those in clinical practice. This presentation will reflect on survey data gained from Healthcare academics about their work-related pandemic experiences and consider how this can inform future recruitment practices.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Concerns regarding COVID-specific psychological stress (Aly et al., 2020) led to protecting mental wellbeing becoming an area of focus for the 2021 International Year of Health and Care Workers (WHO, 2021). High levels of burnout were also being reported in academia - changing delivery practices, isolation from colleagues, and supporting students resulted in many stating a desire to leave or retire (Gewin, 2021). Capacity issues were already causing concern in the healthcare academic workforce because of recruitment challenges and an ageing demographic (CoDH, 2021). This study sought to better understand the impact of managing the pandemic on Healthcare Educators’ wellbeing.

Aim(s) and/or research question(s)/research hypothesis(es): The study was part of a wider project examining Healthcare students’ health but specific questions explored staff wellbeing:

- What internal university resources are you being directed to for Health & Wellbeing support?
- Do you think that the type of wellbeing support that you need has changed from pre-pandemic; and if so, in what way and why?
- Is there anything more that could be done by universities to support your wellbeing? If so, what should this be?
- Is there anything that could be implemented nationally that would help your wellbeing at the moment and as we transition?

Research methodology/research design, any ethical issues, and methods of data collection and analysis: Ethics permission was granted to conduct a Qualtrics online anonymised survey in the first two weeks of June 2021 to gather qualitative data to understand pandemic-related issues pertaining to Healthcare student wellbeing and that of their faculty staff. Healthcare Education programme leaders within Scottish universities were contacted by email by a member of the Council of Deans of Health Wellbeing Short-Life Working Group and invited to complete the academic staff-specific survey using the embedded link. Participation was voluntary. Braun and Clarke’s (2006) six-stage approach to thematic analysis was adopted to examine the trends emerging in the data.

Key findings and recommendations: The majority (84%) of healthcare academic staff reported that pandemic-related changes to working practices had negatively impacted their health and wellbeing. A consequence of increased workload (poorer work-life balance),
inconsistent and changing central messages, feelings of isolation, remodelling courses for online delivery, increased sedentarism, the volume of emails from students, and the need to provide more online support.

While some liked the flexibility that came with home working (and would like to see aspects of this preserved) others found this stressful. Staff were drawing on university resources (managers, wellbeing apps, human resources, counselling services, healthy working lives resources, chaplaincy, Teams meetings, webinars, external agencies) but felt that academia needed to do more to address pastoral support, work-life balance, promoting good home working practices, workload and patterns of working.

It was felt that more could be done to support a healthy work culture. Within universities this could include better management of university deadlines, incentivising being active; and nationally, acknowledging the work that healthcare academics do, supporting clinical academic positions, and ensuring that good news stories emerge.

Study outcomes were shared with the Council of Deans of Health membership and with Scottish Government healthcare representatives to inform pandemic transition action plans.

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

1. A sustainable healthcare academic workforce is required to educate the next generation of health professionals. Prior to the advent of COVID-19 there were concerns around capacity and resilience, these have been further exacerbated by the toll of the pandemic on those in clinical practice and in academia.

2. Good academic practices, processes and support systems that enable a healthy work-life balance for healthcare academics will be important to recruiting and retaining this workforce.

3. More could be done within government health departments to acknowledge the contribution of healthcare faculties and to promote and facilitate transition to academia as a valued career destination.

**References:**


**Keywords:** Academic Workforce. Resilience. Wellbeing. Academic Practice.
Evaluation of Health and Wellbeing Outreach Programme and undergraduate Nursing social prescribing practice learning experience

Professor Jacqueline Leigh, Dr Michelle Howarth, Liz Burns, Catherine Croughan and Maxine Hamilton-Bell, University of Salford

Promotional abstract: This project evaluation is the result of the NHS England ‘Five Year Forward View’ which proposed a ‘radical’ upgrade in the prevention of ill health and a renewed focus on the promotion of Public Health. Development of the strategic workforce framework for nursing, midwifery and care staff, means that a goal for the workforce is to ensure that they are not only knowledgeable and skilled in their ability to support health promotion and prevention but also confident in their knowledge of public health.

Background, including underpinning literature and, wherever possible, the international relevance of the research: This project evaluation is the result of the NHS England ‘Five Year Forward View’ which proposed a ‘radical’ upgrade in the prevention of ill health and a renewed focus on the promotion of public health. Development of the strategic workforce framework for nursing, midwifery and care staff, means that a goal for the workforce is to ensure that they are not only knowledgeable and skilled in their ability to support health promotion and prevention but also confident in their knowledge of public health.

Aim(s) and/or research question(s)/research hypothesis(es): The Health Education England (HEE) project provides second year Nursing students with a unique social prescribing practice/holistic-based programme within a local Voluntary, Community, Social Enterprise (VCSE) sector organisation. We created a passionate and creative project team consisting of the University of Salford (UoS) and VCSE and acute healthcare organisation partners. The aim of this evaluation to examine Nursing students’ knowledge surrounding the prevention of ill health and increased awareness of public health through actively engaging in a truly innovative and unique health and wellbeing outreach programme, that provided a social prescription as part of their undergraduate programme.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: The mixed-method evaluation critically explored the programme and undergraduate Nursing social prescribing practice learning experience in depth and within its context. Evaluation allowed us to gather views, both positive and negative, of different stakeholder groups and analysed them using a thematic content analysis approach. UoS ethics approval was secured. Ten second year student nurses from across the fields of nursing participated in the programme that commenced November 2019. All 10 students participated in focus group interviews.

Key findings and recommendations: Focus group interviews with students highlighted that they increased their knowledge, skills and experience of the social prescribing model and learnt about the importance of building relationships and working in partnership with people. The students have embraced an integrated approach that looks holistically at decreasing social isolation and empowering people in the community to make positive changes and tap into essential resources:

“At garden needs I assisted people with mental health difficulties, learning disabilities carry out a certified course on wellbeing which helps with employability. I also volunteered with a
fellow student to build a new chicken coop for the 4 chickens at the forest school. We also completed gardening jobs with the service users, maintaining the grounds” (Student).

Students have been touched by how well members have engaged with them and attended the student-led health workshops. Over 30 student-designed evaluations clearly demonstrated a more relaxed and happy VCSE member post workshop. Qualitative data from stakeholder focus groups valued the input from students and the wealth of knowledge and experience that they exchanged. The presence of students contributed to positive outcomes for service users, with the focus being on promoting health-related workshops, relaxation techniques and stress management.

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

1. In relation to the impact on staff, it has changed perceptions and opened the door to integrating the health and social care approach.
2. Implications for Practice: We have established and maintained harmonious working relationships, facilitating not just the development of the programme but which also contributed to the development of leadership skills in group members.
3. Collectively we changed culture and mind-set for student nurse practice learning, operationalising Nursing and Midwifery Council Standards for Supervision and Assessment and creatively working through practice placement tariff challenges.

**Keywords:** Social Prescribing. Health and Wellbeing Outreach Programme. Nurse Education. Nursing and Midwifery Council Standards for Supervision and Assessment.
Moving Healthcare Professionals Programme: Embedding the promotion of physical activity in healthcare curricula
Andrea Cameron, Abertay University and Ruth Shaw, Office for Health Improvement and Disparities

Promotional abstract: The benefits of physical activity to health are widely extolled, particularly in relation to the prevention and management of disease. However, few undergraduate healthcare curricula make space to specifically teach physical activity promotion. The professional standards of accrediting bodies ensure that public health and health promotion are embedded in pre-registration degree programmes but there is no standardised approach to covering physical activity. The national Moving Healthcare Professionals Programme (MHPP) is designed to support UK healthcare professionals and educators to gain knowledge and skills that would enable physical activity to be included within routine care to facilitate better patient outcomes.

Key concepts to be addressed, including, where possible, the international relevance:
Tackling inactivity is central to the World Health Organization’s (WHO) Global Action Plan on Physical Activity 2018-2030 (GAPPA) with healthcare viewed as an important sector to progressing this agenda. The International Society for Physical Activity and Health (ISPAH) also identifies healthcare as one of eight key investment areas to support a systems-approach to physical activity promotion. Such an approach requires policies, programmes, partnerships and environments that support community engagement in physical activity to secure a sustainable and healthful future. This presentation will explore the challenges healthcare educators face when trying to integrate the promotion of physical activity in pre-registration curricula.

Aim(s)/focus: This presentation will:-

- Familiarise the audience with the Office for Health Improvement and Disparities (OHID) and Sport England’s programme of work to try and raise the visibility and quality of physical activity teaching for healthcare professionals;
- Share the recently formed MHPP taskforce’s recommendations on priority areas for action;
- Share examples of where physical activity has been embedded in healthcare curricula and explore scalability;
- Debate whether embedding physical activity in healthcare curricula should be a priority and, if this agenda is to be advanced, who the key stakeholders would be and how to get them involved.

Evidence base and literature informing the arguments: A lack of physical activity leads to preventable deaths and costs the UK nearly £7.5 billion annually, £1 billion of this being to the NHS (OHID, 2019). British healthcare professionals (of whom there are c.650,000) will, during their career, interact with almost half a million patients (OHID, 2019). As trusted sources of advice, this means many potential opportunities to promote the benefits of physical activity in preventing and managing chronic health conditions (ISPAH, 2020). If a quarter of the inactive population in England were given and responded to such advice it is thought that there would be nearly 3 million more active adults (Sport England, 2021). However, the majority of healthcare professionals feel ill-equipped in terms of knowledge and confidence, so consequently do not give their patients physical activity information (MHPP, 2020). Initiatives like ‘Moving Medicine’ and ‘Physical Activity Clinical Champions’
demonstrate that progress can be made on upskilling the workforce (Brannan & Hughes-Short, 2020). However, without the impetus of specific professional standards to drive this agenda, progress on embedding physical activity in healthcare curricula will be slow and variable across institutions and programmes. This debate will examine whether there should be more strategic drivers to progress this agenda.

**Issues for debate:** Healthcare systems, particularly in the wake of the coronavirus pandemic, face challenges in service provision; a more physically active and healthy population would reduce strain on the sector. Healthcare professionals are viewed as influential and trusted providers of health messages and are therefore well-placed to promote the benefits of physical activity to their patients. However, they need the underpinning knowledge and skills and it can be challenging to find space within their undergraduate health promotion curriculum to cover this topic. This debate will focus on embedding physical activity in healthcare curricula, and how to resource this in a sustainable manner.

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

1. Healthcare professionals support patients to make informed choices, including about healthful behaviours, yet currently few practitioners feel able to discuss physical activity because of a lack of coverage in their pre-registration programmes.
2. Sharing best practice examples with impact, alongside heightening awareness of available learning resources, can enable educators to explore embedding physical activity in their own curricula and supports the GAPPA objectives of increasing healthcare professionals' knowledge and skills related to physical activity promotion.
3. Healthcare professionals have a key role in influencing and delivering national policies impacting public health, therefore physical activity needs to be addressed in their curricula.

**References:**


**Keywords:** Healthcare Practitioners. Promoting Physical Activity.
"I was thinking like this woman's actually going to die." A study to explore psychological support mechanisms during simulated and real life obstetric emergencies

Dr Lyz Howie, University of the West of Scotland

Promotional abstract: This presentation is from a PhD study exploring psychological support mechanisms with student midwives (across Scotland) following a simulated and real-life obstetric emergency. Obstetric emergencies/critical incidents during childbirth are unpredictable and require immediate management. These events can cause emotional trauma for Midwifery students who will encounter them during their clinical placements. It is crucial that students are prepared to deal with them and feel supported after the event. An emergent explanatory sequential mixed-methods study was conducted to explore psychological support mechanisms with student midwives following a simulated and real-life obstetric emergency resulting in the Motivation And Support for Traumatic Situations (MASTS) model.

Main focus/theme of, or issues addressed by, the poster: The MASTS Model was developed during the PhD study. The model demonstrates methods of support students receive following an obstetric emergency. It also embeds the study themes: Holistic preparation for contemporary practice (simulation and self) and Surviving in the real world, transformation and metamorphosis. It demonstrates that students display forms of psychological and physiological sequelae and if students are supported and use effectual coping and motivational strategies they potentially progress through a journey comparable to Maslow’s Hierarchy of Needs. The model was designed around Maslow’s theory, which was new original knowledge in relation to Simulated Obstetric Emergencies and Real-Life Obstetric Emergencies.

Research approaches and underlying evaluation: An emergent explanatory sequential mixed-methods study was conducted to explore psychological support mechanisms with student midwives from across Scotland following a simulated and real-life obstetric emergency resulting in the Motivation And Support for Traumatic Situations (MASTS) model. Quantitative experimental phase: validated tools to assess anxiety, stress, mood, self-efficacy and wellbeing; descriptive analysis. Qualitative phenomenological phase: unstructured interviews; thematic analysis using Colaizzi’s framework. Sample: pre-registration student midwives across Scotland. The findings that emerged were related to stress and coping theory and synonymous with a motivational theory. Key developments from the original research subsequently led to and informed the MASTS model.

Implications for healthcare education: Student midwives experience emotional and physical reactions following exposure to simulated and real-life obstetric emergencies. Fear and anxiety led to feelings of helplessness, inadequacy, self-blame and avoidance tendencies. Throughout this process, support mechanisms were paramount to nurture and develop students during traumatic situations. Following an obstetric emergency, students should be offered a support mechanism, delivered by a trusted and empathetic person. Involvement with team debriefing in the clinical area is beneficial. This poster and presentation would be informative to students, qualified staff and members of the multidisciplinary team in preparation of supporting the future student workforce through these traumatic situations.
Keywords: Students. Simulation. Obstetric Emergencies. Psychological Support. MASTS Model.
Strand 2D: Student experience, engagement and achievement  
Linking theme: Nursing students' experience  
2Dii, 13:15-15:00, 6 September 2022  
Theme paper, Research paper  
Student experiences of learning about the magical and mysterious world of genetics and genomics  
Deborah Leetham, Northumbria University  

Promotional abstract: Genetics and genomics is rapidly becoming an essential component of contemporary nursing practice. There are a number of challenges in engaging undergraduate Nursing students with this subject and preparing them for their future role. This phenomenological study provides an insight into the experiences of third year Adult Field Nursing students learning of genetics and genomics and the challenges they encountered. The results suggest that students’ conceptions of learning about genetics and genomics is influenced by a number of factors. Innovative pedagogical approaches are required to maximise student nurse learning of this subject.

Background, including underpinning literature and, wherever possible, the international relevance of the research: It is accepted that knowledge and understanding of genetics and genomics is required for contemporary nursing practice despite research suggesting that confidence in the subject remains low (Dagan et al., 2021). Embedding genetics and genomics into everyday nursing practice requires that contemporary Nurse Education reflects this position. Progress has been made, but little attention has been paid to investigating how learning of genetics and genomics by undergraduate nurses takes place (Zureigat et al. 2022). It is therefore timely to uncover the journey adult field student nurses experience in their learning of genetics and genomics during preparation for qualified status.

Aim(s) and/or research question(s)/research hypothesis(es): The overall aim of this research study is to increase understanding of how third year adult field student nurses engage with and learn about genetics and genomics during their pre-registration period in the contexts of the clinical and academic learning environments. The research questions were:

- What key learning do adult field student nurses report in relation to genetics and genomics?
- What learning processes help adult field student nurses develop their knowledge and understanding of genetics and genomics?
- To what extent does context influence adult field student nurses’ conceptions of their learning in relation to genetics and genomics?

Research methodology/research design, any ethical issues, and methods of data collection and analysis: Phenomenography was the methodology for this study. Phenomenography is concerned with the variation in the ways phenomena are experienced and aims to describe collective experiences of a phenomenon and the qualitatively different ways of understanding it (Marton & Pang, 2008). Categories of description and the outcome space represent variations in experience and the relationship between them (Cousin, 2008). Data was collected by semi-structured interviews and the use of programme materials as a memory prompt. Transcribed interviews were analysed using Akerlind’s phenomenographic seven stage process (Akerlind, 2005) enabling a gradual shift from individual transcripts to a pool of meaning.
Key findings and recommendations: Findings revealed an outcome space with four categories of description emerging as distinct ways by which the participants conceived the learning of genetics and genomics.

Category of description 1: Learning about genetics and genomics as a troublesome experience. A sense of magic and mystery was attached to the subject along with the idea of requiring a whole new language to make sense of basic genetic and genomic principles influencing learning.

Category of description 2: Learning about genetics and genomics in the correct environment. The experience of Learning about genetics and genomics was influenced by the attitude, knowledge and confidence of the facilitator.

Category of description 3: Learning about genetics and genomics with the right people. Learning together and sharing personal and professional experiences helped students to create a community of practice in the classroom.

Category of description 4: Learning about genetics and genomics in the context of nursing. The lack of exposure to genetics and genomics in clinical placements made the subject invisible to students inhibiting deep learning.

Recommendations include threading genetic and genomic content throughout Nursing curricula delivered with innovative pedagogies and augmented teacher engagement. A stronger clinical component is paramount to situate genetics and genomics in the clinical context.

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

1. This research has highlighted key experiences of learning about genetics and genomics by third year Adult Field Nursing students at one UK university in an under researched subject area.
2. The findings of this study can lead to the development of targeted education and the implementation of novel pedagogies that will facilitate student nurse engagement with genetics and genomics.
3. The learning environment and the context in which exposure to genetics and genomics occurs appear to be of significant impact in the students’ learning journey. The opportunity for practice experience needs to be addressed.

References:

Keywords: Genetic/genomic. Student learning. Phenomenography.
Promotional abstract: The use of technology in Nurse Education has grown exponentially over the last two years, due, in part, to the challenge of delivering education in a pandemic. Emergency remote learning evoked a degree of complexity to teaching and learning, affecting both staff and students. This presentation explores the application of a web-based tool to teaching and learning activities within a research module as part of a Pre-Registration Nursing degree. Working within the framework of a flipped classroom (FC) approach, students selected activities and engaged interactively with their learning.

Background, context and evidence base for the innovation, including, where possible, its international relevance: Current literature indicates a growth in the use of technology in education (Ottenbreit-Leftwich et al., 2018), however, such technology is often not used to the maximum potential because a range of external and internal factors impede development and innovation (Laurillard et al., 2011). These barriers affect both students and educators, but the application of educational principles such as transactional distance, reducing cognitive load and providing a greater choice and variety of learning activities can effectively minimise these barriers and enhance student engagement, and learner agency.

Aim/focus of the innovation: This paper explores the application of the Learning Designer, a web-based tool that assists educators to design activities based upon the six learning types identified in Laurillard’s Conversational Framework (Laurillard et al., 2012). The tool was utilised to develop the FC content of a Scottish Credit and Qualifications Framework (SCQF) level 9 research theory module. In FC students become active learners instead of relying on the lecturer as the provider of knowledge, therefore, in this module students were encouraged to create their own content, engage in independent problem solving and complete enquiry-based activities to develop new knowledge and understanding.

Implementation of the innovation: The Learner Designer tool was used to create a sequence of learning activities underpinned by transactional distance learning theory (Moore, 1997), cognitive load theory (Sweller, Ayres & Kalyu, 2011) and learning design (Laurillard et al., 2011). The range of learning activities were developed according to the 6 styles within the Conversation Framework (Laurillard et al., 2012). Students then had a choice and range of learning activities to engage with as part of the FC component.

Methods used to assess the innovation: The creation of the learning activities aimed to allow students to become more empowered through choice and interactivity to engage with their learning within a research module. Initial feedback from students was positive regarding the element of choice and interactivity within. Although this was applied to a single week of learning it is planned to apply the principles of choice and interactivity to a complete module.

Key findings: Our experiences showed that the pandemic had impacted the learning experience of students. Remote online learning was introduced as an emergency measure, and lecturers did not have sufficient resources to invest in the design and implementation of material. The initial feedback uncovered different perceptions of online learning within a FC approach, highlighting both challenges and opportunities for students and lecturers. Such an approach must challenge and stimulate learners, whilst reflecting the level of knowledge and understanding required. Finally, the application of theory should support the use of
technology in teaching and learning and make explicit the style of teaching and learning required.

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

1. All students should have equal access to high-quality digital learning material that is educationally and academically sound, which meets their learning needs.
2. Online learning should be open and inclusive, available to everyone respecting equality and diversity.
3. Lecturers should design learning experiences as sequences of activities that consider the entire learning experience not just the required content.

**References:**


**Keywords:** Technology Flipped Classroom. Online Learning. Student Interaction. Learning Design.
What does academic self-efficacy look like in Nursing? Determining patterns across fields of practice and years of study
Brian McGowen, Ulster University

Promotional abstract: What is Academic Self-Efficacy (ASE), and why is it important to engage with it? Its utility in Nursing Education is developing with no clear pattern established. This exploratory study mapped the prevalence of the construct in undergraduate Nursing students from all branches of Nursing and across all three years of preparation programmes. This session will outline the approach taken to map the prevalence of ASE and present findings from the survey. The session also considers the findings in terms of what the implications of knowing about this are for students and educators. Questions and interaction are encouraged.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Academic Self-Efficacy (ASE), is the domain-specific expression of the concept of self-efficacy which is in turn an expression of an internal appraisal of personal capacity at a moment in time according to Bandura (1977). ASE is linked in the literature to academic achievement and has been the subject of study for several decades. Its utility in Nursing education is developing with no clear pattern established. Findings from studies globally have linked ASE to valid predictors of future academic performance. Understanding and harnessing ASE has an international appeal because it pertains to an internal construct that crosses borders.

Aim(s) and/or research question(s)/research hypothesis(es): The aim of this exploratory study was to map the prevalence of ASE in undergraduate Nursing students from all branches of nursing and across all three years of preparation programmes.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: This was a quantitative study embedded in a post-positivist paradigm but informed by interpretivist tendencies. Ethical approval was granted after consideration of the ethical issues inherent in staff-student research studies. A cross-sectional design was employed and data were collected using an online self-report questionnaire; the Academic Capacity Scale for Nursing 25 (ACSN25), that was constructed for this study informed by a previously validated tool. Descriptive statistics illustrated the demographic features of the sample and facilitated the mapping of measures of central tendency. Exploratory factor analysis was used to excavate and expose the underlying architecture of the collected data.

Key findings and recommendations: 123 respondents (n=123) took part. ASE was moderately high and was a stable trait across years of study and field of practice. The highest scoring item was ‘meeting assignment deadlines’ with $\mu=87.9$. The lowest scoring item was responding to questions in lectures and asking questions in lectures with scores of $\mu =49.3$ and $\mu =45$ respectively. Differences in mean scores for ASE turned out to not be significant. Exploratory factor analysis revealed a five-factor model that contained the constructs: confidence in intellectual skills, independent study skills, interacting with faculty, information processing and lecture theatre behaviour. ASE needs to be considered in curriculum design in Nursing undergraduate courses in terms of advocating for pedagogical practices that enhance ASE. Lecturers should engage with continuing professional development activity that matures their knowledge and understanding of ASE and consider how they might develop their pedagogy to focus on those behaviours that enhance ASE in...
others. Further study is recommended that includes elements of social self-efficacy and reflection self-efficacy and how this links with clinical competence.

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

1. Academic self-efficacy is comparable across fields of practice.
2. Academic self-efficacy grows across the years.
3. Academic Self-efficacy needs to be considered in a wider context that includes reflective self-efficacy and clinical self-efficacy.

**References:**

**Keywords:** Academic Self-Efficacy. Online Questionnaire. Central Tendency. Factor Analysis. Undergraduate Support and Development.
Developing global leaders in palliative care: Refining a postgraduate taught programme using co-design methodology
Dr Clare Ellis-Smith, Kennedy Nkhome, Mark Willis, Debbie Braybrook, Oladayo Afolabi, Ghadeer Alarjeh, Ehsan Khan, Eve Namisango, Jaqualyn Moore and Richard Harding, King's College London

Promotional abstract: The Lancet Commission revealed that millions of people die each year with serious health-related suffering. Despite evidence that palliative care reduces suffering and is affordable, and its inclusion as an essential service within Universal Health Coverage, access remains poor. We urgently need world-leaders in palliative care to develop services and advocate policy change. Our workshops co-design a postgraduate taught palliative care programme to develop international leaders. Recommendations include an international teaching environment with learning from peers, educators and alumni with global experience; equitable models of teaching; opportunities to develop international networks through student-led conferences and social media; and leadership teaching.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Each year, approximately 61 million people experience serious health-related suffering towards the end of their lives with 80% in low-and middle-income countries (LMICs). Palliative care reduces symptoms and improves quality of life for those with life-limiting illnesses. Yet despite its affordability, access is poor. Reasons include misinformation, lack of advocacy, and care for dying not being prioritised. We urgently need world-leaders in palliative care who are equipped with the skills to advocate for policy change and initiate evidence-based services. To do so, we need to develop future leaders through world-leading postgraduate education that is accessible and globally relevant.

Aim(s) and/or research question(s)/research hypothesis(es): To co-design the refinement of a research-based postgraduate taught palliative care programme (Programme) to maximise access and international relevance, that can contribute to a future workforce and network of global leaders positioned to develop the field of palliative care.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: This study draws upon co-design methodology comprising iteratively developed workshops underpinned by social constructivism learning theory, and informed by the content and delivery of the Programme. Up to 30 purposively sampled expert stakeholders took part, including past and current home and international students, Programme educators including module leads and lecturers, educators with expertise in distance learning, educators with expertise in developing programmes or curricula, and international collaborators with expertise in the provision of palliative care in LMICs. Small groups addressed key questions. Discussions were recorded, and scribes made notes. The workshop recordings and scribe notes were thematically analysed.

Key findings and recommendations: Two workshops were conducted with 30 and 15 participants respectively. Participants could select multiple roles/expertise/countries and comprised past and present students (n=6 in workshop 1, n=4 in workshop 2), educators
(n=15, n=8), educator expertise (e.g. distance learning) (n=4, n=2), international palliative care experts (n=7, n=6). Participants described themselves as clinicians (n=16, n=6), researchers (n=12, n=6), or other (n=7, n=2). N=14/n=8 reported being from the UK, while n=18/n=9 were from overseas. Findings comprised four main themes:

1. Networks: participants identified the requirement to form international networks as essential to be positioned as future leaders. These included opportunities to meet international leaders and organisations, engage in formalised alumni networks, and opportunities for student conferences to present and make contacts.
2. Leadership: included developing the skills to lead teams, work with policy-makers and funders, and to become palliative care advocates. Recommendations included student-organised conferences and leadership-based assignments.
3. International context: this reflected the requirement for students to learn from an international teaching workforce and from each other, using accessible language and teaching media.
4. Models of teaching explored synchronous and asynchronous methods to facilitate equitable learning opportunities, and use of HyFlex teaching methods, and technologies for peer learning and networking.

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

1. Networking opportunities with international peers, alumni and leaders is essential for developing future leaders. Technology is needed to ensure equitable networking opportunities for those unable to travel.
2. An international teaching workforce with multiple opportunities for peer learning is desirable to enhance global relevance and international learning.
3. Leadership assignments and tasks such as student-organised events and writing business cases provide opportunities for students to develop leadership skills through application of acquired knowledge.

References:

Keywords: Palliative care, distance education, leadership, global health
How are Healthcare students taught about the physiology of dying?
Dr Laura Ginesi, University of East Anglia and Katie Brown and Professor Derek Scott, University of Aberdeen

Promotional abstract: We aim to promote discussion about teaching of physiology of death and dying to Healthcare students. Knowledge of body systems is expected as part of training of healthcare professionals, so we examine content from textbooks related to mechanisms that are common to terminal illness and sudden death. We suggest that Healthcare students who are caring for patients and their families benefit from clear, honest explanations of what is happening at the end of life. We make suggestions about ways to introduce physiology of death and dying in workshops with the aim of alleviating anxiety and distress.

Key concepts to be addressed, including, where possible, the international relevance: There are an almost infinite number of different possible causes of death, but the fundamental mechanisms underlying the dying process and death itself are universal. There is an expectation that Healthcare students develop understanding of anatomy and physiology as part of their training, so that they develop competence to plan, organise and implement care across the lifespan (Biosciences in Nurse education, 2016; College of Paramedics, 2019; General Medical Council, 2018; Nursing and Midwifery Council, 2018). However, our experience of teaching physiology across the range of professions suggests that we, as educators, are rarely called upon to explain or discuss the physiological processes leading to death and dying, even during teaching about palliative care and end of life.

Aim(s)/focus: The aim of the investigation was to determine the extent to which physiology of death and dying was included in 150 physiology, nursing, medicine, paramedic science and pathophysiology textbooks and 30 curriculum documents for Healthcare programmes were also examined. Keywords and index terms used to examine the texts for terminology and content included death, dying, end of life.

The majority of textbooks included explanations of mechanisms for cell death, while some examined palliative care, brain death and mortality. The most infrequently used term was dying, which suggests that this was not considered to be a key physiological process by many authors.

Evidence base and literature informing the arguments: Observable alterations towards the end of life include increased somnolence, mottling of the skin and reduced ability to maintain consciousness (Minett & Ginesi, 2020). Students and family members may come across expressions like Cheyne-Stokes respiration and “death rattle” (Hui et al., 2014) but these terms alone, without further description, do very little to explain the physiological changes which are happening in the dying person. The process, and the basis for clinical observations, can be attributed to a much more finite range of physiological mechanisms. For example, muscle atrophy related to cancer is predominantly attributed to an increased rate of protein degradation, as a consequence of impaired nutrient availability, that is aggravated by the metabolic disturbances induced by the multiplex of factors released by the tumour (Aversa, Costelli & Muscaritoli, 2017). When death is imminent, cyclic alterations in cardiovascular and neurological activity, exemplified by fluctuations in heart rate, blood pressure and muscle sympathetic nerve activity (MSNA) (Cherniack, Longobardo & Evangelista, 2005) progressively lead to poor perfusion of tissues, failure of respiratory drive, hypoxia and irreversible metabolic disturbance and progression to organ failure.
**Issues for debate:** We appreciate that the multitude of mechanisms and causes of death cannot always be attributed to underlying physiological changes in isolation. Unique to every individual, death may occur suddenly and unexpectedly (Hillman, 2003) or may be a more gradual process and there is an undeniable distinction between the trajectory of a death attributed to a terminal illness and sudden death.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:** Just as knowledge of systems anatomy and physiology is expected as part of the education of healthcare professionals, we make suggestions about introducing discussion about the physiology of death and dying in student sessions.

We propose that there is an opportunity to improve students’ understanding of physiological processes that lead to terminal changes including apnoeic breathing, dysphagia and agitation that occur towards the end of life.

Healthcare students who are caring for patients will benefit from clear, calm and honest explanations of what is happening and of what might be expected when death is imminent can alleviate anxiety & distress (Mannix, 2018)

**References:**


**Keywords:** Healthcare Education. Physiology. Death. Dying.
Promotional abstract: Newly qualified doctors are expected to work effectively as mentors and teachers. But as a junior doctor with an endless jobs list, would you really have the motivation and time to teach? Would you feel prepared to teach given that you weren't trained in teaching during medical school? In this session, we will explore an innovative, exciting and holistic approach to peer-teacher training that addresses a gap in current Medical Education. By analysing the current challenges of peer-teacher training, we will showcase how our methods promote multidisciplinary collaboration and how it can be integrated into your institution.

Background, context and evidence base for the innovation, including, where possible, its international relevance: Globally, it is agreed that teaching is vital to good medical practice. Both the UK's General Medical Council and the Australian Medical Council requires graduate doctors to work effectively as teachers [1,2]. Unfortunately, few medical schools offer formal peer-teacher training (PTT) and even those that are on offer solely rely on large and small-group teaching [3,4,5]. As teaching skills are best developed through a combination of training, practice and feedback, this approach inadvertently prioritises theory over skillset [6]. Unsurprisingly, common complaints of current PTT programmes include a lack of practice opportunities and meaningful feedback [3].

Aim/focus of the innovation: As Medical students, we have time and again observed how a good teacher is much more than a mere presenter. As highlighted by Goldie et al. (2015), excellent teachers are role models who possess essential non-cognitive traits that allow them to motivate, guide and nurture students into achieving their best potential [7]. We, therefore, created Teaching in the Spotlight (TIS), a novel PTT programme that incorporates various approaches to deliver a holistic developmental journey for aspiring peer-teachers.

Implementation of the innovation: TIS comprises a Crash Course, which prepares participants to deliver teaching sessions, and a Core Course, whose sessions are divided into two parts:

1. Practice and feedback, in which participants deliver a teaching session to their younger peers, after which they receive immediate feedback.
2. Training, in which participants are taught how to deliver a lesson of a particular teaching style, for example, bedside teaching.

Through a flipped classroom format and ensuring sessions are constructively aligned, deep learning is promoted throughout. Furthermore, mentorship is offered, with trained peer-tutors guiding participants through the course and offering regular, tailored feedback.

Methods used to assess the innovation: No literature yet describes such an approach to PTT, whereby microteaching is utilised to offer regular, extensive practice whilst also providing comprehensive training. Hence, we explored the perceptions of our participants regarding the TIS course. Our mixed-methods research evaluates TIS through a combination of pre-post questionnaires and focus groups.

Key findings: Participants found TIS “enjoyable”, with the cohort improving across all 11 self-reported variables and concluding that the course exceeded their expectations.
Microteaching was the “key element that developed [participants’] skills”, ranging from presentation skills to time management. Weekly, multifaceted feedback enabled participants to make “micro-adjustments” to their teaching. Meanwhile, the Crash Course better prepared them for delivering teaching sessions. Hence, the “combination of practice and training... [was] optimal”. Participants particularly favoured the “bespoke feedback” offered by tutors. Overall, our alumni recognised the longstanding impact of this innovative course, particularly in developing their non-cognitive abilities.

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

1. Teaching in the Spotlight is an innovative solution that incorporates various learning theories and microteaching to deliver a novel and holistic approach to peer-teacher training.
2. Teaching in the Spotlight effectively addresses a current gap in Medical Education wherein teacher training is either not provided or lacks adequate practice opportunities.
3. Teaching in the Spotlight would be a valuable resource for all healthcare institutions as it promotes widening participation and multidisciplinary collaboration.

References:


Keywords: Innovation. Microteaching. Multidisciplinary. Widening Participation. Peer-Teacher Training.
Promotional abstract: Leadership development is a core requirement within undergraduate Nurse Education and standards, due to new educational standards and standards for registration by the regulatory body, while the approaches within education continue to be disparate. While the Nursing and Midwifery Council (NMC) set the expectations, there is little definition and empirical evidence for pedagogical approaches. This narrative inquiry research explores the experiences, emotional awareness and preparedness for leadership in education by student nurses, academics and senior nurses. Narratives from all three participant groups will be presented from initial analysis and a discussion of education methodologies and implications.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Leadership skills within Nursing Education are thought to be a continuous process of development and learning; it often emerges as a final year competency within the curriculum (Pepin et al., 2011; Ha & Pepin, 2018). The transition from student nurse to qualified nurse may be challenging and stressful leading to the potential for leaving the profession and feelings of low confidence (Ekström & Idvall, 2015; O'Shea and Kelly, 2007; Doody et al., 2012) and this is an international issue for the nursing workforce. Global evidence explores the effectiveness of differing methodologies for leadership preparation in Nursing Education including simulation, self-awareness development and service learning, however there is lack of consensus and further evidence is needed.

Aim(s) and/or research question(s)/research hypothesis(es): The research question is: What are the experiences of leadership and pre-registration education preparation for leadership for students, educators and senior nurses? The aims of the research are to:

- Explore a tripartite view of the experiences of students, senior nurses and educators which form their perception of leadership in nursing.
- Explore the experiences and perception of students, senior nurses and educators in the preparation for leadership of students.
- Expose the narrative of each participant to explore the meaning and explanatory knowledge of what leadership in nursing is.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: Narrative inquiry was chosen as a methodology applying Dewey’s perception of experience as a constant and unceasing interaction of notions and personal, social and material situations (Clandinin & Rosiek 2007). Photographic images as symbolism and metaphors for leadership provided impetus to expand the narratives of experience (Reissman, 2008). Semi structured interviews were recorded and transcribed. The narrative inquiry methodology and analysis of Clandinin & Connelly (2000) and Dewey’s theory of Temporality, Sociality and Place was applied (Dewey, 1958).

Key findings and recommendations: This study is currently at the end of data collection phase. Analysis will begin in April 2020. Initial findings and recommendations will be available by September 2020, which I intend to present.
Three key points to indicate how your work contributes to knowledge development within the selected theme:

1. This work will contribute to education and curriculum development within undergraduate Nursing Education and provide international perspectives on global approaches to leadership development.
2. The findings will add to the current empirical evidence of what effective preparation for leadership means to students, academics and clinical nurses.
3. The outcomes and impact will be the development of a conceptual framework for leadership development in undergraduate Nurse Education.

References:

Keywords: Leadership. Undergraduate Nurse Education. Curriculum Design.
Discipline in the higher education classroom: A study of its intrinsic influence on professional attributes, learning and safety
Fazeela Patel, Edge Hill University

Promotional abstract: The session will reflect upon the research findings to discuss the impact of poor behaviour on learning, psychological safety in the classroom (Transferable to other places where learning is fundamental for improvement: Healthcare), and professional value-based attributes. An approach of ‘discipline’ will be compared with ‘control’ to determine the intrinsic/extrinsic influences. The concept of ‘Discipline’ will be discussed in conjunction with the current ‘learning outcomes’-based education to highlight the lack of cohesion in education and practice partnership, pertinent to the development of value-based professional attributes. National influences from contemporary issues within Healthcare will be addressed to support the urgency of this partnership.

Main focus/theme of, or issues addressed by, the poster: This poster focuses on:

- Impact of poor behaviour on learning, psychological safety in an environment, and professional attributes.
- The function of higher education on professional programmes which include Theory (University) and Practice (Clinical experience) partnership.
- The impact of poor behaviour on healthcare organisations (Culture/incivility/barriers to improvement through transparency).
- The impact of poor behaviour in the learning processes (Experiential learning/social constructivism/simulation).

Research approaches and underlying evaluation: This is a qualitative study, which analyses the perceptions of Operating Department Practice students, studying on an undergraduate professional programme (UK). The thematic analysis was approached with a critical realist framework, which accepts the perceptions as real, but applies the causal influences to interpret the findings. The themes utilised an inductive and deductive approach to explore and find potential resolutions. The questions explored the extent to which behaviour impacts upon learning and a safe culture of learning. The answers were also analysed to retrieve an understanding of the intrinsic and extrinsic application of ‘discipline’ to determine the degree of influence obtainable by its use.

Implications for healthcare education: The research proposes a potential means of developing professional attributes through strategically incorporating ‘discipline’ within higher education, as a means of conditioning intrinsic behaviour which is based on healthcare values and is fit for adults, as opposed contextual aims i.e. classroom control/management. This addresses the theory and practice partnership, whereby actions should be based on underpinning evidence which rationalise implications. Without this, individuals will continue to conform to individual practice culture. Ultimately, indiscipline impacts upon the safety within environments which aim to improve services from transparency and learning from mistakes i.e. healthcare.

References:
Fazeela Patel | May Cheng (Reviewing editor) (2021) Discipline in the higher education classroom: A study of its intrinsic influence on professional attributes, learning and safety, Cogent Education, 8:1, DOI: 10.1080/2331186X.2021.1963391
*Education and Health*, 27(21), 9–23. Available from: 


**Keywords:** Discipline. Adult Professional Education. Healthcare Values. Psychological Safety. Theory and Practice.
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:


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:**


**Keywords:** Immersive. Simulated. Online IPL. Health. Students.
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:**

**Keywords:** Simulation. Framework.
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:


**Keywords:** Vaccination Competence. Simulations. Healthcare Professionals. Health Sciences Students. Pedagogical Approach.
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:

Centre for the Advancement of Interprofessional Education (2002) Interprofessional Education – a definition.


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

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:


Keywords: Person-Centred Practice. PCPI. Healthcare Education. Humanising Healthcare Education. Person-Centred Learning.
Theme paper, Innovation paper

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:

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


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

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:**


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:**


**Keywords:** Student Experience. Nurse Education. Clinical Placement.
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:**


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:

Keywords: Practice Education. COVID-19. Occupational Therapy. Physiotherapy. Employment.
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:

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

References:


**Keywords:** Reflective Practice. Teaching Reflective Practice. Academics and Clinical Teaching. Skills and Knowledge Needed to Teach Reflective Practice.
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:


Keywords: Reflective Practice. Pandemic. New (Novice) Academics.
Promotional abstract: This presentation describes a teaching method used in an interdisciplinary 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:


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 (CPD) 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:

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

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:

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:


**Keywords:** Diversity Training. NHS. Transformation. BME.
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.

References:


**Keywords:** Mentorship. Lived Experience. Nursing. Midwifery.
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 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:

Keywords: ACP. Spiral Curriculum. Research and Scholarship.
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/researchers 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:**


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


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

Keywords: Students. Education Research. Research Participation. Research Ethics. Ethical Conduct.
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.
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:


Keywords: Simulation, HEI, simulated activity, technology-enhanced learning, healthcare
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:


Keywords: Simulation. HEI. Healthcare. Simulated Activity. Placements.
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.

References:

Keywords: High-Fidelity Simulation. Perinatal Loss. Transformative Learning Experience. Undergraduate Midwifery Students. Interpretative Phenomenological Analysis.
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.

References:

**Keywords:** Stroke Simulation. Medical Education. High Fidelity Simulation. Interprofessional Simulation.
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:

Keywords: Simulation. Pedagogy. Collaboration. Future Nurse.
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:
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

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.

References:


Keywords: Drama. Interprofessional Working. Nursing Advocacy. Student Nurses. Arts-Based Education.
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:**


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

References:


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:


IPEC - https://www.ipecollaborative.org/


**Keywords:** Bite-Size Education. Interprofessional Education. Technology Enhanced Learning. Safeguarding Education.
**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). 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’.

References:


Keywords: Neurodiversity. Experiences. Doctorate. Learner. Inclusivity.
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.

References:


Keywords: Communication. Student Experience. Health Sciences. Higher Education. Healthcare Workforce.
A mixed-methods evaluation of a co-designed evidence-based practice module underpinned by a Visual Auditory and Kinesthetic (VAK) pedagogy

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Promotional abstract: This presentation will provide a mixed-methods evaluation of a recently developed evidence-based practice module. This module was co-designed and co-delivered by Nursing students from Queen's University Belfast and was underpinned by a VAK pedagogy in order to optimise student learning experience. Subsequent learning activities were co-developed by Nursing students (e.g., videos, podcasts and serious games about EBP). The module was evaluated very positively by students and this study demonstrated improvements in knowledge, attitude and practice after engagement.

Main focus/theme of, or issues addressed by, the poster: The concept of evidence-based practice (EBP) is globally relevant in current healthcare climates. However, Nursing students and teachers often struggle with integrating EBP effectively into a curriculum. This has implications for the way students learn to use evidence for their nursing practice. A new undergraduate EBP module was co-designed with current Nursing students in 2020. Underpinning the module was a VAK pedagogy consisting of visual activities (e.g., co-developed videos), auditory activities (e.g., co-developed audio podcasts), and kinesthetic activities (e.g., co-developed serious games). The module was co-taught by staff and senior students in partnership throughout.

Research approaches and underlying evaluation: A pre/post-test design was used to collect data on student attitude, knowledge and utilisation of EBP. 430 students completed two validated questionnaires, and 58 students participated in six focus-group interviews to explore how the module informed practice whilst attending clinical placement. Quantitative data was analysed using paired t-tests and this highlighted statistically significant improvements in attitude, knowledge and utilisation of evidence-based practice after learning (p < 0.001). Qualitative data was transcribed verbatim, thematically analysed and highlighted three main findings; EBP is my business, EBP positively influenced the care of my patients and EBP has positively impacted my professional development.

Implications for healthcare education:

- The study found that EBP positively influenced the care of patients and EBP has positively impacted on Nursing students’ professional development.
- Partnership with current Nursing students in the co-design and implementation of a module about EBP has the potential to improve student knowledge, attitude and utilisation of evidence in practice.
- These factors are likely to also improve professional competence and ultimately patient care.

Keywords: Evidence-Based Practice. VAK Pedagogy. Co-design. Students as Partners. Nursing Education.
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.

References:

Keywords: Feedback. Interpretive Phenomenological Analysis. Heidegger.