

Healthcare Educators NET Conference 2025 - Sustainability of Healthcare Education: Enabling the Future

3 December 2025
Session abstracts

Strand 3A: Belonging

3Ai, 10:25 - 12:15

"Am I still human?" Managing emotions in the transition to becoming a professional

Pam Hodge, Middlesex University

Student nurse placements in care homes are increasing. Little research into the experiences of people staying in the care homes of being cared for by, and interacting with, student nurses nor the students' experience in care home placements has yet occurred. Primary mixed methods action research aimed to explore "What are the factors associated with developing positive relationships and interactions between pre-registration nursing students and people staying in the care home?" This presentation will focus on one finding, "Am I still human?" relating to students' management of emotions whilst socialising into the nursing profession and the need for compassionate support.

Summary:

Service users should be engaged and involved in all aspects of their care (Sadowski, 2011). My university role has included initiating, supporting, and sustaining a growing number of student placements in adult social care, the numbers of such placements are growing in the UK. Service user experience has been highlighted as important in any student evaluation (Ward and Benbow, 2016). There is, however, little literature generally of their experience of interacting with and being cared for by students (Andersson et al, 2020), and specifically from people staying in care homes (PSCH) (Greenwood et al, 2015) nor of students' experience in this setting.

My doctoral research aimed to explore these two cohorts'- PSCH and nursing students- experiences in more detail and add to this under-researched area. This research is informed by social constructivist philosophy. It is of a mixed methodology and congruent data collection methods, using an iterative action research design, to address the thesis question, "What are the factors associated with developing positive relationships and interactions between pre-registration nursing students and people staying in the care home?" The thematic analysis led to five main themes, Being in the social world, The known and the unknown, Autonomy and selfhood, Being prepared, and "Am I still human?" This presentation will focus on the latter, which related to the ways in which students manage their emotional responses to painful or distressing events, including end of life care. This ability and skill set affected their relationships with the PSCH. Pre-registration students on professional healthcare programmes need to meet a wide range of specific requirements, including knowledge, skills, and professionalism (NMC, 2018) to qualify.

A fundamental threshold concept (Meyer and Land, 2005), which can also be a most challenging aspect of this transition to becoming a professional, concerns managing emotions (Carminati, 2021). There is evidence the need for this has altered post-pandemic (Liu and Lin, 2024). The students who participated in the research in cycles two and three of the data collection were all in part one of their course.

The findings have focussed attention on the need for enhanced student preparation relating to managing emotions, ready for the real world of caring for people whilst on practice placements and beyond. One of the outputs of this research, included in action research cycle four, has been the implementation of additional managing emotions-specific preparation for part one students, before their first practice placement.

This incorporates key concepts of emotional self-regulation (Fasbinder et al, 2020), emotional intelligence (Dugué et al, 2021), and contains scenarios directly informed by my research, observations and discussion, enhancing the authenticity and applicability. Whilst this research was particular to pre-registration nursing students, in adult social care, the need for enhanced emotional preparation of students undertaking professional healthcare courses is transferable beyond the adult social care sector, to other sectors, and globally. This needs to be considered in the context of altered social interactions during the pandemic, to fully prepare and sustain the next generation of healthcare professionals.

References:

Andersson, N., Ekebergh, M. and Horberg, U. (2020) Patient experiences of being cared for by nursing students in a psychiatric education unit. *Nordic Journal of Nursing Research* 0(0) 1–9. Doi:10.1177/2057158519892187

Carminati, L. (2021). Emotions, emotion management and emotional intelligence in the workplace: Healthcare professionals' experience in emotionally-charged situations. *Frontiers in sociology*, 6, 640384.

Dugué, M., Sirost, O., & Dosseville, F. (2021) A literature review of emotional intelligence and nursing education, *Nurse Education in Practice*, Vol. 54, 103124, ISSN 1471-5953, <https://doi.org/10.1016/j.nepr.2021.103124>.

Fasbinder, A., Shidler, K., and Caboral-Stevens, M. A. (2020) Concept analysis: Emotional regulation of nurses. *Nurs Forum*. 2020; 55: 118–127. <https://doi.org/10.1111/nuf.12405>

Greenwood, N., Habibi, R., Smith, R., & Manthorpe, J. (2015). Barriers to access and minority ethnic carers' satisfaction with social care services in the community: a systematic review of qualitative and quantitative literature. *Health & social care in the community*, 23(1), 64–78. <https://doi.org/10.1111/hsc.12116>

Liu, Q., & Lin, D. (2024). The impact of distance education on the socialization of college students in the Covid-19 era: problems in communication and impact on mental health. *BMC Medical Education*, 24(1), 575

Meyer, J. H. F., and Land, R. (2005) Threshold Concepts and Troublesome Knowledge (2): Epistemological Considerations and a Conceptual Framework for Teaching and Learning. *Higher Education* 49: 373–388. doi:10.1007/s10734-004-6779-5

NMC (2018, updated 2023) Part 1: Standards framework for nursing and midwifery education. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/standards/2024/standards-framework-for-nursing-and-midwifery-education.pdf>

Sadowski, C. (2011) Providing health information to older adults. *Reviews in Clinical Gerontology*, vol 21, pp: 55-66.

Ward, S. and Benbow, J. (2016) The role of service-user feedback in undergraduate nursing courses. *British Journal of Nursing*, vol, 25, no. 13, pp: 752-756.

Keywords: Emotions. Students. Practice-learning. Preparation. Social care.

3Aii, 10:25 - 12:15

How can we create Healthcare Education environments where everyone feels they truly belong?

Katherine Combe and Jaime Day, University of Hull

How can we create healthcare education environments where everyone feels they truly belong? This oral presentation explores the role of compassionate education in supporting the wellbeing of students and educators, promoting inclusion, and encouraging fairness through everyday teaching practice. Drawing on real-world insights and practical examples, the session introduces three key areas: mental health and wellbeing, inclusive learning and compassionate approaches to assessment. Attendees will be invited to reflect on their own experiences and take away simple, meaningful ideas to embed into their teaching.

Summary:

Background and Significance: Healthcare education can be emotionally demanding for both students and educators, particularly within clinical learning environments. High levels of stress, emotional labour and a sense of isolation are increasingly reported, which may impact wellbeing, academic performance and course retention (Health Education England (HEE), 2018; Royal College of Nursing (RCN), 2025). Compassionate education, which places importance on empathy, fairness and relationships, offers a constructive way to address these issues. It draws on the ethics of care to create learning environments where both learners and staff feel supported and valued (Killingback, 2024). While the benefits are becoming more recognised, compassionate education is still not routinely embedded in healthcare curricula or assessment approaches.

This presentation introduces a three-part model for compassionate education, based on current literature and practical examples:

- **Mental Health and Wellbeing:** Discusses the impact of emotional demands on learners and educators, and highlights approaches such as peer support, regular wellbeing check-ins, and educators modelling healthy boundaries (Universities UK, 2023; NHS England (NHSE), 2023).
- **Inclusive Learning and Belonging:** Considers how inclusive teaching practices, co-created learning spaces and positive reinforcement can support fairness and create a stronger sense of belonging (George & Sidhu, 2023; Killingback, 2024).
- **Assessment with Compassion:** Examines how traditional assessment methods can disadvantage some learners, and presents alternative options including flexible assessment formats, reflective tasks and constructive feedback (Killingback, 2024).

The session includes opportunities for participants to reflect on their own practice and consider how these ideas might be applied in their own settings.

Key Insights and Findings: Compassionate education is not an additional or optional approach; moreover, it can underpin efforts to support student retention, engagement and wellbeing (HEE, 2018). Feedback from staff and students involved in related initiatives indicates that compassion in teaching and assessment helps to build more inclusive and effective learning environments (George & Sidhu, 2023). Educators also report feeling better

supported and more connected when compassion is prioritised in their work (Universities UK, 2023).

Lessons for Healthcare Educators: To implement compassionate education effectively, educators require time, institutional support and a willingness to reflect on their own practice. This includes considering how teaching content is presented, how inclusive their methods are and how feedback and assessment are managed. Attendees will be provided with a checklist and reflective tools to help integrate compassionate approaches into their teaching.

Relevance to Healthcare Education Sustainability: Sustainable education is more than resources and systems; it also involves supporting the people who teach and learn (NHSE, 2023). By embedding compassion into teaching and assessment, educators can contribute to long-term improvements in student wellbeing, retention and learning outcomes. This approach supports the development of healthcare professionals who are not only clinically competent but also emotionally resilient and inclusive in their practice (HEE, 2018; RCN, 2025).

References:

George, R E & Sidhu, M. (2023) Promoting inclusivity in health professions education. *The Clinical Teacher*, 20(6).

Health Education England (2018) RePAIR Reducing Pre-registration Attrition and Improving Retention Report. Available online https://www.hee.nhs.uk/sites/default/files/documents/RePAIR%20Report%202025_FINAL.pdf [Accessed 1 May 2025].

Killingback, C. (2024) To my students...please know that as your lecturer I care about you: the importance of compassionate pedagogy. *Advance HE*. Available at: <https://www.advance-he.ac.uk/news-and-views/my-studentsplease-know-your-lecturer-i-care-about-you-importance-compassionate> (Accessed: 1 May 2025).

NHS England (2023) NHS Long Term Workforce Plan. Available at: <https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/> (Accessed: 1 May 2025).

Royal College of Nursing (2025) Fixing the Leaking Pipeline. Available at: <https://www.rcn.org.uk/Professional-Development/publications/rcn-fixing-the-leaking-pipeline-uk-pub-012-012> (Accessed: 1 May 2025).

Universities UK (2023) Stepchange: Mentally Healthy Universities. Available at: <https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/stepchange-mentally-healthy-universities> (Accessed: 1 May 2025).

Keywords: Compassionate education. Inclusive practice. Wellbeing. Belonging. Healthcare pedagogy.

3Aiii, 10:25 - 12:15

"My experience": Fostering wellbeing and inclusion with one-page profiles in rotational training

Dr Timothy Pike, Dr Jonathan Hutckins and Dr Gemma Gough, Royal United Hospital Bath

How can we better support neurodiverse doctors and those with mental health difficulties during rotational training? 'My Experience' is a One Page Profile developed and deployed at the Royal United Hospital, Bath, in direct response to challenges reported by foundation doctors. This tool empowers trainees to make their voices heard, promoting open communication with supervisors to cultivate bespoke, uplifting learning environments and facilitate reasonable adjustments. Join the session to discover how the 'ME Profile' can enhance compassionate education, promote wellbeing, and ensure all healthcare trainees truly thrive in a supportive culture.

Summary:

The NHS has prioritised enhancing staff wellbeing and inclusion, particularly for those undergoing high-pressure rotational training [1, 2]. While many doctors report significant challenges within such environments, including stress and anxiety, a lack of individualised support, and poor accommodation of needs, these issues are often profoundly exacerbated for neurodiverse doctors [3] and those with pre-existing mental health conditions [4]. These issues can impact trainee wellbeing and engagement, and hinder the creation of a compassionate and inclusive learning environment essential for professional development. To investigate these challenges at the Royal United Hospital, Bath, a survey was distributed to Foundation Doctors. Our findings revealed a clear need for intervention: the average experience during rotational training was rated just 3/5, with over 65% reporting stress and anxiety, and 40% citing a lack of individualised support from supervisors. Crucially, 15% identified as neurodivergent with reasonable adjustment requirements, yet only one respondent reported that supervisors were aware and had ensured accommodations were in place. These results prompted research into an effective educational strategy to promote personalised support, enhance overall trainee experience, and foster a stronger sense of belonging. One Page Profiles – concise, person-centred documents outlining an individual's preferences, strengths, and support needs – are a promising educational tool already successfully utilised across various NHS trusts in the UK to support doctors, particularly those with neurodiversity and mental health difficulties [5, 6]. Despite their proven utility, such bespoke support tools were notably absent in the Severn deanery. Consulting the Foundation doctor cohort on whether One Page Profiles would help resolve the previously identified issues, around 40% were in favour, with 35% undecided. Building on this feedback, respondents were empowered to provide direct suggestions for content, from which the online 'My Experience' profile was developed. This fillable document includes sections titled "About Me", "My Experience", "My Strengths", "Areas I'd Like to Develop", "How Best To Support Me", and "How Best To Give Me Feedback." The profile was designed to be as user-friendly as possible, and is equipped with a user guide on the flip side, directly addressing the need for personalised support and open, honest communication around professional development. This presentation will inform delegates of our trust's experience researching, designing, and implementing a practical, adaptable, and accessible strategy for enhancing trainee wellbeing and inclusivity, moving towards a more compassionate medical education system. We will share details of further follow-up investigations and demonstrate how One Page Profiles may improve the experience of all trainees, especially those with neurodiversity and mental health conditions, by promoting a stronger sense of belonging and fostering environments where individual needs are met.

References:

NHS England. Improving the working lives of doctors in training. London: NHS England; Published 25 April 2024. Available from: <https://www.england.nhs.uk/long-read/improving-the-working-lives-of-doctors-in-training/>

NHS England Workforce, Training and Education. Enhancing Doctors' Working Lives Report 2023. London: NHS England; Published 29 November 2023. Available from: <https://www.hee.nhs.uk/our-work/doctors-training/enhancing-working-lives>

General Medical Council. Welcomed and valued: Supporting disabled learners in medical education and training. London: GMC; Published 14 May 2019 (reaffirmed in current guidance). Available from: <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/welcomed-and-valued>

British Medical Association. "It's broken": Doctors' experiences on the frontline of a failing mental healthcare system. London: BMA; Published February 2024. Available from: <https://www.bma.org.uk/media/ddclsiii/bma-mental-health-report-2024-web-final.pdf>

Happy Healthy Lives. One Page Profiles. Available from: <https://www.happyhealthylives.uk/staying-happy-and-healthy/improving-access-experience-and-outcomes/learning-disability-autism-and-neurodiversity/neurodiversity-autism/one-page-profiles/> (Accessed March 13, 2025)

SSHINE (South London & Maudsley NHS Foundation Trust). Resources: One Page Profiles. Available from: <https://sshinestudents.wordpress.com/resources/> (Accessed March 13, 2025)

Keywords: Neurodiversity. Wellbeing. Inclusivity. One-page profile.

3Aiv, 10:25 - 12:15

Learning to learn: Building Belonging from the beginning

Dr Catherine Porter, Dr Catherine Collin, Andrew Gridley and Will Holmes, University of Manchester

This session describes how a range of activities were used over a 4-week period to build an optometry community at the University of Manchester. This was an alternative to the traditional "Welcome Week" and was designed to foster wellbeing and a sense of belonging with the aim of preparing students for university life.

Summary:

In 2024 the Optometry Learning to Learn team organised and delivered four weeks of welcome and induction activities, which were aligned with the pillars of belonging (connection, inclusion, support, autonomy) found in the WONKHE research "Building Belonging in Higher Education". In this session we describe how we mapped activities onto these pillars, in particular the pillar of "support": Initial support, supporting learner transition, building academic confidence and support at the point of need. Students undertook a variety of events from staff speed dating, maths games, visits to the Whitworth Art Gallery and the Manchester Museum as well as a sound bath. In addition, we held several introductory Team Based Learning sessions and group academic adviser meetings at a range of coffee shops in the university spaces. Our aim was to enable students to build a sense of connection (between themselves, staff, the different year groups and the wider

university) and belonging from the beginning. The evaluation of this of this initiative was mixed methods using questionnaires and focus groups. In total there were 80 new optometry students, the questionnaire had an 85% response rate. In response to the question: "Do you feel part of the optometry community?" 48 students responded "yes" and 20 students responded "partly" to the question. No students responded to this question negatively. Students reported that they had made on average 19 connections with other individuals. This was mirrored by the results of the focus groups. "I appreciate that this experience helped me gradually settle into university life, with it being a huge change. It was definitely supportive of my wellbeing. Thank you for creating this for us!" Finally the Belonging and Engagement scores of the 24/25 first year significantly increased compared to the 23/24 year. (Yorke, M., 2016) Engagement: 3.56 (+/-0.62), Belonging: 3.98 (+/-0.69), Self Confidence: 3.20 (+/-0.56) for 23/24. In 24/25 Engagement: 4.00 (+/-0.51), Belonging: 4.33 (+/-0.52), Self Confidence: 3.36 (+/-0.69) Whilst this was designed specifically for our new course there are many ideas which should be adopted and/or adapted as standard practice welcoming students to university.

References:

Blake S., Capper G. and Jackson A. (2022). Building Belonging in Higher Education: Recommendations for developing an integrated institutional approach. Pearson and WONKE. Building Belonging in Higher Education: Recommendations for developing an integrated institutional approach (wonkhe.com) <https://wonkhe.com/wp-content/wonkhe-uploads/2022/10/Building-Belonging-October-2022.pdf>

Yorke, M. (2016). The development and initial use of a survey of student 'belongingness', engagement and self-confidence in UK higher education. *Assessment & Evaluation in Higher Education*, 41(1), 154–166. <https://doi.org/10.1080/02602938.2014.990415>

Keywords: Belonging. Inclusive education. Community. Optometric education.

Strand 3B: Digital feedback

3Bi, 10:25 - 12:15

Discover how AI is transforming formative feedback in Healthcare Education

Michelle Walker and Anna Kime, Manchester Metropolitan University

This session showcases an innovative approach from Manchester Metropolitan University, where AI-generated feedback was integrated into the Advanced Clinical Practitioner apprenticeship programme. By using structured prompts, learners received immediate, personalised insights that enhanced reflection, confidence, and performance. Grounded in self-regulated learning theory, this scalable method supports feedback equity and empowers learners to take charge of their development. Join us to explore practical strategies for embedding AI into clinical education and learn how digital tools can drive sustainable, future-ready healthcare teaching.

Summary:

Manchester Metropolitan University is committed to fostering a transformational active learning community, supported by digitally enhanced, future-focused curricula. Within this context, the Advanced Clinical Practitioner (ACP) apprenticeship programme presents a unique opportunity to explore how artificial intelligence (AI) can enhance formative assessment practices. Formative feedback is a cornerstone of effective learning, yet in clinical education, providing timely, personalised, and actionable feedback at scale remains a challenge. This project investigates how AI can be leveraged to support reflective practice, promote learner autonomy, and improve feedback equity in healthcare education. This innovation was implemented during a mock examination within the ACP apprenticeship programme. Learners received individualised formative feedback generated through structured AI prompts designed to align with self-regulated learning theory and formative assessment principles. The AI-generated feedback was evaluated through learner reflections, informal feedback, and thematic analysis of student responses to assess its perceived value, usability, and impact on learning. Learners reported that the AI-generated feedback was immediate, specific, and highly relevant to their performance. Many highlighted increased confidence and a clearer understanding of the changes needed to improve their assessment outcomes. The structured prompts not only facilitated deeper reflection but also empowered learners to reuse the AI tools independently for ongoing feedback and self-assessment. The approach demonstrated that AI can serve as a scalable, accessible, and pedagogically sound mechanism for enhancing formative feedback in clinical education. This project offers practical, evidence-informed strategies for embedding AI into healthcare education. Key lessons include:

- The importance of designing AI prompts that align with learning outcomes and assessment criteria.
- The value of integrating AI tools within a broader pedagogical framework to support reflective practice.
- The potential for AI to democratise feedback by offering consistent, personalised insights to all learners, regardless of background or learning style.

Educators are encouraged to view AI not as a replacement for human feedback, but as a complementary tool that can enhance the quality and reach of formative assessment. AI-supported feedback mechanisms offer a sustainable solution to the growing demands on healthcare educators, particularly in apprenticeship and work-based learning contexts. By reducing the time burden on academic staff while maintaining high-quality feedback, this approach supports the scalability of healthcare education programmes. Furthermore,

empowering learners to engage in self-directed feedback practices contributes to the development of lifelong learning skills essential for the future healthcare workforce.

Keywords: Artificial Intelligence (AI). Feedback. Learning.

3Biii, 10:25 - 12:15

Self-assessment feedback model in pre-registration nursing students: A cross-national study from Australia and the UK

Dr Rebekah Hill, The University of East Anglia and Dr Swapnali Gazula, Federation

Background: The benefits of effective feedback and the importance of students' engagement with it are well established. Developing student feedback literacy skills is an important goal in higher education, since it will enhance the benefits of feedback to students (Carless and Boud, 2018). The ability to correctly self-assess is an important quality, important for successful life as a student in higher education, essential for successful life as a health care professional, where one must demonstrate insight into behaviours, strengths and areas in need of improvement. Previous research into self-assessment within nursing students has been found to improve confidence to practice and problem solving (Eom et al, 2020), academic self-efficacy (Song et al, 2015) and competency, communication skills and learning motivation (Yoo et al, 2010). It can also engage students further with their learning and self-development, which may reduce student attrition rates (O'Donnell, 2009). Despite evidence supporting the benefits of self-assessment, it is not common practice to do so within nursing education. Therefore, this project intends to provide students with the ability to formatively self-assess and to allow lecturers to provide formal feedback on their professional attributes over two international sites.

Aim: The aim of this study was to evaluate the self-assessment feedback model in pre-registration nursing students.

Method: In this study, first-year pre-registration BSc Adult Nursing Students within a UK university and one cohort in an Australian university were provided with developmental feedback whilst they were in theory blocks from September 2023 and May 2025, respectively. The Australian cohort will have a further set of self-assessment data in September 2025, as well as have focus groups during November 2025. Students first completed their own assessment of performance within five professional domains, namely, timekeeping, communication, professionalism, teamworking and evidence-based practice. At the end of the theory block, the seminar leads assessed the students for the same professional domains. All student self-assessment ratings were compared to that of the lecturers for the same student. Opportunity to discuss the results was provided on an individual basis upon request. Students and staff completed a survey about the experience of completing the self-assessment and receiving feedback in the UK., whereas the Australian students will be interviewed in focus groups to provide their feedback about this survey.

Findings: The UK students found the feedback to be encouraging, reassuring and they felt connected with their lecturers to convey their learning. They also found that completing the self-evaluation in the five domains helped them to focus on those areas to note their progression in each domain. The UK staff found that providing the student feedback helped the team to assist students self-awareness particularly around professionalism and their confidence in communicating within the group.

The first data set collected from Australian cohort found similarities in self-ratings in the five domains as compared to the UK student cohorts. This presentation will also present the initial data analysis of the Australian data sets that will be collected in September and November 2025.

Discussion: The findings indicate that comparing self-ratings with staff evaluations increased students' self-awareness, helping them identify areas for improvement and confirm their strengths. This process enhanced their professional behaviours, preparing them for qualification as independent nurses. These results support previous research, suggesting that self-assessment increases awareness of programme expectations, identifies learning gaps, develops strategies to address those gaps, and fosters responsibility for their own learning (Ndoye, 2017).

This study found that students' ability to accurately self-assess improved over time, as shown by greater alignment between their self-assessments and staff marks in the second wave. This supports Boud et al. (2013), who found that students' marks converge with their tutors' over time. Andrade (2019) argues that self-assessment should always be formative to allow students to learn, adjust, and correct; otherwise, it is pointless. Yan and Carless (2021) define the act of seeking, processing, and using feedback from various sources as Feedback Literacy. They argue that students need Feedback Literacy to learn, and while self-assessment can be part of this, its effects vary widely.

Conclusion: The findings of this cross-national study highlight the importance of self-assessment in enhancing students' self-awareness and professional behaviours. By comparing their self-ratings with staff evaluations, students can identify areas for improvement and confirm their strengths, ultimately preparing them for qualification as independent nurses. The study also supports previous research, indicating that self-assessment improves over time and should be formative to be effective. Additionally, the concept of Feedback Literacy underscores the need for students to actively seek, process, and use feedback from various sources to enhance their learning.

Summary:

The benefits of effective feedback, and the importance of student's engagement with it, are well established. Developing student feedback literacy skills is an important goal in higher education, since it will enhance the benefits of feedback to students (Carless and Boud 2018). The ability to correctly self-assess is an important quality, important for successful life as a student in higher education, essential for successful life as a health care professional, where one must demonstrate insight into behaviours, strengths and areas in need of improvement.

Previous research into self-assessment within nursing students has been found to improve confidence to practice and problem solving (Eom et al, 2020), academic self-efficacy (Song et al, 2015) and competency, communication skills and learning motivation (Yoo et al, 2010). It can also engage students further with their learning and self-development, which may reduce student attrition rates (O'Donnell, 2009). Despite evidence supporting the benefits of self-assessment, it is not common practice to do so within nursing education. Therefore, this project intends to provide students with the ability to formatively self-assess, and to allow lecturers to provide formal feedback on their professional attributes over two international sites.

In this study, all year one pre-registration BSc Adult Nursing Students within a UK university and one cohort in an Australian university were provided with developmental feedback whilst

they are in theory blocks from September 2023 and May 2025 respectively. Students will first completed their own assessment of performance within five professional domains. At the end of the theory block, the seminar leads assessed the students for the same professional domains. The students compared their self-assessment to that of the lecturers. Opportunity to discuss the results was provided on an individual basis upon request. Students and staff completed a survey about the experience of completing the self-assessment and receiving feedback. The presentation will present the results of the evaluation.

References:

Andrade, H. L. (2019). A Critical Review of Research on Student Self-Assessment. *Frontiers in Education (Lausanne)*, 4. <https://doi.org/10.3389/feduc.2019.00087>

Boud, D., Lawson, R., & Thompson, D. G. (2013). Does student engagement in self-assessment calibrate their judgement over time? *Assessment and Evaluation in Higher Education*, 38(8), 941–956. <https://doi.org/10.1080/02602938.2013.769198>

Carless, D., & Boud, D. (2018). The development of student feedback literacy: enabling uptake of feedback. *Assessment and Evaluation in Higher Education*, 43(8), 1315–1325. <https://doi.org/10.1080/02602938.2018.1463354>

Ndoye, A. (2017) Peer / Self Assessment and Student Learning. *International Journal of Teaching and Learning in Higher Education 2017*, Volume 29 (2), pp. 255-269

O'Donnell, H. (2008). The emotional impact of nursing student attrition rates. *British Journal of Nursing (Mark Allen Publishing)*, 17(12), 745–754. <https://doi.org/10.12968/bjon.2008.17.12.42891>

Song, S.-R., & Kim, Y.-J. (2015). Effect of a Self-Evaluation Method Using Video Recording on Competency in Nursing Skills, Self-Directed Learning Ability, and Academic Self-Efficacy. *Kibon Kanho Hakhoe Chi*, 22(4), 416–423. <https://doi.org/10.7739/jkafn.2015.22.4.416>

Yan, Z., & Carless, D. (2022). Self-assessment is about more than self: the enabling role of feedback literacy. *Assessment and Evaluation in Higher Education*, 47(7), 1116–1128. <https://doi.org/10.1080/02602938.2021.2001431>

Yoo, M. S., Yoo, I. Y., & Lee, H. (2010). Nursing students' self-evaluation using a video recording of foley catheterization: Effects on students' competence, communication skills, and learning motivation. *Journal of Nursing Education*, 49(7), 402-405.

Keywords: Self assessment. Retention. Pre registration. Self awareness.

3Biv, 10:25 - 12:15

From paper to power: Streamlining placement feedback through digital innovation

Claire Farquharson, Hartpury University

This presentation shares a real-world case study on embedding digital technology through Microsoft Power Automate into a Sports Therapy programme to transform placement feedback practices. The automated workflow reduced educator workload, eliminated paper based processes, and improved student experience by enabling timely, personalised feedback. The session will demonstrate the system in action, outline the implementation steps for wider adoption across healthcare disciplines.

Summary:

Background: Professional placements are an essential component of healthcare education, but delivering timely and effective feedback presents challenges -especially when relying on paper based systems or electronic access. Feedback is critical for learner development, evidence for professional development portfolios, yet educators often face administrative burden that can delay this process and detract from the student support.

In response, this case study explores the implementation of microsoft power automate within a sports therapy programme to digitise and streamline placement feedback, aiming to enhance sustainability, reduce administrative burden, and improve learner outcomes.

This case study adopted a practice based innovation approach, Stakeholder consultation was conducted to map existing feedback approaches and identify problems. With microsoft power automate a solution, this was created by integrating feedback forms, to trigger email notifications and feedback generation for individual students. This was trialled across years groups in context to their placement requirements. Qualitative feedback was gathered.

Key findings or insights: The integration of power automate reduced time spent on the administrative tasks. Students received feedback more promptly, which enhanced their ability to reflect and act upon it during placements. Both groups reported provided time for wider discussion. Additionally, paper based processes were fully eliminated, contributing to a more sustainable approach. The design allowed standardisation, reduced inconsistency across placements and improved feedback quality.

Lessons for healthcare educators: Digital automation can meaningfully reduce administrative tasks, to support educators focus on developmental student dialogue Early stakeholder engagement is critical for successful implementation Sustainable practices such as paperless workflows align with both educational and environmental goals.

Relevance: This works supports sustainability of healthcare education by demonstrating a scalable, cost efficient, and environmentally responsible approach to placement feedback. The model is transferable to other programmes and healthcare professions with placement based components.

Keywords: Digital feedback. Placement learning. Sustainability. Power automate. Healthcare education.

Strand 3C: Workforce sustainability

3Ci, 10:25 - 12:15

Unlocking service potential through digital automation: A service innovation case study in clinical education at Royal Papworth Hospital

Ross Brawn, Royal Papworth Hospital

Clinical education relies on complex administrative processes that are often time-consuming and repetitive, limiting staff capacity for higher-value educational activities. At Royal Papworth Hospital, we have harnessed digital automation through Microsoft Power Automate to reimagine service delivery. This innovation streamlines student onboarding, study day planning, and non-medical study leave, replacing manual workflows with efficient, accurate, and learner-centred processes. Early implementation has already reduced administrative burden and improved the learner experience, with further rollouts in progress. This case study showcases how service innovation through automation can unlock potential, improve efficiency, and enhance the quality of clinical education.

Summary:

Background and Significance: Efficiency is a priority across all functions, including administration (NHS Transformation Directorate, 2025). Clinical Education relies on extensive administrative processes to deliver activities. High workloads, limited administrative capacity, and portfolio creep often push these repetitive tasks onto educators, diverting valuable time from learner support. With increasing student numbers, cost-saving pressures, and rising educator demands, there is a pressing need for efficiency and sustainability in administrative systems. Digital automation offers a scalable, cost-effective opportunity to address these challenges (Hardie et al., 2021; HFMA, 2024). At Royal Papworth Hospital, we initiated a service innovation project to evaluate whether digital automation could improve administrative processes, enhance efficiency, free staff time for higher-value activities, and ultimately improve learner experience.

Methodology: A service innovation case study approach was adopted, targeting administrative services where automation could have greatest impact. Placement onboarding was selected as the primary focus due to its consistent, high-volume tasks and also the inefficiencies being understood in this workstream: account creation, welcome/reminder emails, induction registers, and access card/smartcard forms, totalling ten hours weekly (average). Project stages included problem identification, solution design, development, phased rollout, and evaluation. Data sources included time-in-motion studies and staff feedback on system usability. Secondary workflows under development are the coordination of study days/programmes and management of study leave/CPD.

Key Findings and Insights: Automation of placement onboarding has saved an average of seven hours weekly, improved accuracy, and ensured timely learner communication. Freed capacity has enabled enhancements such as placement evaluation meetings, increased frequency of walkarounds/check-ins, and new simulation opportunities. Administrators report the system being easy to use and manage. Anecdotally, learners have benefited from more consistent digital communication and increased face-to-face engagement with educators. Overall, automation has replaced manual, repetitive processes without compromising compliance or learner engagement, while creating capacity reinvested in education. Early development of study day planning and study leave automation has highlighted inefficiencies and indicates potential for further time savings and process optimisation.

Lessons for Healthcare Educators: Automation can release significant capacity, allowing prioritisation of education and learner support. Automating single tasks (e.g., card creation, certificates, welcome emails, etc) can still deliver meaningful benefits. Phased rollout with feedback opportunities builds trust and ensures successful adoption. Automation also supports portfolio redistribution, enabling better role utilisation and increased staff satisfaction.

Relevance to Healthcare Education Sustainability: Digital technologies should enhance, not replace, human work (Topol, 2019). Sustainable healthcare education requires integration of systems that are efficient, adaptable, and resilient. Embedding automation reduces reliance on manual processes, minimises wasted effort, and provides scalable solutions to meet growing demands. This project demonstrates that service innovation, using widely available tools, can measurably improve efficiency and learner experience while contributing to the long-term sustainability of clinical education.

References:

Hardie, T. et al. (2021) How do we get the best out of automation and AI in health care?, Switched on. Available at: https://www.health.org.uk/sites/default/files/upload/publications/2021/SwitchedOn_WEB.pdf (Accessed: 20 August 2025).

HFMA (2024) Automating Administrative Tasks. Available at: <https://www.hfma.org.uk/system/files/2024-04/Using%20digital%20technologies%20to%20process%20admin%20tasks%20Case%20Study%20v7.pdf> (Accessed: 20 August 2025).

NHS Transformation Directorate (2025). I want to reduce the administrative burden to free up more time, NHS Choices. Available at: <https://transform.england.nhs.uk/key-tools-and-info/digital-playbooks/workforce-digital-playbook/i-want-to-reduce-the-administrative-burden-to-free-up-more-time/> (Accessed: 20 August 2025).

Topol, E. (2019) The Topol Review: Preparing the healthcare workforce to deliver the digital future, NHS: Topol Review. Available at: <https://topol.hee.nhs.uk/> (Accessed: 21 August 2025).

Keywords: Digital automation. Service Innovation. Administrative Efficiency. Clinical Education Sustainability. Workforce Capacity.

3Ciii, 10:25 - 12:15

Educator perspectives on artificial intelligence in UK Healthcare Education: Implications for workforce development and innovation

Dr Istapraq Wasen Hashem, University of Nottingham

The rapid adoption of artificial intelligence (AI) in healthcare education is redefining how future professionals are prepared for the workforce. This presentation reports on a national survey of 257 UK healthcare educators, revealing high AI usage 82%, but mixed levels of understanding and confidence. With the majority identifying as basic or intermediate users, educators express a need for better training and ethical guidance. Findings highlight the need for workforce development strategies that support responsible AI use, foster digital fluency, and align innovations with employability goals and professional integrity, ensuring the sector remains future ready and ethically grounded.

Summary:

Background and Significance: Generative AI tools have introduced content personalisation, and scalable learning strategies into higher education (Xu & Ouyang, 2022). However, their adoption also raises concerns around ethics, data transparency, and educational integrity (Michel-Villarreal et al., 2023; Tubella et al., 2024). As the healthcare sector evolves, it is vital to prepare a workforce that is both digitally competent and ethically aware. While student perspectives on AI have been explored, educator experiences remain underrepresented (Chan, K.S., et al., 2023). This study addresses that gap by investigating how UK healthcare educators use, perceive, and prepare to teach with AI Research

Methodology: An online survey was developed and disseminated, via Heads of School, to nursing, midwifery and allied health educators across 101 UK higher education institutions in January 2025. The 23-question survey used a range of question types including Likert-scale questions to examine AI use, institutional policy knowledge, ethical concerns, confidence levels, and future learning needs. Descriptive analysis of the data is presented here.

Key Findings or Insights: A total of 257 educators from 37 universities completed the survey with nursing educators making up 43% of respondents. Most respondents (70%) identified as female, spanning a diverse range of age groups (25 – 65+ years) with participants having up to 21 years of healthcare education experience. Generative AI usage is widespread with 82% of educators using AI in some form, mostly for generating course material 23% and complete administrative tasks 21%. However, only 34% reported receiving institutional training, and many expressed limited understandings of how AI tool's function or how to assess their outputs critically. Self-reported confidence levels showed that 37% of respondents considered themselves to have a basic level of understanding of AI while 54% considered themselves to have an intermediate level understanding and only 8% considered themselves to have an advanced level of understanding of AI. Survey data demonstrates that the key concerns for healthcare educators (% respondents who agreed or strongly agreed) are the reliability of the information provided by AI (91%), the ethical implications of the use of AI in healthcare education (82.5%) and student use of AI in assessments (88.3%). Interestingly respondents were less concerned about any potential impacts of AI on the role of the healthcare educator (31.6%).

Lessons for Healthcare Educators: The data reveal a digitally active but unevenly prepared workforce. There is a clear need for targeted training that enhances digital confidence while addressing ethical risks. AI is seen as a valuable asset but only if educators are empowered to use it responsibly and align it with pedagogical goals.

Relevance to Innovation and the Future Workforce: This study underscores the need to equip educators with the skills to guide students through AI-integrated learning environments. As digital tools reshape healthcare education, the sector must foster a workforce ready to embrace innovation, ensure employability, and uphold professional standards. These findings contribute directly to discussions on how to future proof healthcare education in an AI-driven world.

References:

Chan, K.S., et al. (2023) 'Artificial intelligence in medical education: A scoping review'. *Medical Education*, 57(3), pp. 245–256

Michel-Villarreal, R., Vilalta-Perdomo, E., Salinas-Navarro, D.E., Thierry-Aguilera, R. and Gerardou, F.S. (2023) 'Challenges and Opportunities of Generative AI for Higher Education as Explained by ChatGPT', *Education Sciences*, 13, p.856.

Saaida, M.B.E. (2023) 'AI-Driven transformations in higher education: Opportunities and challenges', *International Journal of Educational Research and Studies*, 5(1), pp.29–36.

Tubella, A.A., Vilalta, D., Albarrán, M. and López-Iñesta, E. (2024) 'How to teach responsible AI in higher education: Challenges and opportunities', *Ethics and Information Technology*, 26(3).

Xu, W. and Ouyang, F. (2022) 'The application of AI technologies in STEM education: A systematic review from 2011 to 2021', *International Journal of STEM Education*, 9, Article 59.

Keywords: Artificial intelligence. Healthcare education. Educator training. Future workforce. Digital tools.

3Civ, 10:25 - 12:15

Development of a new and innovative joint care sector clinical fellow role to address workforce challenges in Social Care

Professor Dr Jacqueline Leigh, Professor Dr Michelle Howarth and Richie Williams Edge Hill University, Emma Addie and Kevin Parker-Evans, Wigan and Leigh Teaching Hospitals NHS Foundation Trust

The social care sector is facing workforce challenges, including recruitment and retention of its current workforce, leadership gaps, and negative perceptions of working in social care. The recent Darzi review highlights the need for innovative solutions to enhance the quality of care and address these systemic issues. This presentation evidences a new and innovative role implemented between Edge Hill University School Nursing & Midwifery and Wigan, Wrightington & Leigh Teaching Hospitals NHS Foundation Trust that is bridging the gap between healthcare and social care, providing a stronger voice for social care nursing and positively supporting workforce development.

Summary:

Background and Significance of Innovation: Over the past 15 years, worsening social determinants of health have increased demand on the NHS (DoH 2024: 2). The social care sector is crucial to the healthcare system but faces challenges in recruiting, retaining, creating career pathways, and providing leadership development for its nursing workforce. The Darzi review (DoH 2024) advocated for legislative changes, leadership development, and new nursing roles to promote population health, out-of-hospital care, and strategies connecting individuals to community groups and statutory services for support. National leaders, including Professor Deborah Sturdy and Duncan Burton, recognized the urgent need to address the workforce gap in social care nursing and support new roles. Skills for Care has united the adult social care sector to develop a Workforce Strategy ensuring enough skilled personnel to provide optimal care (Skills for Health 2024). Educators in health and care are preparing the future workforce to address strategic priorities of personalized and holistic health and care, strengthening communities by working alongside them (Howarth and Leigh 2024, Leigh et al., 2022).

Role Development: This presentation highlights the innovative Care Sector Clinical Fellow role implemented between Edge Hill University School Nursing & Midwifery and Wigan, Wrightington & Leigh Teaching Hospitals NHS Foundation Trust. The primary objectives of the Clinical Fellow role include:

- Supporting the development of blended roles and delegated tasks in social care.
- Providing a stronger social care nursing voice at the locality level.
- Operationalizing strategies to attract and retain future nursing staff.
- Leading initiatives to address inequalities and support integrated care provision.
- Enhancing the affiliation of social care workers with academic institutions and contributing to program development and delivery.
- Enabling cross-sector learning by ensuring every learner undertakes at least one social care placement.

Key Insights: Evaluation, Opportunities, and Impact The presentation demonstrates significant impact for the post holder, university, and healthcare organization by bridging the gap between healthcare and social care, providing a stronger voice for social care nursing, and supporting workforce development. Impact is achieved through leadership development, advocating for social care nursing in strategic domains, and developing career pathways for social care nursing professionals.

Relevance to Healthcare Education Sustainability: Our presentation showcases a sustainable model for creating and evaluating joint nursing roles in social care, demonstrating that clear career pathways can be achieved.

Lessons for Healthcare Educators: The development of the Joint Care Sector Clinical Fellow role represents a strategic response to workforce challenges in social care. By providing leadership, advocacy, and development opportunities, this role enhances care quality and supports the future nursing workforce. This innovative collaboration between Wigan, Wrightington & Leigh NHS Teaching Hospitals Foundation Trust and Edge Hill University highlights the importance of collaborative approaches between Higher Education Institutions and NHS Trusts in addressing systemic issues in social care nursing workforce development.

References:

Darzi, A. (2024). Independent Investigation of the National Health Service in England, London, Department of Health: Independent Investigation of the National Health Service in England

Howarth, M. & Leigh, J., (2024), Workforce transformation. In Henry, H. (ed.) Social Prescribing: Paradigms, Perspectives and Practice. London: Elsevier (UK), p. 116-120.

Leigh J., Borwell, J., Garrow, A., Kenny, A., Knight, K., Monks, R., Roberts, D., Whaley V., Wright K., (2022) Has the pandemic response entrenched a pathogenic emphasis in education?, *British Journal of Nursing*, Vol. 31, No. 20
<https://doi.org/10.12968/bjon.2022.31.20.1066>

Skills for Care. (2024), A Workforce Strategy for Adult Social Care in England: Home - A Workforce Strategy for Adult Social Care in England

Keywords: Social care. Nursing workforce development. Social determinants of health. Collaboration between higher education institution and NHS Trust. Care Sector Clinical Fellow role.

Strand 3D: AI and digital innovation

3Di, 10:25 - 12:15

Using an instagram-based educational series to improve clinician understanding of supporting vulnerable patient groups

Dr Amy Haeffner, Royal Sussex County Hospital and Dr Kiran Raju, Guys and St Thomas

Clinicians can feel uncertain about methods to best holistically support vulnerable patient groups, such as those experiencing homelessness, those with learning disabilities and refugees. The growing use of social media as an educational tool offers promising opportunities to deliver accessible teaching material. A year-long Instagram teaching series entitled “How best to support patients...” was created and evaluated with an evidence-based approach to fill the gap in educational material to assist clinicians with supporting vulnerable patient groups. This was well received, with 100% of respondents finding the series useful and 100% of respondents feeling more confident in managing vulnerable patient groups.

Summary:

Background and significance: Vulnerable patient groups such as refugees, individuals experiencing homelessness, patients with disabilities, and those from marginalized ethnic or social backgrounds face significant barriers in accessing equitable healthcare (Santos et al., 2020). Healthcare professionals often report feeling underprepared to support the nuanced needs of these populations (Glenn et al., 2024), with varied teaching received in medical school curricula (Nour et al., 2024). With the growing use of social media for microlearning, platforms like Instagram offer promising avenues for delivering targeted, accessible educational content (Guckian et al., 2021). This project aimed to explore the utility of an Instagram-based educational programme to improve medical student and clinician understanding of the healthcare needs of vulnerable groups.

Methodology: An Instagram-based medical education initiative was developed, entitled “How best to support patients...”. Weekly themes focused on distinct vulnerable populations with content focusing on educating clinicians about the health inequities faced by these groups and practical aspects of clinical care to best support them. Content was designed using an evidence-based approach to and provide information in easy-to-understand, manageable portions, and test knowledge (Lu., et al, 2020). Educational content was delivered using Instagram’s features including content delivery posts, case-based scenarios in Instagram stories, interactive quizzes, and surveys. Content was peer-reviewed for adherence to evidence base, inclusivity, accuracy, and ethical sensitivity. Before and after questionnaires were utilised to assess confidence in supporting vulnerable groups. Qualitative feedback was collected from a focus group of resident doctors. Online accessors of the content were asked to feedback on the series via questionnaires.

Key findings: The series attracted a growing audience, achieving high levels of engagement and learner interaction. The average number of accounts reached by the content across the series was 841.

Key findings from online respondents found:

- 100% of respondents found the content useful.
- 86% of respondents found the content well-designed.
- 100% of respondents felt content had given them confidence in supporting vulnerable patient groups.

Key findings from the focus group included:

- 100% of respondents reported finding the series useful.
- 100% reported increased confidence in supporting vulnerable patients.
- 100% of respondents felt the series was well-designed.
- 100% of respondents would recommend the series to their peers.

The focus group identified content on people experiencing homelessness and transgender patients as the most impactful of the series. Qualitative feedback highlighted the visual appeal and “bitesize” content as positive features. Respondents highlighted content may be hindered by the passivity of learning process when accessing social media.

Lessons and relevance: This project demonstrated that Instagram can be an effective, interactive platform for medical education focused on health equity. Limitations included difficulty in gathering a valuable quantity and quality of feedback via the platform, as well as inability to assess real world impact of the education delivered. Directions include expanding content type to include videos, patient perspectives, and content focused on a wider variety of vulnerable patient populations. Further exploration of the application of knowledge in clinical work of this educational content is required to evaluate its ongoing utility (Kumaravel et al., 2020).

References:

Glenn, J., Kleinhenz, G., Jenna M.S. Smith, Chaney, R.A., Victor B.A. Moxley, Donoso, P.G., Stone, S., Hanson, C.L., Redelfs, A.H. and M. Lelinneth B. Novilla (2024). Do healthcare providers consider the social determinants of health? Results from a nationwide cross-sectional study in the United States. *BMC Health Services Research*, 24(1). doi:<https://doi.org/10.1186/s12913-024-10656-2>.

Guckian, J., Utukuri, M., Asif, A., Burton, O., Adeyoju, J., Oumeziane, A., Chu, T. and Rees, E.L. (2021). Social media in undergraduate medical education: A systematic review. *Medical Education*, 55(11). doi:<https://doi.org/10.1111/medu.14567>.

Kumaravel, B., Hearn, J.H., Jahangiri, L., Pollard, R., Stocker, C.J. and Nunan, D. (2020). A systematic review and taxonomy of tools for evaluating evidence-based medicine teaching in medical education. *Systematic Reviews*, 9(1). doi:<https://doi.org/10.1186/s13643-020-01311-y>.

Lu, D., Ruan, B., Lee, M., Yilmaz, Y. and Chan, T.M. (2020). Good practices in harnessing social media for scholarly discourse, knowledge translation, and education. *Perspectives on Medical Education*, 10(1), pp.23–32. doi:<https://doi.org/10.1007/s40037-020-00613-0>.

Nour, N., Onchonga, D., Neville, S., O'Donnell, P. and Mohamed Elhassan Abdalla (2024). Integrating the social determinants of health into graduate medical education training: a scoping review. *BMC medical education*, 24(1). doi:<https://doi.org/10.1186/s12909-024-05394-2>.

Santos, P., Faughnan, K., Prost, C. and Tschampl, C.A. (2021). Systemic barriers to care coordination for marginalized and vulnerable populations. *Journal of Social Distress and Homelessness*, 32(2), pp.1–14. doi:<https://doi.org/10.1080/10530789.2021.2021361>.

Keywords: Social media. Undergraduate education. Vulnerable patient groups. Health equity.

3Diii, 10:25 - 12:15

Generative AI workshops for Health Science students

Huda Ali, University of Brighton

Generative AI (GenAI) is a disruptive innovation transforming academia and healthcare. This session introduces an innovative approach to preparing healthcare students and academic staff to engage critically and responsibly with GenAI. Through co-created, discipline-specific workshops led by an interdisciplinary team, the project builds confidence, ethical awareness, and future-ready digital skills. A mixed-methods evaluation tracks changes in participants' competencies, attitudes, and practices. This intervention aims to highlight evidence-based strategies for embedding GenAI literacy in healthcare education to enhance employability, professional integrity, and sustainable workforce preparedness. Attendees will gain practical insights into balancing innovation with academic and professional standards.

Summary:

Background: Generative AI (GenAI) is transforming healthcare education (Dave & Patel, 2023), offering opportunities for enhanced learning, productivity, and innovation, while raising complex challenges around academic integrity, professional competence, and ethical use (Walter, 2024). Within healthcare disciplines, there is uncertainty among educators about integrating GenAI into curricula, alongside increasing student use of these tools (Crompton & Burke, 2023). Current professional and regulatory guidance is limited, creating a pressing need for evidence-informed approaches to GenAI education (Walter, 2024). This project addresses that gap by developing and evaluating discipline-specific GenAI workshops that promote responsible, effective use for both students and staff in the School of Education, Sport and Health Sciences, with transferable lessons for wider healthcare education.

Methodology: This study adopts a mixed methods design to evaluate the impact of GenAI workshops on healthcare students and academic staff. Quantitative data will be collected through pre-workshop, post-workshop, and year-end surveys, capturing changes in digital confidence, critical awareness, and ethical engagement. Survey instruments adapt items from the HEPI GenAI Survey (Freeman, 2025) and the Technology Acceptance Model (Taherdoost, 2018). Quantitative data will be analysed using descriptive and inferential statistics (Marshall & Jonker, 2011). As the project begins at the start of the academic year, early survey findings will be available for presentation at the conference. Qualitative focus groups are scheduled for later in the year to provide deeper insights into participant experiences. This data will undergo thematic analysis using Braun and Clarke's six-phase approach (Byrne, 2021). Together, these approaches provide robust, evidence-based evaluation.

Key Findings / Insights: At the time of the conference, preliminary survey data will be available from pre- and post-workshop stages. This data is expected to provide valuable insights into:

- Changes in confidence and capability for responsible GenAI use among students and staff.
- Emerging awareness of ethical, professional, and discipline-specific considerations.
- Early indications of shifts in teaching practices and student learning strategies. • Barriers such as varied baseline digital literacies and concerns about over-reliance on AI tools.

These early findings will highlight the immediate impact of the workshops and inform ongoing evaluation, with qualitative data to follow later.

Lessons for Healthcare Educators

- An example of how to embed GenAI literacy within curricula supports both academic and professional competencies.
- Co-created, discipline-specific workshops enable contextually relevant guidance, fostering engagement.
- Clear communication of ethical expectations fosters awareness that reduces academic integrity issues.
- Mixed-method evaluation provides robust evidence to refine and scale interventions.

By preparing future healthcare professionals to engage critically and ethically with emerging technologies, this project supports workforce readiness, professional standards, and adaptability in an evolving digital landscape (Dave & Patel, 2023). The scalable, evidence-based workshop model can be adapted across healthcare disciplines and institutions, enabling a proactive response to technological change. This will further:

- Equipping the workforce with future-ready skills.
- Supporting inclusive, equitable access to digital literacy.
- Reducing uncertainty among educators through structured, tested approaches.

Ultimately, the intervention strengthens the resilience of healthcare education by integrating innovation into its core pedagogical practices.

References:

Byrne, D. (2021) 'A worked example of Braun and Clarke's approach to reflexive thematic analysis', *Quality & Quantity*, 56(3), pp. 1391–1412. doi:10.1007/s11135-021-01182-y.

Crompton, H. and Burke, D. (2023) 'Artificial Intelligence in higher education: The state of the field', *International Journal of Educational Technology in Higher Education*, 20(1). doi:10.1186/s41239-023-00392-8.

Dave, M. and Patel, N. (2023) 'Artificial Intelligence in healthcare and Education', *British Dental Journal*, 234(10), pp. 761–764. doi:10.1038/s41415-023-5845-2.

Freeman, J. (2025) Student generative AI survey 2025, HEPI. Available at: <https://www.hepi.ac.uk/2025/02/26/student-generative-ai-survey-2025/> (Accessed: 26 August 2025).

Marshall, G. and Jonker, L. (2011) 'An introduction to inferential statistics: A review and practical guide', *Radiography*, 17(1). doi:10.1016/j.radi.2009.12.006.

Shi, J., Liu, W. and Hu, K. (2025) 'Exploring how AI literacy and self-regulated learning relate to student writing performance and well-being in Generative AI-supported Higher Education', *Behavioral Sciences*, 15(5), p. 705. doi:10.3390/bs15050705.

Taherdoost, H. (2018) 'A review of technology acceptance and adoption models and theories', *Procedia Manufacturing*, 22, pp. 960–967. doi:10.1016/j.promfg.2018.03.137.

Walter, Y. (2024) 'Embracing the future of artificial intelligence in the classroom: The relevance of AI literacy, Prompt Engineering, and critical thinking in modern education', *International Journal of Educational Technology in Higher Education*, 21(1). doi:10.1186/s41239-024-00448-3.

Keywords: Generative AI. Healthcare education. Digital literacy. Innovation. Workforce readiness.

3Div, 10:25 - 12:15

Towards an equal future: Empowering a Healthcare community through storytelling and AI interventions

Dr Tina Chowdhury, Dr Zara Arain, Anya Maclaren and Dorothee Loziak, Queen Mary University of London, and Heather MacRae, Ideas Foundation

This project is about inspiring students to think and plan careers in healthcare by developing strategies in storytelling. We created a storytelling module offered to undergraduates studying inter-disciplinary subjects in medicine and biomedical engineering. Interventions included practical training on how to use storytelling as a career tool for personal branding with social media and AI. Digital resources were used in subsequent cohorts from different disciplines and minoritised groups beyond QMUL. By working with the Ideas Foundation, leading photographers and healthcare experts, students learnt visual storytelling skills and how images help us to see the world differently and inspire others.

This work was funded by the Royal Academy of Engineering (ING2021\15\330), Storyfutures Academy (20210211 NFTS-RHUL-QMUL) and Queen Mary's Centre for Public Engagement

Summary:

Background: Storytelling plays a significant role in healthcare by fostering empathy, improving communication and enhancing learning [1]. However, the health and equality outcomes for enabling social mobility in healthcare are not equal, where success is influenced by social and cultural experiences. Undergraduate students studying medicine or biomedical engineering face greater adversity challenges due to poverty, culture and experiences which can influence their outlook and success [2-4]. This project is about inspiring Queen Mary's students, encouraging them to think and plan their healthcare careers by developing strategies in storytelling.

Methods: We created a storytelling module offered to around 1,500 students studying different disciplines of healthcare. The interventions designed in the module included practical training on how to use storytelling as a career tool for personal branding when building a social media profile with immersive and AI platforms. Experts to support workshops included clinicians and scientists drawing on their research on the women's health challenge, photographic inspiration by Michael Cockerham (Canon) and Eliska Sky (Vogue), AI/VR technology (Simeon Quarrie, Deepa Mann-Kler), storytellers and community TV influencers Dallas Campbell and Richard Garriott de Cayeux. The digital resources were used in subsequent cohorts from 2021 to 2025, and reached out to 60 students from minoritised groups studying Year 10 GCSE science from two state schools in East London and Hertfordshire. We worked closely with 10 healthcare researchers from Barts Health NHS Trust and UCLH, the Biomedical Engineering Society and Women in Science and Engineering (WISE).

Key findings

- Around 1,500 students from diverse backgrounds were invited to create micro stories about their careers and reflect on their primary and secondary career preferences in medicine, healthcare and engineering

- We found that storytelling provided an enjoyable vehicle for developing confidence and digital communication skills (95%). All the students enjoyed the experience and receiving tips about how to share content using reels, social media and LinkedIn
- Students taking part in the group workshops improved their interest and confidence in public engagement and started sharing their stories more publicly to change perceptions about their careers, highlighting skills, showcasing stories about their journey to QMUL and inspiring others
- Ten high quality portraits and campaign posters were published on QMUL and Ideas Foundation webpages for public engagement
- The digital storytelling resources were published on social media platforms to boost career profiles for healthcare professionals.

Lessons for healthcare educators: It is clear that many of the stories co-created with the storytelling, creativity and innovation experts are actively shared more publicly on LinkedIn with comments and reshares still continuing, improving communication and digital skills, benefiting culture and community.

Relevance to the healthcare sector: Advancing women's career is influenced by caring responsibilities, health inequity, and complex social factors like culture and community [5-6]. The frontline healthcare workforce need women at the top representing leadership but policies that advance women's career progression are limited [7-8]. Our work explores best practice to overcome the obstacles and inspire women to achieve their career goals in healthcare.

References:

1. McKimm et al., 2020. Med Teach 42(10):1123-1127. PMID: 32776858
2. Moureau et al., 2018. BMC Med Educ 18(1):208. PMID:30200945
3. Beach et al., 2005. Medical Care 43(4):356-373. PMID: 15778639
4. Mohama et al., 2025. J Gen Intern Med. PMID: 40353991
5. Mousa et al., 2021. eClinicalMedicine 39:101084. PMID:
6. Karakcheyeva et al., 2024. Glob Adv Integ Med Health;13:27536. PMID:38344248
7. Policy paper on Womens Health Strategy for England, 2022.
<https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england>
8. UK Menopause Taskforce, Health and Social Care
<https://www.gov.uk/government/news/nations-unite-to-tackle-menopause-taskforce>

Keywords: women's healthcare. Equity. Virtual reality. Artificial intelligence. Diversity & inclusion.

Strand 3E: Gamification, creativity and playful learning

3Ei, 10:25 - 12:15

Interprofessional education in action: A carousel of collaboration

Dr Leah Greene and Professor Neil Withnell, University of Salford, Dr Abhi Jones and Dr Emma Gillaspay, University of Lancashire and Dr Peter Roberts, University of Huddersfield

This collaborative initiative across three higher education institutions aims to enhance Interprofessional Education (IPE) and Interprofessional Simulation-Based Education (IPSE) through a three-way carousel of peer observation. By showcasing good practice and fostering collegial dialogue, the project supports innovation and addresses the 'wicked problems' inherent in IPE. Observations, evaluations, and focus groups will inform shared learning and development. The initiative promotes professional competencies, challenges stereotypes, and aligns with healthcare education standards. Sharing resources and insights across institutions reduces duplication, supports sustainability, and strengthens interprofessional collaboration to improve learner outcomes with a view to ultimately enhancing service user satisfaction in the long-term.

Summary:

Background

Healthcare education standards highlight the importance of interprofessional teamwork, leadership and communication to improve patient outcomes. Integrating high-quality Interprofessional Education (IPE) into Higher Education (HE) empowers health and social care learners to cultivate proficiencies for effective collaboration within interprofessional teams. This approach not only enhances service user satisfaction and outcomes but also fosters professional growth and development. Studies indicate that functioning as part of an interprofessional workforce promotes professional competencies while challenging stereotypical views within professions (Grumbach and Bodenheimer, 2004; Reeves et al., 2007; Ateah et al., 2011). Professional, Regulatory and Statutory Bodies (PSRBs) encourage universities to develop and provide opportunities for IPE in health and social care courses. Furthermore, Interprofessional simulation-based education (IPSE) has been recognised for over a decade as a widely adopted educational strategy to facilitate IPE within undergraduate healthcare programmes (Gough et al, 2012). However, the complex nature of processes such as timetabling and staffing means bringing together multiple disciplines in an often fragmented HE infrastructure remains a significant challenge.

Proposed Methodology

To overcome the challenges of IPE and to share best practice, we propose an innovative institution-level peer observation of IPE teaching to support development and collaboration. The proposed three-way carousel will showcase IPE initiatives at each institution. Through observing IPE in action, we will have the opportunity to engage with academics and students representing diverse health professional programmes, across different years of study and focussing on a range of proficiencies. During the three-way carousel we will learn from and with each other. We will gather pre- and post- session evaluation data related to the staff and student experience and conduct focus groups at each institution. Each observer will also reflect on the experience through collaborative autoethnography.

Insight & lessons for healthcare educators

A timetable of IPE and IPSE events has been shared across the three institutions and observations are planned for the upcoming academic year. The collaboration is already

proving to be valuable by encouraging open dialogue and cross-disciplinary teamwork. The proposed three-way carousel highlights the strength of collaboration and our shared commitment to interprofessional learning. This presentation will provide a detailed outline of our proposed work, report on progress to date and share reflections on the early stages of this inter-institutional, inter-professional venture. We will offer a vision of our target outcomes and practical contribution to the challenging yet essential delivery of IPE in HE.

Relevance to healthcare education sustainability

The ability to showcase good practice and generate collaborative ideas enables innovation and helps identify potential solutions to the 'wicked problems' (Rittel & Webber, 1973) faced in IPE. These complex challenges require diverse perspectives and interprofessional approaches to enhance learners' knowledge, skills, attitudes, behaviours, and perceptions (Prendergast, 2014). Sharing knowledge and best practice across institutions not only fosters a collegial and open learning environment but also reduces duplication of effort, saving time and resources; key elements in supporting the sustainability of healthcare education.

References:

Ateah C, Snow W, Wener P, MacDonald L, Metge C, Davis P, Fricke M, Ludwig S, Anderson J (2011) Stereotyping as a barrier to collaboration: does interprofessional education make a difference? *Nurse Education Today* 31 208-213.

Gough, S., Hellaby, M., Jones, N. and MacKinnon, R., 2012. A review of undergraduate interprofessional simulation-based education (IPSE). *Collegian*, 19(3), pp.153-170.

Grumbach K, Bodenheimer T (2004) Can health care teams improve primary health care practice? *Journal of the American Medical Association* 291 (10) 1246–51.

Prendergast, A., 2014. Interprofessional education challenges in contemporary social care placement education. *The ITB Journal*, 15(1), p.2.

Reeves S, Goldman J, Oandasan I (2007) Key factors in planning and implementing interprofessional education in health care settings. *Journal of Allied Health* 36 2312-235

Rittel, H.W.J. and Webber, M.M (1973) Dilemmas in a General Theory of Planning. *Policy Sciences* 4, 155-169

Keywords: Interprofessional Education (IPE). Collaboration. Carousel. Peer observation.

3Eii, 10:25 - 12:15

Building professional identity: Using LEGO® SERIOUS PLAY® to transform Nursing Education

Dr Tyler Warburton, University of Lancashire, Professor Jeremy Brown, Professor John Sandars and Dr June Jones, Edge Hill University

What does it really mean to become a nurse? This session explores how LEGO® SERIOUS PLAY® can transform the way nursing students discover their professional identity. Through creative model-building and storytelling, students engage in deep, reflective, and often surprising conversations about who they are becoming. Join us to discover how play can

lead to powerful learning, and why rethinking identity development could be the key to shaping confident, compassionate future practitioners.

Summary:

Professional identity formation is a central yet often under-explored aspect of nursing education. While curricula focus heavily on the acquisition of knowledge, skills, and values, there remains a gap in how students are supported to understand who they are becoming as nurses. A strong sense of professional identity enables learners to dynamically and adaptively engage in their practice (Trede et al., 2012) and advocate their own professional judgments and ideas (Turner & Knight, 2015). Lack of clarity in the professional identity of healthcare practitioners has been noted to lead to instances of poor care and an inability or reluctance of staff to challenge the poor practice they might witness (Traynor & Buus, 2016; Turner & Knight, 2015). This session will present an innovative study exploring how LEGO® SERIOUS PLAY® (LSP) can be used to enable nursing students to engage more deeply with their evolving professional selves. Using an action research approach across three iterative interventions, the study invited nursing students to participate in LSP workshops focused on their perceptions and experiences of professional identity. The method offered a unique opportunity for participants to construct physical models, share stories, and co-create meaning in a playful, yet deeply reflective environment. Follow-up interviews provided rich qualitative data, which were analysed using reflexive thematic analysis and viewed through the lens of transformative learning theory. Findings revealed that students often felt frustrated and ill-equipped when it came to understanding their own professional identity. They described a disconnect between academic expectations and the reality of who they were becoming in clinical practice. However, the LSP sessions provided a safe and engaging space to navigate this uncertainty. Through metaphor, parody, and co-construction, students were able to externalise and examine their professional selves in a way that felt authentic, empowering, and emotionally resonant. Importantly, this session will unpack the mechanisms through which LSP supported transformative learning experiences, highlighting the importance of play, storytelling, and collaborative meaning-making in facilitating critical reflection and identity formation. These findings hold significant implications for nurse educators, curriculum developers, and higher education institutions, offering a compelling case for the inclusion of more creative and emancipatory approaches within healthcare education. Attendees will gain insight into how structured creative methods like LEGO® SERIOUS PLAY® can be used to foster deeper engagement, promote self-awareness, and support the development of confident, reflective practitioners. The session will also provide practical considerations for integrating these methods into existing programmes. By challenging traditional, often prescriptive approaches to professional identity, this presentation invites us to rethink how we support students, not just to learn about nursing, but to become nurses.

References:

- Trede, F., Macklin, R., & Bridges, D. (2012). Professional identity development: A review of the higher education literature. *Studies in Higher Education*, 37(3), 365–384.
<https://doi.org/10.1080/03075079.2010.521237>
- Turner, A., & Knight, J. (2015). A debate on the professional identity of occupational therapists. *British Journal of Occupational Therapy*, 78(11), 664–673.
<https://doi.org/10.1177/0308022615601439>
- Traynor, M., & Buus, N. (2016). Professional identity in nursing: UK students' explanations for poor standards of care. *Social Science and Medicine*, 166, 186–194.
<https://doi.org/10.1016/j.socscimed.2016.08.024>

Keywords: Professional identity. Lego. Transformational learning. Creative pedagogy. Play.

3Eiii, 10:25 - 12:15

Educational escape room

Wai-Fun Wong, BSO HSC Clinical Education Centre

The Educational Escape Room is a live interactive team-based activity incorporating defined learning outcomes. Active engagement is key; using authentic learning contexts promotes an extreme immersive experience and develops key attributes in the learner including teamwork and leadership, improved motivation in learning and communication skills. These attributes develop both lower level of skill and knowledge acquisition and higher order skills such as problem solving and critical thinking. A pilot educational escape room has been developed within the Clinical Education Centre in Northern Ireland, where educational programmes are created to facilitate the delivery of safe, effective person-centred care.

Summary:

Background: Educational Escape Rooms (EER) are an extension of simulated practice, aiming for authentic and immersive experiences, mapping design to proficiencies to bridge theory to practice (NMC 2024). Key benefits include teamwork and leadership, fostering of clinical skills, improving academic learning performance and motivation and communication skills (Veldkamp et al. 2020; Gonzales-de la Torre et al. 2024; Reinkemeyer et al. 2022). EER has shown promising results in medicine, pharmacy, physiotherapy, chemistry, computer science, mathematics and English (Veldkamp et al. 2020). Within nursing education, EER spans over various topics and settings such as stroke in the community (Aguas-Gracia et al. 2021); mental health for management of the schizophrenic patient (Sukon and Mi 2024) to geriatric medicine for medication safety (Chen et al. 2023). The Health and Social Care Clinical Education Centre (HSC CEC) designs and delivers education to support nurses, midwives and allied health professionals delivering education across Northern Ireland. Using the "Deteriorating Adult" programme in the HSC CEC, an EER pilot was designed, implemented and evaluated focusing on three distinct learning outcomes: human factors, using the A to E approach to assess the patient and the SBAR (situation, background, action, recommendations) communication tool.

Key findings: Integration of theory and practice is a significant challenge in nursing education, constantly grappling with the best way to address the practical elements to prepare the nursing workforce by narrowing the proverbial theoretical and readiness to practice gap (Singh et al. 2024). The realism of EER aims to bridge this gap (Powers et al. 2022; Sukwon and Mi 2024); students learn from each other to reach that common goal to "escape"; maximising thinking, teamwork and confidence (Powers et al. 2022; Molina-Torres et al. 2022; Ghiamikeshtgar et al. 2023). Evaluation of EER in the HSC CEC aim to corroborate findings with the literature, in particular knowledge acquisition, teamwork, satisfaction with mode of teaching, engagement, ability to recall information, motivation to learn, communication, application of learning to practice, building confidence and ability to problem solve and thus creative thinking (Sukwon and Mi 2024; Arrue et al. 2025; Dogu et al. 2025; Chen et al. 2023).

Lessons for healthcare educators: In an ever-fluctuating healthcare climate, educators need to adopt novel ways of meeting changing educational needs. EER can serve as an adjunct to traditional nursing education, offering an innovative and immersive experience. Literature

regarding specific attributes developed by the EER format is due to the nature of it being a 14 / 17 team-based activity, requiring participant cohesion to “escape” the room.

Relevance to healthcare sustainability: EER develops knowledge acquisition, teamwork, satisfaction with mode of teaching, engagement, ability to recall information, motivation to learn, communication, application of learning to practice, building confidence and ability to problem solve and thus creative thinking. These are crucial competencies for the complex role of the 21st century nurse; meeting NMC’s required standards of competence for all registered nurses.

References:

References Anguas-Gracia, A., Subiron-Valera, A.B., Anton-Solanas, I., Rodriguez-Roca, B., Satustegui-Dorda, P.J. and Urcola-Pardo, F. (2021) An evaluation of undergraduate student nurses' gameful experience while playing an escape room game as part of a community health nursing course. *Nurse Education Today*, 103, 104948.

Arrue, M., Suarez, N., Ugartemendia-Yerobi, M. and Babarro, I. (2025) Let's play and learn: Educational escape room to improve mental health knowledge in undergraduate nursing students. *Nurse Education Today*, 144, 106453.

Chen, D., Liu, F., Zhu, C., Tai, C., Zhang, Y. and Wang, X. (2023) The effect of an escape room game on college nursing students' learning attitude and game flow experiences in teaching safe medication care for the elderly: an intervention educational study. *BMC Medical Education*, 23(1), 945.

Dogu, N., Boztepe, H., Topal, C.A., Sonmez, M., Yuceer, B. and Bayraktar, N. (2025) Comparison of the escape room and storytelling methods in learning the stress response: A randomized controlled pilot study. *Nurse Education in Practice*, 82, 104209.

Ghiamikeshtgar, N., Ghaljaei, F., Ghaljeh, M., Taherizade, B., Mahmoodi, N. and Sharifi, S. (2024) The effect of escape room clinical evaluation method on satisfaction, learning, and preparedness to practice as interns of nursing students: A quasi-experimental quantitative study. *Journal of Education & Health Promotion*, 13, 225.

Gonzalez-de la Torre, H., Hernandez-De Luis, M-N., Mies-Padilla, S., Camacho-Bejarano, R., Verdu-Soriano, J. and Rodriguez-Suarez, C-A. (2024) Effectiveness of “escape room” educational technology in nurses’ education: a systematic review. *Nursing Reports*, 14, 1193-1211.

Molina-Torres, G., Cardona, D., Requena, M., Rodriguez-Arrastia, M., Roman, P. and Ropero-Padilla, C. (2022) The impact of using an "anatomy escape room" on nursing students: A comparative study. *Nurse Education Today*, 109, 105205.

Nursing and Midwifery Council (2024) Simulated practice learning in pre-registration nursing programmes: an evaluation of the experience of universities approved to deliver up to 600 practice learning hours through simulation. [s.l]: [s.n].

Powers, K., Brandon, J. and Townsend-Chambers, C. (2022) Preparing nursing students for home health using an escape room: A qualitative study. *Nurse Education Today*, 108, 105215.

Reinkemeyer, E.A., Chrisman, M. and Patel, S.E. (2022) Escape rooms in nursing education: an integrative review of their use, outcomes, and barriers to implementation. *Nurse Education Today*, 119, 105571.

Singh, S., Alomari, A.M.A., Sayed, H.M.A., Mannethodi, K., Kunjavara, J., Joy, G.V., Hassan, N., Martinez, E. and Lenjawi, B.A. (2024) Barriers and solutions to the gap between theory and practice in nursing services: a systematic review of qualitative evidence. *Nursing Forum*, 1-10.

Sukwon, H. and Young, M.R. (2024) The effect of an escape room in psychiatric nursing education on knowledge, proactivity in problem solving, team work, and learning satisfaction of nursing students: a quasi-experimental study. *Journal of Korean Academy of Psychiatric and Mental Health Nursing*, 33(4), 345-354. 16 / 17

Tian, P., Fan, Y., Sun, D. and Li, Y. (2024) Evaluating students' computation skills in learning amount of substance based on SOLO taxonomy in secondary schools. *International Journal of Science Education*, 46(15), 1578–1600.

Veldkamp, A., van de Grint, L., Knippels, M.P.J. and van Joolingen, W.E. (2020) Escape education: a systematic review on escape rooms in education. *Educational Research Review*, 31, 100364.

Keywords: Escape rooms. Gamification. Immersive. Teamwork. Problem solving.

3Eiv, 10:25 - 12:15

From pen to practice: Inspiring nurse leadership through creative writing

Christopher Seymour, Manchester Metropolitan University

From Pen to Practice: Inspiring Nurse Leadership Through Creative Writing Inspired by clinical practice, poetry and creativity, the workshop will be an insight into how creative writing helped a very anxious student nurse eventually become a university lecturer. Christopher Seymour is a poet and Lecturer in Adult Nursing, with a background in Specialist Palliative care. The session will include poetry as a medium in which to showcase both story-telling and scenario-based learning. The desired effect of the workshops is to increase wellbeing, nurturing creative connection and leadership skills.

Summary:

Inspired by the findings of the RePAIR report (2018). Focusing on Reducing Pre-registration Attrition and Improving Retention, the project included nearly 3,500 pre-reg nurses nationally, and identified a range of factors affecting students staying on their respective course including their sense of 'belonging'. Christopher Seymour has facilitated poetry workshops for Foundation of Science (FdSc), BSc and MSc pre-registration Nursing students with the aim to develop their clinical skills, reflection skills, encouraging a new medium to express themselves and further develop their public speaking confidence. The session is aimed at anyone, as creative reflection whether in the form of writing a poem, short-story or any creative writing can increase wellbeing. Through discussions about creativity, the audience will connect over shared experiences of taking responsibility in their roles, sharing success and failures (Tempest, 2020). This links to the theme of Leadership for the future as the session nurtures the ability to reflect, repair and consolidate learning, sharing experiences.

The session will include a series of exercises using poetry as a medium in which to showcase both story-telling and scenario-based learning. Christopher Seymour is a poet and Lecturer in Adult Nursing, with a background in Specialist Palliative care. He will take the audience (of anyone who would like to attend) through his journey of learning to use creative reflection to help his own mental health, improve his practice as a clinician, and eventually find his voice with public speaking, performance and eventually teaching too. The desired effect of the workshops is to increase wellbeing, celebrating creativity through the audiences connecting through what they write. There will be writing exercises, discussion points relating to two themes: Pain and Recovery. The audience of the workshop will also hear about exercises previously used by Christopher Seymour to teach his pre-registration students using poetry, facilitating discussions about creative learning linked to life limiting illness and leadership skills. The exercises chosen for the presentation have been evaluated by hundreds of students with deeply positive feedback. Referring to the workshop 'Creative reflection, poetry and leadership' one student said: 'We usually never have a space to be creative in class, so this makes a big change. To feel heard and to discuss our fun experiences as well as worries was great. Thanks Chris!'

References:

Health Education England (2018) RePAIR: Reducing pre-registration attrition and improving retention report. Health Education England
Tempest, K. (2020) On Connection. London: Faber & Faber

Keywords: Nursing leadership. Poetry. Creative reflection.

Strand 4A: Emotional regulation

4Ai, 14:55 - 16:45

Introduction of a Mental Health 'bootcamp' with final year Mental Health Nursing Students: Fostering belongingness, developing confidence and enhancing professional decision-making

Dr Louise Bouic and Kate Freeman-Fox, University of Wolverhampton

Mental Health Bootcamp supports transition to registration by encouraging mental health student nurses to test their clinical decision-making skills as part of a team rather than individually. The gamified approach can reduce the stress inherent in development of self-awareness, as the games are fun and foster team building and performance. With the Future Nurse (NMC, 2018) agenda comes an increasing need and expectation to be highly skilled at the point of registration. Current levels of job vacancies coupled with recruitment freezes reduces the potential support available for newly-qualified nurses. Gamification utilises real-world scenarios under pseudo-clinical conditions, in a risk-free environment.

Summary:

Background and significance of the innovation

Educational games support the development of nurse identity, allowing student nurses to step into the 'magic circle' (Crichton, 2019) of nursing, an 'alternative reality' where specific rules apply. Transition to newly qualified nurse is known to be a stressful and difficult time for student nurses (Duchscher, 2009; Smythe and Carter, 2022). Offering a Mental Health 'Bootcamp' just prior to the point of transition brings mental health student nurses into the circle alongside nurse educators, to immerse themselves in field-specific scenarios which test their teamwork, leadership and decision-making skills.

Key findings or insights

Gamification and scenario-based games are linked with both an increase (Arrue et al, 2024; Chang et al, 2024; Kim et al, 2024), and a reduction in student nurse anxiety (Arias-Calderón et al, 2022; Campbell, 2024). However, stress and discomfort are inherent to learning, and exposure to a pseudo-clinical experience can create a safe space (Holt, 2024) to 'have a go' away from direct patient care. Making mistakes in a safe environment helps to build self-awareness by highlighting strengths and areas for development, arguably building resilience (Oosthuizen, 2020). Contemporaneous feedback for students is necessary to reduce stress and balances the risk of triggering trauma or increasing stress (HEE, 2022; Wynn, 2021).

Lessons for healthcare educators

The Bootcamp approach requires 'buy-in' from managers and colleagues, to allocate time within workloads. To encourage students to voluntarily attend and participate in a non-modular activity, the day must feel relevant and significant to them (Brophy, 1999). This may require individual bootcamps to be tailored to the specific group's requests- though this has not been found necessary by the authors to date. Additionally, a committed 'performance' in engagement/delivery by the lecturer is pivotal (Grech and Grech, 2021) and missed by students when absent (Chau et al, 2021; Kor et al, 2022). From the lecturers' perspective, it is an opportunity to share their particular expertise in an environment free from the usual constraints of assessment and indicative content, and facilitating a gamified approach also enhances the nurse educators' higher-level thinking skills (Balakrishnan et al, 2016). Gamified pedagogies support inclusivity, and widen participation (Mateus et al, 2023), while also improving student satisfaction, aligning to key contemporary drivers in higher education (OfS, 2025). Each cohort is asked to provide feedback immediately after the bootcamp ends. The feedback is uniquely entirely positive, with the only future development comments being

that students consistently say they would have liked the bootcamp earlier in the course. Doing so would of course significantly affect the whole premise of being about assisting the transition (Duchscher, 2009; Smythe and Carter, 2022) into being an autonomous registered practitioner.

Relevance to healthcare education sustainability

With the Future Nurse (NMC, 2018) agenda comes an increasing need and expectation to be highly skilled at the point of registration. Current levels of job vacancies coupled with recruitment freezes reduces the potential support available for newly qualified nurses. Gamification utilises real-world scenarios under pseudo-clinical conditions, in a risk-free environment.

References:

- Arias-Calderón, M., Castro, J. and Gayoi, S. (2022). 'Serious Games as a Method for Enhancing Learning Engagement: Student Perception on Online Higher Education During COVID-19'. *Frontiers in Psychology*, 13:889975. Available at: doi:10.3389/fpsyg.2022.889975. (Accessed 1st November 2024).
- Arrue, M., Suárez, N., Ugartemendia-Yerobi, M. and Babarro, I. (2024). 'Let's play and learn: Educational escape room to improve mental health knowledge in undergraduate Nursing students'. *Nurse Education Today*, 144:106453. Available at: <https://doi.org/10.1016/j.nedt.2024.106453>. (Accessed 1st November 2024).
- Balakrishnan, M., Nadarajah, G.M., Vellasamy, S., George, E.G.W. (2016). 'Enhancement of higher order thinking skills among teacher trainers by fun game learning approach'. *International Journal of Educational and Pedagogical Sciences*, 10(12): 3954-3959. (Accessed 19th August 2025).
- Brophy, J. (1999). 'Toward a model of the value aspects of motivation in education: developing appreciation for...' *Educational Psychologist*, 34(2), pp75-85. Available at: https://doi.org/10.1207/s15326985ep3402_1. (Accessed 24th August 2025).
- Campbell, S. (2024). "Healthy Points" Gaming to Teach Social Determinants of Health'. *Nursing Education Perspective*. Available at: doi: 10.1097/01.NEP.0000000000001292. (Accessed 18th November 2024).
- Chang, Y.Y., Chao, L.F., Chang, W., Lin, C.M., Lee, Y.H., Latimer, A. and Chung, M.L. (2024). 'Impact of an immersive virtual reality simulator education program on Nursing students' intravenous injection administration: A mixed methods study'. *Nurse Education Today*, 132:106002. Available at: <https://doi.org/10.1016/j.nedt.2023.106002>. (Accessed 18th November 2024).
- Chau, J.P.C., Lo, S.H.S., Chan, K.M., Lee, V.W.Y., Lam, S.K.Y., Choi, K.C. and Thompson, D.R. (2021). 'Development and evaluation of a technology-enhanced, enquiry-based learning program on managing neonatal extravasation injury: A pre-test/ post-test mixed-methods study'. *Nurse Education Today*, 97:104672. Available at: <https://doi.org/10.1016/j.nedt.2020.104672> (Accessed 18th November 2024).
- Crichton, J.A. (2019). 'The Magic Circle: Gaming and Postmodernity'. *Jung Journal: Culture and Psyche*, 13(4): pp35-52. (Accessed 20th November 2024).

Duchsher, J.E.B. (2009). 'Transition shock: the initial stage of role adaptation for newly graduated Registered Nurses'. *Journal of Advanced Nursing*. Available at: <https://doi.org/10.1111/j.1365-2648.2008.04898.x> (Accessed 2nd August 2025).

Grech, J. and Grech, J. (2021). 'Nursing students' evaluation of a gamified public health educational webinar: A comparative pilot study'. *Nursing Open*, 8: pp1812-1821. (Accessed 18th November 2024).

Health Education England (HEE). (2022). Blended learning for pre-registration and undergraduate healthcare professional education. [online] Available at: https://www.hee.nhs.uk/sites/default/files/documents/220405_Blended%20Learning%20Guidance%20Report_FINAL.pdf. (Accessed 29th November 2024).

Holt, P.J. (2024). Simulated practice learning in pre-registration Nursing programmes- an evaluation of the experience of universities approved to deliver up to 600 practice learning hours through simulation. [online] Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/simulated-practicelearning/reports/2024/evaluation-of-simulated-practice-learning-in-pre-registration-Nursingprogrammes.pdf>. (Accessed 29th November 2024).

Kim, H.J., Oh, J. and Lee, S. (2024). 'Effect of a virtual games-based integrated clinical practice simulation program on undergraduate Nursing students' attitude towards learning'. *Computers, Informatics, Nursing*. doi: 10.1097/CIN.0000000000001105. (Accessed 1st November 2024).

Kor, P.P.K., Liu, J.Y.W. and Kwan, R.Y.C. (2022) 'Exploring Nursing students' learning experiences and attitudes toward older persons in a gerontological Nursing course using self-regulated online enquiry-based learning during the COVID-19 pandemic: A mixed-methods study'. *Nurse Education Today*, 111:105301 Available at: <https://doi.org/10.1016/j.nedt.2022.105301>. (Accessed 18th November 2024).

Mateus, C., Campis, R., Jabba, D., Erazo, A-M. and Romero, V. (2023). 'Gamification as a tool for inclusion'. In: Altinay, F. and Altinay, Z. (eds.) *Intellectual and Learning Disabilities-Inclusiveness and Contemporary Teaching Environments*. Intech Open. 10.5772/intechopen.106310. (Accessed 20th August 2025).

Nursing and Midwifery Council (NMC). (2018). *Future Nurse: Standards of proficiency for registered Nurses*. [online] Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/standards/2024/standards-of-proficiencyfor-Nurses.pdf>. (Accessed 19th October 2024).

Office for Students (OfS). (2025). *National Student Survey*. <https://www.officeforstudents.org.uk/for-providers/student-choice-and-flexible-learning/national-student-survey-nss/>. (Accessed 24th August 2025).

Oosthuizen, R.M. (2020). 'Resilience to Emotional Distress in Response to Failure, Error or Mistakes: A Positive Psychology Review'. In: Vanderheiden, E., Mayer, CH. (eds.) *Mistakes, Errors and Failures across Cultures*. Springer, Cham. pp237-258. https://doi.org/10.1007/978-3-030-35574-6_12. (Accessed 24th August 2025).

Smythe, A. and Carter, V. (2022). 'The experiences and perceptions of newly qualified nurses in the UK: an integrative literature review'. *Nurse Education in Practice*, 62: 103338. Available at: <https://doi.org/10.1016/j.nepr.2022.103338> (Accessed 20th August 2025).

Wynn, L. (2021) 'An escape room simulation focused on renal-impairment for prelicensure Nursing students'. *Teaching and Learning in Nursing*, 16: pp95-99. (Accessed 18th November 2024).

Keywords: Gamification. Transition to registration. Inclusivity. Belongingness. Professional decision-making.

4Aii, 14:55 - 16:45

Learning care through emotions

Professor Dr Johanne Antonette Alteren, Molde University College

The role of care in nursing is under threat as the profession increasingly distances itself from patient interactions, focusing more on administration and technical tasks. In this narrative, student nurse Trine assists a patient with their morning routine for the first time. She reflects on the emotions that arose while helping this individual, indicating that nurturing skills are cultivated through caregiving. Trine's learning is intertwined with her emotions, allowing her to express care through the feelings that influence her actions. These emotions are crucial in guiding her care; therefore, their significance in educating professionals cannot be overlooked in healthcare education.

Summary:

Background and Significance of the Research: Care is a core value in nursing, yet its role is under threat as the profession becomes increasingly administrative and distanced from patient interactions. The growing emphasis on technical procedures, guided by checklists, ensures necessary tasks are completed but often at the expense of individualised patient care (Martinsen, 2003; Alteren, 2010). Nursing education creates environments where students learn to provide care through practical training and reflection (Alteren, 2019; Stoffels et al., 2019). Care involves addressing individual needs within a relational context (Martinsen, 2003), where nurses manage tasks beyond the patient's capacity (Birkler, 2023). This occurs within an interpersonal field between the patient and the nurse, where the student's learning process is dynamic and includes experiences that requires students to be present and engaged in their interactions (Alteren, 2010, 2018). Hence, nursing education must foster empathic learning experiences (Nussbaum, 1990, 1997, 2003; Næss, 2018).

Research Methodology: This presentation is based on a narrative "Care in the Morning Routine," derived from research exploring how nursing students learn nursing tasks and integrate knowledge into practice. Data were collected through fieldwork, observations, and interviews in four nursing homes, following seven nursing students over an eight-week placement. Narrative analysis employed the hermeneutic circle, an interpretative methodology that examines the relationship between the whole and its parts, the phenomenon, the context, and the researcher's preconceptions (Gadamer, 2003). The analysis indicated that the students' actions were rooted in their emotions, integrating feelings with practical nursing tasks. Emotions like fear, uncertainty, and wonder were linked to their caregiver roles and their ability to recognise patient needs.

Key Findings or Insights: The learning environment functions as a caregiving context where students learn care through the emotions that arise while assisting others. Care involves

recognising patient needs and valuing the care provided through participation in tasks. The student's emotions manifest in their interactions with the patient, directed toward themselves and the individual they support. Reflecting on and expressing these emotions is crucial for learning care. Emotions stimulate knowledge relevant to the patient, making sustained engagement essential for effective learning.

Lessons for Healthcare Educators: Emotions are pivotal in helping nursing understand care, conveying knowledge pertinent to their practice. This insight is also pertinent to other healthcare education programmes where the relationship with and care for patients are fundamental. Therefore, attention to emotions through reflection is vital for enabling students to recognise feelings and progress in their learning journey.

Relevance to Healthcare Education: Sustainability Nurses are essential in caring for acutely ill and chronically unwell patients. Hospital and nursing home residents often present complex diagnoses, necessitating qualified personnel. Understanding how professionals acquire caregiving skills is crucial for sustainable education. To ensure healthcare programmes equip students with the needed competencies, training must focus on developing proficient caregiving skills.

References:

Alteren, J. (2010) Følelser er fornuft. Sykepleierutdanningen mellom gjerning og tekst. [Emotions are Common Sense. Nurse Education between Texts and Experience]. [Doktorgradsavhandling] [Doctoral dissertation]. Bodø University College, Norway.

Alteren, J. (2018) Emotions as one basis for the nursing profession. Development of practical knowledge. In Danielsen, I. & Alteren, J. (Ed.) Erfaring som kunnskapskilde i profesjonspraksis. En vitenskapelig antologi. [Experience as a Source of Knowledge in Professional Practice. A Scientific Anthology] Oslo: Novus Forlag. ISBN 978-82-7099-905-7

Alteren, J. (2019) Narratives in student nurses' knowledge development: A hermeneutical research study. *Nurse Education Today* 76, p. 51-55. doi: 10.1016/j.nedt.2019.01.015

Birkler, J. (2023) Omsorg. Når menneskelighet er et arbejde. [Care: When Humanity is a Job.] København: Munksgaard, Denmark.

Gadamer, H-G. (2003) Forståelsens filosofi. Utvalgte hermeneutiske skrifter. [The Philosophy of Understanding: A Selection of Hermeneutic Writings]. Cappelen Akademisk Forlag, Norway.

Martinsen, K. (2003) Omsorg i sykepleien. Kapittel 2 in Omsorg, sykepleie og medisin. Historisk-filosofiske essays. [Care in Nursing. Chapter 2 in Care, nursing and medicine. Historical- Philosophical Essays] Oslo: Universitetsforlaget, Norway, p. 67-86.

Nussbaum, M. (2003) «The Emotions of Working Life». In Erson, E. and Öberg, L. (Ed.) Erfarenhetens rum och vägar. Tumba: Mångkulturellt centrum, Botkyrka, Sweden, p. 29-40.

Nussbaum, M. (1990) "The Discernment of Perception: An Aristotelian Conception of Private and Public Rationality" in *Love's Knowledge. Essays on Philosophy and Literature*. Oxford University Press, 54-105.

Naess, A. (2018) Life's philosophy: reason & feeling in a deeper world. Translated from *Livsfilosofi. Et personlig bidrag om følelser og fornuft* of R. Huntford. Athens: University of Georgia Press.

Stoffels, M. Peerdeman, S.M. Daelmans, H.E.M. Ket, J.C.F. & Kusurkar, R.A. (2019) How do undergraduate nursing students learn in the hospital setting? A scoping review of conceptualisations, operationalisations and learning activities. *Bmj Open*(12)9. doi: ARTNe02939710.1136/bmjopen-2019-029397

Keywords: Care. Emotions. Learning situations. Patient relationship. Nursing education.

4Aiii, 14:55 - 16:45

Guardians of the interprofessional education galaxy: Collaborating to transform the future Healthcare workforce

Dr Emma Gillaspy, Dr Emma Darbyshire, Mary-Clare Davidson, Matthew Rees and Steven Seymour, University of Lancashire

The University of Lancashire has revolutionised Interprofessional Education (IPE) by embedding it across more than 20 health and social care courses. Through collaborative leadership and innovative pedagogies, the programme engaged over 3,000 students in the past academic year. This multi award-winning approach has demonstrated measurable improvements in student confidence, communication, and teamwork, attracting national and international recognition. This presentation will explore how collaborative leadership combined with contemporary pedagogies can deliver sustainable, scalable IPE that prepares students for the future health and social care workforce.

Summary:

Background: Interprofessional Education (IPE) is often mandated by health and social care regulatory bodies as a critical strategy in preparing students for professional practice. The World Health Organization (WHO, 2010) also identifies IPE as a global priority in addressing healthcare workforce challenges. However, delivering IPE at scale across universities remains a significant challenge, with logistical and pedagogical barriers frequently cited (Howard and McCoyd, 2023; Patel, Begum and Kayyali, 2016). At the University of Lancashire, our cross-institutional leadership team of 22 academics (Gillaspy et al., 2025) successfully embedded IPE across more than 20 health and social care courses. Our approach has dismantled disciplinary silos and created a sustainable, inclusive, and impactful model that enhances student learning and workforce readiness.

Insights: Our leadership and facilitation team have co-designed and delivered over 70 IPE sessions across three geographically dispersed campuses reaching more than 3,000 students over the academic year. The programme is structured to support students' progression from learning alongside each other (focusing on self-awareness and collaboration), to learning about each other's roles and professions, and finally learning from each other through shared decision-making to improve patient and community care. Our pedagogical approach draws upon experiential and heutagogical self-determined learning (Hase and Kenyon, 2000) which has been shown to develop key sector competencies such as self-efficacy, problem solving and collaborative working (Gillaspy and Vasilica, 2021). This presentation will illustrate how we have used heutagogy principles to design effective IPE learning experiences. Topics such as frailty, safeguarding, and neurodivergence are explored through innovative methods including large-scale online simulations and escape rooms. Quantitative data show statistically significant improvements in students' perceived teamwork competencies and confidence, while qualitative feedback highlights enhanced understanding of professional roles and readiness for practice.

Lessons for Healthcare Educators: This session will share the demonstrable impact on students and the professional growth of our IPE educators. Our hierarchy-free leadership model has been instrumental in fostering a sense of belonging and professional satisfaction among staff. We advocate for the adoption of innovative pedagogies and technologies to enhance engagement and overcome logistical barriers. We will also present our research and evaluation framework which supports continuous improvement and sustainability of IPE.

Sustainability: Our model demonstrates how IPE can be sustainably embedded across curricula through strategic leadership, shared resources, and pedagogical innovation. By coaching new facilitators, we empower them to deliver high-quality IPE and enhance their disciplinary teaching. For example, IPE escape room facilitators have adopted playful learning strategies in their nursing and medicine curricula. Through collaborative practice and creative solutions, we have begun to address staff and space resource challenges currently facing Higher Education. Students emerging from our programme exhibit self-determined, collaborative behaviours that will positively influence the health and social care sector. The programme's scalability and adaptability have led to national and international interest including winning the 2025 Educate North Award for Student Experience. The approach we have created sets a new standard for IPE which is being recognised across the sector for its innovative approach and strong engagement with faculty and students.

References:

Gillaspy, E., Darbyshire, E., Davidson, M-C., Seymour, S., Rees, M., Jones, A., Urmston, A., Dollard, A., Edwards-Smith, A., Ashworth, L., Docherty, A., Johnson, S., Stewart, H., Owens, H., Davies, H., Littler, G., Kilmurray, S., Thomas, V., Jones, P., McGrath, A., Willingham, F. and Markwell, K. (2025) University of Lancashire Interprofessional Education Leadership Team.

Gillaspy, E. and Vasilica, C. (2021) 'Developing the digital self-determined learner through heutagogical design', *Higher Education Pedagogies*, 6(1), pp. 135–155. Available at: <https://doi.org/10.1080/23752696.2021.1916981>.

Hase, S. and Kenyon, C. (2000) 'From andragogy to heutagogy', *Ultibase RMIT*. Available at: <http://pandora.nla.gov.au/nph-wb/20010220130000/http://ultibase.rmit.edu.au/Articles/dec00/hase2.htm>.

Howard, L.Y. and McCoyd, J.L.M. (2023) 'Social work "voice" and interprofessional education: factors beyond professional culture', *Social Work Education*, 42(8), pp. 1546–1562. Available at: <https://doi.org/10.1080/02615479.2022.2061944>.

Patel, N., Begum, S. and Kayyali, R. (2016) 'Interprofessional Education (IPE) and Pharmacy in the UK: A study on IPE activities across different schools of pharmacy', *Pharmacy*, 4(4), p. 28. Available at: <https://doi.org/10.3390/pharmacy4040028>.

World Health Organization (WHO) (2010) *Framework for action on interprofessional education and collaborative practice*. Geneva: WHO.

Keywords: Interprofessional education. Collaborative leadership. Heutagogy.

4Aiv, 14:55 - 16:45

Creativity: The reflective salve for Healthcare professionals experiences

Dr Jane Harvey-Lloyd, University of Leeds and Megan Brydon, Department of Health and Wellness, Nova Scotia

The emotional toll of being a healthcare professional is well documented whereby their mental health and wellbeing has been raised as a serious concern. It is our duty as health educators to provide skills that allow learners to interact and provide care with patients on a human level, during periods of distress, authentically and in the moment. This workshop will provide participants an opportunity to explore their experiences, feelings, and perceptions of practice by utilising theme boarding/writing prompts. Participants learn how to adopt these tools into teaching practice to empower students in the regulation of their emotional wellbeing.

Summary:

Background: The emotional toll of being a healthcare professional is well documented, with mental health wellbeing studies highlighting anxiety, burnout, moral distress and impact on willingness to work (1-6). The emotional labour required when working in a high-pressure fast-paced environment, caring for patients with acute/chronic/traumatic conditions can have a prolonged effect on carers if not recognized and supported in the workplace (7).

While the Health and Care Professions Council Standards of Proficiency includes the importance of carers looking after their health and wellbeing, emotional wellness remains largely absent from healthcare education (8). Traditionally, healthcare programmes emphasise 'professionalism' - stoicism under extreme emotional duress - leading to burdensome emotional labour and attrition. Embracing a compassionate workplace culture of emotional wellness will equip carers with the tools and support to navigate the emotional demands of their profession.

Innovation/Activity: Creative endeavours (writing and visual arts) are effective tools in improving anxiety, depression, burnout, post-traumatic stress syndrome, and reduce the desire to leave the profession in the short and long term(9,10). These creative artistic activities build empathy and overall wellbeing in early career health professionals (11). Creative visual arts provides an opportunity for participants to explore their experiences, feelings, and perceptions of practice in a holistic way, allowing the ability to capture ideas, and moods, along with accessing memories of and feelings about experiences that may otherwise be forgotten(12). Providing carers an opportunity to develop skills to use creative visual arts in this way will help them to process feelings and thoughts to support their emotional wellness.

This miniature-workshop introduces health educators to creative methods to support emotional wellbeing. The session provides introductory information regarding approaches and strategies for using creative arts tools and the ability to capture experiences (theme boarding and prompt based writing). Participants will have an opportunity to gain hands-on experience and engage with these tools as a mechanism for reflection and wellness.

Key findings/Insights: A short feedback discussion will take place following the activity to gain the insights into the experiences of the health educators in using these tools. Participants will be given suggestions for implementing creative arts tools into both practice and the classroom to support learners.

Lessons for healthcare educators As responsible educators, it is no longer ethical to avoid or omit the emotional aspects of being and becoming a healthcare professional. It is our duty to

provide skills that allow learners to interact and provide care with people on a human level, during periods of distress, authentically and in the moment, and with the tools to manage those feelings.

Relevance to healthcare education sustainability By adopting this approach early, with students, for them to take into their career, will afford them good emotional health to be successful in their careers by providing optimum care that is both good for the patient and provider.

References:

Ngo M, Thorburn K, Naama A and Skelton E ((2025). Exploring the lived experiences of diagnostic radiographers after transitioning to non-emergency imaging settings. *Radiography (Lond)*). doi: 10.1016/j.radi.2025.01.006.

Ohene-Botwe B, Antwi W, Ohene-Gyimah and Akudjeki TN. (2024). Examining moral distress and injury resulting from the COVID-19 pandemic: Insights from the Ghanaian radiography workforce. *Journal of Medical Imaging and Radiation Sciences*, 55(4).

Nightingale J, Burton M, Appleyard R, Sevens T and Campbell S (2021) iRetention of radiographers: A qualitative exploration of factors influencing decisions to leave or remain within the NHS. *Radiography (Lond)*, 27(3), pp. 795-802).

Harvey-Lloyd, JM, Morris J and Stew D (2019). Being a newly qualified diagnostic radiographer: Learning to fly in the face of reality. *Radiography (Lond)*, 25(3), pp. e63-e67).

Brydon M, Sponagle M, Avery J, Ross N and Gilbert R (2023). Factors associated with medical radiation and imaging professionals' willingness to work during the SARS-COV-2 pandemic: A cross-sectional study *Journal of Medical Imaging and Radiation Sciences*, 54(2S), pp. S38-S50).

Zychla L and Given MR (2024). An MRT workforce shortage is no laughing matter. *Journal of Medical Imaging and Radiation Sciences*, 55(4), p. 101419).

Riley R and Weiss MC (2016). A qualitative thematic review: emotional labour in healthcare settings. *Journal of Advanced Nursing* 72(1), 6–17. doi: 10.1111/jan.12738

The Health and Care Professions Council (2023). Standards of Proficiency for Radiographers. HCPC.Publication code: 20230901POLPUB RASoP

Avallone Mantelli R, Forster J, Edeleblute A, Sinn H, Torres K, Adams T, Morgan C, Henry M, Reed K and Moss M (2023). Creative Arts Therapy for Healthcare Professionals Is Associated With Long-Term Improvements in Psychological Distress *Journal of Occupational and Environmental Medicine*, 65(12), pp. 1032-1035).

Moss M, Edelblute A, Sinn H, Torres K, Forster J, Adams T, Morgan C, Henry M and Reed K (2022). The Effect of Creative Arts Therapy on Psychological Distress in Health Care Professionals *American Journal of Medicine*, 135(10), pp. 1255-1262).

Ong EK, U-Tong ET, Chiam M and Sim WS (2024). The employment of art therapy to develop empathy and foster wellbeing for junior doctors in a palliative medicine rotation - a qualitative exploratory study on acceptability. *BMC Palliative Care*, 23(1), p. 84).

Leavy, P. (2009) discussed arts-based research practice. *Method meets art: Arts-based research practice*. New York: Guilford Press).

Keywords: Emotional wellbeing. Healthcare. Creativity. Reflection. Educators.

Strand 4B: Nursing and student support

4Bi, 14:55 - 16:45

Transition support toolkit for International Nursing Students: A collaborative effort of internationally educated Nurse Academics

Dr Dilla Davis, Kings College London, Leema Philip Kuttiyil, Coventry University, Raji Thomas, Liverpool John Moores University, Elizabeth Chacko, University of Lancashire, Joicy George, University of Roehampton and Nimmy Johnston, Queen's University Belfast

This session will introduce the pioneering initiative – a comprehensive transition toolkit, co-designed, co-produced, and deeply informed by lived experiences to support the well-being, academic success, and professional readiness of international students. For academics, it will help understand the growing challenges that students encounter as they navigate academic, clinical, and social integration and provides insight into how to support them in their journey. For international nursing students, it serves as your key to confidence and connection—providing practical tips, advice, and resources all in one place to help them thrive from the very start.

Summary:

In today's increasingly globalised world, pursuing higher education abroad has become a growing trend, driven by political, economic, academic, and socio-cultural motives that shape international policy and institutional strategies (Chankseliani & Kwak, 2025). Smooth transitions into Higher Education Institutions (HEIs) significantly enhance students' professional integration. In an optimal scenario, International Nursing Students (INS) would seamlessly transition into UK Higher Education Institutions (HEIs) with access to structured guidance, clear pathways for credential recognition, and support systems that foster resilience and confidence.

Moreover, nursing students, must juggle academic responsibilities with clinical placements, making their adaptation especially complex. Research highlights that INS in the UK face multiple challenges—including placement difficulties, language barriers, financial stress, and a diminished sense of belonging—all of which can hinder retention and success (McKitterick et al., 2021). Such demands underscore the urgent need for tailored transition support addressing INS's academic, professional, and socio-emotional needs. Despite the importance of transition for retention and professional readiness, tailored, structured support remains sparse. From an institutional perspective, concerns often centre around the perceived inadequacies of international students, including language barriers and unfamiliarity with disciplinary norms. Such 'deficit model' (Montgomery & McDowell, 2009) assumes that international students must 'adapt' to a dominant learning culture, reinforcing notions of passivity and assimilation. To fill this gap a Network of Internationally Educated Nurse Academics (NIENA) has developed a transition support toolkit focusing on five key areas: socio-cultural, language and communication, academic, (clinical) placement, pastoral & professional and emotional integration. Shifting the focus from macro-level debates on brain drain, academic diaspora, and deficit models (Fahey & Kenway, 2010), we focus on the everyday ethics of host and guest. Hospitality, in its simplest sense, embodies the act of welcoming others with generosity, shaping experiences of inclusion, belonging, and value in new environments.

By co-constructing authentic, pragmatic knowledge, this Toolkit helps clarify how international nursing students can be effectively supported in their transition to UK higher education. By helping to bridge the gap between prior educational experiences and UK academic standards, it plays a crucial role in addressing the challenges faced by INS in UK

HEIs by providing structured guidance and resources that optimise their academic, professional, and socio-cultural adaptation. We have designed it to encompass – four layers – from pre-arrival to transitioning into a fully registered nurse, grounded in philosophy of academic hospitality. This co-designed pioneering effort serves a dual purpose: informed by lived experience, it supports the holistic well-being and academic success of INS, while its comprehensive approach enables academics to better appreciate and support them in their learning journey. In an era of increasing higher education marketisation, where students are often seen as consumers, we argue for greater emphasis on hospitality as a framework for enhancing student integration and institutional support. Based on our lived experience and shared identity of being international as well as having undertaken academic pursuits in HEIs, we hope to generate practical insights for educators and policymakers striving to support international students in an increasingly globalised academic landscape.

References:

Chankseliani, M., & Kwak, J. (2025). The ripple effect: Understanding the societal implications of international student mobility. *International journal of educational research*, 129, 102520.

Fahey, J., & Kenway, J. (2010). International academic mobility: Problematic and possible paradigms. *Discourse: Studies in the cultural politics of education*, 31(5), 563-575.

McKitterick, D. J., Peters, M. D., Corsini, N., Chiarella, M., & Eckert, M. (2021). International nursing students' and international nursing graduates' experiences of transition to the nursing workforce: a systematic review of qualitative evidence. *Nurse Education in Practice*, 55, 103147.

Montgomery, C., & McDowell, L. (2009). Social networks and the international student experience: a community of practice? *Journal of Studies in International Education*, Social networks and the international student experience: a community of practice, 13(4), 455–466.

Keywords: international nursing students. Toolkit. Transition support. Higher education institutions.

4Bii, 14:55 - 16:45

"Going from a Student Nurse, to a nearly qualified Nurse overnight": Developing learner preparedness and confidence in leadership skills, through a unique practice learning opportunity

Lee Caiger and Bex Bailey-McHale, University of Chester

In June 2024, the University of Chester, Practice Education and Simulated Learning Team, devised and launched a new practice learning opportunity for preregistration nurses. The placement was devised to focus on the development of leadership skills for our future nurse leaders. The pilot was launched with 81 pre-registration learners (from all four fields of nursing practice), at part two of the programme and delivered across three university sites. Results in feedback from participating learners, highlighted a new set of key impacts. These being such as improved confidence in their leadership skills and increased feelings of preparedness to transition into part three.

Summary:

Placement capacity is an ongoing challenge for universities delivering pre-registration health-related programmes. The Practice Education and Simulated Learning Team, at the

University of Chester aims to expand placement capacity as well as diversifying the learning opportunities available. As part of the practice learning strategy, the team have created a learning opportunity with a focus on the development of leadership skills. Within this placement, learners can expect to participate in activities such as projects, participating in forums and committees, as well as contributing to teaching and simulation. Learners also have the opportunity to gain an understanding into nursing leadership roles in a range of settings. The overarching aim of the placement is to support learners to develop the essential skills of effective leadership. Recognising that good leadership is a cornerstone of nursing practice (McWhirter, 2025).

Learners also have the opportunity to contribute to network-level activity across Cheshire and Merseyside as part of project teams. This ultimately demonstrates the inclusion and empowerment of learners to engage in service enhancement activities, research and impact upon current challenges within contemporary healthcare and nursing education. The placement is mapped against 38 proficiencies and 2 part three modules. During the placement, learners engaged in collaborative work with key individuals within the placement area to generate and complete projects, with the aim of improving and enhancing service provision and resources. The idea was formulated from feedback from previous learners, who asserted that the transition from part two in the programme represented a challenging time. This being due to 'going from a student nurse – to a nearly qualified nurses, overnight'.

Feedback from participants has been extremely positive:

- 96% either 'Agreed' (44%) or 'Strongly Agreed' (52%) that engaging in the placement enhanced the development of their skills in relation to leadership.
- 94% either 'Agreed' (48%) or 'Strongly Agreed' (46%) that engaging in the placement enhanced their confidence in relation to leadership.
- 78% stated engaging in the placement had supported them to feel more prepared for third year.
- 85% stated that engaging in the placement had supported the development of their networking skills.

'I feel more prepared for the leadership module and my management placement as I was able to demonstrate these skills by working as a team which relived the stress and pressure because I was not alone going through it therefore I feel more prepared to progress to year 3'. Within the session delegates will be provided with the opportunity to hear about the development of this unique practice learning experience, and its transferability to a range of settings. This being to share an example of best practice, supporting the development and confidence of our future nursing workforce.

References:

McWhirter, E. (2025). The skills all leaders need - and how to develop them. *Nursing Standard*. 40 (5), 23-24. DOI: 10.7748/ns.40.5.23.s10.

Keywords: Nursing. Leadership. Practice learning. Confidence. Preparedness.

4Biii, 14:55 - 16:45

PGCert aspire learning disabilities and Mental Health Nursing programme: Proof of concept - impact evaluation

Emeritus Professor Gill Golder, Dr Marie Bradwell and Selina Saveker, Plymouth Marjon University

This study evaluates the impact of the PGCert Aspire Learning Disabilities (LD) and Mental Health (MH) Nursing programme—an initiative between Plymouth Marjon University and NHS England to diversify the nursing workforce. Using a mixed-methods approach, including thematic coding and deductive analysis, the evaluation explored learner experiences and programme outcomes. Findings informed ongoing development and highlighted Aspire's role in widening access to postgraduate nursing. Recommendations focus on recruitment, competency development, and support for LD and MH nursing roles, with a call to action for both higher education and the NHS to ensure sustainability.

Summary:

This research offers a timely and relevant evaluation of the PGCert Aspire Learning Disabilities (LD) and Mental Health (MH) Nursing programme—a collaboration between Plymouth Marjon University and NHS England—and directly addresses the NET 2025 Conference theme of Sustainability of Healthcare Education, with a strong fit under the Innovation and the Future Workforce strand. It contributes valuable insight into how targeted educational innovation can support workforce development strategies that enhance retention, widen participation, and improve employability in areas of critical need. The Aspire programme was designed as an inclusive access route to postgraduate nursing education, specifically targeting the Learning Disabilities and Mental Health specialisms—fields facing significant workforce shortages and historical underrepresentation. The programme supports widening participation by engaging learners from non-traditional and underrepresented backgrounds, providing both academic and pastoral scaffolding to prepare them for transition into the MSc Nursing apprenticeship. This clearly aligns with the conference focus on mapping student journeys for long-term success and developing future-ready healthcare professionals. This research demonstrates how tailored, evidence-informed interventions can directly contribute to retention and progression within the nursing pipeline. The mixed-methods evaluation explores not only academic outcomes but also self-efficacy, learner identity, and preparedness for professional roles. These findings are critical to understanding how learners can be supported not just into education, but into meaningful, sustainable employment. By fostering learner confidence, enhancing their sense of belonging, and responding to both learner and employer feedback, Aspire actively strengthens the likelihood of successful transition into long-term careers in LD and MH nursing. The programme's iterative development—shaped by ongoing evaluation and stakeholder engagement—demonstrates an adaptive model of healthcare education that keeps employability, workplace readiness, and service needs at its core. The inclusion of employer perspectives and feedback loops also means that the Aspire programme is not only responsive to academic benchmarks but aligned with real-world competencies and NHS workforce priorities. This ensures that graduates are not only qualified but fit for practice and equipped to meet the unique demands of LD and MH nursing roles. The research's recommendations address critical areas for improving recruitment, development, and monitoring of competencies in emerging workforce roles. It highlights the need for continued investment in structured support, self-efficacy development, and assessment frameworks that reflect the complex realities of mental health and learning disability nursing. In conclusion, this research contributes compelling evidence to the field of healthcare workforce development. It demonstrates how innovative access programmes, underpinned by continuous evaluation, can improve student retention, enhance employability, and ultimately address national workforce shortages. Including this work in the NET 2025

Conference will offer delegates concrete strategies for designing future-ready educational models that support long-term sustainability, workforce resilience, and equity in healthcare education.

References:

Fife S. and Gossner J. (2024). Deductive Qualitative Analysis: Evaluating, Expanding, and Refining Theory. *International Journal of Qualitative Methods*
doi.org/10.1177/16094069241244856

McKenna H. (2021) *Research impact: Understanding and assessing impact in health and social care*. Cham: Springer.

Keywords: Impact evaluation. Learning disabilities nursing. Mental health nursing. Workforce development. Nurse education.

4Biv, 14:55 - 16:45

Creative health: A 21st century Nursing placement

Professor Victoria Ridgway, University of Chester

Creative Health is advocated to be part of a 21st century health care and recommendations have been made that health care students and professionals should receive education and practical experience of the arts. This presentation reports on a creative health placement for undergraduate nurses at a UK University and how this improved their wellbeing as well as increasing their knowledge and understanding of social prescribing and non-therapeutic interventions.

Summary:

Background: This presentation reports on the first known UK University creative health placement for pre-registration nursing students. Creative Health is defined as creative approaches and activities which have benefits for health and wellbeing (National Centre for Creative Health (NCCH)). There are several evidence-based papers which report on these benefits across healthcare these include dance for falls prevention and management of pain in post operative paediatrics, music for mental health (dementia and postnatal depression), music to improve recovery post stroke and for development of communication for individuals with autism and art activities as a therapeutic intervention for mental health conditions (APPG 2017; Fancourt and Finn 2019; Ridgway et al 2025). The NCCH (2023) recommend that opportunities to gain skills and qualifications in creative health should be available in higher education and as part of medical and healthcare training and the World Health Organisation acknowledge creative health has benefits for health and wellbeing. In 2022, a placement for 60 nursing students was piloted (NCCH, 2023 Review: Ridgway et al 2024 and 2025) it was established by the end of the placement students appreciated how creative health and social prescribing had a place in the delivery of person-centred care and that nontherapeutic interventions aided them to deliver this. Importantly through reflective practice and the qualitative data collected students reported that participating in the experience had improved their own wellbeing. The placement was refined and is now a four-week placement for all undergraduate nursing students (n450) and a one-week placement for MSc preregistration nursing programme (n48).

Methodology: To formally measure wellbeing and to consider the potential impact on students the Warwick Edinburgh Mental Wellbeing Scale (WEMES) was used pre/post placement in 2024 and 2025. All students allocated to the placement (n450 and n48) were

invited to complete these scales and data was collected anonymously via email. N565 preplacement survey and n268 postplacement survey were collected. Alongside this a subsection of students participated in a singing group weekly and happiness was measured using a singing stressor scale pre and post activity weekly. Ethical approval was obtained.

Key Findings/Insights: Both the placement and the singing activity improved wellbeing, there was a shift in the rarely and none of the time categories to some of the time and often/all the time. The placement was a catalyst for students to maintain their own resilience and wellbeing.

Lessons: The placement exposed students to a very different learning experience and should be a part of nursing curricula. Participation in the placement improved wellbeing and educators should consider now how a more targeted approach could aid wellbeing further.

Relevance to healthcare education sustainability: Health professionals and educators need education on the benefits of creative health for self and others to enable the vision of future health care to be realised. This placement aids this preparation for the anticipated transition to the concept of a neighbourhood NHS in the UK and greater emphasis on health prevention.

References:

APPG (All-Party Parliamentary Group), 2017. Creative health: The arts for health and wellbeing. London: All-Party Parliamentary Group. Available at: <https://ncch.org.uk/appg-ahw-inquiry-report> [Accessed 22 Aug. 2025].

Fancourt, D. and Finn, S., 2019. What is the evidence on the role of the arts in improving health and well-being? A scoping review. Health Evidence Network synthesis report, No. 67. World Health Organization. Available at: <https://www.who.int/europe/publications/i/item/9789289054553> [Accessed 22 Aug. 2025].

National Centre for Creative Health (NCCH), 2023. Case studies and Creative Health Review. Available at: <https://ncch.org.uk/case-studies/university-of-chester> and <https://ncch.org.uk/creative-health-review> [Accessed 22 Aug. 2025].

Ridgway, V. et al., 2024. Creative health: challenging student nurses to learn from the arts. Nursing Times [online], 120(4). Available at: <https://www.nursingtimes.net/> [Accessed 22 Aug. 2025].

Ridgway, V., Skyrme, S., Henshaw, R., Blain, J., Devine, J., Mitchell, D., Duffett, M. and Bailey-McHale, R., 2025. Creative Health – a joke or valuable learning experience: A mixed methods study. Nurse Education Today. Available at: <https://doi.org/10.1016/j.nedt.2025.106628> [Accessed 22 Aug. 2025].

World Health Organisation (WHO), n.d. What is the evidence on the role of the arts in improving health and well-being? Available at: <https://ncch.org.uk/uploads/WHO-Scoping-Review-Arts-and-Health.pdf> [Accessed 22 Aug. 2025]

Keywords: Creative health. Placements. Wellbeing. Social prescribing. Student nurses.

Strand 4C: Sustaining wellbeing

4Ci, 14:55 - 16:45

Promoting resilience in Healthcare Students: Evaluation and development of the placement wellbeing toolkit

Jenna Rhodes and Louise Gill, Queen Margaret University and Zoe Tilley, University of Nottingham

This collaborative project between Queen Margaret University, Edinburgh and University of Nottingham is assessing the implementation of the Placement Wellbeing Toolkit (Rhodes, Gill and Thoms, 2024) to promote proactive coping strategies for a range of healthcare placement challenges. Initially piloted with physiotherapy and child nursing students across both universities, there have been perceived improvements in coping abilities and the benefits of facilitated conversations have been noted through use of the toolkit. Progress of the project so far will be presented, with an opportunity to contribute to stage 2 of the development of the toolkit.

Summary:

The number of students experiencing poor mental health has risen over recent years. Approximately 300,000 of the UK's undergraduate population have reported challenges with their mental health (WONKHE, 2025). The development of the University Mental Health Charter (UMHC) Framework in 2019 identified placements as an area that may impact the mental health of students due to the nature of the situations they may be exposed to (Hughes and Spanner, 2024). Oates et al. (2020) explored the lived experiences of midwifery students in relation to their mental wellbeing. The theme of 'the rollercoaster' describes the multiple culture shocks of subsequent placements with each testing their resilience. Students were asked to look after their emotional well-being but were unable to identify how to do this given the amount of change they experienced throughout their course, moving from university to placement and back.

To better support healthcare students' well-being, universities are advised to provide wraparound care during placement transitions: clear signposting to support services, embedding well-being training into curricula and pre-placement preparation, regular check-ins during and after placement, and peer support to facilitate sharing of placement experiences. (Scammell, 2019; Oates et al., 2020; Universities UK, 2022) In response to the recommendations, this collaborative project between Queen Margaret University, Edinburgh and University of Nottingham is assessing the implementation of the Placement Wellbeing Toolkit (PWT) (Rhodes, Gill and Thoms, 2024) to promote proactive coping skills for healthcare students who encounter placement challenges. The PWT is an online, interactive tool which guides students through a series of reflective activities to initiate conversations about placements. Students are encouraged to consider their strengths, how they maintain their well-being, and what 'not coping' might look like for them. placement well-being plan is implemented prior to starting their first placement.

An initial pilot study used a single group, repeated measures design to explore the use of the PWT alongside facilitated conversations with physiotherapy students for a variety of placement challenges. Significant improvements were seen in total Placement Coping Scale scores (PCS) (Friedman's test $\chi^2(2) = 19.75, p = 0.000$) and Generalised Self Efficacy Scale scores (Wilcoxon sum-rank test $Z = 2.105, p = .035$) from baseline to post-placement measures, in particular positive results for PCS item "I have strategies to help me cope with the challenges of placement" were found. This pilot project was extended to physiotherapy and child nursing students at University of Nottingham. Two focus groups were used to

evaluate the PWT (Physiotherapy students n = 8, child nursing students n = 2), highlighting the usefulness of the toolkit in facilitating conversations and the need to develop simulated scenarios to support placement debriefing.

To develop a resilient future workforce, it is essential to ensure students are adequately prepared for the demands of placement and capable of managing their well-being. This ongoing project is developing an intervention potentially beneficial across various medical and health programmes. Progress of the project so far will be presented, with an opportunity to contribute to stage 2 of the development of the toolkit.

References:

Hughes, G. and Spanner, L. (2024) *The University Mental Health Charter*. (2nd ed). Leeds: Student Minds

Rhodes, J., Gill, L. and Thoms, A. (2024) 'Promoting the Wellbeing of Physiotherapy Students on Placement: The Placement Wellbeing Project. A Pilot Study', *International Journal of Practice-Based Learning in Health and Social Care*, 12(1), pp. 24–37. Available at: <https://doi.org/10.18552/ijpblhsc.v12i1.952> [Accessed on 12: August 2025]

Scammell, J. (2019) Supporting mental wellbeing. *British Journal of Nursing*. 28(7) Available at: <https://www.britishjournalofnursing.com/content/regulars/supporting-mental-wellbeing/> [Accessed on: 12 August 2025]

Universities UK. (2022) *Suicide-safer universities: Supporting placement students*. Universities UK [online]. Available at: <https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/features/suicide-safer-universities/supporting-placement-students> [Accessed: 12 August 2025]

WONKHE. (2025) Student mental health difficulties are on the rise, and so are inequalities. WONKHE [online]. Available at: <https://wonkhe.com/blogs/student-mental-health-difficulties-are-on-the-rise-and-so-are-inequalities/> [Accessed: 12 August 2025]

Keywords: Wellbeing. Placements. Healthcare. Resilience. Practice-based learning.

4Cii, 14:55 - 16:45

Active bystander training for Healthcare staff to tackle sexual misconduct in the workplace

Anna Bleakley and Katharine Dunn, Royal College of Physicians and Surgeons Glasgow

Nearly one in 10 healthcare staff have experienced sexual harassment and over 80% of people working in surgery have witnessed sexual misconduct by a colleague. Such behaviour has a disastrous impact on individuals, teams and patients. We have a moral and legal obligation to speak up and support colleagues who have experienced sexual misconduct, but this can be difficult for several reasons. Come along to our session to learn about a workshop designed to equip healthcare staff to better recognise sexual misconduct in the workplace and act against it using active bystander interventions (Direct Action, Distraction, Delegation, Delay and Documentation).

Summary:

In 2023 the Working Party on Sexual Misconduct in Surgery (WPSMS) published an independent report highlighting the devastatingly high incidence of sexual violence in NHS

workplaces. Almost two thirds of women (63.3%) and one quarter of men (23.7%) working in surgery reported being the target of sexual harassment by a colleague and over 80% have witnessed sexual misconduct by a colleague. Furthermore, a staff survey by Unison showed that almost 1 in 10 healthcare staff had experienced sexual harassment in the workplace in the preceding year. Such incidences are largely unreported and affect individuals' mental health, confidence and sense of belonging. Sexual misconduct in the workplace is unacceptable. It is a violation of dignity and safety, erodes trust between colleagues, diminishes the learning environment and ultimately negatively impacts the quality of care received by our patients.

Sexual misconduct workshop - summary

The Royal College of Physicians and Surgeons Glasgow (RCPSG) have developed a half-day face-to-face workshop, titled "Active Bystander Training for Tackling Sexual Misconduct in Healthcare". In this session we would summarise the workshop for delegates who may wish to take the approaches used to develop sexual misconduct teaching resources of their own. The RCPSG workshop uses multiple pedagogical approaches. It begins with a factual introduction to sexual misconduct in healthcare followed by group discussions about workplace culture, behaviours that represent sexual misconduct and both discussion and practical advice on how to use the 5Ds of active bystander intervention (Direct Action, Distraction, Delegation, Delay and Documentation). During the workshop there is an emphasis on creating a psychologically safe environment and learning from other group members' experiences in a confidential, supportive way. The workshop ends with playing four simulated videos displaying incidences of sexual misconduct, based on real-life experiences submitted to the "Surviving in Scrubs" database. After each, attendees are asked to reflect on how the video makes them feel and to discuss in small groups how they could respond using the active bystander techniques learned. Each video is less than 1 minute long, so one could be played in this 20 minute session to give an example of the impact they have.

Relevance of topic: With the increasing awareness of the scale of sexual misconduct in healthcare there has been a call from the workforce, regulatory bodies, and politically to do more to protect employees. While many organisations have responded by creating online training and resources, to the best of our knowledge this workshop is the first face-to-face offering that allows attendees to simulate using active bystander techniques in a safe environment. Feedback obtained from workshop attendees to date has been excellent, in particular relating to: facilitation, pace, opportunity for discussion and use of videos. It is still relatively new but its impact will continue to be evaluated using pre- and post-workshop questionnaires to establish the impact it has had on attendees' knowledge levels and confidence in dealing with sexual misconduct in the healthcare workplace.

References:

Begeny, C.T., Arshad, H., Cuming, T., Dhariwal, D.K., Fisher, R.A., Franklin, M.D., Jackson, P.M., McLachlan, G.M., Searle, R.H. and Newlands, C. (2023). Sexual harassment, sexual assault and rape by colleagues in the surgical workforce, and how women and men are living different realities: observational study using NHS population-derived weights. <https://academic.oup.com/bjs/article/110/11/1518/7264733?login=false>

Unison report: It's Never Ok: a report on sexual harassment against healthcare staff. <https://www.unison.org.uk/content/uploads/2019/06/sexualharassreport.pdf>

Mazzocco, K., Petitti, D.B., Fong, K.T., Bonacum, D., Brookey, J., Graham, S., Lasky, R.E., Sexton, J.B. and Thomas, E.J. (2009). Surgical team behaviors and patient outcomes. The

American Journal of Surgery, 197(5), pp.678–685.
doi:<https://doi.org/10.1016/j.amjsurg.2008.03.002>.

Smith, A. and School, B. (2019). Searle Sexual misconduct report Sexual Misconduct In Health And Social Care: Understanding Types Of Abuse And Perpetrators' Moral Mindsets Report for Professional Standards Authority. [online] Available at: <https://www.professionalstandards.org.uk/sites/default/files/attachments/sexual-misconduct-in-health-and-social-care-understanding-types-of-abuse-and-perpetrators-moral-mindsets.pdf> [Accessed 8 Jul. 2025].

Legislation.gov.uk (2023). Worker Protection (Amendment of Equality Act 2010) Act 2023. [online] Legislation.gov.uk. Available at: <https://www.legislation.gov.uk/ukpga/2023/51/contents>.

ARM 2025: BMA passes resolution on Consultants - BMA media centre - BMA. [online] Available at: <https://www.bma.org.uk/bma-media-centre/arm-2025-bma-passes-resolution-on-consultants> [Accessed 8 Jul. 2025].

Surviving in Scrubs. Surviving in Scrubs. [online] Available at: <https://www.survivinginscrubs.co.uk/>.

Keywords: Sexual misconduct. Active bystander training.

4Ciii, 14:55 - 16:45

Preventing burnout in Clinicians

Dr Ryan Peers, University of Manchester

Burnout, now recognised by the ICD-11 as an occupational illness, arises from chronic workplace stress that exceeds coping capacity. Among physicians, it often presents as emotional exhaustion, cynicism, and reduced self-worth, impacting both wellbeing and patient care. Lifestyle Medicine (LM) promotes evidence-based self-care strategies—including stress management and restorative sleep—to combat burnout. This paper explores the definition, symptoms, assessment tools, and consequences of burnout, and reviews lifestyle-based interventions aimed at reducing its prevalence and severity in clinicians.

Summary:

Burnout among physicians has reached critical levels globally, affecting nearly 50% of practicing doctors. Defined by the World Health Organization as a syndrome resulting from chronic workplace stress not successfully managed, burnout is typified by emotional exhaustion, depersonalization, and diminished professional efficacy. Its consequences extend beyond individual suffering to impaired patient care, increased medical errors, and elevated workforce attrition. In the wake of the COVID-19 pandemic and rising global healthcare demands, the urgency to address burnout has intensified. Despite systemic challenges, there is growing evidence supporting individual-level interventions rooted in Lifestyle Medicine (LM).

This session presents findings from a systematic review assessing the impact of lifestyle-based interventions—particularly Mindfulness-Based Interventions (MBIs) and cognitive behavioural therapy (CBT) for sleep—on physician burnout. The review synthesised data from 22 studies across multiple countries, with outcomes primarily measured using the Maslach Burnout Inventory (MBI). Studies included a range of specialties and practice

settings, and interventions were evaluated through both qualitative and quantitative methodologies.

Key findings include consistent evidence that MBIs can significantly improve emotional exhaustion, depersonalization, and personal accomplishment scores among clinicians. For example, mindfulness training in primary care physicians not only reduced burnout indicators but also enhanced empathy and job satisfaction. Similarly, CBT interventions, particularly for insomnia, were shown to improve sleep duration and quality—factors closely linked to emotional regulation and cognitive function, both of which are crucial in preventing burnout.

Delegates attending this session will gain: A comprehensive overview of burnout's definition, causes, and impact on healthcare. Insight into how lifestyle interventions—especially mindfulness and sleep optimization—can be integrated into clinical routines. Evidence-based tools to inform the development of wellbeing strategies in clinical settings. Understanding of the international relevance of this issue, including global prevalence rates and cultural nuances in burnout response.

This topic is highly relevant to the healthcare sector as it addresses a root cause of declining physician wellbeing and patient care standards. Unlike systemic reforms, which require large-scale institutional change, the interventions discussed are scalable, low-cost, and empower individual clinicians to take proactive steps in safeguarding their mental health. Moreover, these lifestyle-based approaches align with growing interest in preventative medicine and holistic care. Given the economic and human costs of clinician burnout—including increased malpractice claims, reduced productivity, and staff turnover—this session offers pragmatic, evidence-informed solutions. It is particularly pertinent for clinical educators, wellbeing leads, policy-makers, and frontline healthcare workers aiming to foster sustainable, compassionate medical practice. In line with current international trends advocating for physician self-care and resilience training, this session contributes to a vital dialogue about how we care for those who care for others.

References:

Shanafelt TD, Boone S, Tan L, Dyrbye LN, Sotile W, Satele D, West CP, Sloan J, Oreskovich MR. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Intern Med.* 2012 Oct 8;172(18):1377-85. doi: 10.1001/archinternmed.2012.3199. PMID: 22911330.

Shanafelt TD, Boone S, Tan L, Dyrbye LN, Sotile W, Satele D, West CP, Sloan J, Oreskovich MR. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Intern Med.* 2012 Oct 8;172(18):1377-85. doi: 10.1001/archinternmed.2012.3199. PMID: 22911330.

West CP, Dyrbye LN, Shanafelt TD. Physician burnout: contributors, consequences and solutions. *J Intern Med.* 2018 Jun;283(6):516-529. doi: 10.1111/joim.12752. Epub 2018 Mar 24. PMID: 29505159.

Pollard KJ, Gittelsohn J, Patel P, Lianov L, Freeman K, Staffier KL, Pauly KR, Karlsen MC. Lifestyle Medicine Practitioners Implementing a Greater Proportion of Lifestyle Medicine Experience Less Burnout. *Am J Health Promot.* 2023 Nov;37(8):1121-1132. doi: 10.1177/08901171231182875. Epub 2023 Jun 27. PMID: 37368959; PMCID: PMC10631282.

Frank E, Biola H, Burnett CA. Mortality rates and causes among US physicians. *Am J Prev Med.* 2000;19(3):155–159. Van der Heijden F, Dillingh G, Bakker A, et al. Suicidal thoughts among medical residents with burnout. *Arch Suicide Res.* 2008;12(4):344–346.

Han S, Shanafelt TD, Sinsky CA, Awad KM, Dyrbye LN, Fiscus LC, Trockel M, Goh J. Estimating the Attributable Cost of Physician Burnout in the United States. *Ann Intern Med.* 2019 Jun 4;170(11):784-790. doi: 10.7326/M18-1422. Epub 2019 May 28. PMID: 31132791.

Romani M, Ashkar K. Burnout among physicians. *Libyan J Med.* 2014 Feb 17;9(1):23556. doi: 10.3402/ljm.v9.23556. PMID: 24560380; PMCID: PMC3929077. Byyny RL. The joy in caring. *Pharos Alpha Omega Alpha Honor Med Soc.* 2018;81(2):2–8.

Ariely D, Lanier WL. Disturbing Trends in Physician Burnout and Satisfaction With Work-Life Balance: Dealing With Malady Among the Nation's Healers. *Mayo Clin Proc.* 2015 Dec;90(12):1593-6. doi: 10.1016/j.mayocp.2015.10.004. PMID: 26653295. Motluk A. Do doctors experiencing burnout make more errors? *CMAJ.* 2018 Oct 9;190(40):E1216-E1217. doi: 10.1503/cmaj.109-5663. PMID: 30301750; PMCID: PMC6175626.

Balch CM, Oreskovich MR, Dyrbye LN et al. Personal consequences of malpractice lawsuits on American surgeons. *J Am Coll Surg* 2011; 213: 657–67.

Sonnentag S. (2005). Burnout research: adding an off-work and day-level perspective. *Work Stress* 19 271–275 10.1080/02678370500386473

Brown PA, Slater M, Lofters A. Personality and burnout among primary care physicians: an international study. *Psychol Res Behav Manag.* 2019 Mar 18;12:169-177. doi: 10.2147/PRBM.S195633. PMID: 30936758; PMCID: PMC6430002. Zhang Q, Mu MC, He Y, Cai ZL, Li ZC. Burnout in emergency medicine physicians: A meta-analysis and systematic review. *Medicine (Baltimore).* 2020. Aug 7;99(32):e21462. doi: 10.1097/MD.00000000000021462

Qiu D, Yu Y, Li RQ, Li YL, Xiao SY. Prevalence of sleep disturbances in Chinese healthcare professionals: a systematic review and meta-analysis. *Sleep Med (2020)* 67:258–66. 10.1016/j.sleep.2019.01.047

Machi MS, Staum M, Callaway CW, Moore C, Jeong K, Suyama J, et al. The relationship between shift work, sleep, and cognition in career emergency physicians. *Acad Emerg Med* (2012) 19(1):85–91. 10.1111/j.1553-2712.2011.01254.x

Surani AA, Surani A, Zahid S, Ali S, Farhan R, Surani S. To Assess Sleep Quality among Pakistani Junior Physicians (House Officers): A Cross-sectional Study. *Ann Med Health Sci Res* (2015) 5(5):329–33. 10.4103/2141-9248.165246

Pronk N.P., Kottke T.E., Isham G.J. Leveraging lifestyle medicine and social policy to extend the triple aim from the clinic into the community. *Am J Lifestyle Med.* 2013;7(6):360–366. doi: 10.1177/1559827613483433.

Crudden, G., Margiotta, F., & Doherty, A. M. (2023). Physician burnout and symptom of anxiety and depression: Burnout in Consultant Doctors in Ireland Study (BICDIS). *PloS one*, 18(3), e0276027. <https://doi.org/10.1371/journal.pone.0276027>

Anagnostopoulos, F., Liolios, E., Persefonis, G., Slater, J., Kafetsios, K., & Niakas, D. (2012). Physician burnout and patient satisfaction with consultation in primary health care

settings: evidence of relationships from a one-with-many design. *Journal of clinical psychology in medical settings*, 19(4), 401–410. <https://doi.org/10.1007/s10880-011-9278-8>

Shanafelt, T. D., Balch, C. M., Bechamps, G., Russell, T., Dyrbye, L., Satele, D., Collicott, P., Novotny, P. J., Sloan, J., & Freischlag, J. (2010). Burnout and medical errors among American surgeons. *Annals of surgery*, 251(6), 995–1000. <https://doi.org/10.1097/SLA.0b013e3181bfdab3>

Kostanski, M., & Hassed, C. (2008). Mindfulness as a concept and a process. *Australian Psychologist*, 43(1), 15–21. <https://doi.org/10.1080/00050060701593942>

Kabat-Zinn J. *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness*. New York, NY: Bantam Dell; 1990

Krasner MS, Epstein RM, Beckman H, et al. Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians. *JAMA*. 2009;302(12):1284–1293. doi:10.1001/jama.2009.1384

West, C. P., Dyrbye, L. N., Rabatin, J. T., Call, T. G., Davidson, J. H., Multari, A., Romanski, S. A., Hellyer, J. M., Sloan, J. A., & Shanafelt, T. D. (2014). Intervention to promote physician well-being, job satisfaction, and professionalism: a randomized clinical trial. *JAMA internal medicine*, 174(4), 527–533. <https://doi.org/10.1001/jamainternmed.2013.14387>

Verweij, H., van Ravesteijn, H., van Hooff, M. L. M., Lagro-Janssen, A. L. M., & Speckens, A. E. M. (2018). Does Mindfulness Training Enhance the Professional Development of Residents? A Qualitative Study. *Academic medicine : journal of the Association of American Medical Colleges*, 93(9), 1335–1340. <https://doi.org/10.1097/ACM.0000000000002260>

Pflugeisen, B. M., Drummond, D., Ebersole, D., Mundell, K., & Chen, D. (2016). Brief Video-Module Administered Mindfulness Program for Physicians: A Pilot Study. *Explore (New York, N.Y.)*, 12(1), 50–54. <https://doi.org/10.1016/j.explore.2015.10.005>

Watson D. Clark L. A., & Tellegen A (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology*, 54, 1063 doi:10.1037/0022-3514.54.6.1063

Gujar N. McDonald S. A. Nishida M., & Walker M. P (2010). A role for REM sleep in recalibrating the sensitivity of the human brain to specific emotions. *Cerebral Cortex*, 21, 115–123. doi:10.1093/cercor/bhq064

Weaver, M. D., Robbins, R., Quan, S. F., O'Brien, C. S., Viyaran, N. C., Czeisler, C. A., & Barger, L. K. (2020). Association of Sleep Disorders With Physician Burnout. *JAMA network open*, 3(10), e2023256. <https://doi.org/10.1001/jamanetworkopen.2020.23256>

Walker, J., Muench, A., Perlis, M. L., & Vargas, I. (2022). Cognitive Behavioral Therapy for Insomnia (CBT-I): A Primer. *Klinicheskaia i spetsial'naia psikhologiiia = Clinical psychology and special education*, 11(2), 123–137. <https://doi.org/10.17759/cpse.2022110208>

Ito-Masui, A., Sakamoto, R., Matsuo, E., Kawamoto, E., Motomura, E., Tanii, H., Yu, H., Sano, A., Imai, H., & Shimaoka, M. (2023). Effect of an Internet-Delivered Cognitive Behavioral Therapy-Based Sleep Improvement App for Shift Workers at High Risk of Sleep

Disorder: Single-Arm, Nonrandomized Trial. *Journal of medical Internet research*, 25, e45834. <https://doi.org/10.2196/45834>

Sheldon S.H., Kryger M.H., Ferber R., Gozal D. Elsevier Health Sciences; Amsterdam, The Netherlands: 2014. *Principles and Practice of Pediatric Sleep Medicine: Expert Consult-Online and Print*.

Linton, S.J., Bryngelsson, IL. Insomnia and Its Relationship to Work and Health in a Working-Age Population. *J Occup Rehabil* 10, 169–183 (2000). <https://doi.org/10.1023/A:1009408204694>

Eun Yeon Joo, Hosung Kim, Sooyeon Suh, Seung Bong Hong, Hippocampal Substructural Vulnerability to Sleep Disturbance and Cognitive Impairment in Patients with Chronic Primary Insomnia: Magnetic Resonance Imaging Morphometry, *Sleep*, Volume 37, Issue 7, July 2014, Pages 1189–1198.

Joo, E. Y., Kim, H., Suh, S., & Hong, S. B. (2014). Hippocampal substructural vulnerability to sleep disturbance and cognitive impairment in patients with chronic primary insomnia: magnetic resonance imaging morphometry. *Sleep*, 37(7), 1189–1198. <https://doi.org/10.5665/sleep.3836>

Edinger JD, Wohlgemuth WK, Radtke RA, Marsh GR, Quillian RE. Cognitive Behavioral Therapy for Treatment of Chronic Primary Insomnia: A Randomized Controlled Trial. *JAMA*. 2001;285(14):1856–1864. doi:10.1001/jama.285.14.1856

Drake, C. L., Kalmbach, D. A., Arnedt, J. T., Cheng, P., Tonnu, C. V., Cuamatzi-Castelan, A., & Fellman-Couture, C. (2019). Treating chronic insomnia in postmenopausal women: a randomized clinical trial comparing cognitive-behavioral therapy for insomnia, sleep restriction therapy, and sleep hygiene education. *Sleep*, 42(2), zsy217. <https://doi.org/10.1093/sleep/zsy217>

Park, S., Kang, I., Edden, R. A. E., Namgung, E., Kim, J., & Kim, J. (2020). Shorter sleep duration is associated with lower GABA levels in the anterior cingulate cortex. *Sleep medicine*, 71, 1–7. <https://doi.org/10.1016/j.sleep.2020.02.018>

Grensman, A., Acharya, B. D., Wändell, P., Nilsson, G. H., Falkenberg, T., Sundin, Ö., & Werner, S. (2018). Effect of traditional yoga, mindfulness-based cognitive therapy, and cognitive behavioral therapy, on health related quality of life: a randomized controlled trial on patients on sick leave because of burnout. *BMC complementary and alternative medicine*, 18(1), 80. <https://doi.org/10.1186/s12906-018-2141-9>

Hamilton-West, K., Pellatt-Higgins, T., & Pillai, N. (2018). Does a modified mindfulness-based cognitive therapy (MBCT) course have the potential to reduce stress and burnout in NHS GPs? Feasibility study. *Primary health care research & development*, 19(6), 591–597. <https://doi.org/10.1017/S1463423618000129>

Aeschbach, V. M., Fendel, J. C., Schmidt, S., & Göritz, A. S. (2021). A tailored mindfulness-based program for resident physicians: A qualitative study. *Complementary therapies in clinical practice*, 43, 101333. <https://doi.org/10.1016/j.ctcp.2021.101333>

Keywords: Burnout. Lifestyle. Clinician. Mindfulness. Prevention.

4Civ, 14:55 - 16:45

Introducing psychological safety

Fatima Malik, University of Manchester

How can we create safer, more inclusive clinical learning environments for healthcare students? This presentation explores the concept of psychological safety and its role in fostering student engagement, confidence, and wellbeing. We share the design and impact of a CPD session delivered to clinical educators, which introduced psychological safety, feedback frameworks, and reflective practice. The session received excellent feedback and was later delivered to hospital-based supervisors and international educators. Join us to explore practical strategies for embedding psychological safety in clinical education and enhancing sustainability through compassionate, inclusive teaching.

Summary:

Psychological safety (PS) is a belief that an environment is safe for interpersonal risk taking (McClintock et al., 2023). In healthcare education (HE), where students often navigate complex placements and hierarchical dynamics, incorporating PS is essential. A psychologically safe environment allows learners to ask questions, express uncertainty, and reflect openly—contributing to a greater sense of belonging and engagement (McClintock, Fainstad and Jauregui, 2022). Fostering PS is especially crucial in clinical education, where students may feel most exposed to performance pressures and fear of judgement.

To address this, we developed a CPD session titled Reflections on Clinical Education, attended by 40–50 academic and visiting clinical tutors in the Optometry programme at the University of Manchester. The session introduced psychological safety as a core principle in clinical education, supported by the Johari Window model as a tool to enhance feedback practices, and embedded reflective practice as a mechanism to promote inclusive, student-centred learning environments.

The interactive session encouraged educators to reflect on their own teaching behaviours, consider how they respond to student mistakes, and explore how to create conditions where students feel safe to contribute and grow. Due to the positive reception, we were invited to deliver the session to 20–30 optometrist staff at Manchester Royal Eye Hospital, who supervise undergraduate placements. It was later adapted for delivery as a webinar to an international audience through the International Association of Contact Lens Educators (IACLE).

Participant feedback has highlighted the value and practicality of introducing PS into healthcare teaching. Comments included: “Found the topic of psychological safety & promoting a great environment for learning really interesting & useful.” “It was new to me to see the research in this area and to see its countless benefits for both teaching staff and students. It's also very practical in all aspects of work and life and is a topic to not be overlooked.” Speakers were praised for clear presentation materials, relevant references, and engaging delivery—especially in contextualising the research and offering practical tools. Introducing PS in CPD for clinical educators can be transformative. The session provided simple, actionable frameworks that encouraged self-awareness, compassionate teaching, and a shift in feedback culture. Using the Johari Window allowed educators to consider how shared knowledge and open communication can foster deeper learning relationships. Reflective practice served to ground this process in continuous improvement. Sustainable healthcare education requires more than resilient systems—it demands compassionate environments where learners feel they belong and can thrive. Embedding PS enhances student wellbeing, reduces attrition, and supports inclusive educational practices. As workforce demands increase, creating spaces where students feel heard and supported

is vital for the sustainability of healthcare education. This intervention shows how targeted CPD can influence educator mindset and positively shape the clinical learning culture.

References:

McClintock, A.S., Fainstad, T. and Jauregui, J. (2022) 'Psychological Safety in Medical Education: A Review of Current Research and Future Directions', *Medical Education*, 56(12), pp. 1172–1180.

McClintock, A.S., Fainstad, T., Lin, H., Velez, J., Santa Maria, A. and Salles, A. (2023) 'Psychological Safety and its Application in Medical Education', *Academic Medicine*, 98(3), pp. 300–307.

Luft, J. and Ingham, H. (1955) 'The Johari Window: A graphic model of awareness in interpersonal relations'. University of California Western Training Lab.

Keywords: Psychological safety. Clinical education. Inclusive teaching. Faculty development. Reflective practice.

Strand 4D: Technology and immersive learning

4Di, 14:55 - 16:45

Transforming Pharmacy Education: Embedding professional identity formation and workplace-based learning to enhance student belonging and workforce readiness

Dr Fiona Hughes, Queen's University Belfast

This session will illustrate how EPAs offer a sustainable, scalable model for workplace-based assessment that can be adapted across healthcare disciplines. Delegates will explore how to design EL experiences not only for skill acquisition but as identity-building journeys underpinned by authentic, scaffolded participation, fostering supervisor trust and responsibility, supporting navigation of professional boundaries and meaningful feedback literacy. These lessons have relevance for educators aiming to support professional identity formation and transitions to practice in various health professions. Furthermore, the session will highlight the importance of enhancing feedback literacy to ensure consistent, meaningful learner experiences in workplace settings internationally.

Summary:

Background: Professional identity (PI) formation and effective support for transitioning to independent practice are key priorities in healthcare education globally. Recent regulatory changes in UK pharmacy education (GPhC, 2021) where trainees register as prescribers from day one, have driven a significant emphasis on expanding experiential learning (EL). While EL is widely recognised for fostering PI formation and facilitating smoother transitions to independent practice, pharmacy faces challenges in realising these benefits: traditionally, workplace-based learning has been limited within undergraduate pharmacy programmes, and the profession's often incongruent identity has made it harder for students to develop a clear PI (Mylrea, Gupta and Glass, 2015; Quinn, Lucas and Silcock, 2020). This innovation, grounded in sociocultural learning theory, scaffolds EL using Entrustable Professional Activities (EPAs) and a curriculum-wide focus on feedback literacy to meet evolving standards, reflecting and contributing to wider global trends in healthcare education emphasising workplace learning and PI development. Its success in pharmacy education across Northern Ireland demonstrates a scalable model relevant to other professions seeking to enhance student belonging, confidence, and practice-readiness.

Methodology: This study employed a qualitative research design underpinned by an interpretivist paradigm to explore pharmacy students' experiences of EPAs during EL and the impact on their PI using focus groups to enable rich, interactive discussion and shared experiences. A semi-structured topic guide, informed by literature was developed and piloted with early career pharmacists (n=3), leading to minor refinements. All Year 4 MPharm students (n=124), selected for their recent EPA and EL experience, were invited to participate. One focus group (n=6) was conducted, recorded, and transcribed verbatim. Thematic analysis (Braun & Clarke, 2006) was used to interpret data.

Key Findings or Insights: Three key insights were identified:

Learning through Legitimate Participation: Students developed confidence and professional identity through meaningful engagement in practice. Repeated, authentic patient interactions helped them recognise their progression. EPAs provided structured, meaningful tasks that enhanced sense of professional value. Conditions That Enable or Constrain Identity Development: Students' PI development was shaped by situated competence and the degree of trust placed in them by supervisors. Demonstrating knowledge in real-world settings enhanced confidence, while lack of trust or limited inclusion constrained learning.

Navigating Structured Pedagogies and Authentic Practice: While EPAs provided helpful scaffolding, students noted tensions between structured assessment and authentic learning. Feedback quality and opportunities for boundary-crossing experiences, such as moving from simulations to real patient care, were pivotal in shaping professional readiness.

Lessons for Educators: EPAs offer a sustainable, scalable model for workplace-based assessment in healthcare education. EL experiences should be designed not just for skill acquisition but for identity-formation underpinned by:

- Meaningful, scaffolded participation.
- Fostering supervisor trust
- Support for navigating professional boundaries
- Authentic feedback supported by feedback literacy

Relevance to Healthcare: This innovation enhances sustainability by embedding reflective, authentic learning within healthcare workplaces, fostering professional growth. It equips learners with tools for continual learning beyond formal education, supporting long-term workforce development through a focus on professional identity and the practitioner they are becoming.

References:

Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative research in psychology*, 3(2), pp. 77–101. Available at: <https://doi.org/10.1191/1478088706qp063oa>.

GPhC (2021) Standards for the initial education and training of pharmacists. Available at: <https://www.pharmacyregulation.org/sites/default/files/document/standards-for-the-initial-education-and-training-of-pharmacists-january-2021.pdf>.

Mylrea, M., Gupta, T.S. and Glass, B. (2015) 'Professionalization in pharmacy education as a matter of identity', *American journal of pharmaceutical education*, 79(9), p. Article 142. Available at: <https://doi.org/10.5688/ajpe799142>.

Quinn, G., Lucas, B. and Silcock, J. (2020) 'Professional Identity Formation in Pharmacy Students During an Early Preregistration Training Placement', *American Journal of Pharmaceutical Education*, 84(8), p. ajpe7804. Available at: <https://doi.org/10.5688/ajpe7804>.

Keywords: Professional identity formation. Experiential learning. Entrustable professional activities. Feedback literacy. Pharmacy education.

4Dii, 14:55 - 16:45

The perception of 'Research Identity' in Nursing Students: The next generation of nurse researchers

Joanne Johnston, Liverpool John Moores University

Whilst it is a requirement for Nursing registrants to deliver evidence-based practice, research demonstrates that the workforce driven approach to nursing, that is demonstrated to nursing students, undermines the scholarly requirements of an evidence based practice profession and research activities are not prioritised or supported in practice (Ryder et al, 2022) It is suggested that nurses are averse to research activity (Loerzel et al., 2021)). This is

illustrated by applications from nursing to the NIHR for Research Career Development awards are low.

Summary:

Introduction: The development of professional identity is essential to advance nursing practice, education and research. It is not clear how a student nurse constructs an identity in relation to research and how this may prepare, encourage, or discourage the newly qualified registrant from becoming research active. Previous research has explored how student nurses and early nursing registrants construct their professional identity, reporting that the organisational culture of many hospital's conflicts with the professional regulations and practice of nursing. "Enculturation" in the workplace is a complicated social process. There is the need to examine the daily activities in both the educational environment and the place of work to understand these multiple social identities.

Whilst it is a requirement for registrants to deliver evidence-based practice, research demonstrates that the workforce driven approach to nursing, that is demonstrated to nursing students, undermines the scholarly requirements of an evidence based practice profession and research activities are not prioritised or supported in practice (Ryder et al, 2022) It is suggested that nurses are averse to research activity (Loerzel et al., 2021)). This is illustrated by applications from nursing to the NIHR for Research Career Development awards are low, evidencing statistically lower success rates compared to other health care professions. Consequentially, nurses are not at the same stage of research capacity as other healthcare professionals. Which impacts on role modelling, supervision, research capacity and ultimately quality of patient care.

Research Design: Qualitative case study design. Data collection: Multiple sources using interviews, focus groups, document analysis and observations. Sampling: Single site study. BSc and MSc pre-registration nurses. Programme leads and Lecturers in nursing. Analysis: Framework analysis.

Results/ Early study:

- Clinical placement is stressful, students need to fit in and feel like a professional nurse.
- Theory to practice gap of nursing research; linking to professional identity development.
- Where nursing research is evident, students feedback positively from placement.
- Lack of nursing staff and academic staff role modelling research activity.

Discussion: It is important to understand how research capacity in nursing develops and how to enhance it, as it ensures a robust evidence base, supports service planning and delivery, informs policy and clinical decision making and ultimately improves the care of the patient. Our pre-registration nursing students are the next generation of nurses; therefore, it is important to understand these phenomena to ensure they are research prepared, research minded and subsequently research active.

Impact on practice: To continue to develop the nursing curricula, to explore the impact of research taught within the programmes and ensure that the foundations in research continue to enhance the professional identity and credibility of nursing as a valued member of the healthcare team.

References:

- Benner, P., Sutphen, M., Leonard, V. and L Day, L. (2010) Educating Nurses: A Call for Radical Transformation. Carnegie Foundation: Washington DC.
- Jackson, D. (2008) Servant leadership in nursing: a framework for developing sustainable research capacity in nursing. *Collegian*, V. 15, (1), pp.27-33.
- Joseph, M.L., Cusatis, B., Edmonson, P.C., Godfrey, N., Liebig, D., Loerzel, V., Rice, M., Warshawsky, N., Kinser, P.A. and Matthews E.E. (2021) Areas of satisfaction and challenges to success of mid-career nurse scientists in academia. *Nursing Outlook*, V.69, (5), pp. 805-814. <https://doi.org/10.1016/j.outlook.2021.03.011>.
- Luparell, S. and Weybrew, K. (2021) The Nurse Leader's Role: A Conduit for Professional Identity Formation and Sustainability. *Nurse Leader*, V. 19, (1), pp. 27-32. [accessed 02/07/22]
- McCance, T., Fitzsimmons, D., Keeney, S., Hasson, F., and McKenna, H. (2007) Capacity building in nursing and midwifery research and development: An old priority with a new perspective. *Journal of Advanced Nursing*, v. 59, (1), pp. 57—67.
- Manojlovich, M. and Ketefian, S. (2002) The effects of organizational culture on nursing professionalism: implications for health resource planning, *Can J Nurs Res*, v. 33, (4), pp.15-34.
- Ryder, M., Connolly, A.L., Kitson, D.R. and Timmins, F. (2022) A critical discussion regarding the scholarly development of the nursing profession - A call to action. *Nurse Education Today*, V. 110 <https://doi.org/10.1016/j.nedt.2021.105249>. [accessed 13/06/25]
- Syles, M. (2005) Regulation and profession-building: a personal perspective. *Int Nurs Rev*, v. 52(2), pp.81-82.
- Willetts, G, and Clarke, D. (2014) Constructing nurses' professional identity through social identity theory. *International Journal Nursing Practice*, v. 20, (2), pp.164-169.
- May, R. (2021) Chief Nursing Officer for England's strategic plan for research. *B0880-cno-for-englands-strategic-plan-fo-research.pdf [accessed 07/07/22]

Keywords: Nurse researcher. Pre-registration nursing. Professional identity. Nursing students. Research preparedness.

4Diii, 14:55 - 16:45

Co-creation of team based learning in Optometry

Dr Catherine Collin, Andrew Gridley and Catherine Porter, University of Manchester

This presentation explores a novel co-creation initiative within Manchester's new integrated Optometry Master's programme. First-year student groups were tasked with co-creating a team based learning (TBL) exercise designed to consolidate learning of a difficult topic for the whole year group. Grounded in the protégé effect, this approach enhanced peer learning, teamwork, creativity, reflective practice and fostered a sense of belonging. Selected student-designed sessions were further developed in partnership with staff and

delivered to the whole year group, with students taking on facilitation roles. Thematic analysis revealed key benefits including knowledge retention, clinical relevance, and improved collaboration.

Summary:

Team based learning (TBL) is a pedagogical strategy designed to foster collaboration, teamwork and reinforce peer understanding through facilitated application exercises. It is particularly effective in healthcare education for problem solving. Our new integrated optometry master's programme at Manchester, launched in September 2024, embeds TBL from the first year.

Our co-creation journey began with a two-week pause from the traditional TBL sessions. Underpinned by the protégé effect, first year groups were given the novel task of revisiting previous case folders to create a deliverable TBL session on a topic they found challenging, complete with facilitation notes and debrief plans, aimed at consolidating learning for the entire cohort, whilst also solidifying their own understanding.

Co-creation involves students in the design and development of learning activities, empowering them as active participants in the education process, rather than as passive recipients of knowledge. This approach has also been shown to promote social integration and a stronger sense of belonging. The student voice, captured through a collaborative Padlet, revealed high levels of creativity, engagement, and insight into their learning needs. Selected student-designed sessions were further developed in partnership with staff and delivered to the whole year group, with students taking on facilitation roles. This formative assessment task and subsequent co-creation journey provided valuable insights into students' preferences for application exercises and key learning topics which will inform the future design of TBL sessions to support student success.

We will share some surprising findings and themes from the student voice which were overwhelmingly positive. Thematic analysis of the student reflections was carried out and 4 main themes were identified:

- Active and experiential learning
- Teamwork and collaboration
- Knowledge consolidation & retention
- Clinical and practical relevance

Anonymous survey data found 67% of students felt that the task improved their teamworking skills over and above traditional TBL sessions. They also reported improved organisational skills, peer-to-peer learning and the development of innovative revision strategies. They also felt that the exercises they developed had increased relevance, captured by one student "we know what works best for us and this helps make exercises more interactive and engaging". The co-creation process developed deeper insights that helped identify areas where students struggle and preferences for TBL design. These findings transcend disciplines and have the potential to enhance TBL best practice and the student experience across the healthcare sector. Co-creation of TBL exercises fosters belonging and enhances student success through collaborative and reflective pedagogies.

References:

Burgess, A., Van Diggele, C., Roberts, C. and Mellis, C. (2020) 'Team-based learning: design, facilitation and participation', BMC Medical Education, 20(S2) Available at: 10.1186/s12909-020-02287-y.

Könings, K.D., Mordang, S., Smeenk, F., Stassen, L. and Ramani, S. (2020) Learner involvement in the co-creation of teaching and learning: AMEE Guide No. 138 Informa UK Limited.

Rae, V.I., Smith, S.E., Hopkins, S.R. and Tallentire, V.R. (2024) 'From corners to community: exploring medical students' sense of belonging through co-creation in clinical learning', *BMC Medical Education*, 24(1) Available at: 10.1186/s12909-024-05413-2.

Keywords: Co-creation. Team based learning. Optometric. Education. Protégé. Clinical education.

4Div, 14:55 - 16:45

Embedding peer observation of teaching across a Healthcare Education provider: Development and pilot of an educator-led process

Dr Hannah Liversedge and Dr Chris Allen, University of Southampton

Peer observation of teaching is an invaluable tool, often used by healthcare academics to support development and facilitate reflective practice. However, it risks becoming a “tick box exercise” if people do not feel psychologically safe enough to give and receive meaningful feedback on practice. In this session, we will describe how we designed a Peer Observation of Teaching process that facilitates psychological safety and through this, opportunities to enhance teaching practice through reflection and continuing professional development. We will outline our successful pilot, along with the first stage of our wider evaluation and where the project will be going next.

Summary:

Background: Observation and feedback on teaching is a well-established form of continuing professional development (CPD) for academic staff. Take-up and effectiveness are influenced by several factors: participation of all staff (regardless of seniority); developmental feedback; whether the process grants professional recognition; and whether it is separate from performance management (Johnston et al., 2022). Unless managed correctly, peer observation risks becoming a “tick box exercise” (Buchanan and Parry, 2019), especially if people feel unsafe giving or receiving constructive feedback. Done well, however, observation can facilitate reflection and development (Yiend et al., 2014), essential for healthcare professionals working in any context. Recognising the benefit of feedback in our own teaching, we developed a process of peer observation to promote critical reflection on and development of educational practices.

Aims: To develop, implement, and evaluate a Peer Observation of Teaching (POT) process To facilitate reflection and educational development for all academics

Approach: In designing the POT process, we drew on the collaborative model (Gosling 2014). The “observee” initiates the observation, approaches an observer of their choice, and is not expected to share feedback with management. We also integrated developmental aspects, thus respecting participants' limited time and supporting professional revalidation processes. For example, in the UK, nurses must provide evidence of feedback, reflection, and CPD. POT adheres to principles of psychological safety in feedback: an active dialogue between observee and observer, and an emphasis on continuous improvement (Johnson et al., 2020). Observees set their own objectives prior to the session, which inform a reflective discussion afterwards. The discussion will include consideration of CPD

opportunities to facilitate continuous improvement. To ensure psychological safety, we developed written guidance on giving compassionate developmental feedback.

Pilot: POT was piloted within the children's nursing team initially. Observees commented that the feedback they received was constructive, and that they appreciated being able to use this along with a reflection to support revalidation. Observers found that the structured form and prompts allowed for detailed feedback. This suggests that the steps to facilitate psychological safety allowed for meaningful development.

Next steps: Following the pilot, POT is being rolled out more widely. We are developing a database of staff with specific pedagogical expertise, e.g. simulated practice, flipped classroom, peer learning, etc., who are happy to be consulted for observations.

Sustainability of POT: To ensure that POT is sustainable long term, we will be carrying out a mixed methods evaluation. Phase 1 will involve a survey establishing which groups of staff (professional background, extent of teaching involvement etc.) are most likely to participate in POT. We will look at barriers to participation, and whether and how feedback is being used for staff development. In phase 2, focus groups, will be deployed, informed by the findings of phase 1. These will look at people's experiences of both observing and being observed. We are especially interested in factors that may facilitate people to give constructive feedback, to reflect critically on their practice, or to adopt new practices as a result of observing somebody else.

References:

Buchanan, J.A.G., and Parry, D. (2019) Engagement with peer observation of teaching by a dental school faculty in the United Kingdom, *European Journal of Dental Education*, 23: 42-53

Gosling, D. (2014) 'Collaborative peer-supported review of teaching', in *Peer Review of Learning and Teaching: International Perspectives*, Sachs, J., and Parsell, M. (eds).

Dordrecht: Springer Johnson, C. E., Keating, J. L., and Molloy, E. K. (2020) Psychological safety in feedback: What does it look like and how can educators work with learners to foster it? *Medical Education*, 54: 559-70

Johnston, A. L., Baik, C., and Chester, A. (2022) Peer review of teaching in Australian higher education: a systematic review, *Higher Education Research and Development*, 41: 2, 390-404

Yiend, J., Weller, S., and Kinchin, I. (2014) Peer observation of teaching: the interaction between peer review and developmental models of practice, *Journal of Further and Higher Education*, 38(4): 465-84

Keywords: Peer observation. Continuing professional development. Feedback. Psychological safety.

Strand 4E: Blended online and flexible learning

4Ei, 14:55 - 16:45

Secrets to sustainable education: Six years of successful on call simulation for 250 new Doctors

Dr Emma Caney, Great Western Hospital Swindon

Have you wondered how to set up a sustainable educational initiative in your hospital? In 2019, as a Foundation Year 1 (FY1) doctor, Dr Rachel Wood started an on call simulation for new doctors at her Trust. Six years on, it has run annually for all new FY1s joining the Trust; almost 300 people. This session will outline the successes and pitfalls of the project, and give tips and tricks on how to give your initiatives the best chance of sustainability and longevity in an ever-changing NHS.

Summary:

Foundation Year 1 (FY1) doctors joining their first Trust after graduation are often unfamiliar with hospital-specific layouts and processes, especially surrounding their on calls. This step up to starting work can be an incredibly stressful time for new doctors, and often they have a lot of anxiety regarding being on call. Dr Rachel Wood was an FY1 doctor at the RUH in 2018-2019. She was the acute medical FY1 ward cover doctor on nights during the first weekend after August changeover and understood first-hand the additional stressors of not being familiar with the hospital geography, processes or systems which made being on call more challenging. She started simulation sessions, along with a team, to improve on call preparedness ran for all FY1s starting at one district general hospital in August 2019. 35 people took part over three evenings. Participants were divided into two groups per evening: one group undertook simulations of the deteriorating patient using SimMan, while participants in the other group took part in an in situ ward-based simulation. The ward-based group were provided with a map and a bleep and given two initial handovers, which they had to decide how to prioritise. Plastic wallets containing information about the required tasks were disseminated around the wards for participants to locate, interpret and decide whether to escalate. Once the individuals were on the wards, a team of doctors bleeped participants with additional tasks with one designated person acting as a senior who was available to give advice over the phone. Groups had allocated debriefing slots after both parts of the simulation, and swapped halfway through the evening. After the first iteration, data were collected from F1 participants. Mean confidence in starting FY1 and being on-call improved from 2.63 to 3.28 and 2.00 to 3.16 respectively. Feedback about the session was extremely positive and it was therefore embedded in the induction week for all new FY1s starting at the Trust and has run annually since. The process is studied and changes made as required each year. Significantly, the removal of paper notes in the Trust, and changes to some forms such as the treatment escalation form, have necessitated updates of the scenario formats to include more digital components to reflect the digital update the Trust has been through. There have been seven cycles to date. This has been a highly successful teaching project with over 250 F1s taking part from 2019-2025. It is now considered the gold standard in the South West with many other hospitals in the region adopting similar projects. Delegates will learn about the successes and pitfalls of this project, and receive tips on how to establish a sustainable educational initiative in their own Trust. The information will be broad and widely applicable, not just to simulation strategies, in order to give people the best chance of starting sustainable educational initiatives in an ever-changing NHS.

References:

Rachel Wood, James Keitley, F1 simcalls: an in situ simulation programme for new doctors,

Keywords: Simulation. Sustainability. On call. Medical education. Resident doctors.

4Eii, 14:55 - 16:45

Finding a balance: Using a pre-post test to evaluate the effectiveness of scenario based learning using a blended approach

Dr Lisa Rogers, University College Dublin

While undergraduate education aims to provide student nurses with a level of competence for independent practice, criticisms exist surrounding the ability of these programmes to adequately prepare graduates for the clinical skills required to optimise care. Adopting virtual simulations into nursing curricula may support greater clinical preparedness. However, learning is also cited as a social experience requiring teacher-student interaction. Therefore, a challenge exists to develop teaching strategies that balance interactive learning while also ensuring competency attainment. Using scenario-based learning in a blended environment, this research evaluates the impact of different teaching modalities on student nurses' perceived learning gains and self-efficacy.

Summary:

Background: Undergraduate education and clinical placement experience aims to provide student nurses with a level of competence for independent practice upon completion of their professional practice programme. However, criticisms exist surrounding the ability of these programmes to adequately prepare students for the clinical skills needed to support the delivery of high quality, person-centred care (McDonald et al., 2018). A cited challenge confronting undergraduate education is the perceived gap between nursing theory and practice. Enhancing the academic coherence between what students experience in practice and the traditional learning strategies is widely cited as a key area for improvement in nursing education (Nursing and Midwifery Board of Ireland, 2023; Greenway et al., 2019). Adopting virtual simulations into nursing curricula may enhance clinical preparedness due to the student-driven nature of this approach. However, learning is also cited as a social experience requiring teacher-student interactions (Jacob and Centofanti, 2023). Using scenario-based learning in a blended environment, this research evaluates the impact of different teaching modalities (in-person vs virtual patient case simulations) on student nurses' perceived learning gains and self-efficacy.

Methodology: A quantitative pre- and post-test was conducted. This research design enabled the comparison of student learning gains and self-efficacy following traditional classroom scenario-based activities (i.e., pre-survey) and after engaging with the virtual simulations (i.e., post-survey). Survey scales were adapted from previous research and non-parametric tests explored changes in perceptions over time. Thematic analysis of open-text responses provided greater insight into student experiences.

Key findings: The response rate was 57 % (n = 97) at baseline and 23 % (n = 39) at follow up. Students' perceptions of their learning gains and self-efficacy were scored positively for both in-person and virtual scenario-based teaching modalities. However, following participation with virtual simulation, meaningful, positive improvements to students' understanding, attitudes, and self-efficacy were identified. Three key themes were generated

from participants' open-ended survey responses which revealed the core features of both teaching modalities and students' desire to further integrate more virtual activities into undergraduate curricula: 1) In-person accessibility and interactivity; 2) Virtual simulations: bringing content to life; 3) Online learning: the path forward. Lessons for healthcare educators: By combining the advantages of in-person and online learning platforms, a blended approach can close the theory to practice gap and support diverse student cohorts to succeed within nursing education.

Relevance to healthcare education sustainability: Dividing educational content into in-person and virtual learning environments may ease logistical demands locally (e.g., University level) and among clinical placement sites. For example, using online content as a primer to face-to-face simulation may allow for shorter in-person activities that focus on content that is best presented in-person (e.g., acquisition of psychomotor skills) (Katlen et al., 2022). Subsequently, by better preparing students for the realities of practice, the teaching demand on frontline staff may lessen. Virtual simulations also provide an opportunity to develop open educational resources (OERs). By sharing ideas across healthcare education, OERs can be reused, adapted, and implemented locally (e.g., University-level), nationally, or internationally to support competency attainment.

References:

Greenway, K., Butt, G. & Walthall, H. (2019), "What is a theory-practice gap? An exploration of the concept", *Nurse education in practice*, vol. 34, pp. 1-6.

Jacob, T. & Centofanti, S. (2024), "Effectiveness of H5P in improving student learning outcomes in an online tertiary education setting", *Journal of computing in higher education*, vol. 36, no. 2, pp. 469-485.

Katlen, J.N., Manlapaz, M.R. & Hoffman, A. (2022), "Considerations for Appropriateness of Virtual Learning in the Postpandemic Environment", *The Journal of nursing education*, vol. 61, no. 9, pp. 503-509.

McDonald, E.W., Boulton, J.L. & Davis, J.L. (2018), "E-learning and nursing assessment skills and knowledge – An integrative review", *Nurse education today*, vol. 66, pp. 166-174.

Nursing and Midwifery Board of Ireland (2023), *A Report of the Review of Undergraduate Nursing and Midwifery Curriculum leading to Registration in Ireland*. Dublin: Nursing and Midwifery Board of Ireland.

Keywords: Online learning. Quantitative evaluation. Learning gains. Self-efficacy. Patient simulation.

4Eiii, 14:55 - 16:45

Fusion: Combining the flexibility of online learning with the support of face to face learning

Michael Smith, University of Central Lancashire

Discover how the Blended/Fusion BSc Pre-Registration Nursing course prepares students for modern nursing through a dynamic mix of on-campus teaching, online learning, and clinical placements. This session explores how the course builds clinical confidence, digital capability, and self-directed learning. Grounded in evolving pedagogy—from structured guidance to heutagogy—it also draws on connectivist principles to support digital

engagement and adaptability. Learn how students are empowered to take ownership of their learning journey, develop critical thinking, and thrive in diverse healthcare settings. Ideal for educators designing flexible, future-focused programmes that balance academic rigour with real-world relevance.

Summary:

This 20-minute session introduces the Blended/Fusion BSc Pre-Registration Nursing course—a programme that integrates on-campus teaching, online directed learning, and hands-on clinical placements. It aims to prepare students for the complexity of modern nursing practice by developing their clinical skills, critical thinking, and digital confidence through a thoughtfully designed, flexible learning experience.

The course structure combines face-to-face classroom teaching and simulated placements with asynchronous online learning and live virtual sessions. Directed learning tasks include short video content, online knowledge checks, case-based problem-solving, and reflective journaling. These are complemented by interactive sessions using platforms such as Microsoft Teams, which provide opportunities for discussion, peer feedback, and tutor guidance. Clinical placements occur across a range of settings, with 'Keeping in Touch' days embedded throughout to offer continuity, pastoral support, and opportunities to share learning experiences. While social aspects of learning remain important—particularly through collaborative activities and discussion—the course moves beyond traditional constructivist models to incorporate principles of connectivism (Kop & Hill, 2008; Siemens, 2005). This recognises the value of learning through networks, digital engagement, and real-time information access. Students are supported to develop digital literacy and confidence in navigating and critically engaging with online tools, fostering their readiness for the realities of a technologically rich healthcare environment.

Pedagogically, the course takes a developmental approach. Early learning is structured and guided, using curated content and facilitated group work to build foundational knowledge. As students progress, they are encouraged to take greater responsibility for their own learning. This transition aligns with heutagogical principles (Hase & Kenyon, 2013), where learners are supported to become self-determined and reflective practitioners capable of managing their learning needs in both academic and clinical contexts. By their final year, students may take ownership of placement choices and apply their learning in increasingly complex and autonomous ways. The course's evolving structure intentionally fosters independence, adaptability, and resilience—key attributes for the 21st-century nurse.

This session will explore how the course's design supports both professional competence and lifelong learning behaviours. Attendees will gain insight into how blended delivery, informed by a mix of learning theories, can create a responsive, learner-centred environment that prepares students for the demands of contemporary nursing practice and the digital future of healthcare.

References:

- Hase, S., & Kenyon, C. (Eds.). (2013). *Self-determined learning: Heutagogy in action*. A&C Black.
- Kop, R., & Hill, A. (2008). Connectivism: Learning theory of the future or vestige of the past?. *International Review of Research in Open and Distributed Learning*, 9(3), 1-13.
- Siemens, G. (2005). Connectivism: A learning theory for the digital age. *International Journal of Instructional Technology & Distance Learning*, 2, 3-10.

Keywords: Blended. Online. Pedagogy. Classroom.