Strand 1A: Allied Health

1Aii, 10:55 - 12:45, 5 December 2023
Online professional doctorates: Widening access to doctoral study for health professionals across the world
Dr Alan Williams, University of Derby

Promotional abstract: This session will explain how an online professional doctorate in health and social care provides flexibility and opens access to doctoral study for a wider range of health professionals across the world. The talk will focus on the postgraduate taught element of the programme explaining the journey for potential applicants from initial interest, admission to completing the first two postgraduate taught years of the programme. (The postgraduate research phase also online follows usual practice for any doctoral programme.) Online doctoral study enables health professionals to influence practice and policy across the globe thereby enhancing care.

Summary: Undertaking and completing a doctoral award is less embedded in health and social care sector than other disciplines, though is vital if knowledge and practice are to be developed. Traditionally, undertaking a doctorate is equated with studying an MPhil/PhD (or a PhD by Publication), though professional doctorates are more common across vocational professions such as nursing, healthcare, and education (Thompson & Walker 2010; Kot & Hendel, 2012; Lunt, 2018). Doctoral study has been a campus experience. This presentation explains how the University of Derby online programme opens opportunities for a wider population.

The part-time professional doctorate in the College, provides flexibility so students can combine their personal and professional life with study. The programme comprises a two-year postgraduate taught (PGT) followed by a two-year postgraduate research (PGR) phase. This presentation will focus on the PGT phase delivered online; the PGR phase though also online is essentially like any doctoral study.

The online component commences before a prospective student applies, with regular live webinars by the programme leader explaining the difference between doctoral programmes and the professional doctorate in more detail. Interviews are held online and when an offer is accepted, students commence in September. The year one level 7 module is shared with the university's education and sports professional doctorate over an academic year. Learning material is accessed on the University's virtual learning environment (Blackboard) with 16 Units in each module, additional reading, and discussion with peers on a Discussion Board. Module content is released sequentially, so students are encouraged to focus on current material. Summative assessments are scheduled for the student to demonstrate their ability studying at doctoral level though paced not to be overly demanding.

There are regular live webinars linked to what is being studied facilitated by the module team. These are recorded so students unable to attend can subsequently engage with the

session and follow up with their allocated module tutor. We also schedule online drop-in sessions for students to seek advice and support from the module team and peers. In year two students' study complete a level 8 module with their programme peers, working on a small-scale service or practice development project and research proposal for the PGR phase of their programme.

The online academic framework at the university mandates students should have an equivalent experience to campus students, with the same access to support and resource (University of Derby, 2019). An online approach to learning requires thought to ensure students feel engaged and a sense of belonging, particularly as doctoral study can be lonely. Scheduling webinars using now commonly accepted communication tools (Blackboard Collaborate, MS Teams etc) encourages students to engage with peers in different disciplines, learning with and from each other and the module team. And this flexibility provides opportunity for health professionals with accessibility difficulties, and from across the world to undertake doctoral study becoming the leader's influencing policy and practice in their field, thereby enhancing care.

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Keywords: Doctorate. Online. Health professional. Care.

Teaching clinical competencies in eating, drinking and swallowing disorders
Rachel Purcell and Emma Ormerod, University of Manchester

Promotional abstract: Recent changes to the Royal College of Speech & Language Therapists' eating, drinking and swallowing competencies means SLT graduates from 2026 will need to demonstrate practical skills in EDS assessment and management to successful graduate and register to practise. Many HEIs have limited access to clinical placements and workforce shortages mean HEIs cannot rely on clinical colleagues to 'sign off' our students' competencies. This presentation will explore how we can teach practical clinical skills in EDS on campus and using existing teaching resources.

Summary: From 2026, all HEI pre-registration speech and language therapy (SLT) degree courses in the UK will require successful graduates to be competent in the assessment and management of eating, drinking and swallowing (EDS) disorders. The COVID-19 pandemic identified a widening gap between the knowledge and skills of newly qualified SLTs and the demands of the workplace. COVID-19 increased the number of patients in acute hospitals suffering from respiratory complications, many of which impacted on swallowing and voice function (Coutts, 2020; Miles et al., 2022). New pre-registration eating, drinking and swallowing competency guidelines were put in place from 2021 by the UK's SLT governing body and Health Education England, with an emphasis on gaining practical skills in the assessment and management of dysphagia. All UK HEIs with SLT courses include teaching and assessment on the theoretical aspects of dysphagia but the addition of mandatory practical competencies has posed challenges as to how HEIs teach practical competencies. The theory-practice gap is well recognised within medical and healthcare (Bannister, 2005). Theory and practice should not be viewed as separate entities, but rather skills and knowledge which develop over time. The introduction of the RCSLT 2021 EDS competencies is a positive step for the development of the UK workforce of SLTs in closing the theory-practice gap within dysphagia. Gaps between theory and practice act as a catalyst for change (Rafferty et al., 1996). For UK HEIs, the introduction of the EDS competencies poses the challenge of how existing teaching resources are utilised to ensure our students are workforce ready. This presentation explores how HEIs can teach EDS competencies to close the workforce gap without relying on clinical placements. This includes the use of case-based learning, simulation, eLearning, virtual reality and the introduction of a workplace teaching session in EDS disorders. Clinical placements have become a precious commodity in SLT, with vacancy rates in SLT at 23% (RCSLT, 2023) and clinical colleagues reporting feeling under pressure with increased waiting list times (RCSLT, 2023). Exploring teaching pedagogy outside of clinical placements is essential to develop the future workforce of SLT and ensure quality of care is delivered by the next generation of clinicians.

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Keywords: Dysphagia. Teaching competencies. Active learning.

Strand 1B: Belonging

1Bi, 10:55 - 12:45, 5 December 2023
Student belonging and mattering: The impact on academic achievement
Clair Zawada, Birmingham City University

Promotional abstract: This presentation will explore the concepts of both student belonging and student mattering. This presentation will consider the findings of research into belonging and mattering and will seek to compare the belonging and mattering scores across a range of demographics of undergraduate health students, in academia as well as on clinical placement. The findings will also explore correlations between belonging and mattering scores with the academic achievement of students.

Summary: The need for belonging is the need for 'positive and pleasant social contacts within the context of desired relationships with people other than strangers' (Mellor et al., 2008), and the need for belonging is as instinctual as physiological impulses such as hunger or thirst (Maslow, 1954). The concept of belonging is important for individuals to feel accepted in a social environment (Malone et al., 2012) and belonging is an essential element for mental health and social well-being (Hagerty et al., 1996). Within academia the sense of belonging within the student body may be linked to the rates of student attrition, as a student's learning is linked to their ability to participate in the educational practice (Hougaard, 2013). Mattering is a closely related concept and 'is a belief that one makes a difference in the lives of others' (Elliott et al., 2005). It is possible for an individual to feel that they belong to a group, but they don't matter to the people within that group, and vice-versa. The perception of mattering is extremely important and is an essential personal motivator (Elliott et al., 2004). Whilst there is growing evidence of the importance of belonging in education, the importance of as student's perception of mattering is not fully explored.

This quantitative research was undertaken on 264 undergraduate students from diagnostic and therapeutic radiography, ultrasound, operating department practice and paramedic science. Students completed four Likert scales relating to their feelings of belongingness at university, belongingness on clinical placement, mattering at university and mattering on clinical placement. Student demographic information and ID number was also collected. The student ID number provided access to the student's academic record, to allow their average grade for the year to be recorded alongside their Likert scale scores. All data was uploaded to SPSS to enable correlations with the belonging and mattering scores across the four Likert scales, correlations across student demographics, and correlations with the students' average academic grade for that year.

All four scales of belonging and mattering in academic and clinical placement were positively correlated. Students who said they felt most 'at home' at university, scored highly on the university scales. Students who said they felt most 'at home' on placement, scored highly on the placement scales. Demographics showing significance to either belonging or mattering were course of study; year of study; ethnicity; having dependants; English as the first language; commuter students; and also having seriously considered dropping out. Feelings of mattering on clinical placement was lowest in the 1st year students, and highest in the 3rd year students. Feelings of belonging at university was lowest in the 2nd year students, and highest in the 1st year students. There was a small but statistically significant correlation between the student's perception of mattering at university and their average grade achieved for the year.

This data provides correlations, but conclusions relating to a causal effect cannot be drawn. However, a sense of mattering appears to have more impact on the student than a sense of belonging.

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Keywords: Belonging. Mattering. Achievement. Placement.

"That's not my name." The importance of using a student's name and pronouncing it correctly

Laura Maguire, Emma Tonks and Sophia Kuyateh, Birmingham City University

Promotional abstract: Race Equality Matters found that 73% of respondents from 100 organisations had their names mispronounced which resulted in them feeling not valued, not important, disrespected and frustrated (Race Equality Matters, 2022). Learning to pronounce someone's name is not just a common courtesy it is also important a workplace is inclusive and emphasises psychological safety and belonging (Tulshyan, 2020). Pronouncing a name correctly promotes acceptance, inclusion and engagement. These feelings are vital for students and will promote a sense of belonging and mattering at BCU. Best practice recommendations have been produced following this research to promote equality, diversity, inclusion and belonging.

Summary: It is important that students are addressed by their name as this promotes belonging, inclusivity, equality, engagement, respect, dignity and identity. Research by Race Equality Matters in 2020 found that 73% of respondents from 100 different organisations had their names mispronounced which resulted in them feeling not valued, not important, disrespected and frustrated (Race Equality Matters, 2022). Pronouncing a person's name correctly promotes acceptance, inclusion and engagement. Learning to pronounce someone's name is not just a common courtesy it is also important that a workplace is inclusive and emphasises psychological safety and belonging (Tulshyan, 2020). These feelings are vital for our students and will promote a sense of belonging and mattering at BCU. Methods: The project aimed to investigate two elements around the use of names: (1) how students feel when addressed directly by their name by teaching staff (2) how students feel when their name has been mispronounced or spelled incorrectly throughout their life. A two-step approach was used - an anonymous online questionnaire, followed by a thematic analysis. A variety of questions were asked, quantitative and qualitive data was collated. Results: 52 respondents. Have students been addressed by their name at Birmingham City University = Always: 19.2%, Mostly: 21.2%, Sometimes: 46.2%, Never: 17.3%. Have they ever had their name mispronounced = Yes – 76.9%, No – 29% resulting in them feeling hurt, belittled and ignored. Interestingly 59% of participants that had never had their name mispronounced were from a white background whilst 42% of participants that had their name mispronounced where from a black ethnic group. This supports the students' statement that teaching staff didn't ask names of those students of black ethnicity, this may relate to fear of getting names wrong and presumably it is easier to not use names in such large groups. Best practice recommendations have been produced using the student feedback gained in this study. A number of respondents recognised the limitations of having large cohorts of over 200 students, however improvements are required to enhance student experience. The Best practice recommendations to promote name usage and correct name pronunciation are: Ask students their name when interacting with them in class, for students to state their preferred name when interacting in class, provide name badges with optional phonetic spelling/ preferred name usage. Delegates will learn the impact that correct has on students and how can improve this by using the best practice recommendations produced using student feedback. This will enhance student experience, belonging, engagement and potentially attainment. This is relevant to the healthcare sector as research was carried out with nursing students. By implementing these best practice recommendations, we can enhance belonging and engagement which will increase student retention thus increasing the future workforce

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If You Don't Know How to Say Someone's Name, Just Ask

Learning to pronounce a colleague's name correctly is not just a common courtesy but it's an important effort in creating an inclusive workplace, one that emphasizes psychological safety and belong...

1Biii, 10:55 - 12:45, 5 December 2023
Experiencing belongingness on placement: A three year cross-sectional study of Nursing and Midwifery students
Ria Newberry-Baker, Canterbury Christ Church University

Promotional abstract: The Placement, Impact, Experience and Destination (PIED) study is a non-funded collaborative research project undertaken by two universities to explore the influence that clinical placements and students' expressed level of belongingness have on the career aspirations of a cohort of nursing and midwifery students

Summary: We have found through student evaluations of their clinical practice experience and our conversations with them that perceived feelings of belongingness whilst on placement has an impact on a wide variety of work and study related outcomes. Some of these are reflected in current literature and include: motivation to learn, to study and work (Borrott, Day, Sedgwick, et al. (2016), workplace satisfaction (Winter-Collins and McDaniel, 2000), and employment choices post qualification (McAvoy and Waite, 2018). Although these topics are gaining interest in recent years, research in this area is limited when examining nursing and midwifery students studying in England. This paper presents the quantitative data from the cross-sectional three-year study exploring nursing and midwifery students' perceived levels of belongingness whilst on placement. Results and recommendations from this study will help Higher Education Institutions and practice learning providers to develop meaningful and appropriate strategies to support students through their education journey. Improving students experience of practice learning, enhancing retention of students during their course, highlighting the impact this has on where students to apply for their first registered nurse post. A cross-sectional approach was used. The research team surveyed students at the commencement of their courses and at the end of each academic year to identify the relationship between levels of belongingness within practice and choice of clinical speciality. For all participants, questions relating to support, being able to ask for help and feeling accepted were all found to have high mean scores that indicated their importance in belonging. Scores indicated that a moderate level of belongingness was experienced by all participants, whereas questions related to "fitting in" scored consistently low by all four professional pathways as reflected in the overall mean. Age did not have a significant impact on the students' experience of overall belongingness within their clinical placements. There was evidence that there was a difference between participants' levels of overall belongingness within the clinical placement environment, based on their choice of professional pathway. Additionally, there was a difference between mental health nursing and midwifery participants' experience of belongingness. Statistically significant differences were noted between participants who had both formal health and care experience and those that had informal care experience before starting their course, although there was no significant difference between those who had care experience (either formal or informal) and those who had no care experience. There was a statistically significant difference in experience of belongingness for participants from Canterbury Christ Church University and the University of Bedfordshire. The impact of placements and mentors on a student's decision where to work post qualification was often described as quite or significantly important by all students. For the impact of mentors, only 5% of students said they had no influence, and for the impact of placements this was 6.5%. Across the course of the study 32% of students said that they had considered another career. Practice and education staff need to develop an understanding of belongingness in the context of both the working and learning environment and adopt different but complementary strategies to enhance belongingness. Compassionate learning environments for apprentices, trainees and students can be created where teams supporting students understand the importance of these factors and adopt strategies that enhance the

development of belongingness. The use of conversation cards to facilitate discussions around belongingness and the impact it has have also been created and are being used within a small pilot.

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Fostering interprofessional belonging by sharing emotions: Embedding Schwartz Rounds within higher education institutions

Kelly Clifford, Dr Lisa Bostock and Dr Caroline Reid, University of Bedfordshire

Promotional abstract: Fostering a sense of belonging for students underpins academic success. This is dependent on supporting their emotional wellbeing and growing their sense of professional identity. This paper reports on the introduction of Schwartz Rounds at the University of Bedfordshire. Rounds are an inter-professional, reflective forum where students and newly qualified staff from a range of professional disciplines – from nurses to social workers and paramedics to policing - can come together to discuss the emotional impact of their work and training. By focusing on feelings, early indications suggest that participants feel more connected and empathic towards colleagues from other professional backgrounds.

Summary: Fostering a sense of inclusivity and belonging for students underpins academic success (Freeman, Anderman and Jensen, 2007). This appears especially important for students from minoritized groups and lower social economic backgrounds (Becker and Luthar, 2002). Creating a sense of belonging, depends on supporting emotional wellbeing and growing the professional identity of students. This paper reports on the introduction of Schwartz Rounds at within the Faculty of Health and Social Sciences at the University of Bedfordshire. Rounds are an inter-professional, reflective forum where students and newly qualified staff from a range of professional disciplines trained within the faculty – from nurses to social workers and paramedics to policing - can come together to discuss the emotional impact of their work and training. They aim to break down barriers between professionals and increase empathy for colleagues and people using services. Rounds are part of the University's wider wellbeing strategy to embed inclusivity and belonging at Beds. The University of Bedfordshire is part of an initiative to introduce Rounds into the Higher Education sector, run by the University of Surrey called "Schwartz South". This is funded by Health Education England. Rounds are licensed by the Point of Care Foundation. Research shows that discussing the emotional aspects of providing care for others can reduce distress, help us feel less isolated and promote a culture of compassionate care (Maben et al., 2018). Where Rounds have been introduced for healthcare students, the majority who have attended Rounds rate them highly in relation to hearing others talk openly about their personal feelings in the context of their work and increased their compassion in caring for patients and gaining insight into how others think and feel in caring for patients (Grimbly and Golding, 2021). To ensure that Rounds create a sense of belonging for our student group, specific attention has been paid to equality, diversity and inclusion. This session will reflect on the importance of creating an inclusive culture at Rounds and what we have learnt about ensuring that our steering group members, facilitators and storytellers represent the distinct, intersectional identities of our student and staff community. It will also reflect on the role of Rounds to promote and embed inter-professional empathy and prepare students to be part of a future integrated workforce. Schwartz is a model already prevalent and successful in the medical and healthcare field around the world. This session will reflect on the potential of Rounds to promote belonging and inclusivity, support their mental wellbeing and bridge the employability gap. By focusing on feelings rather than solutions, early indications suggest that participants feel more connected and empathic towards colleagues from other professional backgrounds.

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Keywords: Schwartz Rounds. Belonging. Emotional well-being. Reflective practice.

Strand 1C: Empathy and Compassion

1Ci, 10:55 - 12:45, 5 December 2023
Immersive digital story intervention on empathy in Nursing students: Findings and reflection
Dr Gareth Parsons, Cardiff University and Dr Juping Yu, Univeristy of South Wales

Promotional abstract: This session presents findings from the authors' and their co-researchers' scheme of work on storytelling, empathy and compassionate care. It discusses the results of randomised control trial on a storytelling simulation 'Walking in their shoes' set in a clinical practice suite on adult student nurse empathy. This RCT demonstrated a significant difference in empathy immediately after the intervention that was not maintained over time. The session will also consider the problem of maintaining empathy among healthcare students' overtime and how the storywalk intervention was improved following a fidelity study and a review of student responses and the adoption of a simulation model based upon reflection. The new storywalk intervention is currently being tested.

Summary: Empathy is a vital component in effective compassionate interactions between nurses and patients (van Dijke, van Nistelrooij et al. 2020) and this is acknowledged in undergraduate nursing curriculum in the UK and many other countries. Helping behaviours driven by empathy are enshrined in The Code for Nurses, Midwives and Nursing Associates (NMC 2018). Recognition of its importance has been partly driven by serious failings in patient care reported in the UK where a lack of respect, empathy and compassion in care resulted in abuse, negligence or even death (Francis 2013, Andrews and Butler 2014). Health care professionals are no doubt empathetic during shared experiences, but the patient experience starts earlier and finishes later than that interaction. We have developed an immersive digital story intervention called "Walking in Their Shoes" for a teaching and learning environment in simulation, using a story from a real patient with bowel cancer. The patient recounted her journey and experiences of being in hospital for cancer treatments, her feelings about the hospital surroundings, and her interactions with health professionals. Most of these experiences focus on events that occur outside of the patient-health care practitioner interaction, some of them seemingly trivial but having a great impact upon the storyteller. The importance of this is to enhance empathy through promoting understanding that the patient experience extends beyond shared experiences and interactions with health care practitioners. Increasing health care professionals' empathy for such events can only benefit the patient. The story was audio recorded. Nine digital clips (some with still images) were generated from the story. Each clip has a unique web-address (URL) that is linked to a unique Quick Response (QR) code, a type of bar-code that can be read using smartphone technology. Clips were organised to follow the patient's journey in a chronological order as she recounted it, and each positioned at a commensurate location in the simulation centre. Thus, a physical 'Story Walk' was created for participants to immerse themselves in the patient's stories while 'Walking in Their Shoes' around the physical environment. An initial evaluation of this intervention was carried out with nursing students between May 2018 and December 2019. Some of these were presented in a poster at NET2019 and we were invited to return and present our results. The final results showed an immediate increase in empathy, but the increase was not sustained (Yu et al. 2021). Since then, we have conducted a fidelity review and other work and have refined the intervention to increase engagement with the intervention incorporating ideas around reflection in simulation education theory (Husebo et al. 2015) and Batson's ideas on empathy (Batson 2009) to produce a reflective activity designed to improve engagement with the intervention. We hope this will increase attention on the intervention and thus improve empathy. These changes

have had ethical approval and the second phase of this study is underway seeking to replicate our first study findings on differences in empathy and whether we can sustain these changes over time. Demonstrating a method that can improve empathy and sustain it over time has implications for maintaining and providing compassionate care among health professionals. If successful, this can be incorporated into the designing and developing of continual professional development activities that promote compassionate care and interventions.

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Keywords: Empathy. Storytelling. Simulation. Research.

Experiencing the art and history of nursing: A public and online exhibition of student nurses' artwork

Marie Clancy, University of Exeter

Promotional abstract: Participants will learn how engaging with the creative arts in education can shape future healthcare professional practice, particularly when considering challenging dimensions of care. Participants will gain insight into a teaching innovation that enabled nursing students to draw on a range of literature, historical information, and artistic mediums to understand and challenge differing perspectives. Students were encouraged to develop their skills in observation, analysis, and emotional intelligence with the aim of improving insight, empathy and promoting holistic care. Students were also given the opportunity to develop their own artwork for a public and online exhibition, with great effect.

Summary: Background: Caring is an art. Yet, rarely in healthcare education do we enable students to engage creatively with the arts to explore what this means in practice. Liberal artistic education can help students to improve their observation and communication (Crawford and Baker, 2009) and offer opportunities to enhance empathy and perspective as well as an openness to 'otherness' (Jones, et al, 2019). Painting, poetry, and prose all have the potential to challenge and change students' perspectives. Creative pedagogy can enable us to confront ideas and injustices in the past that stretch into and still shape the present, including racism, sexism, and misogyny (Lait 2000). The challenge is to develop a teaching approach that enables students to truly understand caring as an art. This session aims to highlight one such example from nurse education.

Rationale: It can be difficult to teach the complexity of health care practice particularly when considering social injustice, the existential nature of spirituality and end of life care and the controversial nature of aspects such as abortion and racism. Within my own practice I explored poetry to help students understand families' experiences of NICU (Clancy and Jack, 2016). This work highlighted many benefits as evaluations revealed an increase in empathy and understanding. Inspired I created a novel collaborative module in which students engaged with practice partners, inter-disciplinary, faith and community leaders to explore many challenging themes, using visual, tactile, and written arts-based mediums. The goal of this innovation was to enable students to creatively and constructively challenge their ideas, assumptions, prejudices and unconscious bias.

Lessons: The module cumulated in an assessment were students created an artwork and commentary in a public and online art exhibition (https://www.artsandcultureexeter.co.uk/online-exhibitions/exhibition-the-art-and-history-of-nursing). Students explored module themes using different artistic mediums and tackled some difficult topics. They were encouraged to look beyond the ordinary facets of health and think about aspects which they may not have explored previously such as discrimination, stigma, shame and professionalism.

During the exhibition students were encouraged to discuss the creation of their art with the public, helping to develop valuable communication and presentation skills. One of the 92 exhibition visitors fed back about the "delicate, thoughtful and powerful messages displayed". Others shared how it had been 'inspiring', 'powerful', 'deeply moving' and 'eye opening'.

Relevance: Student feedback was overwhelmingly positive, they particularly enjoyed 'considering different perspectives of care', 'thinking outside the box' and the interdisciplinary opportunities presented by the module.

During this session I argue that critical and creative engagement with the arts can shape insightful observant and non-judgemental healthcare professionals of the future. Creative innovations allow students time to reflect and build toolboxes which promote wellbeing and develop understanding of complex phenomena. Delegates will be inspired and equipped to consider how to use creative assessments, such as an art exhibition in their educational practice. Such innovation is relevant to healthcare because it may help us to consider ways to better understand the complexities of health, illness and suffering.

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Keywords: Creative pedagogy. Arts based approaches. Education. Insight. Empathy.

Death café as a teaching and learning initiative

Moira Dale, University of the West of Scotland

Promotional abstract: Death cafe - an overview of how this was used to promote learning on the topic of palliative and end of life care for student nurses.

Summary: Improving access to palliative and end of life care is both a global resolution (World Health Assembly, (WHA), 2014) and a strategic priority for the Scottish Government (2016). As populations age there is increasing need for palliative care approaches, which extend beyond cancer related death to those dying from all causes (WHO, 2014; Murray et al., 2017). Palliative and end of life care is enhanced when people, their families and carers are supported to plan their care through timely and focussed conversations with appropriately skilled professionals. Scottish organisations including the Scottish Partnership for Palliative Care and Good Life, Good Death, Good Grief, emphasise that there is also a need to normalise talking about death in society in general. There is a clear emphasis in the Nursing and Midwifery Council (NMC) standards of proficiency for registered nurses on caring for people requiring palliative and end of life care (Platform 3, Platform 4, Platform 7, Annexe A and Annexe B NMC, 2018). This states that on registration, nurses should have skills and knowledge to enable them to assess, prioritise, evaluate and coordinate care of people requiring palliative and end of life care. In response to the above, the teaching team introduced a creative education approach to this topic into the pre-registration BSc Nursing programme at the University of the West of Scotland. Developed to enhance student nurses' understanding of end of life and palliative care, the initiative supports participants to develop relevant skills and values. This is achieved through a supportive forum, referred to as a death café (Underwood, 2011), which promotes discussions relating to life, death, dying and loss in a safe, relaxed and informal environment, facilitated by experienced lecturers. The initiative encourages active learning by using participative approaches followed with individual reflection, supporting participants to explore their own attitudes and values in relation to the topics. Bonwell and Eison (1991) in their seminal work define strategies that promote active learning as activities that involve students in doing things and then thinking about what they are doing; the focus is on developing students' skills by requiring the student to do something that requires higher order thinking as well as students' exploration of their own attitudes and values.

Underwood (2011) developed a death café as a group directed discussion of death, dying and life. Using the death café forum in the classroom, as a means of peer discussion, aligns to active learning (Bonwell and Eison, 1991) and Constructivist learning theory (Freire, 1993). A menu of topics for discussion is provided as an activity to explore the topic of how nurses can develop skills in discussing death and dying with patients and families facing difficult circumstances, which also allows the students to explore and ultimately reflect on their own attitudes, values and beliefs in relation to the topic Utilising a creative education approach to teaching and learning, this initiative engages, enthuses and empowers students in relation to discussing palliative and end of life care. The student participants evaluated the session positively.

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Strand 1D: Simulation

1Di, 10:55 - 12:45, 5 December 2023
The use of multimodal educational tools for large-scale simulated practice
Dr Stephen Wanless and Claire Maguire, Birmingham City University

Promotional abstract: Due to the current placement capacity issues for nursing students and the NMC recovery standards, this has enabled Universities to utilise up to 300 hours of practice learning through innovative practice simulations. At BCU we were faced with providing Simulation to large cohorts of students reduced staffing and resources. The aim was to provide simulation based on the NMC proficiencies in large groups and still maintain an element of realism and immersion. The skills and simulation team at BCU developed several simulations which incorporated films, live actors, low-fidelity simulation, and problem solving for students within the Nursing Course

Summary: Background: Due to the current placement capacity issues for nursing students (1) within the West Midlands and the continuation of the Nursing and Midwifery recovery standards [2], this has enabled academic institutions to utilise up to 300 hours of practice learning utilising a range of innovative practice simulations. At Birmingham City University (BCU) we were faced with providing Simulation to large cohorts of students in excess of 500, reduced staffing and resources. How did we do it?   The aim was to provide simulation based on the Nursing and Midwifery Council annexes A and B proficiencies (3) in large groups and still maintain an element of clinical realism and immersion.

Methods: The skills and simulation team at BCU developed several simulations which incorporated films, live actors, low-fidelity simulation, and problem solving for students within the Future Nurse Course. Each simulation had pre- and post-work to be completed which was monitored and recorded via our online learning platform. The simulations developed and tested were:

- Breaking bad news- A traumatic below knee amputation of a young farm worker which looks at issues with partner/ autistic child/ overprotective mother
- Hypoglycaemia- Adult hypoglycaemic patient within a GP Setting with Paramedic input/ Child hypoglycaemia/ digital healthcare through use of Libre sensor
- Conflict Resolution- Case study around the care of a patient with dementia who keeps falling and a Matron who does not have the time
- Pre-op Sim- A 13-year-old high functioning Autistic child with torte teste requiring surgery and preoperative checking and Practice Assessor input.
- Allergies and Sensitivities- Management of allergies and sensitivities, Use of EpiPen for anaphylaxis
- Hygiene- Shaving/ oral care/ eyecare/ female and male genitalia cleansing
- The deteriorating patient- A to E assessment
- Mobility and access- Use of equipment simulating frailty and disability
- Assistance dogs for medical and neurodevelopmental conditions
- Safeguarding- Looking at Trans/ same sex couples/ heterosexual domestic violence
- Female genital mutilation

Results: The Simulations were evaluated by the students (N= 550) and conclusions drawn from the feedback received. The large size of the groups being around 60 students is an issue both with staff and students, but it was recognised that this was beyond our control and that the large-scale simulated sessions were "immersive in nature" and reproduced

substantial aspects of the real world in an interactive way. A number of students highlighted in their evaluation that they found the content of the simulation relevant to their clinical practice due to it demonstrating difficult situations that allowed them to practice their skills in a safe environment where there was no risk to patient safety, and it enhanced their situational awareness through guided experience.

Conclusion: The learners appreciate the relevance of the simulations to their developing clinical skills and recognised that the learning could be more targeted than within the practice setting although did not recognise it as clinical practice time.

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Co-production of a HFS stroke scenario

Nada Alsulami, University of Dundee

Promotional abstract: This study aimed to co-produce a HFS scenario with critical care nurses, critical care nursing educators, and critical care nursing students using the Delphi technique.

Summary: Background: High-fidelity simulation (HFS) shows effectiveness on nurse students' acquisition of skills and knowledge (Aqel and Ahmed, 2014). However, students sometimes misunderstand the purpose of HFS activities (Au et al., 2016). Therefore, students' engagement with their educators to produce the HFS scenario could help them better understand the purpose of implementing the HFS.

Purpose: Co-produce a HFS stroke scenario with an expert group of critical care nurses, critical care nursing educators, and critical care nursing students. Methods: Two phases of Delphi technique were used. Phase one was the co-production of a HFS stroke scenario with a group of experts (N=13). The second Delphi phase was conducted to co-produce a pre-post-test designed to test the effectiveness of the co-produced scenario as a literature search failed to find any previous research that could help inform this.

Results: Three rounds of the Delphi technique were conducted to co-produce one stroke scenario based on 100% agreement among the expert panel Four rounds of the Delphi technique were also conducted to co-produce a pre-post-test with a 91.66% consensus level.

Conclusion: Consensus has been reached on co-producing a HFS scenario and the pre-post test to be used in the third phase of the current mixed methods study.

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Keywords: High-fidelity Simulation. Co-production. Stroke. Delphi technique.

Innovative approaches to learning and quality improvement through immersive simulation in acute mental health settings

Jemima Kempton, University of Exeter

Promotional abstract: Student adult and mental health nurses engaged in a collaborative project between academic and practice partnership. The project focussed on environmental quality improvement, ahead of a new mental health ward opening later in the year. Students' role was to act as background patients during acute simulation scenarios. Students attended a pre-placement workshop focussing on principles of inpatient mental health care, underpinned by theories and lived experience narratives. Students verbally fed-back how invaluable this was in providing a unique perspective previously not explored, as well as how this impacted positively on their sense of belonging to the mental health nursing community.

Summary: Project background: This collaborative project was developed between academic and practice partnerships. Ahead of a new acute mental health ward being opened by the Trust in May 2023, the project aimed to test the ward environment utilising quality improvement strategies based on participant feedback (involving ward staff and student nurses) in clinical simulation scenarios over two days. Student nurses attended a pre-simulation workshop led by their Lecturer to develop understanding of the project, as well as focussing discussions on the history and development of mental health inpatient units, and the principles of collaborative, recovery-focussed and trauma-informed care. This was underpinned by narratives of individuals' lived experience stories of being an inpatient in these settings.

Whilst major incident scenarios were led by the simulation team involving ward staff, the students' role was to act as 'background' patients. Students developed brief character histories to replicate in clinical handover and provide lived experience story elements. They produced mind-maps to provide feedback from experiences in the environment and being supported to attend to 'care needs' by staff including registered nurses, occupational therapists, healthcare support workers and peer support workers. Six 3rd year adult and mental health nursing students engaged in the project, supported throughout the two simulation days by a Lecturer, and a colleague from Practice Education to engage in post-simulation debriefs and quality improvement 'wrap-up' sessions.

Feedback and informal evaluation: Students verbally fed-back how invaluable this project was in providing a unique perspective previously not explored. They remarked that it was transformative, impacting greatly on their practice and strongly contributing to their sense of belonging to mental health nursing communities. Students reflected on the importance of opportunities to observe 'incidents [simulation scenarios]' and reconnecting for debriefs to aid learning and understanding and felt that this was a safe learning environment to do so. As well as considering how authentic these scenarios felt in relation to clinical practice. Members of the NHS trust team reflected on the value of student nurse involvement in noticing environmental adjustments that others may have not and promoting safety at the forefront of care.

Lessons to be learned: Student nurses valued the opportunity to experience perspective repositioning by gaining valuable experience of inpatient mental health care

The value of simulation scenarios in a clinical setting to test the environment to provide authentic opportunities to reflect on practice at all levels of healthcare multidisciplinary team Considerations of further student nurse involvement in the development of acute mental

health inpatient services to enhance opportunities for facilitating belongingness in the mental health nursing community

Relevance to healthcare sector: Students were able to gain a unique insight into clinical practice from a patient perspective, and to engage in real life quality improvement perspectives. They were able to see the impact of their feedback in terms of changes made to the environment and consider practice, championing environmental safety, simulation and valuing lived experience at the heart of their care. This project has been nominated for a Health Services Journal Patient Safety award.

Keywords: Mental health. Nursing. Simulation. Quality improvement.

Stepping up psychosis: The use of virtual reality in pre-registration Mental Health Nursing education

Christine Roberts and Kate Hulme, Liverpool John Moores University

Promotional abstract: The authors will discuss the creation of a simulation package created for pre-registration mental health nurses during their final year. The simulated experience consisted of a 5-minute virtual reality recording which shares the experience of living with psychotic symptoms. The package not only looked at the hearing of voices but in addition enhances the student's experience by stimulating visual perception and placing the student within a secluded nursing environment. This was delivered to students in their final 6 months of the course. The students where then asked to complete a NMC reflective account on the experience to encourage learning and reflection from the scenario.

Summary: Simulation has made major advances within nurse education in recent years with the nursing and midwifery council now recognising clinical simulated learning as suitable for clinical knowledge acquisition comparable to/in place of clinical placement experience. Within the field of pre-registration mental health nursing, simulation is not as widely utilised but has been shown to be effective (Brown, 2015). Due to the skills required by mental health student nurses the use of mannequins and low fidelity simulation packages are often not suitable to develop the interpersonal skills or replicate the dynamic situations the mental health students may face in the real world. There has been growing interest in the development of mental health related simulation packages for pre-registration mental health nursing education (Felton and Wright 2017). The development and use of a simulation package designed to replicate the hearing of voices, has received much attention (Fossen and Stoeckel, 2016; Marshall et al, 2018). These experiences are often a short recording of a multi-layered auditory experience described by patients who have lived with psychosis. The development and utilisation of Virtual reality (VR) within education has grown. Hamilton et al's (2020) systematic literature review on VR in education found a growth in studies since 2017. The near none existence of immersive VR within nursing and specifically mental health nursing means that there is a whole method of teaching and learning that is still to be designed, implemented and evaluated. To build on prior learning from the hearing of voices experiences already created, the team worked with the university's technology enhanced learning team to build our own. Actors were used to enable the recording of different voices, this was then added with external sounds such as ticking clocks, door knocking, forming the basis of the auditory experience. To enhance the experience from just voices it was agreed that the student would also gain insight into visual symptoms of psychosis and why the use of VR was necessary. The flickering of lights, blurring of sharp lines in the room and the altered perception of space was threaded throughout the experience to replicate some visual disturbances. Students were placed into pairs and carried out the VR package. To continue developing the learning from a nursing perspective the students were asked to provide feedback on the experience in accordance with the NMC reflective learning tool. The teaching team used this form to evaluate if and what learning has taken place from the VR scenario. As hoped students noted that they had a greater empathy for the patients experiencing these symptoms and hoped that it would help their practice by taking their time and showing more care towards the patients' distress - "It will allow me to empathise with those experiencing psychosis". In addition, and as thought possible, the use of seclusion was also mentioned in the reflective accounts of some students - "the experience has made me consider how a patient may feel when approached by members of staff whilst in seclusion"

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Strand 1E: Success

1Ei, 10:55 - 12:45, 5 December 2023
Wolverhampton Structured Training and Accessible Resources to Succeed (STARS) Programme
Ruth Poxon, Alison Hay and Clair Connop, University of Wolverhampton

Promotional abstract: Wolverhampton Structured Training and Accessible Resources to Succeed (STARS) Programme was developed to support student nurses to thrive whilst learning in clinical practice. Practice experiences involve challenges, including settling in, clinical encounters alongside personal and financial costs. Transitioning into clinical practice can negatively affect student nurse's well-being and puts them at risk of leaving the course therefore initiatives to support their progression including pre-selection taster sessions, development of resources and workshops promoting protective factors, pastoral training, practice check-in days and instigation of a buddying system have been implemented. Ongoing evaluation will monitor success to enable modifications for improvement.

Summary: Wolverhampton Stars: Structured Training and Accessible Resources to Succeed (STARS) Programme has been developed to support student nurses to survive and thrive whilst learning in clinical practice. It is acknowledged that experience in clinical practice involves significant challenges for student nurses, including settling into new settings, coping with clinical encounters, and developing a sense of belonging alongside personal and financial costs. There are inherent risks that the transition into clinical practice can negatively affect student nurses' well-being and mental health, including their ability to access support putting them at risk of leaving the course. The RePair study (Health Education England (HEE) 2018) highlighted the need for Health Education Institutions to develop support mechanisms in partnership with practice partners and students. In response to this and following the achievement of an HEE bid to reduce student nurse attrition, a model for promoting protective factors has been implemented as part of The Wolverhampton STARS Programme.

This was reinforced by recommendations from Doctoral Research which explored student nurses' perspectives of learning in clinical practice through the narrative of storytelling (Poxon 2023). This research identified that student nurses continued to use strategies to survive and thrive whilst learning on practical placements. Student nurses described using the strategies of rebuilding relationships with clinical staff, reframing, and reflecting on experiences to make sense of them, redirecting their support to more willing clinical staff, or retreating and focusing on surviving and getting to the end of the placement relinquishing any learning opportunities as identified by O'Mara et al (2014). These strategies continue to be described by current student nurses with further identification of contemporary strategies which involved them describing how they resisted perceived unfair assessment and repaired patient care by replacing or compensating for missed or inadequate care. These strategies were applied in relation to the specific challenge experienced and based on the student nurses' individual level of confidence and ability. However, it was recognised that some of these strategies were not always effective or consistent in supporting their learning. Therefore, it was recognised that a structured approach to supporting student nurses' ability to cope and thrive whilst on practical placements was required leading to the development of recommendations for implementation. In response, a project team has developed initiatives to support student nurses' preparation and progression within clinical practice. This includes pre-selection taster sessions, resources, and workshops promoting the development of protective factors, pastoral training sessions, student nurse check-in days during clinical

placements, and the instigation of a buddying system between junior and senior student nurses. These will be evaluated ongoing to monitor success and enable modifications for improvement to be made.

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Keywords: Student Nurses. Support Programme. Clinical Practice. Learning Success.

Improving opportunity and success for mature students
Dr Samuel Pollard, University of Exeter

Promotional abstract: With a real term fall in mature student numbers of ~22% since 2010-11 and a sector recognised attainment gap between younger and mature students; mature students are an important demographic for widening access and success within the UK HE sector. They also traditionally form a significant proportion of students within programmes allied to health within the UK HE sector. It is therefore pertinent to understand the potential barriers to access and success that mature students face. This session aims to provide delegates with a variety of evidenced-based recommendations to improve access and promote success through bespoke and targeted support and initiatives.

Summary: Introduction: With a real term fall in mature student numbers of ~22% since 2010-11 (Hubble et al 2020) and a sector recognised attainment gap between younger and mature students (OfS Insight 9, 2021); mature students are an important demographic for widening access and success within UK HE sector. The University of Exeter (UoE) sort to understand the key barriers to access and success for mature students and created and imbedded a mature student working group within its Success for All strategy. The primary aim was to build an evidenced based action plan that targeted KPI's, such as access, non-continuation, and attainment.

Methods: The mature student working group conducted an extensive literature review, analysed internal and HESA data, and surveyed 282 UoE mature students to provide an evidenced base in which to make a variety of recommendations.

Discussion: The main findings of the work identified the below as key areas that HEI's and departments should focus on to make the largest impacts on access and success for mature students:

- Increase the offer for flexible study options such as blended, online and part-time programmes.
- Remove admissions barriers through the alteration of admission policies and explore alternative routes into HE, such as foundation programmes.
- Offer bespoke bridging support pre-enrolment - flexible, free to access, short courses on key academic and subject specific content.
- Enhance bespoke pre/post enrolment support in the form of specific and targeted advice, guidance and information and offer tailored staff support through the creation of mature student champions.
- Review current timetabling norms – to remove genuine and real barriers to participation and promote a more inclusive timetabling system.
- Increase financial support and information for prospective and current students.

Conclusion: With the introduction of the lifelong loan entitlement by the current government due to come into force in 2025, it is pertinent that UK HEI's strategically adapt to ensure they provide an inclusive and supportive environment to promote the success of mature students coming into the HE market.

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Student experience, engagement and achievement
Dr Arkers Kwan Ching Wong, The Hong Kong Polytechnic University

Promotional abstract: Although widely adopted during the pandemic as an alternative approach to intercultural learning to promote the cultural competence and professional growth of nursing students, overseas students have paid less attention to Internationalization-at-home (IaH) programs than to overseas exchange programs. The aim of this study was to use the Expectancy-Value Theory to examine the roles of expectancies for success and subjective task value in predicting the intention of undergraduate nursing students to participate in an IaH program, so as to provide a foundation for future studies on developing interventions that can promote participation of students in these meaningful programs.

Summary: Background: Internationalization-at-home (IaH) programs are a unique opportunity for those who had been planning to study abroad to learn global clinical practices and cultures at home. IaH is particularly useful for nursing students since it fosters intercultural readiness, which is crucial to providing culturally congruent and quality care to patients from diverse cultures.1 However, unlike overseas exchange programs, IaH lacks the essence of face-to-face interactions and sight-seeing, which are more highly valued by some students. Because overseas programs were discouraged during the pandemic, and nursing students did not express much intention to join IaH, they had limited chances to become exposed to people from diverse nations and cultures. This might ultimately hinder their development into interculturally competent healthcare professionals. It is thus crucial to identify the factors hindering and/or facilitating nursing students from participating in IaH. This study aims to investigate the factors that are influencing the motivation of students to join such programs.

Objective: To investigate the relationship among expectancies for success, subjective task value, and the intention to participate in an internationalization-at-home program, and to identify key factors predicting such an intention among undergraduate nursing students. Methods: A descriptive correlational design with a predictive approach was adopted. A total of 522 undergraduate and postgraduate nursing students were selected in a Hong Kong university. Intention to participate in the program was assessed using the Comprehensive Relative Autonomy Index. Expectancies for success and subjective task value were assessed as potential predictors. A multiple linear regression analysis was adopted to examine the predictive effects.

Results: The participants were aged 17-31 years (mean=20.95, SD=2.39). Those who reported having previously participated in the program (β=0.10, p-value=.014), greater intercultural communication competence (β=0.14, p-value=.003), greater perceived social competence (β=0.11, p-value=.031), and a higher subjective value of the program (β=0.28, p-value<.001) expressed a greater intention to join the program. Collectively, the three variables accounted for 14.7% of the variances in intention to participate in the program. Lessons conference delegates will learn: The findings of this study supported the expectancy-value theory that cultural self-efficacy, intercultural communication competence, perceived social competence, individual interest, foreign language learning motivation, and subjective value of IaH are predictors of the intention of undergraduate nursing students to participate in an IaH program. It provides a foundation for healthcare professionals and educators on developing interventional programs that address these factors and promote participation in IaH. This would subsequently improve the students' intercultural competence

and, over time, help them to provide culturally congruent and quality care to patients from diverse cultures.

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Attracting widening participation students onto healthcare professional courses and ensuring successful student outcomes

Dr Sharon Arkell and Natalia Hill, University of Wolverhampton

Promotional abstract: This presentation will focus on how the University of Wolverhampton is removing barriers to access and ensuring inclusive student success for all who strive to be healthcare professionals. The presentation shows the implementation of educational innovations and student support to improve student outcomes on the integrated level 3 foundation year courses for nursing, midwifery and allied health. An inclusive curriculum framework has been embedded along with the introduction of a one-day pre-entry course for all applicants. Initial data suggests that student outcomes in continuation, student satisfaction and retention have improved, with evaluation ongoing.

Summary: The Institute of Health at the University of Wolverhampton introduced integrated level 3 foundation years to the nursing, midwifery and allied health profession courses in 2019. This was part of a series of measures to widen participation in line with actions associated with the university Access and Participation Action Plan 2021-22 to 2024-25 (University of Wolverhampton, 2020) and to support expansion of the NHS workforce in the future (NHS, 2019).

Health professions foundation year (HPFY) students at the university are diverse: most are mature students (aged over 25), 50% are global majority and two thirds are from some of the most deprived areas in the region (IMD 1 and 2). Many are also first in family to go to university, have complex personal lives and are commuter students.

In 2021 the HPFY course team recognised that continuation rates were unsatisfactory and significantly below the teaching excellence benchmark, with only one in two students proceeding into level 4 study. Attrition was higher than expected and there were attainment gaps in some modules. Whilst it was acknowledged that the pandemic had affected engagement and student outcomes, the course team felt that this was not the only factor and that we were not meeting the Office for Students (OfS) aim of ensuring that students from all backgrounds are supported to access, succeed in, and progress from higher education (OfS, 2023).

The HPFY team carried out an extensive review of the foundation year student journey, highlighting three main reasons for reduced student outcomes: lack of understanding of the requirements of the course; lack of self-belief and sense of belonging; lack of understanding of higher education processes.

An action plan was developed, and several interventions identified:

- The course was redesigned to reflect the university inclusivity curriculum framework (University of Wolverhampton, 2020) and learning and teaching pedagogy was reviewed to ensure that inclusive approaches embedding academic skills development were implemented.
- A one-day pre-entry course was introduced for all applicants to attend prior to course offer to ensure students fully understood the requirements of the course.
- Enrolment days were introduced prior to the start of the course and an extended induction programme was developed to support a sense of identity and belonging from the outset, as acculturation and the development of an academic identity is important to the retention of mature students. (Wong and Chiu 2019)   Due to the

nature of the actions, they were implemented in stages, starting with smaller changes to impact the September 2021 and April 2022 intakes, with more significant changes to the course design from September 2022. Entry requirement changes were implemented for those joining the course in April 2023 onwards.

Continuation rates from level 3 to level 4 improved by 30% between academic years 20-21 and 21-22. The most recent cohort (April 2022) has seen further increases resulting in an 81.5% continuation rate with fewer resit attempts needed. Student satisfaction has improved significantly. Retention rates will be reviewed over the next 12 months to assess the full impact, but attendance has improved over the period suggesting that students are more engaged.

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Strand 1F: Simulated placements

1Fi, 10:55 - 12:45, 5 December 2023
Bringing women's voices into the classroom: The design, implementation and evaluation of a virtual Midwifery caseload in a new MSc Midwifery programme
Teresa Shalofsky and Claire Nutt, University of Birmingham

Promotional abstract: A new MSc Midwifery programme at the University of Birmingham employs a virtual midwifery caseload (VMC) to enhance student engagement and prepare for post-registration practice. Students engage with the VMC via asynchronous, digitally mediated simulation, plus a follow up tutorial. Students access clinical and situational information, completing assessment, planning, implementation, and evaluation tasks. The VMC brings women's voices directly into the classroom focussing on their lives, preferences and needs, facilitating continuity and holistic care across maternity settings. A small research project is evaluating student experience, this presentation will report the findings and plans for further development of the VMC.

Summary: The new MSc Midwifery programme at the University of Birmingham employs a virtual midwifery caseload (VMC) to enhance student engagement and their preparation for post-registration practice. Students engage with the VMC via an asynchronous, digitally mediated simulation, hosted on ADINSTRUMENTS LT platform, plus a follow up tutorial, each week during academic blocks. Students access clinical and situational information, via multimedia files, to enable the completion of assessment, planning, implementation, and evaluation tasks.

The VMC mimics the midwifery continuity of care model that the NHS aspires to implement. It employs authentic case studies, supplied by consenting women recruited to the project, which unfold in a time-linear way as students' progress through the academic term. Information is presented in stages so that students experience a dynamic situation (Camancho Carr, 2015, Arbour, Nypaver and Wika, 2015). The VMC brings woman, families, and communities into the classroom (Day 2011) and focusses on their lives, preferences and needs, rather than clinical and organisational routines and rituals, to develop the principles of continuity and holistic care across maternity settings (Laver and Croxon, 2015). The VMC provides frequent opportunities to develop the knowledge, skills, and values through which to provide individualised, inclusive, and holistic care to diverse populations (Lowery et al, 2014), in a safe, experiential learning environment that can be flexibly accessed, and which contributes to preparation for learning in practice settings since it increases confidence and competence (Philips et al, 2013). A reflective video commentary is provided by the woman to support learners to reflect on the most and least important factors, from the woman's perspective, to apply retrospectively to their clinical decision making. The complexity of cases increases as students move through the programme and successful navigation requires ongoing development of cognitive and clinical decision-making skills (Camancho Carr, 2015).

Arbour, Nypaver and Wika, (2015) report that learners enjoy engaging in activities that reflect practice and this echoes initial feedback we have received from students. Examples of learning activities have included writing holistic antenatal care-plans, responding to clinical deterioration, considering perinatal mental health, care progress in labour, neonatal assessment and demonstrating how breastfeeding support can be adapted within complex care. This aligns to the Nursing and Midwifery Council (NMC) Standards of Midwifery Education on which the programme curriculum is designed (2019).

Recognizing a gap in student perspectives of learning via a VMC within wider literature, as part of an in-depth module evaluation ethical approval has been achieved for a small research study. This project will include a specific exploration of students' experiences of learning through the VMC platform, evaluating the effectiveness of the VMC as a teaching tool (Ellaway et al, 2015, Philips et al, 2013). Students have been invited to appraise how the digital platform, clinical cases and learning activities are perceived. Initial responses regard the VMC as an important bridge between theory and practice, promoting personalised-care approaches and considering multi-professional working that represents clinical practice. The final report will be available by the end of August with findings available to for this presentation.

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Keywords: Virtual clinic. Midwifery. Women's voices. Student experience.

Co-creation of simulated practice learning packages: Learning from the student voice
Dr Carolyn McCrorie, University of Huddersfield

Promotional abstract: In response to growing challenges to secure clinical placements for pre-registration nursing students, the University of Huddersfield has broken new ground with a unique sequence of online simulated practice learning packages (SPL).

Students value the opportunity to practice skills in a safe environment, learn about different patient experiences and deepen knowledge on common conditions, develop team-working skills, gain digital confidence and personal and professional non-technical skills.

This presentation will focus on successes and challenges in delivering SPL and how we use Student voice, informed by published literature to guide iterations to placement content, delivery and competency assessment.

Summary: Introduction   In response to growing challenges to secure clinical placements for pre-registration nursing students, the University of Huddersfield has broken new ground with a unique sequence of online simulated practice learning packages (SPL). The SPL was developed via a working group and coordinated via the core inter-professional team. The successful development and delivery of the SPL, including NMC approval, was due to collaborations with a wide variety of relevant people: clinical staff and practice educators, software developers, technology-enhanced learning leads, academics, Nursing students, students from different disciplines (Media and Drama), service users and carers, health care equipment manufacturers and local council colleagues.

Positioning within current literature or recent trends
Learning in 'real' clinical environments is essential and important for student nurses but there is evidence that healthcare students can learn effectively via SPL. (Watson et al., 2012, Bland et al., 2014, Mills et al., 2016, Akselbo et al., 2019, Bogogssian et al, 2019, Williams et al., 2022).

SPL builds on sound pedagogical principles of experiential learning (Kolb, 1984, Fry et al., 2015), enabling students to contextualise their learning and focus on clinical situations in a safe environment, practising skills; analysing the rationale for, and consequences of, nursing actions individually and with their peers. The virtual nature of the activities allows for wide availability, time flexibility, single or multiple-use interaction and self-pacing, all of which are important considerations in design (Hunn, 2018, Havola et al., 2021, Tinoco et al., 2021).
As an educational method, SPL improves nursing students' knowledge, communication and critical thinking skills as well as technical skills (Dubovi, Levy and Dagan, 2018, Linn, Caregnato and de Souza, 2019). The placements have been active for over 2-years and are iterated following student feedback and evaluations, both at the end of the placement and impact of learning and applicability to clinical practice during their subsequent clinical placement. The evaluations draw on the Kirkpatrick Evaluation Model (2006) as well as Bowyer and Chamber's (2017) framework for evaluating blended learning.

Key findings from innovation
Students value the opportunity to practice skills in a safe environment, learn about different patient experiences and deepen knowledge on common conditions, develop team-working skills, gain digital confidence and personal and professional non-technical skills.

Our work has been reported at conferences and we have a manuscript under review with the British Journal of Nursing. This presentation will focus on how we use Student voice, informed by published literature (Chan et al., (2019), Day and Beard, (2019), Mackay et al., (2021)) to guide iterations to placement content, delivery and competency assessment. What lessons delegates will learn from the session

Successes and challenges in delivering simulated practice learning.
Innovations in learning and responding to student voice.
Why this topic is relevant to the healthcare sector
Placement content and iterations for improvement are transferable to other institutions and have the potential to support curriculum and continuing professional development and education across disciplines and the international community. The Huddersfield model is an approach to embedding simulated practice learning that can be tested at other universities.

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Case study evaluation of a simulated placement for Mental Health and Child student nurses

Dr Sian Shaw and Dr Mary Edmonds, Anglia Ruskin University

Promotional abstract: This session is a bounded case stud research evaluation of a simulated placement for 22 mental health and 26 child student nurses at Anglia Ruskin University and funded by Health Education England (HEE), now NHS England and the Future Nurse and Future Midwife Strategic Advisory Board and the Council of Deans of Health. The presentation will provide an outline of how the placement was constructed, supported and assessed. The research methods will be described, and findings outlined.

Summary: Background: This case study research project was phase three of a four phase research project funded by Health Education England (HEE), now NHS England and the Future Nurse and Future Midwife Strategic Advisory Board and the Council of Deans of Health. The purpose of the project was to investigate how simulated learning can transform practice learning by comparing existing learning approaches with emerging simulated and technology enhanced learning approaches. The case study investigates the ability of simulation to meet the Nursing and Midwifery Council (2018) Future Nurse: Standards of Proficiency for Registered Nurses. The full project report including all four phases was published by the NHS England and the Council of Deans in June 2023.

Phase one of the research was a systematic review of primary studies in nurses where simulation teaching to develop competence is compared to practice-based learning (person-based teaching). This systematic review positions the case study within the current literature. Methods: A bounded case study approach was utilised for an in-depth investigation into the experience of 22 mental health pre-registration nursing students and 26 child branch student nurses from Anglia Ruskin University who engaged in a two-week simulated learning experience in trimester two in the second year of their course (2023). The nursing students engaged in a range of scenarios supported and assessed by academics acting in the roles practice supervisors and assessors to achieve skills in annex A and procedures in annex B of the Future Nurse Standards (NMC 2018). The simulated placement experiences were branch specific and individualised for the mental health and child student nurses.

The nursing students were surveyed and asked to evaluate the simulated learning experience undertaken. Feedback focused on simulated placement experience, student supervision, student assessment, development of skills, support, engagement and satisfaction, transferability to other settings and effective delivery. The themes / questions were agreed by the expert reference group of the Council of Deans of School of Health. The survey data was analysed using Microsoft Excel for Windows (2021).

A focus group was also conducted with six academic staff who acted as practice supervisors and assessors facilitating the simulated learning. A reflexive thematic analysis approach was taken to data analysis of the focus group (Braun and Clarke 2022). Results: Most students agreed or strongly agreed that they were engaged during the placement. They had increased in confidence and were able to identify a range of transferable skills they had developed during the simulated placement which would be beneficial for their future roles.

Challenges including the intensity of the simulation experience, being on-line for long periods of time and the impact of this – including eye strain. Another challenge was students/peers who did not engage, particularly within break out room activities.

Consideration of self-care and personal well-being during the simulated placement was a common theme raised by students. It was also clear that high quality facilitation of the simulated placement by the nurse academic team was an essential component to the success of the simulated placement.

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1Fiv, 10:55 - 12:45, 5 December 2023
Does a simulated placement enhance student learning experience in pre-registration Adult Nursing students?
Helen Walker, Matt Smith, Annaliese Higson, Kirsty Clouston and Sue Coupland, University of Bolton

Promotional abstract: Higher Education Institutions are providing students with a novel opportunity to learn and practice nursing skills in a safe environment, using innovative and immersive teaching methods. A three-week on-campus simulated placement was implemented for adult nursing students. A mixed-methods research design was used to collect quantitative and qualitative data on student learning experience. Students concluded that the placement provided a realistic knowledge of nursing; promoted teamwork and interpersonal skills; enhanced their learning and prepared them to work in trust. On-campus simulated placements provide a solution to the on-going capacity crisis in the NHS, whilst still ensuring students meet NMC proficiencies.

Summary: Background: The Nursing and Midwifery Council (2018) published their updated standards for the education and assessment of pre-registration nursing students. A key requirement being that students are ready for the role at the point of registration. Higher Education Institutions and NHS Trusts were tasked with providing students with the opportunities to learn and practice nursing skills in a safe environment, using innovative and challenging teaching methods. Many NHS Trusts are facing challenges around the provision of quality clinical placements and due to this on-going capacity issue, Health Education England (2018) provided guidance to support the development of simulation-based learning across higher education institutions. This was further developed by Health Education England (2020) to incorporate immersive environments. In response to the Covid-19 pandemic, the Nursing and Midwifery Council (2020) published their emergency standards. This provided institutions with guidance around the use of simulation to support students to develop knowledge, skills and proficiency in a non-patient facing environment. In response to all of the above, the University of Bolton has developed, delivered and evaluated a three-week on-campus simulated placement; since February 2022.

Methodology: A mixed-methods research design was used to collect data on student learning experience during a three-week simulated placement. Participants eligible to participate in this study were first year students enrolled on the Adult Nursing pre-registration programme, completing their third placement. Participants completed a range of questionnaires and interviews that were conducted on-campus, in person, to ensure accurate and precise data collection could be obtained. The survey consisted of a series of standardised questions, rated on a 5-point Likert-type scale ranging from strongly agree to strongly disagree. An extra option was included for students to explore each of their answers further. Ethical approval was granted by University of Bolton Research Ethics Committee for research data collection. Seventy-nine participants completed written informed consent, of these fifty-six completed at least one of the three individual session questionnaires, of these fifty-three participants completed the post simulated placement evaluation, and of these five participants completed a face-to-face interview.

Findings: The study generated qualitative and quantitative data. 85% of students strongly agreed or agreed that the holistic care placement enhanced their learning; 83% strongly agreed or agreed that it provided a realistic knowledge of nursing; 79% strongly agreed or agreed that it promoted teamwork and interpersonal skills and developed problem solving skills related to nursing; 66% strongly agreed or agreed that it prepared them for working in

Trust. The main themes generated from the thematic analyses were, increased confidence, knowledge, decision-making and communication.

Conclusion The simulated placement has developed into an integral part of the pre-registration nursing course. It has provided learners with an opportunity to consolidate existing knowledge whilst also experience new skills within a safe and immersive environment. The use of both virtual and physical simulation, provides a hybrid learning approach which supports a range of learning techniques such as peer learning and simulation, whilst combating the challenging task of balancing learning experiences, physical capacity, and innovation.

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Strand LT1: Lightning Talks

LT1i, 10:55 - 12:45, 5 December 2023
What technologies are used to support healthcare students practice-based learning at the patient interface? Findings from a scoping review

Christopher Gillies and Mark Murphy, Liverpool John Moores University and Professor Debbie Roberts, Bradford University

Promotional abstract: This lightning talk presents the findings from a scoping review examining the evidence relating to technology-enhanced learning (TEL) approaches used to support learning (rather than used to support patient care) at the patient interface. Themes identified were timely information delivery, networked learning to support supervision and peer networking, assessment and person-centred learning. There were surprisingly few examples of TEL in use at the patient interface to support healthcare student learning. This presentation provides a unique contribution to TEL and healthcare literature mapping an underexplored area and is likely to be of global interest.

Summary: Technology enhanced learning (TEL) is a broad area of interest focused on improving learning through technology that can facilitate a wide range of learning objectives incorporating many theoretical frameworks. Globally, TEL is increasingly used to support learning and teaching across a range of educational contexts, and healthcare education is no exception. Intriguingly, due to the global COVID-19 pandemic a significant uptake and transition to online education in healthcare Faculties has occurred (Wayne et al., 2020) alongside reports that TEL innovations are accelerating (Hill et al., 2020). With the recent disruption caused by COVID-19, it was thought an investigation into contemporary practice-based TEL interventions could be insightful.

A scoping review was undertaken to explore the range of TEL approaches used to support learning (rather than used to support patient care) at the patient interface, whether during undergraduate placements or work-situated postgraduate and continual professional development courses. Scoping reviews originated in the social sciences to help explore complex phenomena that can draw on heterogeneous data and varied methodological and epistemological traditions (Thomas, 2020). The intention of a scoping review is to provide a comprehensive mapping of phenomena in context.

This scoping review is unique as it captures the literature published in the two years prior, during and six months post pandemic. We anticipated that this context would be significant and assumed there would be an increase in the evidence relating to TEL approaches at the patient interface during this timeframe.

Findings suggest that whilst there was an interesting pivot to simulations, immersive and detailed digital cases and scenarios, blended learning and distance learning; innovations in the application of TEL to support workplace situated, practice-based learning at the patient interface over the same period were more limited.

In retrospect, whilst the pandemic seemed to "re-imagine, re-invigorate and innovate tutor delivery" (Takizawa et al 2021) of theoretical, simulation and classroom education, it is harder to distinguish similar development in the facilitation and support of practice-based learning.

However, from the evidence retrieved, four categories of TEL use in contemporary work situated contexts were identified encompassing overlapping aims, benefits and drawbacks of these approaches. Intervention categories were: timely information delivery, closely followed by interventions employing networked learning to support supervision and peer networking. Interventions focused on student assessment and person-centred learning were also identified. The lightning talk will elaborate on these themes, highlighting potential implications for supporting practice-based learning at the patient interface in the emerging post-pandemic context.

This presentation provides a unique contribution to the TEL and healthcare literature mapping an underexplored area, the cross section between TEL and healthcare practice contexts, during a period of practice upheaval. This is likely to be an area of interest globally and across a range of healthcare contexts.

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Keywords: Technology-enhanced learning. Digital education. Practice-based learning. Healthcare. Scoping review.

LT1ii, 10:55 - 12:45, 5 December 2023
Circle time: No pointless discussions
Dr Sarah Arunachalam and Dr Charlotte Mitchell, Mid and South Essex NHS Trust

Promotional abstract: 'Circle Time' was a bi-monthly structured discussion group created to foster reflective practice in a safe space with the support of colleagues. The main themes discussed included transitioning into new roles, personal struggles with work, challenging difficult behaviours, working with stereotypes, and many more. This session is a reflection of the experience of developing this group during the COVID-19 pandemic as junior doctors and emphasising the importance of reflective practice from the early stages of medical training.

Summary: In 2020, the year of the COVID-19 pandemic, as a group of Foundation Year 1 (FY1) doctors started at a UK hospital, a new initiative started. Working in a new location, during a lockdown with no opportunities to develop social support, 2 of the new FY1 doctors felt very isolated. They recognized that they were not unique in this position. Additionally, they had no previous healthcare experience and were often placed in clinical situations that they would not normally encounter at their level of seniority due to the complexities of working during the pandemic.

This adversity demanded a structured form of support which brought about the creation of 'Circle Time'. This was a bi-monthly structured discussion group allowing for reflective practice in a safe space with the support of colleagues. This group was inspired by the Balint groups, more commonly used in Psychiatry.

The main themes discussed included transitioning into new roles, personal struggles with work, challenging difficult behaviours, working with stereotypes, and many more. The design was optimised after each session following group feedback. This included feedback on timing, location, and allowing for more or less structured sessions. This continued modification allowed us to cater to our participants week-by-week.

Ultimately as time progressed, external support systems were more prevalent for individuals and the situation within the hospital improved.

The evidence gathered from these sessions reinforces the need for more reflective practice to be incorporated within training pathways, as established in the UK Psychiatry program. We have yet to see other specialties truly acknowledge the emotional trauma of many of the consultations and interactions, particularly whilst the UK healthcare system remains so stretched. If we could allow our colleagues the time to reflect and engage emotionally with each other, we would hope for a happier, healthier, and more resilient workforce. Furthermore, this has the potential to extend into groups aimed at medical students, which will facilitate learning opportunities as well as implement reflective practice earlier in their careers.

Keywords: Reflection. COVID-19. Junior doctors. Support.

LT1iii, 10:55 - 12:45, 5 December 2023
The creation and development of an innovative Greater Manchester Practice Education Centre of Excellence (GM PECE)
Julie Fletcher, University of Bolton, Deborah O'Connor, Manchester Metropolitan University and Carol Le Blanc, Manchester NHS Foundation Trust

Promotional abstract: The Greater Manchester Practice Education Centre of Excellence (GM PECE) was established following identification of the importance of valuing and developing practice-based education across health and care sectors in GM. The centre aims to horizon scan, innovate, with oversight and governance of best practice recommendations for ongoing GM practice education and projects. This session will provide information on the background and creation of GM PECE and future workplan which includes supporting the ongoing expansion of learning environment capacity, improving inter-professional relationships and collaborative partnerships across Health and Care working to meet the demands of preparing the future non-medical workforce.

Summary: As the landscape of healthcare delivery continues to shift and change, so does the need to provide a high-quality workforce for the future. There is significant responsibility placed on health and social care practice educators. Not only are they tasked with ensuring learners are supported in practice, and provide a positive learning experience, they also play a pivotal role in ensuring a highly competent workforce of the future. This requires a shift in culture to ensure educators in practice are supported and developed to meet the challenges of educating the future health and care workforce (Department of Health, 2000; Health Education England, 2017; Williams et al, 2022, Heath Education England, 2023).

In 2015, the Greater Manchester (GM) health and social care partnership (HandSCP) was developed, and since, provider organisations and HEIs have been working together to ensure consistent, and high-quality provision of education and training across the region. Health Education England's (HEE) quality strategy (2019) outlined a need for improvements in healthcare education and training, driving a correlation between enabling effective learning environments, ensuring sufficient capacity and future workforce supply with the right knowledge, skills, values and behaviours to deliver the highest quality patient care (GM HandCLES, 2021; Williams et al, 2022). In 2020, HEE awarded GM with funding for utilisation across all non-medical professions with the agreement to plan and deliver systems in support of Enabling Effective Learning Environments (EELE) and develop a strategy to take this forward. The creation and launch of the GM Health and Care Learning Environments Strategy (HandCLES) in April 2021 clearly outlines the importance of developing and supporting learners in practice and recognising and valuing our educators in practice.

A key objective of this strategy was the requirement to create a centralised GM Practice Education Centre of Excellence (PECE). This necessity was further identified through extensive scoping across all providers in all sectors who had their own methods of developing, delivering and quality assuring education and educators, leading to a disparity across GM. As a result, GM PECE has been developed to provide governance, accountability and sustainability for innovation in pre-registration healthcare practice education across the system.

This session will briefly outline the developments to date in the creation of this virtual Practice Education Centre of Excellence. GM PECE will create a culture that supports educators in practice as valued contributors to the learning experience and future workforce supply, whilst creating a space for inspired innovation in practice-based learning. True

partnership working is at the heart of this development with key stakeholders including health and care practice providers, HEIs and learners, fostering an integrated approach. Cross system working enables central governance facilitating future sustainability of GM PECE.

This session will facilitate rapid dissemination and awareness of this innovative project, outlining future developments and the structured workplan of GM PECE. Attendees at this session will reflect on how they can apply the principles underpinning this development in supporting educators in practice to ensure a high quality and competent health and care workforce of the future.

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Keywords: Innovation in Practice Education. Workforce development. Pre-registration health and care learners. Partnership & Integration.

Exploring perceptions of inclusion and support for students on the Orthoptics BSc
Ashli Warburton, University of Liverpool

Promotional abstract: The Orthoptics BSc (Hons) at The University of Liverpool recruits a significant number of students from widening participation groups. Once on the programme, anecdotal evidence has noted that academic performance and engagement tends to be lower within these groups. Reasons for the low attrition and poorer academic performance of our students is unknown. The aim of this project is to explore perceptions of inclusion and support for students from diverse groups in the orthoptics programme, to better understand how we can support our students and enhance retention on the orthoptics programme.

Summary: Background: Orthoptics recruits a significant number of students from BAME and/or widening participation groups, compared to other programmes in the School of Health Sciences. Over recent years, there has been a notable decrease in applications to Orthoptics, and an increase in attrition. Moreover, we have observed a loss of approximately 10% of our student cohort each year in first semester after enrolling in orthoptics, along with reduced academic performance and student engagement, highlight current support strategies do not appear to be working. Although the pandemic may play a role in explaining some of these findings, factors such as socioeconomic deprivation, sexual orientation, financial pressures, disability and minority ethnicity have been shown to impact academic performance, mental wellbeing, and may even result in withdrawal from studies permanently (1-3). Therefore, it is imperative that we identify possible barriers to academic success with students enrolled on the programme. The aim of this project is to explore perceptions of inclusion and support for students from diverse groups in the orthoptics programme, to better understand how we can support our students and enhance retention on the orthoptics programme.

Methods: Qualitative methods, with application of social theory, was used to conduct this work, offering semi-structured focus groups to students across the 3 undergraduate years. Participants were also asked to complete a short, pre-designed online survey, capturing anonymous information gauging academic performance, engagement and background information. This work addresses the principles of EDIW by specifically recruiting participants from a range of minority backgrounds, identifying challenges and opportunities to support inclusion. This qualitative work provides underrepresented students with a voice in ways in which positivist research cannot.

Results: An online survey has been released to current students capturing anonymous information gauging academic performance, engagement and background information including socioeconomic status, sexual orientation and gender, 53 students have completed the survey. The majority of respondents are female and 83% are between 18-24 years. Data was also collected on sexual orientation and ethnicity. Further preliminary data has highlighted most students entered higher education via a traditional route such as A levels or Btecs. Students chose whether or not they wished to disclose a physical or mental health condition and whether they had any caring responsibilities at home. Students were also asked about their application route and whether they were part of a widening participation programme or a scholar, to which all students responded with no. When asking about access to learning resources, all students reported to have access to a laptop or PC however one student did report that this was not their own and was shared with a sibling. Index of multiple deprivation data was also collected by asking students to share the first part of their home postcode. In summary, the data so far is highlighting identifiable widening

participation characteristics highlighting a diverse cohort, this will be interesting to evaluate further and explore during focus group analysis.

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Learning to learn: Supporting transition to Medical School

Dr Sarah Aynsley, Keele University Medical School

Promotional abstract: Starting at university can be daunting, many of our students seem to struggle with developing and applying basic learning tools, complicated further by the ongoing effect of Covid-19 posing two important questions; have our students learnt how to learn and how could we support them? We developed several interactive sessions spread at key points across year 1 to encourage students to reflect upon and develop their basic learning skills.

Summary: Starting at university can be daunting: a new social circle, living away from home and starting a busy course. Over recent years we have noticed that increasing numbers of our medical students struggle with developing and applying basic learning tools, now complicated further by disrupted educational experiences in the Covid-19 pandemic. Whilst we design our health curricula with the aim of supporting the development of critical thinking, problem solving skills and independent learning we have noticed that students seem to be increasingly struggling with developing these skills. They seem preoccupied with failure and are less confident in hypothesizing and applying learning often not understanding the 'why' of a concept. This posed two important questions - have our students learnt how to learn and how could we support them? To address this, we developed a series of short interactive sessions to be delivered at strategic points throughout the first year to encourage students to reflect upon and develop their basic learning skills. These consisted of a session in week 1 around basic learning principles - small groups of 5-6 students engaged in three activities: a communication game 'Oracle' which was developed in house to encourage active listening and narrative building, a modified Memletic learning style quiz to explore learning preferences and a note taking exercise. A practical session at the end of semester 1 which provided an opportunity to use techniques already taught and learn new skills in response to a challenge. Central to the design was creating a supportive safe space to fail, where students could puzzle through and apply knowledge Working in groups of 3/4, they were tasked with analysing patient samples. Woking in groups of 3/4 they were provided with a brief clinical history and the equipment needed to analyse the samples using techniques previously taught in the semester along with brand new skills. Students were given only basic instructions on how to use unfamiliar piece but otherwise left to puzzle through what they should be doing. The final session ran towards the middle of semester 2 and focused on time and stress management as well as exam techniques, encouraging students to reflect upon their progress to this point and audit the success of their approach to learning at this point.   The students engaged actively in the sessions and were animated in their discussions. They reflected on their own level of skills after completing the exercises and thought about how they would apply and develop these, identifying where they might benefit or struggle with the varied types of sessions on the course. The expressed increases in both confidence and competence. In this presentation we will briefly outline how we developed the sessions and show delegates how learning concepts can be taken and delivered in an engaging interactive way to encourage students to consider their own practice of learning.

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Keywords: Critical thinking. Problem solving. Confidence.

Roundtable Sessions

Creating reflective space in contemporary healthcare practice: A structured debate
Dr Ann Donohoe, University College Dublin Ireland

Promotional abstract: As we enter into a post Covid world, it is imperative that lessons learned during the pandemic are not lost. In particular we must actively consider how health care professionals can be supported as they move towards new and ever evolving healthcare challenges. A body of knowledge is emerging which demonstrates how reflective practice played a significant role in supporting practitioners during the pandemic period. This has led to calls for the development of 'reflective space' within routine healthcare practice. Consequently, considering how this can be achieved, is an important topic for critical debate and active consideration.

Summary: Background   As we enter into a post Covid world, it is imperative that lessons learned during the pandemic are not lost. In particular we must actively consider how health care professionals (HCPs) can be supported as they move towards new and ever evolving healthcare challenges. A body of knowledge is emerging which demonstrates how reflective practice played a significant role in supporting practitioners during the pandemic period (Donohoe, 2023). This has led to calls for the development of 'reflective space' within routine healthcare practice. Consequently, considering how this can be achieved, is an important topic for critical debate and active consideration.

Creating reflective space
Throughout the pandemic, reflective practice was frequently cited as an effective mechanism for supporting the general wellbeing of HCPs. For example, studies have described how reflective practice was utilised to support junior hospital doctors (Ayeni and Headon, 2021), senior medical staff (Doherty, Colleran, Durcan, Irvine, and Barrett, 2021), multidisciplinary teams (Baker, Savage, Pendleton, and Bate, 2021), and pharmacists (Fowlis, Barnett, Banks, and Jubraj, 2022). In the nursing and midwifery literature Wharton, Kotera, and Brennan (2021) describe the importance of promoting reflective practice in an intensive care unit, while the role of reflective practice in advancing nurse leadership practices post pandemic is examined by Grubaugh and Bernard (2022). Walpola and Lucas (2021) highlight how reflective practices can be used to manage meaningful change during a pandemic, while Bond, Stacey, Matheson, and Westwood (2022) promote reflective practice as a well-being intervention. Tukayo et al. (2022) explores the role of reflective practice in occupational health nursing during the pandemic and identifies the need for its continued development. The literature therefore clearly indicates that reflective practice plays an important role in supporting HCPs. However, this requires the purposeful development of a metaphorical reflective space within healthcare organisations.

Focusing the debate responsibly for advancing the reflective practice agenda tends to lie with practitioners/educators with the role of the organisation receiving limited attention. Frameworks to support the development of a more cohesive, organisation wide approach to reflection are limited. Consequently, the Reflective Organisational Learning Framework was developed as a tool which can be used to examine the role of reflective practice at every level within an organisation. The framework consists of a non-hierarchical micro, meso, macro structure incorporating single-loop, double-loop and triple-loop learning mechanisms. The process is centred around action orientated reflective dialogue, which is aimed towards

actively improving reflective practice processes, though organisational learning and stakeholder engagement, at and between all levels of an organisation (Donohoe, 2023).

Lessons learned
The purpose of this discussion is to develop a purposeful dialogue regarding the future design and development of reflective practice. The Reflective Organisational Learning Framework will be used to structure the debate. The aim of the session is to co-create a critical and cohesive response to the central question: How can reflective space be created in contemporary healthcare practice? Participants will also be actively encouraged to use the framework to strategically examine reflective practice(s) within their own organisational environments.

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RT1ii, 13:45 - 14:15, 5 December 2023
Critical approach for enabling success through learner support
Dr Victor Kpandemoi Abu, Dr Audley Graham and Mynesha Sankar, London South Bank University

Promotional abstract: We propose that learners can be supported to succeed through social justice, intersectionality, and critical pedagogy learning approaches. Social Justice embeds curricula on inclusivity and diversity based on anti-discriminatory, poverty, multicultural, and decolonial learning activities that aid empowerment, community engagement, and global partnership. Intersectionality incorporates learning environments, experiences, activities, assessment, and feedback centring on enabling students' voice, choice, and academic, cultural, and social growth. Critical pedagogy integrates systems and practices that are agile and responsive to transformative educational approaches that challenge inequities and inequalities, through critical thinking and emancipatory actions.

Summary: Professional nursing is rooted in social justice responsibilities and intersectionality. Student nurses should be aware of and supported to take actions for social justice issues that affect their own and other people's health. These issues are related to diversity, inclusiveness, multiculturalism, poverty, and colonialism. Awareness of and actions for social justice are not explicit in nursing documents in the United Kingdom (Abu, 2020; Abu and Moorley, 2023). Nursing profession has longstanding and enduring history of social justice, which can be traced to foundational and contemporary practices in the profession. This history relates to advocacy and other social actions by forerunners of the profession against poor conditions that cause ill health and death. Therefore, the Nursing and Midwifery Council (NMC) and schools of nursing should integrate social justice in the nursing curriculum. Critical pedagogy is one approach for integrating social justice learning in the nursing curriculum. Critical pedagogy is the "habits of thought, reading, writing, and speaking which go beneath surface meaning, first impressions, dominant myths, official pronouncements, traditional clichés, received wisdom, and mere opinions, to understand the deep meaning, root causes, social context, ideology, and personal consequences of any action, event, object, process, organisation, experience, text, subject matter, policy, mass media, or discourse" (Shor, 1997, p.129). Shor's (1997) definition encapsulates the radical philosophy of education and social revolutionary movements with the goal of emancipation from oppression. This can be achieved through an awakening of critical consciousness for social critiquing, political action, and self-actualisation. These ideals have been developed by critical pedagogues who argue for critical re-assessment of modern education with the view that learners need to form an awareness of various levels of inequity and think critically in the context of democratic societies (Giroux, 2011; 2016; Mclaren, 2016). In the learning environment, critical pedagogy can generate critical knowledge that enables learners to become active members of their community through reflection on political situations for enhancing equity across multiple social identity groups, and promoting social action (Bell, 1997; Cochran-Smith et al., 2010; Freire, 2005). Intersectionality can be integrated with critical pedagogy by acknowledging and examining how various intersecting social identities and power structures influence educational experiences and outcomes. It involves recognising the interconnectedness of systems of oppression, such as racism, sexism, classism, ableism, and more, and understanding how they intersect to shape individuals' experiences and opportunities within educational settings. By incorporating intersectionality into critical pedagogy, educators can promote a more inclusive and equitable learning environment. This can involve recognising and addressing the multiple dimensions of identity; acknowledging that individuals hold multiple social identities and that these identities intersect to shape their experiences and perspectives; consider how different social

categories, such as race, gender, socioeconomic status, and disability, intersect to produce unique experiences and challenges within the educational context.

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Keywords: Social justice. Intersectionality. Critical pedagogy. Nursing education. Nursing curriculum.

The development of the self-aware health professional
Melanie Packer, Birmingham City University

Promotional abstract: How do we prepare our future workforce for complex systems and structures in which they will work? Can professional identities be nurtured to promote the compassionate and person-centred care that is necessary to overcome the challenges that inhabit contemporary healthcare and society? Students and staff on the MSc Speech and Language Therapy course at Birmingham City University explore these questions in teaching that focuses upon self-awareness, reflection, reflexivity and cultural humility. In this co-produced presentation, students and lecturers share their experience of developing this skill set to cultivate professionals that are ready to embrace entry into the profession.

Summary: On entering pre-registration healthcare professional training courses, students seek the tools that enable a journey of learning, discovery and reflection, developing professional autonomy and accountability from the very beginning of their careers (RCSLT, 2021). Individuals need to learn about themselves, but also about their profession and the systems and structures within which they will work.

The Speech and Language Therapy profession is at a turning point in its own evolution, a moment in time where members are reflecting on the origins and the history of the profession, at the same time as striving to navigate the ever-changing landscapes of the health, education and social care systems. Within this context, uncertainty and vulnerability feature as implicit parameters that influence practice. Self-awareness can act as a counterbalance, promoting growth and innovation (Brown 2018; Harding 2019) and thereby supporting the development of professional identity.

Professional identity acts as a lens through which we can evaluate, learn from and make sense of practice (Trede et al, 2012). Cornett et al (2022) reviewed the literature on this topic and found that professional identity is nuanced, with reciprocal and intertwined factors which change depending on the individual and circumstances. Training courses need to provide students with safe spaces for exploration of emerging professional identity whilst also celebrating the uniqueness of each individual and what they bring to the table. Self-awareness, reflection and reflexivity are therefore key to development in the short and long-term. There is limited literature exploring professional identity in health professions generally and even less in speech and language therapy specifically (Cornett, 2022). This is despite a call to action within and beyond the profession for reflection on and critical evaluation of the work that speech and language therapists do and how we position ourselves. Cultural awareness, meeting the needs of diverse service user populations, anti-racism, diversity and inclusion have been identified as high priority research areas following responses to a recent survey where only 41% of students felt their courses and placements valued and celebrated their different cultures, religions and languages (Nkomo et al, 2022).

Through this presentation we will share how we support the development of professional identity within a pre-registration MSc Speech and Language Therapy course. We will discuss how self-awareness and professional identity formation has been threaded through our curriculum. Student and tutors focus on self-awareness and self-reflexivity (Totsuka, 2014), reflection (Clarke, 2017), cultural humility (Foronda et al, 2016), cultural competence (Campinha-Bacote, 2002; Purnell in Paulanka and Purnell (2003)) and vulnerability (Brown, 2015) through a series of practice-based learning experiences. We will explore how these concepts and skills relate to the history of the profession and the changing work of speech and language therapists (Stansfield, 2020) and how we create safe, inclusive spaces for

discussion and challenge. The presentation is co-produced by both student and staff representatives and captures the experiences of and reflections on curriculum design and delivery.

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What are the challenges and opportunities of increasing disability diversity in the nursing and midwifery professions?

Dr Sharon Arkell, University of Wolverhampton and Andrea Cameron, Abertay University

Promotional abstract: This roundtable discussion will stimulate debate regarding the opportunities and challenges experienced by higher education institutions following the welcome increase in the number of disabled student enrolments in nursing and midwifery pre-registration programmes. The implications for students, higher education providers and the practice learning environment will be explored, along with potential implications for student fitness to practise. The discussion will inform a project in progress, which is designed to explore these issues.

Summary: The widening participation agenda in higher education has resulted in a welcome increase in the diversity of the student enrolment. Recent Higher Education Statistic Agency data demonstrates a year-on-year increase of students with a declared disability (HESA, 2022) and moves to increase disability diversity are evidenced in higher education provider access and participation plans. The Office for Students' data dashboard indicates that 18% of full-time students have a disability with cognitive or learning disabilities prevailing followed by mental health conditions (OfS, 2023).

However, little is known about the specific proportion of healthcare students with a declared disability but given similar drives to widen access their enrolments may mirror this trend. It can be similarly challenging to find data on the proportion of registrants with a declared disability. This could be circa 12%; 41% report no disability, but for 47% this is either 'unknown' or 'prefer not to answer' (Dickens, Craven and Hallett, 2016).

The Nursing and Midwifery Council (NMC) guidance for health and character states that when applying for a nursing or midwifery programme of study, students must inform their education institution of any health conditions and/or disabilities that could affect their ability to practise safely and effectively (NMC, 2019). However, learning disabilities do not fit within either the health or character guidance although they can affect a student's ability to practise safely and effectively. Once qualified, it is often possible to accommodate someone with a disability within a specific field of healthcare practice. However, student nurses and midwives must evidence proficiency in all relevant NMC pre-registration standards, which limits adjustments that can reasonably be made.

As the NMC do not regulate students, each higher education institution (HEI) is expected to assess character and health of students according to their own policies and processes (including Fitness to Practise (FtP)), referencing equality legislation and NMC guidance on health and character for registrants (NMC, 2019).

Adjusting for the theoretical aspects of study can be more straightforward but less so for placement and HEIs are reporting increasingly complicated situations related to disability to navigate. While there has been work done on reasonable adjustment in placement for student nurses with dyslexia (Adams, Ion and Cameron, 2015; Adams et al, 2014) and toolkits have been produced for students and their supervisors/assessors to support those with a disability within clinical practice (RCN, 2023; DSA, 2023); anecdotal evidence suggests that placement areas are not fully prepared to accommodate the extent of adjustments or occupational assessments that may be required for students.

This roundtable discussion is designed to explore and stimulate debate about some of the key issues. The objectives of the roundtable will be to discuss:

- whether HEIs should have clearer guidance for managing fitness to practise related to disability
- whether students experience fairness and equity in the assessment of any disability in practice
- whether disabilities should be included in NMC health FtP guidance
- whether healthcare providers are adequately prepared to be able to support the assessment and support needs of students with disabilities in practice.

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Keywords: Disability. Fitness to practise. Practice learning.

Reflections on developing creative evidence-based practice curricula
Edwina Rushe, Heather Bullen and Chris Edge, University of Liverpool

Promotional abstract: The Occupational Therapy (OT) career development framework aligns to the four pillars of Practice (RCOT, 2021). Pillar four ensures that occupational therapist engage with contemporary health care agenda while working to evaluate and implement evidence to inform practice. Research informed practice is core to the OT professions knowledge generation, innovation, and progression.

This session will reflect on the how students build capacity within the spiral research curriculum. The layered approach aims to bring research to life by supporting students with different abilities to apply their unique perspectives and insights, building confidence in their research skills for their future careers.

Summary: The Occupational Therapy (OT) career development framework aligns to the four pillars of Practice (RCOT, 2021). Pillar four ensures that occupational therapist engage with contemporary health care agenda while working to evaluate and implement evidence to inform practice. Research informed practice is core to the OT professions knowledge generation, innovation, and progression.

University curriculum plays a pivotal role in preparing students to be research-informed occupational therapist for contemporary settings, increasingly beyond traditional settings. The research culture is built into pedagogy aligning to the ethos that research is everybody's business (Health Education England, 2022).   It is essential that research is skills and methodology is embedded within curricula so that students have the knowledge and confidence to initiate, design, participate in and disseminate research.

The BSc Occupational Therapy research curriculum at the university of Liverpool spans over 3 years. The vision for the vision of the curriculum is to cultivate students research passion curiosity and application by mentoring and guiding BSc researchers towards publication and dissemination. The spiral nature of the research curriculum encourages repetition, critical thinking and application during practice placements fostering self-efficacy.

This session will reflect on the how students build capacity within the spiral research curriculum. The layered approach aims to bring research to life by supporting students with different abilities to apply their unique perspectives and insights, building confidence in their research skills for their future careers.

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Keywords: Creative research curricula. Research informed practice. Confidence. Student centred. Self-efficacy.

Developing the future workforce through applying the pedagogy of practice learning

Professor Jacqueline Leigh, Edge Hill University, Juliett Borwell, NHS England South East, Dr Amanda Garrow, Liverpool John Moores University, Professor Karen Wright, University of Central Lancashire and Professor Kate Knight, University of Chester

Promotional abstract: Presenting today are members of a community of practice who debate and publish about the pedagogy of practice learning and the links to future workforce development. For this presentation we will draw on our papers and explore with delegates how we capture and transfer tacit knowledge so that learners can 'play the game', learning to learn in practice, thus promoting a successful career in nursing through effective preparation of our future workforce. Argued is how the application of the pedagogy of practice learning can help us to innovate and develop the future nursing and wider healthcare workforce.

Summary: Practice placements are essential to pre-registration nurses, midwives, and allied health professionals, providing theoretical underpinning and developing professional identity (Knight et al. 2023). Professional bodies clearly stipulate the amount of practice required. For example, in the UK, it is 50% of the pre-registered nursing programme (Nursing and Midwifery Council, 2018) Wenger's (1998) classic work describes the concept of practice as: 'Including both the explicit and the tacit …what is said and what is left unsaid, what is represented and what is assumed, subtle cues, untold rules of thumb; most of which may never be articulated, yet they are unmistakable signs of membership of the community of practice' (Wenger, 1998: 47). This highlights the silences – the unwritten and implicit rules of the game. Tacit knowing has gained recognition as a vital source of knowledge that informs clinical decision-making. It is therefore questionable how we capture and transfer tacit knowledge so that learners can 'play the game'.

For example, an appreciation of the pedagogy of practice learning can help academics and practice supervisors to support students in translating practice experiences into meaningful learning. Careful scaffolding of support from expert 'others' is required to enhance the translation of learning into practice. This concept is explored in paper (Knight et al. (2023). Another example is the recognition that students feeling a sense of belongingness when working in clinical practice. Indeed, how many practice hours does it take to become a registered nurse, and this is explored by Garrow et al., (2022). Ultimately, can an alliance formed between students and practice supervisors using contemporary pedagogy be a way forward to reduce anxiety and pave the way to registration and success career in nursing. This alliance would be used to ensure that proficiencies are met with the student feeling that they are building a sense of belongingness within their field of nursing. Furthermore, what role can simulated practice learning play in the capturing and transfer of tacit knowledge for our future registrants and if its application can help us shift away from a pathogenic emphasis in nurse education. See Leigh et al. (2022) who critically explore the pathogenic obsession with nurse education.

Understanding how to play the game can help to prepare pre-registration students successfully for clinical practice and support the transition into their first healthcare role. This can also help manage pre-registration students' practice learning experiences and ultimately their expectations of work.

Presenting today are members of a community of practice who debate and publish about the pedagogy of practice learning and the links to future workforce development. For this presentation we will draw on our papers and explore with delegates how we capture and

transfer tacit knowledge so that learners can 'play the game', learning to learn in practice, thus promoting a successful career in nursing through effective preparation of our future workforce. Argued is how the application of the pedagogy of practice learning can help us to innovate and develop the future nursing and wider healthcare workforce.

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Keywords: Pedagogy of practice learning. Community of practice. Tacit knowledge. Practice placements. Workforce development.

RT1vii, 13:45 - 14:15, 5 December 2023
Creativity in collaboration: The development of healthcare leadership education
Susan Buttress and Dr Jennifer Johnson, University of Liverpool

Promotional abstract: The aims and objectives of this session are to provide insight into the challenges of working across professional boundaries of healthcare and management for the benefit of educating the healthcare professional. Delegates will benefit from exploring how healthcare leadership education can be both theoretically robust and also close to patient care, enabling implementation into practice. The importance of cross-disciplinary co-learning in a global context is a key aspect of the wholly online provision of the MSc Healthcare Leadership programme design, and is explored within the session.

Summary: Medical leadership and management (MLM) skills are recognised as key parameters that are needed within the wider entity of healthcare. Hybrid clinician-manager roles are attractive to staff (Liberatore et al., 2022), enabling the continuation of clinical practice with developing leadership responsibilities. However, the LUMENS research revealed only 2% average of MLM teaching in a UK undergraduate medical programme (Aldersley, K. et al., 2023). The development of management skills alongside healthcare specialities is recognised as a global priority; Lega and Sartirana (2015) contest that various parameters are resulting in this demand, including patient expectations, co-morbidities, internal collaborations and external inter-connectedness. The increased complexity of healthcare provision results in the need for professionalism that extends beyond the domain of a clinician's role. Indeed, Sergeant and Hategan (2023) cite the importance of being able to navigate external and internal interface challenges alike when working with some of the most pertinent issues of this time, such as global climate change. Recognising the demand for management and leadership education within the healthcare field, an online programme was developed, namely M.Sc. Healthcare Leadership. This involved full collaboration between the School of Medicine and the Management School. The design was predicated on the need to ensure that content was relevant to clinicians, but also encompassed the latest generic theoretical ideas about leadership and management. Programme design was collaborative in nature, with a key focus on the inter-disciplinary nature of modern healthcare, as well as an understanding that the students would be drawn globally. Design therefore could not be nationally myopic and needed, instead, to embrace issues that would be relevant internationally. Drain et al (2009) suggest the importance of reaching beyond geographical boundaries in healthcare education; they attest that educators need to explore global parameters, through experiential learning, but also through recognition of the importance of understanding inequalities and national differences. Our roundtable presentation will explore the key enablers and barriers of programme design and delivery cross-faculty. This will include teamwork development, different approaches to achieving learning outcomes, the clinician/management interface and creating globally relevant materials. The implications for healthcare tomorrow include consideration of:

- Reverse innovation, particularly in low socioeconomic nations and the ability of students to co-learn
- The importance of contextual learning with two specialist knowledge interfaces
- Rigour of the theory to practice in the curriculum
- Authentic assessment; problem-solving throughout the programme
- Putting knowledge into individual work contexts globally

From this session, delegates will learn about the importance of MLM education and breaking down internal barriers, both from the perspectives of organisational systems and internal politics. There will also be an opportunity for delegates to consider co-learning and co-

innovation from the programme development team. Working together and learning to understand the 'language' of each discipline was an integral part of this work, to successfully blend the knowledge and expertise collaboratively of two professionals who work from different perspectives.

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Keywords: Collaboration. Global. Healthcare Leadership. Contextual.

Poster session

Face to face vs virtual teaching: How this affects trainees' wellbeing and feelings of self-worth

Dr Lucy Stead, Alder Hey Children's Hospital

Promotional abstract: As a trainee who has worked through the pandemic, I have recognised that many of our teaching platforms have been converted to the virtual system. This has subsequently reduced our interaction with colleagues and can affect the wellbeing and educational achievements of our specialty trainees going forward. This project demonstrates how face to face teaching encourages attendance, improves focus and generates a trainee cohort who have a greater wellbeing overall.

Summary: Background/Aims The SARS-CoV2/COVID-19 pandemic represented an unprecedented emergency prompting a drive to minimise non-essential contact and the need for increased virtual activity. There have been many great benefits of an increased virtual platform e.g., increasing accessibility, however increased remote platforms can reduce interactions with colleagues and have a significant effect on our wellbeing. By providing virtual teaching to hospital doctors during a busy day also prevents bleeps being delegated and has the ability to become less protected. Subsequently I aimed to research into how virtual teaching affects the wellbeing of paediatric trainees at Alder Hey Children's and consider how conversion back to in person face to face impacts the value of teaching and overall wellbeing of the trainees who attend.

Methods: I designed a trainee questionnaire on Microsoft Forms which was distributed to all levels of trainees in Alder Hey Children's Hospital, ranging from F1-ST8, including both physician associates and clinical fellows. With the results of this questionnaire, I was able to send a proposal of change to the wellbeing lead. This led to re-creation of F2F in person teaching, which included a free lunch on attendance and bleep registration. Three months after the teaching pilot repeat questionnaires were sent to obtain feedback on how this new system changed attendance levels, focus, interactions with colleagues, quality of teaching and overall wellbeing as a trainee at Alder Hey.

Results 16 trainees responded to the initial questionnaire, the only exclusion criteria for the questionnaire was adult core trainees, and consultancy achieved. All completed surveys matched eligibility criteria. During virtual teaching only 19% of trainees had managed to attend >2 sessions within the preceding 3 months. This subsequently increased to 84% in the 3 months following face to face teaching. Only 19% of trainees felt that teaching had been beneficial to their training. Post pilot 100% of trainees felt teaching was beneficial. Being Virtual and not protected left only 6% of trainees feeling their educational needs were valued. This improved to 67% in F2F format. 13% of trainees felt they were supported to attend virtual teaching vs. 83% for F2F teaching. Overall wellbeing improved from 6% rating their overall wellbeing good or very good, this improved to 50% after 3 months of F2F teaching.

Conclusion By providing in person bleep free teaching along with a free lunch overall improves attendance and focus of the specialty trainees at Alder Hey Children's Hospital. By providing group teaching that allows interaction with colleagues it generates feelings of value and self-worth. Subsequently this has an impact on the overall wellbeing of the specialty

trainee. Hence, the provision of in person teaching when all members are on site should not be compromised by providing a virtual platform.

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HEADSTART: Break in learning
Dr Nicola Morrell-Scott, Liverpool John Moores University

Promotional abstract: This session provides an overview of an intervention that was introduced to assist students who were returning from a break in learning to ensure they succeeded and completed the remainder of the programme

Summary: The LJMU Break in Learning project responds to the call to increase the number of registered nurses onto the nursing register and ensure that pre-registration nursing students who have a break in their studies, return, and successfully complete their programme. The project enables student nurses who have returned to their studies to reacquire the necessary skills; theoretical, clinical, and organisational to succeed, with a two-week programme that also develops the student's resilience to support them whilst on the programme and prior to moving on to the professional register and into the workforce. Additionally, the programme utilises the engagement of student coaches who will be 3rd year student nurses who will develop their coaching and supervision skills over the 2-week period to work collaboratively with academics and the returning students. This allows for those student coaches who are about to move onto the professional register to have tried and tested methods of supervising and supporting student nurses. The project will influence and create future practice supervisors who will feel comfortable to supervise student nurses early on in their own careers and will reinforce the leadership elements of the role enabling the returning students to feel supported and led by another student. We felt that it was a key part of the programme that the final year students were involved as student coaches, and this was for several reasons, such as, they have experience of the requirements of the programme from a student's perspective as they have "lived it" and students often feel it easier to talk to other students. In addition, the student coaches can prepare for their supervisor ready status as an NMC registrant in a supportive environment with an academic team who are ready to provide additional support, and the student coaches can also develop their leadership and communication skills when working with the returning students. Ultimately the aim of the project was to develop confidence and competence for those students who were returning to their studies following a break in learning and allow them to be able to feel that any previous challenges that they faced could be dealt with, and to ensure that they did not feel disadvantaged by being a returning student. The programme reintegrates students back into a learning mentality and explores how they can build the resilience needed to succeed. But additionally, we wanted to use this as an opportunity to allow final year students to also feel confident and competent when commencing their new role as a registrant with the enhanced skills that being a student coach would bring, such as supervision, leadership, communication and coaching, and would assist in the student coach developing proficiency in some of their required outcomes. Therefore, the advantages of this project were not only for the returning student but also for the student coach.

Keywords: Attrition. Success. Leadership. Returning student.

Final year pre-registration student nurses' perceptions of which taught theoretical knowledge is important for practice
Dr Nicola Morrell-Scott, Liverpool John Moores University

Promotional abstract: This paper provides a tour of the perceptions of final year pre-registration nursing students perceptions of what is important to learn and what isn't and why

Summary: This research illuminates the perceptions of eighteen final year undergraduate pre-registration student nurses, to understand what theoretical knowledge was perceived to be useful during their pre-registration nursing education, and what was not. The research adopted a qualitative phenomenological approach and utilised a sample size of eighteen final year student nurses as the data source. The data collection method consisted of semi-structured interviews and the study took place at a Higher Education Institution within the North West of England approved to provide pre-registration nurse education. Participants provided their data during their final year of their undergraduate pre-registration nursing programme, via semi-structured, digitally recorded interviews, which were transcribed verbatim. The transcribed interviews were then analysed using Interpretive Phenomenological Analysis. The findings generated three themes, these were; important knowledge to learn for everyday practice, irrelevant for my future role, and, can we have some more? Findings demonstrate what aspects of the taught curriculum student nurses perceive to be of use to their practice, and why they perceive this to be the case. This affects how student nurses approach their learning during their nursing education. In addition, it was clear what participants perceived was not useful for their practice and why this was the case. Additionally, participants offered suggestions of what they would also like adding to their curriculum, and provided insights for what they would like adding to the curriculum, which can be used for enhancing this. This is useful when developing future curricula to understand which aspects student nurses learn in a deep and superficial way. This can provide a useful insight for to ensure that patient care is not compromised.

Keywords: Practice knowledge. Preparation for practice. Student learning. Theoretical knowledge. Transition.

The creation of a community-integrated internship pathway to support the career development of undergraduate Adult nurses
Dr Nicola Morrell-Scott and Joanna Lavery, Liverpool John Moores University

Promotional abstract: This paper discusses the unique implementation of a community internship pathway which was developed to assist with the recruitment challenges that community nursing faces.

Summary: The BSc (Hons) undergraduate nursing programme is a 50/50 split across theory and practice, with the intention of preparing students to meet the health needs of populations across primary, secondary, and tertiary care, (NMC, 2018). A persistent shortfall in community nurses poses a challenge for the recruitment and retention of newly qualified nurses into these roles and has the potential to threaten the safe delivery and sustenance of primary care, (Drennan et al, 2018, QNI, 2016a).

A collaborative enterprise by a university in Northwest England and community NHS foundation trust in the UK, has created a third-year internship programme, to promote the role of the district nurse and direct a focus on community nursing. Student nurses with an interest in employment outside of ward-based areas are given the opportunity to complete a student internship. This scaffolds the current nursing curricula by facilitating all final year practice placements within a primary care environment. Placement exposures encompass long term conditions management, first contact care and concepts of specialist community nursing roles, to promote a wide breadth of student experience. The approach is underpinned by the Queens Nursing Institute (QNI) (2016),' Transition to district nursing document' to support the current educational programme and provide a platform to progress community nursing pathways, whilst supporting proficiencies required for NMC qualification, (NMC, 2018). The initiative aims to prepare undergraduate nurses to embark upon a career in the community directly upon qualification, to strengthen the current workforce and promote community and public health nursing careers.

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Keywords: Community nursing. Internship. Future workforce.

Learning beyond a single field of nursing through a virtual case-based approach to pre-registration Nurse Education

Christine Roberts, Amy Wilkinson and Nicola Morrell-Scott, Liverpool John Moores University

Promotional abstract: Ensuring that pre-registration student nurses gain the richness of clinical practice to allow them to feel confident and knowledgeable to care for patients of the 21st century is often a challenge. Clinical practice challenges often mean that students will be strategic learners. This paper discusses the development of a virtual case-based learning site to provide a rich experience for students to learn.

Summary: Ensuring that pre-registration student nurses gain the richness of clinical practice to allow them to feel confident and knowledgeable to care for patients of the 21st century is often a challenge. It has been suggested that, globally, new registrants feel that their pre-registration education has not prepared them adequately for their new working life, and that this could have been rectified by developing critical thinking skills and clinical skills (Kelly and Courts, 2007; Pike and O'Donnell, 2010; Pennbrant et al, 2013).Clinical practice challenges often mean that students will be strategic learners.

This poster demonstrates the innovative development of a virtual case-based learning site to provide a rich experience for students to learn and assist with the acquisition of the exposures to different fields of clinical practice. This was implemented to support the students' learning and enhance the knowledge gained in clinical practice. During the pandemic clinical placement opportunities were reduced for students and the case-based learning tool proved to be an invaluable tool for students to learn from. The concept of case-based learning can be applied to a variety of teaching modalities to offer widened learning experience. Case-based learning is a tool that is used to enhance clinical knowledge, bridge gaps, improve clinical decision-making and therefore improve patient outcomes (McLean, 2016).

The site was co-created with students and clinical partners, and following the implementation of the site there was feedback from those who used it that it was 100% useful for their learning journey was clinically relevant.

The case-based learning approach that was developed has allowed for a broadening of the students learning and has helped to scaffold any learning that may take place within practice learning areas.

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P1vii, 14:15 - 14:40, 5 December 2023
A journey of developing digital capabilities for student nurses and healthcare staff
Daniel Scott-Purdy, Hannah Glenn and Claire Wilson, Institute of Health and Allied Professions, Nottingham Trent University

Promotional abstract: In this poster presentation, lecturers and a learning technology manager will explain how they kick started their arduous journey in raising the importance of developing digital capabilities within the postgraduate and Continuing Professional Development Nursing curricula and embedding them throughout their various educational programmes. A pilot practical digital capabilities session was employed where feedback was obtained to assist in data gathering to help develop a contextual, but adaptable digital literacy framework within the department. With plans to deploy an NHS-specific digital capabilities self-assessment tool, curated and produced digital skills resources and the recruitment of a student digital champion.

Summary: The newly established Institute of Health and Allied Professions at Nottingham Trent University are a highly technology-enabled organisation, who are early in their digital growth. However, they have a clear long-term ambition to ensure that digital literacies, skills and capabilities are integrated throughout their curriculum offer, to ensure that prospective healthcare practitioners identify, develop and apply their digital confidence and competence whilst achieving their chosen educational programmes.

Digital innovation began in our department in December 2022, due to the realisation that there was little focus on it. The importance of digital literacies, skills and capabilities is an ongoing discussion for both pre and post-pandemic nurse health education programmes. Furthermore, the constant changes in policy, healthcare practice and strategic digital transformation occurring within the NHS, such as telemedicine, requires the future healthcare professional workforce to be adapt in these skills. Therefore, it is crucial that healthcare practitioners whether in work or education develop and maintain their digital literacies so that patients receive the best possible care (Turner and Fanner 2022, Vasilica et al 2023).

Furthermore, we are in agreement with Vasilica et al's (2023) comment below which acts as our foundation.
 "Provision of digital capabilities should form an integral part of nursing training and continue into the nursing profession." (P 9).

Between a Senior Lecturer Hannah Glenn and Daniel Scott-Purdy, Digital Curriculum Manager, they combined their interests and began to flesh out a strategy; through an innovative small-scale pilot study and developed an associated digital literacies working group. With a particular emphasis on examining the skills and capabilities required to support the undergraduate nursing students and registered healthcare professionals completing postgraduate and Continuing Professional Development (CPD) qualifications. This team discussed how to tackle this vital issue to ensure that small steps were taken in the right direction for our curriculum and institution to succeed. This included:

- A pilot practical digital capabilities session with a selected group of students and to obtain feedback
- Plans to develop a contextual but adaptable digital literacy framework
- Deployment of an NHS-specific digital capabilities self-assessment tool
- Curated and produced digital skills resources
- Recruitment of a student digital champion.

This poster presentation will identify what actions were taken by the lecturers and a learning technology manager (involved in this small-scale pilot). Furthermore, it will explain (through a timeline) how they kick started their arduous journey of raising the importance of developing digital capabilities and embedding them throughout their educational programmes. Finally, the visualisation of future outcomes for digital capabilities within the postgraduate and CPD nursing curricula.

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Keywords: Nursing. Nurses. Digital literacy. Digital skills. Digital capabilities.

Redesigning the HE Healthcare curriculum to facilitate expectations of the OfS B3 conditions and meet the challenges of the contemporary health workforce
Oghenenioborue Okandeji-Barry and Faisal Usmani, Waltham International College (WIC)(In partnership with Leeds Trinity University)

Promotional abstract: The design and implementation of the HE healthcare curriculum are crucial factors for meeting the regulatory expectations for health studies, including developing leaders that will proactively cope with and tackle issues arising in a contemporary health and social care workforce (QAA, 2019) where the provision of care is poor due to inadequate practical skills, lack of resilience and motivation for a quality outcome resulting from negative bureaucratic influence in healthcare. Therefore, the programme aimed to enhance the curriculum and facilitate the OfS B3 expectations while meeting the local needs of students and the challenges of the contemporary healthcare workforce.

Summary: The design and implementation of the HE healthcare curriculum are crucial factors for meeting the regulatory expectations for health studies, including developing leaders that will proactively cope with and tackle issues arising in a contemporary health and social care workforce (QAA, 2019). The morale and skills of undergraduate students in health studies are gradually collapsing, and the lack of connection between theoretical content and sector application of taught subjects has been an ongoing debate and a worrying concern for students. Therefore, the programme aimed to enhance the curriculum to facilitate the OfS B3 expectations and proposed a new validated programme to meet the local need of students and the challenges of the contemporary health workforce.

As a result of the gaps identified, all module content within the HSC programme was reviewed, and this led to the introduction of core vocational courses as part of the critical skills to be developed for specific modules, first aid at work at level 4 semester-2 was embedded, and also the delivering was reorganised. The teaching team for each level of study held 30-minute weekly sessions to discuss and summarise the weekly lesson for their modules, identifying where module contents interact and apply to the health workforce. Innovation in the assessment criteria was paramount, and this led to the invitation of sector experts to participate as observers for some assessments where an oral presentation was required. Moreso, recent graduates now practising in the healthcare sector were invited as guest speakers to share their experiences during employability events. Besides, further partnerships with employers led to the uptake of placements initially part of the curriculum but with minimal interest shown by learners. However, the team saw the need to revive this through introductory events where employers and students interact, create dialogue, and clarify the expectations and benefits of engaging in placements.

The impact of these processes has increased the confidence of the HSC students, and the introduction of the first aid at work course was an additional and valuable skill required by all workforces; as such, the inclusion of this in their CV has led to considerations for interviews. Moreso, the identifications and discussion of the HSC team regarding the common themes and the connection between modules at each level provided the team with effective examples and the ability to signpost learners to draw upon the knowledge gained from other modules in responding to given scenarios and cases. Whereas prior report reveals that the link between modules is not exhaustively drawn upon during delivery due to minimal subject knowledge of contents in modules not taught by lecturers. On the other hand, the introductory dialogue enthused our learners in preparation for placement. The engagement of our students in placement increased their chances of employment, bearing in mind that the average job opening in recent adverts seeks some level of field experience (Health

Education England, 2021). Therefore, it is recommended that all HE provisions for healthcare studies continue to enrich their curriculum and make provisions for placement opportunities so that learners are equipped with the right skills, confidence and motivation to face and tackle the challenges of the contemporary healthcare workforce.

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An evaluation of bespoke support sessions for international students prior to practice placement

Amanda Deaves, Kate Trainor and Emily Grant, University of Liverpool

Promotional abstract: International students on clinical programmes must be supported to overcome learning barriers as they transition from academic to practice placement environments. Culturally sensitive approaches to learning are required to ensure the development of appropriate strategies in relation to healthcare education and placement activities to overcome the challenges they may face within this unique environment. This project presents an evaluation of educational sessions designed to increase international student support prior to practice placements. Co-creation and learner voice was used to ensure that the sessions and resources focus on authentic issues and enhanced student engagement and learning.

Summary: Introduction   International students (IS) within healthcare programmes can face many challenges navigating their academic and placement activities including; negotiating structures and systems, communication and learning, cultural differences, relationships with clinical professionals, facing discrimination and social isolation (Mckenna et al 2017; Morgan 2017). Strategies to support IS that have been highlighted as requiring enhancement include; the students' preparation for placement, support during the placements and augmenting the links with the placement educators (Ross et al 2020). Educators have also indicated the desire to understand more regarding the learning needs and cultural differences of IS (Law et al 2022).

This project designed, implemented and evaluated bespoke IS placement preparation sessions. These sessions were delivered to Year 2 BSc (Hons) Physiotherapy students (2021 cohort), for whom English was a second language, prior to their first practice placement. The aim was to provide this unique group of individuals with support during the transition from academic learning to placement learning. The support sessions were co-created with Year 3 IS to gain authentic perspectives on the learning resources.

Method
Year 2 students were surveyed pre and post support sessions to rate their perceived confidence and knowledge in different domains using a numerical rating scale 1-10. Students were also surveyed about the perceived usefulness of the sessions immediately after delivery and again after their first placement using Likert scales and open text questions.

Results
Quantitative data indicated an increase in confidence reported by Year 2 students following the sessions and all the sessions were positively evaluated via the Likert scale in terms of usefulness. Open questions and data gathered from Year 3 students involved in resource co-creation also offered a positive evaluation and areas such as increasing peer support and tackling racism and discrimination were identified for inclusion in future support sessions. Conclusion and Impact

The sessions had clear pedagogical aims and were designed for maximum engagement, participation and confidence building prior to practice placements. Authentic insights from more experienced IS in the co-design of sessions allowed lecturers to consider specific educational and cultural needs of the cohort transitioning into the placement environment. The sessions were evaluated positively by the Year 2 students who found them useful and

reported an increase in perceived confidence prior to embarking on their first practice placement. This was supported by the feedback from the Year 3 students who were involved in the co-creation of resources. Quantitative and qualitative information from all students involved in the project has enabled the development of future learning resources to maximise the impact sessions have on preparedness for practice placement.

This evaluation and the ongoing project activity has made a positive impact on the student experience within the international cohort. Further co-creation activities are planned to involve the IS, developing resources for educators to highlight IS learning needs and cultural awareness. This will enhance the student experience and support the placement educators ensuring this group of students are engaged and represented within the placement experience.

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Health, Injury and Performance Hub: A student-led clinic
Joanna Snook and Dr Ben Oliver, University of Hull

Promotional abstract: The Health, Injury and Performance Hub launched at the University of Hull in March 2022. The Hub is a student-led clinic which supports placement-based learning, knowledge exchange and research. It offers an affordable healthcare service to the local community and creates income to reinvest into the department. This multifactorial project supports students in developing their clinical skills, offering supervision tailored to each undergraduate, while maintaining high standards of care for patients in the local community. As students progress through the placement, we aim to encourage autonomy to better prepare them for the transition in to their first graduate healthcare role.

Summary: The Health, Injury and Performance Hub (HIP Hub) was funded by and launched at the University of Hull in March 2022. The Hub is a Sport Rehabilitation student-led clinic which supports clinic-based learning, offers an affordable healthcare service to the local community while creating income to reinvest into the department to benefit learners further. This multifactorial project supports learners in developing their patient-facing skills, offering supervision tailored to each undergraduate, while maintaining high standards of care to patients. As learners progress through the programme, clinical educators encourage more autonomy to better prepare them for transitioning into their first graduate healthcare roles. The benefits of student-led health clinics are well documented in medicine (Simpson and Long, 2007) with little research in the Sport Rehabilitation profession. The HIP Hub has adapted successful models which may be applicable to other health professions to encourage 'real life' practical opportunities (Briggs and Fronek, 2019).

As recommended by Clouder et al., (2022) placement expectations are set before the commencement of the HIP Hub placement to prevent barriers to autonomy; an opportunity is given to students to establish their individual learning goals, preferred styles of learning and learner responsibility (Claeys et al., 2015). Learners are expected to be involved in managing and administrating clinical duties to encourage understanding of business development, a strategy to better prepare them for work upon graduation (Briggs and Fronek, 2019).

Students are prepared for employment via an application process for Summer Internships. Students apply via CV and cover letter with progression to interview. Once the internship commences, students can review their application process with the clinical educator to review points for improvement.

Impact is evaluated subjectively by patient and student feedback, and objectively by reviewing key metrics. At the end of academic year 22/23, 94% of level 6 students had achieved an average of 85 hours on placement in the HIP Hub. Claeys et al., (2015) suggested a clinical placement is complementary to education, and recommended in final-year healthcare students, therefore it is expected the majority of learners have been on placement in the HIP Hub by competition of studies. From the income generated by the clinic in its first-year, plans are underway to create a graduate pathway, of clinical work combined with a Masters by research that the HIP-HUB funds.

This project is an example of the success of a Sport Rehabilitation student-led clinic placement opportunity, growth in student autonomy, preparation for the working environment and positive impact on the local community. This pedagogical and placement-based learning model could be repeated at other educational institutions and healthcare programmes with a

small amount of initial funding. Further impact can be made if partnerships with local NHS trusts are considered, and the university is in support of developing graduate opportunities.

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Keywords: Student-led. Injury Management. Clinic based placement.

Learning review engagement monitoring: A solution for diverse post-registration provision
Dr Matthew Moreland, Dr Gabrielle Thorpe and Neil Coull, University of East Anglia

Promotional abstract: Effective monitoring of learner engagement leads to benefits for both institutions and learners, irrespective of their stage or level of study. However, solutions proposed to support traditional undergraduate and postgraduate Pre-Registration curricula, delivery modes and learners are rarely appropriate for the complex and heterogeneous nature of their Post-Registration counterparts. This poster outlines the unique challenges of engagement monitoring in Post-Registration provision and explores a structured solution underway within one such institution, inviting comments and discussion on this concept of Learning Review Engagement Monitoring (LREM).

Summary: Background: Beyond the minimum Home Office requirements of institutions to monitor attendance and engagement (A&E) for their Tier 4 visa-holding students, many higher education providers publicly offer detailed explanations of their processes for monitoring learner engagement and their rationale for extending this to all enrolled learners (e.g. University of Essex, 2022; University of East Anglia, 2022). The shift towards both blended learning and blended delivery since COVID-19 has raised questions (see e.g. Smith, 2020) regarding the best approaches to monitoring engagement while ensuring fairness and consistency for learners. Universities may encourage each programme or even module to utilise methods appropriate to their own needs, particularly encouraging monitoring tools available within a virtual learning environment (e.g. University College London, 2021), while a multifaceted approach to the assessment of student engagement has been promoted for some time (Mandernach, 2015). Although pre-registration Healthcare Education adds layers of complexity in terms of Professional, Statutory and Regulatory Body (PSRB) attendance expectations and monitoring, the proposed solutions for engagement monitoring on their academic components are rarely appropriate for the complex and heterogeneous nature of their Post-Registration counterparts. Qualified health professionals returning to study for continuing professional development (CPD) courses and further training at levels 6 or 7 are not only under more extreme pressures in several key respects than Pre-Registration trainees but are exposed to a wider range of curriculum designs and delivery modes. Proactive early support for learners is particularly vital yet challenging on short CPD offerings, and any system also needs to account for different attitudes amongst instructors and learners regarding the need for and nature of engagement monitoring with this group, necessitating clear benefits for participation.

Aim: This poster outlines the unique challenges of engagement monitoring given the diversity of Post-Registration provision and explores a structured innovation introduced within one such institution.

Method: Learning Review Engagement Monitoring (LREM) comprises a brief survey of learners repeated multiple times in each term, involving a professional declaration of learners' activity and comments or brief reflection on their learning journey. The process is aligned with wider institutional mechanisms regarding engagement and wellbeing and is itself supported by a dedicated Post-Registration Advising system. Tailored support and a clear feedback loop seek to maximise learner benefit without duplication or unnecessary complexity of administration.

Findings: Subjectively, initial gains have been greater than anticipated in terms of the engagement of learners with the process, early identification and support of learners

experiencing different difficulties, and the usefulness of the reflections for contemporaneous module enhancements. We invite comments and discussion as we refine the LREM process further.

Lessons for conference delegates: This poster encourages delegates to consider the objectives, challenges, possible solutions and benefits of effective engagement monitoring in the changing climate of Post-Registration healthcare education.

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Keywords: Student engagement. Post-registration healthcare education. Learning journey. Assessment of engagement.

P1xiii, 14:15 - 14:40, 5 December 2023
Clinical Learning Experiences of healthcare professional students in a Student-Led Clinical Learning Environment (SLCLE) – A Mixed-Methods Evaluation
Sunita Channa and Dr Ruth Pearce, The University Hospitals Birmingham NHS Foundation - School of Nursing, AHPs and Midwifery

Promotional abstract: The School of Nursing, Allied Health Professionals and Midwifery at University Hospitals Birmingham NHS Foundation Trust have implemented student-led clinical learning environments (SLCLEs) to enhance clinical learning and teaching. SLCLEs provide innovative and interdisciplinary learning environment. Research indicates student-run clinics enhance clinical and inter-professional skills, confidence, empathy for underserved patients and leadership experience. SLCLEs increases student placement capacity and providing high-quality SLCLE placements will help overcome workforce shortages by retaining and better preparing students as future healthcare professionals. The mixed method evaluation aims to explore healthcare students' perceptions of SLCLE placements to shape future sustainability.

Summary: Introduction: The UK NHS is facing pressing workforce shortages1. Student-led clinical learning environments (SLCLE) offer a novel approach to increase placement capacity whilst maintaining patient care standards. A multisite NHS Trust adopted the SLCLE model to enhance HCP student preparation for the professional responsibilities on registration. SLCLE provide a dynamic and innovative interdisciplinary, high–quality learning environment for healthcare students to increase student capacity and clinical competencies2. Evidence suggests that students participating in student run clinics improve clinical skills, inter-professional skills, empathy and compassion for underserved patients, leadership experience3.

Aim: To explore healthcare professional (HCP) students' clinical learning experiences undertaking placements in/on a student-led clinical learning environment (SLCLE).

Method: An online survey was administered to SLCLE allocated HCP undergraduate and graduate-entry students (132/103; response rate 78%). Face to face focus group and/or individual interviews were conducted with a sub-sample (n=80) of students. Survey data were analysed using descriptive statistics and interviews using framework method4. Confidence levels pre and post SLCLE was measured using confidence continuum5.

Results: Undergraduate and graduate-entry students from four UK universities completed the survey (n=132), 103 students (78%) responded. The majority were year 2 students (n=43/42%), and pursuing nursing programmes (n=82/80%). Most felt the SLCLE placement met expectations (n=76/74%) and reported increased confidence post-placement (n=84/82%), felt supported by staff (n=80/78%), peers (n=93/90%) and clinical educators (n=93/90%). On-line pre-placement information was infrequently accessed yet identified as an omission. Staff shortages resulting in delays in completing assessments. Four themes were identified: (i) preconceptions and initial anxiety, (ii) empowerment, growth, and a unique learning experience (iii) collaborative inter-professional learning and support and (iv) insights and anticipations.

Conclusion: The SLCLE allocation enhanced students' clinical confidence and knowledge. Support from clinical educators, ward staff, and doctors was invaluable for creating positive learning culture. The format/method of providing pre-placement information needs further consideration. Peer support and opportunities to lead care delivery contributed to students'

professional development. Overall, the SLCLE experience offers much potential as a nurturing and effective learning environment for HCP students.

Implications for clinical practice: SLCLE offer a different model to enable healthcare professional students learning. From our evaluation SLCLE placements are acceptable to students and reportedly increase confidence and clinical skills. Overall, this evaluation provides valuable insights that will assist in refining the SLCLE model, ultimately leading to better-prepared healthcare professionals and safe person-centred patient care.

Future work:

- Investigate the experiences of healthcare professionals (staff) regarding the implementation, acceptability, and potential sustainability of SLCLEs.
- Examine the experiences and advantages that patients gain from participating in SLCLEs.
- Optimum skill-mix – volume and types of students, staff and clinical educators to deliver safe effective care in a SLCLE.

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Keywords: Clinical Placements. Student-led. Clinical skills. Practice education. Innovative. Mixed-method. Learning environment. Clinical supervision. Confidence.

Towards tailored teaching: Student engagement and perceptions of support and belonging are affected by the HEXACO traits

Dr Benjamin Philip Crossey, Queen's University Belfast

Promotional abstract: Research into personality has often overlooked its effect on student engagement and perceived sense of belonging and support. 492 psychology students completed a survey assessing their perceptions around guidance, academic support, belonging, and engagement. Personality was assessed with the HEXACO-PI-R. Emotionality negatively predicted perceived levels of academic support and was associated with the need for more guidance. Conscientiousness and Honesty/Humility affected the degree to which students felt academic feedback was fair. Honest/humble students preferred self-directed learning. Extraversion predicted enjoyment and belonging. Our findings suggest a requirement for a more tailored approach in higher education which takes personality into account.

Summary: Research into the role that students' personalities play in their experiences of higher education has tended to focus on the Big Five personality traits (i.e., Openness, Conscientiousness, Extraversion, Agreeableness, Neuroticism) and has often overlooked the role that these characteristics play in their sense of belonging, perceptions of academic support, and willingness to engage with the academic resources that are available. While the Big Five model remains popular, other models are increasingly being tested with a view to expanding its predictive validity. One example is the 'Big Six' (also known by the abbreviation, HEXACO; Ashton, et al., 2000; see also Ashton and Lee, 2009). The HEXACO model accounts for each of the Big Five traits but adds a sixth Honesty/Humility—which is characterised by sincerity, fairness, greed avoidance, and modesty (see also Ashton et al., 2004). Research has revealed that yet another model—the Dark Triad (Narcissism, Machiavellianism, Psychopathy)—predicts a variety of negative educational outcomes such as plagiarism (Williams, Nathanson and Paulhus, 2010), and cheating in exams (Nathanson, Paulhus and Williams, 2006). In my own research, I have shown that these antisocial traits predict bullying among undergraduate students during groupwork assessments and poor group performance (Crossey et al, under review). Honesty/Humility correlates (negatively) with these antisocial traits (Furnham et al., 2013) and might therefore be expected to predict similar outcomes, while also providing a more parsimonious model than is achieved by considering the Big Five and Dark Triad separately. The present research sought to build on the above findings by examining whether Honesty/Humility affects students' experiences of higher education, and in particular, whether it affects perceptions around the level of academic support available (e.g., availability and helpfulness of staff; need for more support), sense of belonging in the university community, and willingness to engage with academic resources (e.g., responsiveness to feedback, attendance of meetings with academic tutor). To assess this, 492 undergraduate students completed a questionnaire in exchange for course credit via the online survey platform, Qualtrics. Personality was determined using the 100-item HEXACO-PI-R which allows the separate quantification of each of the six personality traits—Honesty, Emotionality, Extraversion, Agreeableness, Conscientiousness, and Openness to Experience. Individual differences in responses on this inventory were linked with differential responding on items assessing perceptions around support, engagement and belonging, emotionality negatively predicted perceived levels of support, and was associated with the need for additional guidance. Conscientiousness and Honesty/Humility predicted the extent to which students felt the feedback they had received for coursework was fair, as well as their self-reported willingness to act upon it. Honest/humble students preferred self-directed learning in which they were required to find their own resources. Extraverted students reported greater levels of enjoyment and

belonging. Higher education has traditionally sought to treat students within each cohort uniformly, however these findings suggest that individual differences play an important role in determining students' responses to whichever approach is adopted. For instance, courses that seek to maximise contact time between academic staff and students, and that deemphasize the role of independent learning, may be ill-suited to students who score more highly on the Honesty/Humility personality dimension, and for whom independent learning is intrinsically rewarding. These findings suggest that flexible approaches that allow students to adopt different learning pathways may be a prerequisite for maximising student satisfaction.

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Migration influences on differential attainment: Perceptions of BAME students on the constraints and challenges of applying critical thinking skills within an MSc Mental Health Nursing programme

Georgiana Assadi and Modupe Oshadiya, Kings College London

Promotional abstract: Understanding the perspectives that nurse educators have on the academic performance GEN students offers a unique contribution to the discussion around nursing as a relative newcomer to the professional socialisation process. This study sets to understand what the perspective of nurse-educators on the academic performance of GEN students. There is a known attainment gap, however this is an under-researched area, so having insight into the nurse-educators' perspectives can add nuanced depth.

Summary: Within the BAME student learner population, there is a known attainment gap, however this is an under-researched area, so having insight into the nurse-educators' perspectives can add nuanced depth. This study found that despite 75% of students on the MSc MHN programme used in this study being of BAME background, participants on this study did not speak about ethnicity or linked previous experience with migration related difficulties. Vagueness about what 'critical thinking' entails may be why nursing students struggle with reflecting it in their academic writing.

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Keywords: Nurse-educators. Academic performance. Graduate Entry Nursing. Critical thinking skills.

Engaging a multicomponent support strategy to facilitate academic success
Pippa Shaw and Emma Chambers, University of Central Lancashire

Promotional abstract: In response to student anxiety around academic assessment and to maximise student success in assessment, innovative pedagogical strategies have been developed to support a large second year undergraduate nursing cohort at the University of Central Lancashire. Multiple formats have been utilised to develop engaging materials for assessment support to nurture students in constructing learning to enable informed submissions. By encouraging deeper learning and reducing the practice theory gap students are providing positive feedback which is reflected in an upward trend in pass grades. This poster aims to share how the strategies have enhanced the learner experience and attainment including student co-creation with an onus on inclusivity

Summary: Background.   Students completing a 30-credit theory module in a widening participation University include a diverse range of learners of up to 400 per cohort. The need to offer inclusive materials to ensure all students benefit from the support offered has been recognised when students display anxiety around moving to level 5 academic work from the outset of the module. Student's focus point is assessment enquiry with little context of the module topic themes.

This raises the challenge of engaging learner interest in the knowledge available to gain and the application and relevance of this to module assessment.

Main focus/theme of, or issues addressed by, the poster: Classes aim to scaffold learning and sessions introduce new topics to flow into small group work where students are encouraged to use constructive learning within their peer groups to enable deeper learning. Utilising a variety of teaching formats which include debate, patient pathway problem solving, student led and co-developed, aims to maximise student participation and interest within sessions, (Mendes and Hammet, 2023). The format aims to avoid repetition in session design and encourage learner engagement.

Supportive mechanisms such as online drop-in sessions were developed to allow students enquiry time and have received widespread positive feedback. Such support aims to compliment the module classes however visual and written assessment support strategies have been developed to achieve a broader inclusive consideration.

Using technology to develop engaging assignment support initiatives offers video, visual, written and live options. The variety in delivery aims to ensure students with diverse learning needs are recognised and all able to benefit from the support available. The range of assignment guidance format incorporates contemporary healthcare environments within video relevant to the acute nursing care required to be identified within the assignment. This bridges the practice theory gap allowing students to relate the assessment to their lived placement experience, (Ngozika et al 2023), encouraging deeper thinking and enabling informed written work.

Implications for healthcare education: Avoiding overloading students with direction has been key in developing support that directs students to the value of attending for classes to gain knowledge relevant to assessment success and reduce burnout, (Wei, 2021). This avoids didactive instruction to encouraging higher level thinking, (Fan et al, 2023). Promoting time management and scaffolding of knowledge can lead to better academic performance, (Nayak, 2019), weekly mind maps have been provided to encourage this practice.

The assignment support provided has resulted in student's independently voicing their satisfaction stating this as a positive attribute to an enjoyable learning experience. Themes within feedback such as feeling absolute in what was required and availability for online drop-in sessions utilising a blended approach contributing to their positive experience were received. Distributing scaffolding across multiple strategies and providing tools can empower students' knowledge development (Puntambekar, 2022), to construct meaningful successful submissions and reduce their feeling of anxiety.

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Keywords: Inclusivity. Scaffolding. Assessment. Achievement. Support.

Critical reflections on the use of Schwartz Rounds as an intervention to support the wellbeing of Health and Social Care students: A case study

Rachel Marchbank-Smith, Manchester Metropolitan University

Promotional abstract: Schwartz Rounds offer a safe space for health and social care students to come together to reflect on the personal, emotional and social challenges associated with working with and caring for people. They are an integral part of the suite of interventions on offer at Manchester Metropolitan University, designed to support health and social care students in addressing their individual wellbeing needs and increasing readiness for their future professional roles.   This poster explores the delivery of Schwartz Rounds at Manchester Met to date, critically reflecting upon the intervention and its impact upon the student experience.

Summary: It is recognised that health and social care staff benefit from access to safe spaces to explore the emotional impact of their roles and that providing this can enable them to work compassionately with both colleagues and services users (Grimbly and Golding, 2021). The need for these spaces is also felt amongst students in the sector, whose wellbeing was significantly impacted during the covid-19 pandemic (Barrett and Twycross, 2022).

This poster reflects upon Schwartz Rounds which are a key aspect of interventions at Manchester Metropolitan, designed to support health and social care students in addressing their individual wellbeing needs. Aligning with our Student Futures Commitment, Schwartz Rounds at Manchester Met offer a safe space for our health and social care students to come together to reflect on the personal, emotional and social challenges associated with working with and caring for people. Acknowledged outcomes include improved opportunities to reflect on and process the emotional impact of experiences, enabling individuals to work compassionately with peers, colleagues and service users as they have greater insight into their own emotional responses (Maben et al, 2018).

Following a period of delivering Schwartz as part of the Schwartz Rounds North Project from 2020-22, Manchester Metropolitan University has now successfully embedded Schwartz in the student offer within their health and social care programmes. There is an ambitious plan to expand Schwartz within the institution to include all students within the faculty of Health and Education in the next academic year, acknowledging the rich interprofessional learning opportunities that will arise by enabling students across multiple professions to engage in this offer.

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Keywords: Schwartz. Compassion. Wellbeing.

Influence of diverse 3D anatomy models on Health Science students' belonging and satisfaction at university
Dr Elizabeth Lander, University of Reading

Promotional abstract: Student belonging and achievement are closely linked, particularly for BAME students. Does better representation with diverse 3D anatomy models of skin (light, dark and ageing) improve feelings of belonging and satisfaction in anatomy and physiology learning in undergraduate health science (e.g. physician associate) students? In this session, analysis of surveys before and after activities with 3D anatomy models will be discussed to give insight into if these models can improve sense of belonging, satisfaction, confidence and knowledge aiming to reduce attainment and awarding gaps in our students as they develop into healthcare professionals.

Summary: A sense of belonging is an important human social need and in the context of all education, a positive relationship between sense of belonging and motivation, achievement and retention has been established, with this relationship being particularly important to improve outcomes for BAME students (Wong et al, 2021). Previous research (Meehan and Howells, 2018) has shown that by improving student belonging, staff and institutions enhance student wellbeing and educational outcomes, particularly in the crucial transition to HE. Other research has also shown an increase in belonging via department teaching activities that increase feelings of being accepted or included (Knekta, et al 2020).

The University of Reading has recently (2020) launched three health sciences degrees (undergraduate Physician Associate, Pharmacology and Medical Science), to be taught alongside several established programmes such as Biomedical Science. Students studying these programmes study one or both of two Anatomy and Physiology 1 and 2 modules at level 4 and 5 critical to their development in health sciences. These varied programmes bring together students of a range of different demographics (particularly age, gender and ethnicity), whilst also studying content that discusses variation in anatomy and physiology. Within these modules, varied 3D anatomy models of skin (light, dark and ageing) were embedded within lecture and practical sessions. In the healthcare education sector, it is crucial we provide engaging visual and tactile training activities to create a sense of belonging to not only to improve student belonging and satisfaction in our training healthcare professionals, but also to provide them with activities that represent their diversity and diverse environment within which they will work. Understanding how best to support learning and training is particularly relevant to our undergraduate physician associate students who are studying on new degree currently offered at only two UK universities, whilst training for an ever varied and increasing role within healthcare services.

To determine the success of the approach of embedding 3D anatomy models in teaching, the study utilised surveys (of students) to investigate quantitative measures of belonging, satisfaction, confidence and knowledge and awareness of diversity to determine if 3D anatomy models improve these measures (and for which demographics). To measure any change and impact in these aspects, the study also utilised surveys before and after sessions with the 3D anatomy models in both the level 4 and 5 modules.

The session will cover the analysis of both surveys, giving insight into if 3D anatomy models can improve sense of belonging, satisfaction, confidence, and knowledge, and how we can potentially utilise this methodology to improve these factors for further cohorts to improve teaching and learning, thereby ultimately aiming to reduce attainment and awarding gaps in our health science students as they develop into healthcare professionals.

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"We do things differently": The quest to develop an Acute Illness Management (AIM©) course for the community setting

Anna Kime and Samantha Cook, Manchester Metropolitan University

Promotional abstract: To reduce requirement for urgent hospital admissions we need to ensure staff working in the community are adequately supported to recognise and respond to patients who present with acute illness in a timely and appropriate manner. The Acute Illness Management in the Community Course (AIM-C©) uses an established A-E approach contextualised for the community setting, equipping multi-professional staff with the necessary knowledge and skills to assess and manage acutely ill and deteriorating patients effectively.

Summary: Background   The number of emergency hospital admissions in England increased by 42%, from 4.25 million in 2006/07 to 6.02 million in 2017/18 (Steventon et al, 2018).   Emergency admissions are stressful for patients and put a financial strain on hospitals' resources (Nuffield, 2018). Reducing avoidable emergency admissions from the community would not only benefit the patients but also reduce the financial pressure on acute care services (Nuffield, 2018). It is therefore important that staff working in the community are adequately supported to recognise and manage patients who present with acute illness in a timely and appropriate manner. When this is performed effectively it may reduce the requirement for urgent hospital admission, resulting in improved patient care and reducing this pressure upon acute care services.

The Acute Illness Management course (AIM ©) was launched in 2002 to bridge a knowledge and skills gap that existed in NHS hospitals between critical and acute care services. The implementation of the AIM was integral to address the suboptimal care being provided to patients with acute illness due to inadequacies in timely recognition and management (National Institute of Clinical Excellence (NICE), 2007; National Patient Safety Agency (NPSA), 2007).

We present a new version of the AIM © course aimed at bridging a similar gap between acute and community services.

Innovation
AIM in the Community (AIM-C©) contextualised the application of the structured A, B, C, D, E approach underpinning the AIM course to facilitate the early recognition and management of acutely ill and deteriorating patients in the community setting. The one-day multi-professional course was developed by Greater Manchester (GM) Critical Care Skills Institute, Manchester Metropolitan University, and community practitioners from several GM NHS Trusts.

Pilot Evaluation
Several AIM-C© pilots have taken place across the Greater Manchester area over the past 12 months. Feedback gathered from participant evaluations recognised the need for the course highlighting the benefits of a structured approach to the assessment and management of acutely unwell patients. There was a focus on increased confidence and an appreciation that the course had been designed specifically for community staff. Challenges identified issues surrounding integration of local policy into the teaching and time constraints of community visits.

Future Impact

Following the success of the pilot and with a Train-the-Trainer Day now on the horizon, our aim will be to roll out wider than Greater Manchester. The AIM © course has been successfully delivered nationally, and internationally, now for several years, we need to ensure the same focus and commitment is given to the expansion of the AIM-C© by NHS Trusts to meet the future needs of our patient population.

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Keywords: Community. Deterioration. AIM. Recognition. Response.

Strand 2A: Technological innovations

2Ai, 14:55 - 16:45, 5 December 2023
Supporting Healthcare Education using technology to facilitate international intergroup dalogue training: A case study across the Atlantic
Dr Adam Rathbone, Newcastle University

Promotional abstract: We delivered International Intergroup Dialogue Training using social networking platforms to support pharmacy students from the UK and music therapy students from the US to develop intercultural communication skills. The Virtual Exchange lasted 6 weeks, included two synchronous webinars and four self-directed non-synchronous activities. One student said "I have absolutely loved the virtual exchange and the opportunity it has provided me to get to know my peers in the US as well as meet and lean about our peers in the UK. Getting to see everyone's cultures and perspectives on different topics was very eye opening and a great opportunity for me to look at things from a new perspective". To find out more email Adam.rathbone@ncl.ac.uk.

Summary: Intergroup Dialogue (IGD) is a process through which culturally diverse groups of individuals come together to talk through conflict or polarizing topics (Maxwell et al, 2012). IGD training was developed in the US as part of social justice curriculums and is woven through healthcare programmes, such as undergraduate music therapy, to develop students' cultural competency. IGD training includes four hours of guided face-to-face interactions meant to help participants understand their own identities, points of oppression, and points of privilege. Students learn differences between debate, discussion and dialogue, culminating in a dialogue about a pre-selected topic pertinent to students. We delivered IGD training internationally with music therapy students from the US and pharmacy students from the UK. We used a Discord server and Zoom to facilitate a combination of synchronous and asynchronous opportunities for students and faculty in both countries engage in the IGD process. Students were also required to submit a reflective essay which mapped to relevant external curriculum standards. We evaluated the innovation by exploring engagement data, collecting feedback from students and content analysis of reflective submissions. This session will introduce attendees to the IGD process, how this was adapted as a virtual exchange, challenges of teaching IGD across cultures and healthcare disciplines, lessons learned from the experience and practical steps to implement similar programmes in their organisations.

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Keywords: Healthcare education. Cultural competency. Advanced communication skills. Virtual exchange. Technology-enhanced learning.

BioLeaP: Using blended learning to enhance first year Bioscience learning in Nursing Education

Kelvin McMillan, University of Birmingham

Promotional abstract: Bioscience being seen as a challenging topic within nursing curricula, influenced by factors such as science-based subjects not being required for entry into nursing programmes. The Bioscience Learning Platform (BioLeaP) is a virtual learning environment designed to encourage blended learning that supports nursing students to enhance their bioscience understanding inside and outside the classroom. Nursing students are required to engage in bioscience learning to improve professional competency. Therefore, BioLeaP provides constructive learning across the nursing curriculum, offering learning opportunities to fulfil diverse learning needs that addresses bioscience learning experience and neurodiversity.

Summary: There are national challenges within bioscience learning quality in nursing programmes, with one challenge being competition with other nurse-based subject topics within limited teaching hours offered (Taylor, A Shelford, Fell and Goacher, 2015). When focusing on the first year of nursing programmes, the need for providing necessary principles in different subjects to increase professional competence causes conflict around where teaching time should be prioritised within timetables. Furthermore, bioscience is viewed as a difficult topic by nursing students, influenced by factors such as science-based topics not being a necessary subject for entry into nursing programmes (Mortimer-Jones and Fetherston, 2018).

The Bioscience Learning Platform (BioLeaP) was created to provide a blended learning approach that encourages learning outside the classroom within the nursing programme at the University of Birmingham for 150-160 first year nursing students. With access to engaging educational games and easy to understand audio/visual resources, BioLeaP provides an engaging interactive environment for nursing students to explore their learning at their own pace, whether they are starting from the beginning or enhancing their knowledge. BioLeaP also provides opportunity for innovative teaching in the classroom, promoting fun and engaging activities that captures diverse learning needs and eases the transition into higher education.

Key findings include the usefulness for nursing students who have not had recent exposure to science as a topic, stating they were able to learn from scratch more easily, whilst also having flexibility to learn outside lectures. Another key finding was the increasing level of confidence within bioscience application, made evident in positive anatomy and physiology quiz and module assessment results. Qualitative feedback showed students felt BioLeaP made challenging topics easier to understand thanks to the range of visual resources offered. Nursing students also reported how BioLeaP can be accessed within clinical placements to promote integration of bioscience learning into patient care, proving how accessible BioLeaP is.

Conference delegates will learn about how virtual learning environments like BioLeaP can support students with complex topics such as bioscience. Bioscience learning within pre-registration nursing curriculums is vital to improve clinical skill application and decision making, leading to improved patient care and outcomes (Yates, 2017). Delegates will see how BioLeaP provides equitable opportunities to nursing students in making connections between theory and clinical practice, allowing all nursing students to succeed and show professional competence.

This topic is relevant to the healthcare sector as efficient bioscience knowledge has been shown to improve patient care outcomes. The Nursing and Midwifery Council (NMC) Standards of Proficiencies in Registered Nurses (2018) desires for nurses to be autonomous practitioners who can provide nurse-led services and apply advanced clinical skills to reduce pressure within the National Health Service. Bioscience learning opportunities such as BioLeaP within pre-registration nursing programmes is fundamental to improve nursing student's ability to underpin bioscience knowledge into clinical practice, reducing adverse outcomes in patients (Mayner, Gillham and Sansomi, 2013).

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Investigating the efficacy of a virtual reality software application in enhancing communication skills in post-qualification Nursing and undergraduate Social Care students: A tale of two pilots

Nigel Wynne, Laura Maguire, Michael Greenhouse, Birmingham City University

Promotional abstract: Effective communication skills are essential outcomes for vocational higher education programmes and are important for health and social care courses where deficits can adversely impact practice. Finding innovative and evidence-based methods to facilitate skills development is paramount given current legislative and professional drivers. This paper contrasts the evaluation findings of two pilot studies: One with post-qualifying nurses and one with undergraduate Social Work students. The pilots explored the use of a software application that uses avatar driven scenarios and artificial intelligence to create context rich skills development opportunities for learners that are accessible using PC, mobile and Virtual Reality.

Summary: The Teaching Excellence Framework (TEF) places university teaching performance and related graduate skills outcomes under increasing scrutiny (Tomlinson 2018). Evidencing effective skills development and providing evidenced based rationales for decisions on learning and teaching strategy has never been more important within higher education. Communication and soft skills are consistently valued highly by employers (Succi and Canovi 2020). The importance of these skills is particularly emphasised within health and social care sectors internationally, where skills deficits have been linked to adverse practice (Burgener, 2020; Kohn et al 2000; Bray et al 2018). These regulatory, employer and service sector drivers lead educators to search for innovative, effective and more efficient approaches to communication skills training.

This presentation will describe the findings of two pilot studies drawn from a large 15 pilot programme, still underway at the time of writing, which evaluate an innovative software application designed to develop communication skills. The two pilots chosen represent very different contexts and student populations.

The programme aims include:

- Identify effective pedagogies to optimise engagement with VR based learning. Capture the student experience and identify barriers to access.
- Compare effectiveness of learning when using different devices.

The application being evaluated uses avatar led scenarios to provide context rich and interactive opportunities to apply, reflect, rehearse and gain feedback on communication skills learning and performance. The application can be accessed via mobile, PC or Head-Mounted Virtual Reality (HMVR) devices. Feedback in the form of verbal and non-verbal communication metrics are provided with the widest range of metrics offered by HMVR.

Pilot 1: Postgraduate Critical Care pathway nursing students. Two cohorts of approximately 15 students were asked to complete Understanding Conflict training using mobile or PC. A week later they were asked to complete a further module on Resolving Conflict using HMVR devices. Learning was both on and off campus.

Pilot 2: Undergraduate Social Work students. 40 student volunteers were selected to complete one module on clear Communication Skills using HMVR devices. Learning was on-campus.

Data was collected through questionnaire survey, and focus group interview and through data from in-sim surveys. Pragmatic observations around issues such as battery life, hygiene measures, turnaround between groups and general hardware and software management were recorded to inform best practice using HMVR. Ethical review was provided by the Faculty Ethics Committee.

At the time of writing data analysis has just started. However full overview of findings will be presented with consideration given to the similarities and differences across both pilots, aspects of usability, the influence of prior VR experience on trial experience, and indicators of skills and knowledge gain. Currently, there appears to be a very positive response from both staff and students to this software. Of acute interest is the way in which pilot pedagogy has evolved as pilots progressed. From sole reliance on the software to orientate, brief, teach and feedback to learners, to an increasing use of teacher led scaffolding in the form of structured pre-brief and post simulation debrief; with target setting to encourage iterative skills rehearsal.

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Customised computerised clinical protocol guidelines for Medical Education: The case of Chronic Kidney Disease (CKD) using domain-specific languages
Dr Sofia Meacham, Bournemouth University and Professor Simon Fraser, University of Southampton

Promotional abstract: Clinical protocol guidelines have been introduced to assist and educate healthcare professionals in handling diseases and especially chronic diseases such as chronic kidney disease. Technology through computerised clinical protocol guidelines has been employed years ago. However, acceptance of this developments has faced challenges. There is a need for co-development between technology and medical researchers to enable correctness and acceptance. An advanced software engineering technique, domain-specific languages, was employed in our project and will be presented at the conference. This work was funded by MDENet (an Engineering and Physical Sciences Research Council (EPSRC) network for Model-Driven Engineering managed by King's College in London).

Summary: Educating healthcare professionals to correctly manage long-term conditions such as Chronic Kidney Disease (CKD) can be complex [1]. Converting theoretical understanding of clinical concepts into logical steps for identifying and managing a disease is not straightforward [2]. There is a risk to patients if guidelines and protocols are not followed correctly, for example through not identifying a condition like CKD in a timely fashion [3] or sub-optimally managing key risks such as hypertension [4]. In addition, during both initial training and in later professional development, professionals need to adapt to changing clinical guidelines and emerging findings from research [5]. Therefore, there is a strong need to support medical professionals with learning and adopting current and emerging clinical protocol guidelines, particularly for complex conditions such as CKD. From the technical perspective, and although specialised software solutions that are customised for complex clinical protocols and verified by medical professionals can be extremely valuable tools towards this aim, there are several challenges. More rigorous validation and verification processes for the software developed are required to ensure correctness [6]. The whole software development process and the resulting artefact need to be "understandable" and "accessible" by the non-technical users to ensure validity and adoption. Domain-specific languages (DSLs) are an advanced technique that can address both above issues. They allow "correct-by-constriction" software development [7] and non-technical domain users to interface with complex technological systems bringing technology to non-technical audiences [8]. In this project, using CKD as an exemplar, we used open-source DSL for the development of clinical protocol software based on the most recent NICE guidelines [1]: the Guidelines Definition Language (GDL) DSL [9] by Cambio CDS [10]; the PROforma [11] and a custom DSL developed in our research group. Commercial DSLs, such as those developed by Voluntis [12], also exist. Initial evaluation of the developed artefacts will take place within the University of Southampton medical school. Experiential software engineering methods through surveys and co-creation workshops with co-developed domain-specific criteria was the approach followed. This is a new approach developed and trialled in this project. All existing approaches focus on DSL usability aspects [13] and are too hard to introduce. They also ignore the domain-specific focus of the DSLs. The initial results from this project's outcomes will be presented at the conference as experimentation at the time of writing this paper is still ongoing. Concluding, our plans include the design and development of a custom simulator on top of the presented software. The domain-specific languages technology will be also used for this to provide a customised simulator and enable medical professionals to contribute directly to the software development [14]. Please, note that this research has been the output of work carried out by a multidisciplinary

collaboration between model-driven engineering researchers from Bournemouth University and medical researchers from University of Southampton. It has been supported by MDENet [15] (an Engineering and Physical Sciences Research Council (EPSRC) network for Model-Driven Engineering managed by King's College in London) under the MDENet Seedcorn funding.

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Strand 2B: Placements

2Bi, 14:55 - 16:45, 5 December 2023
The innovative Peer Enhanced e-Placement (PEEP) model: Flexible and adaptable to changing workforce needs
Professor Lisa Taylor, University of East Anglia

Promotional abstract: Innovative placements are needed to complement in-place in-person clinical placement models, maximising placement capacity and graduate preparation/transition into a changing health and social care workforce. The Peer Enhanced e-Placement (PEEP) is delivered entirely online, harnessing evidence-based online and peer-learning pedagogy. An online synchronous PEEP acquisition experience workshop enables PEEP placement teams to work collaboratively in the design and delivery of their own PEEPs. PEEP research reported over 1800 students have completed a PEEP, students achieved placement learning outcomes, with additional benefits of in-depth professional/critical reasoning, teamwork, and technological workplace preparation. The PEEP model offers a quality sustainable, flexible placement option.

Summary: Within higher education, innovative flexible placement provision is needed, focussing on employability skills and attributes beyond "hands on clinical skills" (Taylor, 2020) to complement in-place in-person clinical placement models, and to help maximise placement capacity and graduate preparation/transition in to changing health and social care workforces.

The Peer Enhanced e-Placement (PEEP) was created by Professor Lisa Taylor, as an emergency response to covid placement suspensions built around placement learning outcomes, delivered entirely online, harnessing evidence-based online (Salmon, 2011) and peer-learning pedagogy (Tai et al., 2021; Topping et al., 2017). The original pioneering PEEP (Taylor and Salmon, 2021) was a catalyst for reimagination of placement provision and has been developed since, to maximise its quality and pedagogical robustness (Taylor, 2023) and sustainability as a placement model. PEEP is endorsed by professional and statutory bodies (Council of Deans of Health, 2022) and is a case study for an Erasmus+ higher education research project, commissioned by the European Commission (Erasmus+, 2023). An online synchronous PEEP acquisition experience workshop was developed and delivered by Professor Lisa Taylor and Professor Gilly Salmon, aiming to enable PEEP placement teams (including higher education academics, clinicians, and service users) to work collaboratively in the design and delivery of their own PEEPs.

The objectives of the PEEP acquisition experience were to maximise the team's understanding of the robust pedagogical principles and transferability of the PEEP, supporting contextualisation and application of those principles for their own individual team's local and profession specific needs.

To date over 80 teams from 20 professions/disciplines across the UK (and occupational therapists in South Africa) have completed a PEEP acquisition experience workshop. Ethically approved PEEP research was conducted with teams, by an independent researcher, using questionnaire surveys and interviews to collect qualitative and quantitative data. The PEEP research results reported over 1800 students across occupational therapy, diagnostic radiography, orthoptists, speech and language therapy, nursing, physiotherapy, operating department practitioners and dietetics have completed a PEEP, most lasting 3-4 weeks, predominantly with second year students. Students achieved their placement

learning outcomes, with additional benefits of in-depth professional/critical reasoning, teamwork, and technological workplace preparation.

PEEP was reported to offer a sustainable placement model, able to fulfil professional/statutory body requirements, with flexibility to design content to respond to current/emerging workplace/role requirements. Quality is maintained through PEEP's robust pedagogical design and delivery, assisted by the PEEP exemplar timetables. Support is needed to facilitate placement team's understanding and transformation to enable adoption. Efficiencies are maximised by designing a PEEP once and delivering multiple times and sharing resources. One higher education programme increased student intake by ten based on guaranteed placement capacity created by their PEEPs.

Flexible, future focussed placement innovation can help prepare graduates for the changing workforce requirements within health and social care, complementing in-place in-person clinical placement models. The PEEP model has been adopted and positively evaluated across many health and social care professions, offering a quality, sustainable, collaborative, flexible, evidence-based, authentic placement option to prepare students for future workforce needs, whilst also assisting with ongoing placement capacity challenges.

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Implementing Nursing students' opportunities for interprofessional education through a Primary Care integrated placement model: The Exeter University pilot project
Cathy Rant, University of Exeter

Promotional abstract: This pilot project aimed to improve the quality and impact of student nurses' - from Exeter University - clinical practice experience by integrating health and social care services placements. The pilot consisted of an 8-week hub and spoke placement model involving GP Practices and four Care homes within the same Primary Care Network. Interprofessional education was ensured as the students worked collaboratively and independently with Allied Health Care Professional students across Devon. Qualitative findings from interviews and focus groups gave students, stakeholders, and patients insights, highlighting an improved interprofessional care process, service integration and a meaningful learning experience.

Summary: Background. Primary healthcare is a fundamental part of the NHS (CQC, 2022). Therefore, nursing undergraduate curricula' content must be strengthened to develop, implement and evaluate innovative learning and teaching strategies for primary healthcare education (DHSS, 2021, 2022; Byfield et al., 2019). However, planning primary care placements is challenged by the lack of support and by the shortage of registered nurses in social care settings (Skills for Care, 2021; Bloomfield et al., 2018). Primary care placements can constitute a strong chance for effective integration between health and social care, and therefore, can offer the students a real interprofessional experience (NMC, 2018). Increasing the number of learning experiences in social care will enhance future team working and create a sense of a joint health and social care career structure. The project The Pilot consisted of a 'hub and spoke' 8-week placement model. The GP practice was the Hub while different Social Care settings in the Devon Primary Care networks acted as Spoke placements. Four second-year students from the MSci Nursing Programme attended the first part of their placement in the GP practice (2 weeks) then they rotated between social care settings linked with the hub practice (4 weeks). Finally, the students concluded their experience (2 weeks) in the GP Practice.

The student aimed to follow the patient's pathway throughout the health and social care trajectory. To achieve this objective, it was arranged that the student would have the chance to act as a link between GP, care homes and staff to improve person-centred care. Students were provided with a specific health and social care learning-program to integrate different practice activities, such as clinics and shadowing GPs in Care homes. Careful planning, including AHP and medical students working with nursing students on specific targets, enhanced the Interprofessional feature of this Pilot. Project Evaluation tools

The Pilot adopted qualitative tools to evaluate the student's experience from their perspective and gain perceptions of the other actors involved. Therefore, the project implied: weekly students detailed reflective feedback; student's in-depth interviews; a focus group with different stakeholders and patients. For the dissemination of the project, students and staff agreed to be filmed for an interview about their experience. The University Committee granted ethical approval, and the GP practice and social care directorate provided support. Discussion The pilot project preliminary feedback highlighted the success of this approach to primary care placement as the students reported to have achieved a higher level of awareness and willingness to disseminate for the other students. However, the project challenge was to support students in practice where no registrants' professionals were present at that moment, and this highlighted the need for long-arm supervisors and the possibility of consolidating a new way of planning placement practice. Further study and

more funds are needed to support future projects in this direction. Conclusion This small pilot supported nursing students' competence and boosted their autonomy outside the traditional clinical practice settings; this resulted in students' raised awareness of the process and therefore improved patient care and interprofessional education.

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Keywords: Primary care. Interprofessional Education. Integrated care. Undergraduate nursing curricula. Clinical practice placements.

An exploration of Occupational Therapy role-emerging placements: Students' perspective

Annabel Heaslop, University of Worcester

Promotional abstract: Role-emerging placements are becoming increasingly common in occupational therapy higher education (Dancza, Copley and Moran, 2019). However, anecdotal evidence from students on an undergraduate BSc Occupational Therapy course reported feeling unprepared for role-emerging placements, despite attempts from academic staff to prepare students. In order to better support the learner experience, a research study was conducted to investigate occupational therapy student experiences of role-emerging practice placements. Semi-structured interviews and interpretative phenomenological analysis was used to identify themes relating to the student experience. Findings from the literature review, themes identified during the interviews and recommendations based on the findings, will be discussed.

Summary: Student placements are a component of a range of professional courses and many studies explore the student experience within various academic fields (Thompson, 2017; Walker, Cross and Barnett, 2019). Within occupational therapy higher education courses, practice placements form a core element of the learning experience (Royal College of Occupational Therapists, 2018). The Royal College of Occupational Therapists (RCOT) is actively encouraging both Higher Education Institutions (HEIs) and practicing occupational therapists to actively broaden student placement experiences and placement models in order to provide the number of student placements required (RCOT, 2021).

The need for alternative placement models rather than relying solely on traditional 1:1 'practice educator: student' models is apparent due to workforce shortages and subsequent need for increased placement numbers for student training (RCOT, 2021). Role-emerging placements are becoming increasingly common in occupational therapy higher education (Dancza, Copley and Moran, 2019).

Occupational Therapy literature has highlighted the challenges experienced by students on role-emerging placements (Dancza, Copley and Moran, 2019; Dancza, Warren, Copley, Rodger, Moran, McKay and Taylor, 2013) and has explored different methods of preparing students for placement (Larkin and Hitch, 2019). Preparation for practice has been found to be help students respond to demands of practice placement (Spiliotopoulou, 2007).

However, anecdotal evidence from students on an undergraduate BSc Occupational Therapy course reported feeling unprepared for role-emerging placements, despite significant attempts over several years, from academic staff, to adequately prepare students. A high quality, positive student experience is a key element of practice placements within the university, and learner support is seen as a critical feature of this. As such, the academic team working within practice placements was keen to provide high quality student support that met the needs of the students. Individual support was provided to students on placement, as a standard 'zoned academic' visit, whereby a member of the academic teaching team visited each student while on their placement. However, concerns regarding the student experience on role-emerging occupational therapy placements continued to be voiced. As such, the following research question was devised and used to conduct the study: What are occupational therapy student experiences of role-emerging practice placements from one UK based university course?

The aim of the research was to explore occupational therapy student experiences while on role-emerging placements. The literature, both education-focused and specific occupational therapy literature, was reviewed regarding student experience on role-emerging placements. An interpretivist framework was used to enable the researcher to examine the complex reality of the student experience in the setting of the role-emerging placement (Egbert and Sanderson, 2020). Semi-structured interviews were used to collect data regarding occupational therapy students' experience of role-emerging placements. The data was then analysed using interpretative phenomenological analysis to identify themes relating to student experience on role-emerging placements. Findings from the literature review, themes identified during the interviews and recommendations based on the findings, will be discussed, in particular those relating to learner support.

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2Biv, 14:55 - 16:45, 5 December 2023
Expanding Diagnostic Radiography student capacity by utilising the ED, Fracture Clinic and Advanced Practitioners
David Stuart, University of Derby and Kathryn Nettleship, Nottingham University Hospitals

Promotional abstract: In Partnership with the University of Derby and Nottingham University Hospitals Trust, we launched the "Trauma Pathway Week" for 3rd year BSc and 2nd year MSc Diagnostic Radiography students

Summary: Introduction   Plain film clinical placements are limited due to equipment, staffing and space 1. To reduce the burden on clinical providers, innovative ways are needed to create new opportunities for student radiographers through simulation and alternative placements2.   In partnership with the University of Derby and Nottingham University Hospitals Trust, a 'Trauma Pathway Week' (TPW) was launched for 3rd year BSc 2nd year MSc radiography students. Method For a deeper understanding of the trauma pathway, a 3-day timetable was arranged for students. The learning objectives (LO) were:

- Increase confidence and knowledge in patient-centred care (PCC) for ED trauma patients
- Greater understanding of Multidisciplinary team working.

Day 1 – Emergency Nurse Practitioners Day 2 – Reporting Radiographer and A and E Day 3 – Fracture Clinic

Evaluation
Following the TPW, 16 students were asked to complete an evaluation form with eight questions, on how beneficial they found this placement 3. Forms were sent out after placement and returned within a two-week period. Results showed the following;

- 100% of Students agreed their knowledge has improved.
- 100% of Students agreed their knowledge of MDT working improved.
- 100% of Students agreed they have a higher understanding of the AandE TP.
- 95% of Students agreed their confidence in exhibiting PCC improved. Students said the following feedback;
- "Understanding how ENP's provide the clinical details for justification and methods behind this such as performing Ottawa knee rules helped me understand the process more".
- "A lot of things started to make sense and piece together. For example, when working with Reporting Radiographers."
- "A couple of hours spent with the physiotherapy team would be beneficial as many patients were referred for treatment".
- "Although the reporting session was the most useful for my learning, I felt the day with the ENPs was really beneficial to develop empathy towards patient care."

Discussion
The results demonstrate that the TPW was beneficial. Over 50% of students found the day with the ENP's the most beneficial. Interprofessional working can lead to improved collaboration between clinical teams and increased quality of care for patients3. In addition, developing innovative Interprofessional weeks will help students build on their understanding of patient pathways and improve communication4.

Conclusion
The creation of a "Trauma Pathway week" should be implemented across UK Universities and hospitals for Radiography students as it would increase student capacity and help

provide support in training more Radiography students. Evaluation results also show that the LO were nearly unanimously achieved.

Relevance

This was a ground-breaking week which is its first in its field and very innovative It increased Student Radiography capacity by being innovative and evaluation showed that students' knowledge, MDT working skills, patient-centred care skills and ED pathway knowledge all improved. This work was also presented at UKIO in June of this year. Please see link below.   (3) Post | Feed | LinkedIn

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Keywords: Placement. Innovation. Diagnostic Imaging. Advanced Practice. Student Expansion.

Strand 2C: Learning experiences

2Ci, 14:55 - 16:45, 5 December 2023
"Finding our voice": Findings from a mixed-methods study exploring the lived experiences of LGBTQ+ students at a UK higher education institution
Gemma Spencer and Dr Gillian Rayner, University of Central Lancashire

Promotional abstract: Over the past 10 years, there has been an increase in applications from students identifying as LGBTQ+ to UK HEI's with a 40% increase since 2016 of applications identifying as lesbian, gay, bisexual, or other and an 86% increase in declared transgender applicants, (UCAS 2021). Despite recent reports of good practice within UK HEI's around LGBTQ+ issues (UCAS 2021), the academic literature unfortunately paints a somewhat bleaker picture, (Ellis 2009). A mixed methods study was conducted as part of a staff internship, to explore the lived experiences of LGBTQ+ students as well as the impact of existing supportive measures on their student experience.

Summary: Despite UK Higher Education Institutions reporting areas of good practice with relation to LGBTQ+ students, (UCAS 2021), both the academic literature and students report a much bleaker picture, (Ellis 2009).

As a transitional point for exploring identify and individuality, it is right that HEI's help to facilitate an inclusive and safe environment for students to flourish, (Marine and Nicolazzo 2014). This empowers learners to be their whole selves, creating a sense of community and belonging which in turn increases their chances of both academic and personal success. This project is part of a staff internship to explore student experiences at UCLAN in order to report back to wellbeing, inclusivity and university senior leadership teams with a view to enhance the student experience. A narrative synthesis literature review found three common themes when exploring experiences of LGBTQ+ students within UK HEI's: Safe Spaces, Visibility and Education. Safe Spaces – physical and emotional safe spaces such as gender-neutral bathrooms and student led societies were widely recognised as important.

Visibility of LGBTQ+ role models were highlighted as lacking as well as being important for learner engagement. Stonewalls University Report noted that 1 in 5 LGBTQ+ students at UK HEI's have been advised by staff members to hide their true identities to avoid abuse, (Bachmann and Gooch, 2018). Awareness of mis gendering was highlighted as a significant concern. Education around LGTBQ+ issues within teaching curricula was found to be lacking, which is especially apparent within professional programmes such as nursing. Online learning, despite often preferred also appears to promote online abuse. It is suggested that abuse during online learning leads to education disadvantages within the LGBTQ+ community due to avoidance of teaching sessions conducted this way. University administrative procedures were found to be archaic and not easy to navigate. Much of the current literature has relied upon interviews from staff and students as a way of determining appropriate supportive measures with little discussions to explore their impact. Research Methodology A mixed methods study comprising of an online survey and phenomenology based semi-structured interviews was conducted to explore the lived experiences and impact of supportive measures for LGBTQ+ students within a UK HEI. Key Findings Data analysis currently ongoing, this will be complete prior to the conference. Lessons learned Recommendations for future practice within healthcare and wider curricula will be explored. Relevance to Healthcare Sector. Academic literature highlights awareness of LGBTQ+ issues to be considerably lacking within professional courses such as nursing. Healthcare inequalities for transgender individuals are vast. As healthcare educators of the future

workforce, it is our responsibility to start raising this awareness from the start. The nursing curriculum should be reviewed regularly to ensure contemporary content reflective of current society and issues within healthcare and must therefore represent contemporary healthcare practice.

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Exploring Registered Nurses' experiences of preparation as practice supervisors and assessors of Nursing students
Nicola Fishburn, University of Salford

Promotional abstract: The NMC (2018) Standards for student supervision and assessment require nursing students to be supervised and assessed in practice, with the requirement that supervisors and assessors undertake appropriate preparation. This presents wide potential for varying approaches to role preparation, without evidence to support understanding of what this should consist of. This study explored how practice supervisors and assessors of nursing students experience preparation for their roles.

Summary: This study explored how registered nurses experience preparation for their roles as practice supervisors and assessors. In 2018, the Nursing and Midwifery Council (NMC) inaugurated new Standards for student supervision and assessment (NMC, 2018) which separated the previous role of mentor into two separate roles of supervisor and assessor. Mentorship had stipulated a prescribed framework for role preparation, however the new standards set out outcomes for each role, with the requirement that those acting as supervisors and assessors undertake appropriate preparation for their roles. This has the potential for variation in the approach to role preparation in the future, without evidence to support understanding of what this should consist of. Previous studies (Gray and Brown, 2016; Veeramah, 2012) sought to evaluate mentor preparation courses, but following the introduction of the 2018 standards, no studies to date have attempted to explore the variation in ways in which practice supervisors and assessors of nursing students experience preparation for their roles and perceive how effective they are in their roles as a result of their preparation, after reflecting on their experiences of supervising and assessing students in practice.

Methodology: the study utilised a phenomenographic approach, which aims to describe the different ways in which people experience, understand and make sense of a phenomenon (Marton, 1986; Sjöström and Dahlgren, 2002). Thirteen semi-structured interviews were conducted in total.

Key findings from the study were: learning about the role; preparation and confidence; and missing pieces. The study findings identified that registered nurses experienced preparation for their supervisor and assessor roles in a variety of ways, encompassing initial role preparation and learning through application and experience. Initial preparation, while significant and valued, was insufficient to enable supervisors and assessors to then apply their roles in practice with confidence. Ongoing reflection and experience were key aspects to the emergence of self-confidence and the development of knowledge and skills.

This includes the identification and management of struggling or underperforming students, and discussions on the objectivity of, and confidence in, assessment decisions. A system of support for supervisors and assessors is recommended as an integral part of role preparation and development. Recommendations for future role preparation include the development of flexible, interactive resources, deliverable in a classroom or online, which inform new supervisors and assessors and stimulate discussion and debate, situated in the context of work-based learning and role application. These should be supported by resources (for example 'frequently asked questions') to which supervisors and assessors can refer for information or clarity.

What lessons conference delegates will learn from this session: Beneficial approaches to practice supervisor and assessor role preparation, key aspects of the roles of supervisor and assessor which were identified as significant, the need for ongoing role preparation and development.

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Keywords: Practice supervisor. Practice assessor. Role preparation. Phenomenography.

Pre-registration student nurses' experience of online learning: Digital and technology skills ready or not?

Christina Ebanks, Buckinghamshire New University

Promotional abstract: A significant number of research on online learning focuses on the effectiveness of online learning from an educator's perspective. There is no known digital and technology assessment, tool or baseline for measuring the digital and technology competence of student nurses, prior to or in the course of their studies. It is therefore imperative to enquire if student nurses are digital and technology skills competent to engage with online learning. The experiences of student nurses with online learning and if they are digital and technology skills ready or not for online learning, will inform pedagogy. Well-tailored educator approaches to student needs in online delivery is a requirement for successful student engagement and support during online learning.

Summary: Pre-registration student nurses' experience of online learning; digital and technology skills ready or not?

Abstract aim
The research aims to find out what the experiences of student nurses are with learning online, considering their digital and technology skills readiness for online learning.

Background
The studies of Blum et al. (2019) Stutsky and Spence- Laschinger, (2014) Wilkinson et al. (2015) and Basak et al. (2018) looked at online learning as one that includes any teaching that takes place virtually online and is teacher-led.   Numerous international and national strategies have identified online learning in universities as critical for lifelong learning, improves digital and technology skills and professional proficiency skills (Ferrari, 2013; NMC 2019; Ministry of Education and Research, 2017). Digital literacy proficiency enables the acquisition of other skills and competencies which are relevant for life (RCN 2017; HEE, 2017; RCN 2022). Reasons cited for an increase in online learning, other than the global pandemic includes improved internet access, flexibility for students and its ability to save time (Lamon et al. 2020; O'Shea et al. 2015; García-Morales et al. 2021; Scagnoli et al. 2019; Chick et al. 2021).   There is no known digital and technology assessment, tool or baseline for measuring the digital and technology competence of student nurses, prior to or in the course of their studies.

Methodology
This study is descriptive qualitative research, which utilised Interpretative phenomenological analysis and a hermeneutic Interpretative phenomenology. Four pre-registration student nurses in a university in England were recruited for the study. Individual face-to-face tape recorded semi-structured interviews were conducted with verbal and written consent from participated student nurses. Data collected between March and June 2022 was concurrently transcribed and analysed. Reaching data immersion is an imperative process in thematic analysis (Braun and Clarke, 2021). Interviews were then searched for patterns in the given codes from the various interviews, themes that emerged were then reviewed and defined. RESULTS The themes that emerged from the collected and analysed data indicated Student nurses' competence in digital and technology to engage in online learning. Online learning was deemed beneficial by students in view of its flexibility and financial benefits. Students however reported a preference for face- to- face learning due to the problems that they faced with online learning. The factors that inhibited students from fully engaging with online learning included internet hitches, inability of nurse educators to use technology when

teaching online and a lack of effective communication. Environmental distractions at home of both student and lecturers and a lack of support from peers and nurse educators during online learning, were also cited as difficulties that inhibited engagement online.

Conclusion
Student nurses expressed a preference for face-to-face learning to online learning, although they stated a digital and technology skills competence readiness for online learning. Professional mandatory and regulatory bodies for nurse education require qualified nurses to have sound digital and technology skills. Considerations for online learning for nurse education must include a digital and technology skills competence measurement prior to online learning. Digital literacies are enablers that enhances lives, by creating an understanding for nurses to thrive in a technology and digital era (RCN, 2017; HEE, 2020). This study findings supports a blended learning approach, to enable the successful amalgamation of pedagogy and programme validation requirements.

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Making sense of the feedback experience: An interpretative phenomenological analytic study exploring the lived experience of student nurses receiving written feedback on their written assessments
Sarah Traill, Dr Gillian Rayner and Dr Philippa Olive, University of Central Lancashire

Promotional abstract: This research uses IPA to explore student nurses lived experience of receiving assessment feedback on their academic work. The analysis of students' accounts of experience revealed two important themes: "Educational Baggage" and "The mediating influence of relationships". These themes and associated principles of practice offer potential routes toward authentic learner centred feedback practices which enhance student engagement, attainment and satisfaction.

Summary: The aim of providing students with written assessment feedback is to support future development (Carless and Boud 2018; Hattie and Timperley 2007; Pitt and Quinlan 2022; Winstone and Nash 2016). Feedback itself has been identified as having a powerful effect on learning and development (Hattie and Timperley 2007; Wisniewski, Ziere and Hattie 2019). In an age of neoliberal marketized education, feedback is a common source of students' dissatisfaction and thus detrimentally affects NSS and TEF outcomes (Winstone and Carless 2021; Winstone, Ajjawi and Boud 2021). In an attempt to enhance students' satisfaction and league table position, HE institutions have focused their efforts on consistency and standardisation of assessment feedback practices, yet satisfaction with assessment feedback remains poor (Winstone, Ajjawi, Dirkx and Boud 2021). This research explores the phenomena using IPA (Smith, Flowers and Larkin 2022) to draw out idiographic and group experiential themes that capture how students make sense of the feedback experience. This research considers feedback from an interconnected perspective, exploring the students understanding of themselves and their position in the world of education. The research identified two key conceptual themes of "Educational Baggage" and "The mediating influence of relationships". Rather than approaches which game the NSS and TEF metrics, this research highlight the importance of authentic learner centred approaches to assessment feedback. The resulting principles of practice and recommendations offer flexible, adaptable, and efficient routes towards enhanced student engagement, agency, attainment and satisfaction.

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Strand 2D: Preparedness for practice

2Dii, 14:55 - 16:45, 5 December 2023
Use of a virtual family tree to enhance the application of theory to practice within the undergraduate Nursing curriculum
Lisa Forbes Grant and Kate Phillips, University of Leeds

Promotional abstract: A digital family tree is being used across Undergraduate Nursing Programmes at University of Leeds, within teaching, assessment and clinical simulation. This innovative resource, developed collaboratively between nursing and digital academics, experts by experience and student nurses, creatively supports learning by applying theory to practice in a range of healthcare contexts. It considers the physical and social environment, holistic and systemic factors, and how these relate to health and wellbeing. It promotes critical thinking in care planning, while supporting 'higher level thinking' in line with Bloom's taxonomy.

Summary: Aim: Explore how a digital family tree has been implemented within Undergraduate Nursing Programmes at the University of Leeds Nursing to enhance student education and experience.

The session will consider how the implementation of a digital resource, based upon documented benefits of holistic (Jasemi et al. 2017), narrative (Ironside 2015), and character-based (Shuster et al. 2011) learning in healthcare education; can enhance undergraduate nursing education.

A digital family tree is being used across Undergraduate Nursing Programmes at University of Leeds, within teaching, assessment and clinical simulation. This resource, developed collaboratively between nursing and digital academics, experts by experience and student nurses, creatively supports learning by applying theory to practice in a range of healthcare contexts (Giddens 2012). It considers the physical and social environment, holistic and systemic factors, and how these relate to health and wellbeing (Kantar 2014). It promotes critical thinking in care planning (Andreou et al. 2014), while supporting 'higher level thinking' in line with Bloom's (1956) taxonomy (Roca et al. 2016). Initial student feedback has been positive, citing that the format is engaging, interesting and provides opportunities to apply theory to practice. Use in classroom-based learning and assessment has supported the introduction, conceptualisation, and application of fundamental nursing practices and principles, while engagement with the interlocking soap-opera-like stories of the family members has fostered emotional connections, further supported by acted simulations, contributing to an authentic learning experience.

Participants will have the opportunity to experience the interactive elements of the family tree and consider how this approach could enhance current teaching methods through discussion, exploration of the resource and experiential learning. Participants will be invited to access the digital family tree and carry out activities using the resource.

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The Health Sciences and local schools knowledge exchange project (HeSP)
Carli Whittaker, Laura Holliday, Helen Reddy, Louise Clarke and Verity Wilson,
University of Nottingham

Promotional abstract: The Health Sciences and local Schools knowledge exchange Project (HeSP) is a successful collaborative approach to innovatively enhance the student experience for pre-registration child field nursing students. A mutually beneficial relationship between a School of Health Sciences and local primary school was developed leading to valuable learning experiences for both nursing students and primary aged children. This project promotes knowledge exchange, enables the development of key skills and proficiencies for nursing students, and provides curriculum enrichment opportunities for the children involved.

Summary: Background - Replicating real-life and meaningful experiences that expose nursing students to children and young people (CYP) creates a challenge within the higher education setting. A reduction in clinical placement availability, and the need to address professional body regulations for simulated practice learning, has created a need for innovative learning experiences that expose nursing students to CYP (NMC, 2023). However, engaging with this population can be challenging due to recruitment, consent, and safeguarding issues (Gamble, Nestel, and Bearman, 2022; Budd, Anderson and Harrison et al, 2017). To address this gap, the team developed HeSP (in collaboration with a local primary school) to provide an opportunity for pre-registration student children's nurses to develop key skills and proficiencies whilst concurrently meeting parts of the Primary school curriculum.

Methodology
The team comprised of child nursing academics and the head-teacher at the primary school. Outcomes for nursing and primary school students were formulated, with associated risk assessments. This project aimed to enhance nursing student experience and skills in the assessment of, and communication with, CYP. It included undertaking physiological observations utilising age-appropriate communication, with the opportunity for both student nurses and children to engage in this activity. Both the nursing students and primary children were invited to give feedback on their experience. Nursing students completed a survey that comprised of Likert scale questions as well as qualitative feedback opportunities. A response rate of 75% was achieved. Qualitative feedback was thematically analysed. The school children were given an opportunity to feedback, both on the day as part of a class debrief, but also by completing an adapted 'smiley faces' scale which provided responses that ranged from 'boring' to 'great'.

Findings
For nursing students, three positive impact themes were identified: development of communication skills and abilities, importance of real-life practical experience, and development of a clearer Children's Nursing identity. The primary school children evaluated the session as 'great' (52 out of 59), with the remaining 7 students circling 'good'. This was supported by positive qualitative comments.

The initiative allowed child nursing students to gain experience of interacting with children in a safe environment. This promotes knowledge exchange and enables the development of key skills and proficiencies for nursing students, whilst providing curriculum enrichment opportunities for the children involved.

Conclusion

HeSP has been a successful collaborative approach which has provided a valuable opportunity for students to meaningfully engage with CYP. While small scale initially, the project has subsequently expanded leading to far greater reach than originally anticipated, including the involvement of student nurses from other fields of practice. Nursing student numbers have grown from 65 to 125 per year, while primary school children numbers have grown from 60 to 150. This project has created a mutual and successful collaboration across health and educational settings, and there is opportunity to develop relationships with other local educational settings in the future. This project provides an example of innovative teaching and learning that can enhance healthcare student experience, whilst also meeting needs in the local community.

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A grounded theory of learner availability in practice education
Terri Grant, University of Worcester

Promotional abstract: To understand potential ways of augmenting or replacing placement capacity by using alternative learning methods such as simulation, it was first necessary to understand what students actually learn on their first practice placement. This study identified what is learned, which was further abstracted to create a theory of Learner Availability. This theory, which has been developed using grounded theory methodology, will be presented in relation to the population of Occupational Therapy students who participated in the study, but has applicability across all health and social care professions.

Summary: Introduction: Occupational therapy programmes, together with other health and social care professional education programmes, require a significant number of hours of learning in practice. Occupational Therapists worldwide undertake 1000 successful hours in order to register and use their protected title worldwide (WFOT, 2016; RCOT, 2019). Honey and Penman (2020) found first-year placements should incorporate reality and participation but few other authors have considered the content of this placement or indeed any traditional placement styles, with the focus of research being placed on less common placements such as role emerging or international placement experiences (Fieldhouse and Fedden, 2009; Miyamoto et al., 2019). Therefore, the nature of what is learned during a first placement was explored.

Objective: To understand what is really learned by students during their first practice placement and how this knowledge inter-relates to give rise to a theoretical understanding of the learning students experience during their first, traditional-style practice placement.

Method: Following Grounded Theory methodology, interviews with 15 participants (pre-registration students and practice educators) were conducted and analysed using constant comparison methods. Relationships between data were analysed and results further abstracted to develop a theory about the ways in which students learn during this first placement.

Results: Four categories of learning were identified which have previously been reported (Grant et al., 2022) and presented at the NET22 conference (Grant 2022). This paper will build on the previously published early results to present information regarding the relationships between these categories, and the final theory which considers students' availability for learning during placement will be presented. Conclusion: Considering ways in which placement learning is interrelated and the factors that influence students' availability to learn during placement can support students and educators to maximise their learning opportunity during the first and subsequent placements. The theory, which was developed via Occupational Therapy participants, has applicability across all health and social care professions.

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Strand 2E: Professional identity

2Ei, 14:55 - 16:45, 5 December 2023
A phenomenological insight into what final year undergraduate student nurses perceive is the role of the Registered Nurse and who they learn this from
Dr Nicola Morrell-Scott, Liverpool John Moores University

Promotional abstract: This paper takes us on a journey exploring what student nurses perceive Registered nurses do and who they learn from in clinical practice

Summary: Background: This paper considers the perceptions of 18 final year student nurses around their perception of the role of the nurse. Methods: A qualitative phenomenological research study was undertaken, with final year student nurses as the data source, undertaking semi-structured interviews from a United Kingdom Higher Education Institution. Data analysis was undertaken by using interpretative phenomenological analysis.

Results: Findings indicate that student nurses had little insight as to the role of the nurse when commencing the programme. Being on the programme has led them to understand there are many aspects of a nurse's role including, surprisingly for them, much responsibility. It was also found that a lot of the learning that takes place comes from working with healthcare assistants, and due to this, the student nurses perceive that the role of the modern nurse is task orientated and there is little holistic care.

Conclusions: The future practice of this group of registrants may be affected depending on how they move forward with their role, alongside the holistic role of the nurse being detracted from. While phenomenology does not account for generalisations but does seek to illuminate this phenomenon; however, if this view were to be shared globally, then the caring aspect of nursing may well be in danger of being lost. If this assumption of the role of the nurse is shared globally, then there are inevitably implications for the nursing profession, and more importantly patient care may be affected.

Keywords: Holistic care. Learning. Nurse's role. Partnership working. Professional practice.

Rebalancing Health and Social Care experience in the pre-registration Nursing curriculum

Dr Kate Knight, Professor Vicky Ridgway, Viki Whaley and Bex Bailey-McHale, University of Chester

Promotional abstract: Since the changes to supervision/assessment and proficiencies by the Nursing Midwifery Council in 2018, student nurse placements can often focus on healthcare settings rather than social care experiences. It is vital that HEIs ensure students gain this wide valuable experience and support the workforce pipeline into to social care as well. The University of Chester is re-balancing the experience learners have within both health and social care by using a sustainable in-direct model of supervision and assessment supporting private, independent, and voluntary organisations.

Summary: Practice placements are essential to all pre-registration Nurses, Midwives and Allied Health Professionals, providing the theoretical underpinning and developing the learner's professional identity (Knight et al., 2023). Since the changes to supervision and proficiencies by the Nursing Midwifery Council in 2018, student nurse placements can often focus on healthcare settings rather than social care experiences. It is vital that HEIs ensure students gain this wide valuable experience and support the workforce pipeline into to social care as well. Within the UK, Higher Education Institutes, pre-registration nursing education placement providers require health and/or social care registrants to supervise and assess students on practice placements (Nursing and Midwifery Council (NMC), 2018). Private, independent and voluntary organisations (PIVOs) are a valuable source of these types of practice placements, but many have lain dormant since 2018 because they struggle to meet regulatory requirements for student practice assessment. In response, the University of Chester has developed an innovative in-direct practice supervision/assessment model, which supports the development of these types of practice placements and also uses self-sustaining funding to deliver it, ensuring optimum support for students and the practice area. Our model is financially self-sufficient and allows full coverage of PIVOs without the recruitment of additional academics. This leads the way by implementing a financially and morally sustainable model of supervision/assessment. Implementation has re-established students' opportunities to undertake innovative placements extending beyond the NHS, which promote vital alternative skillsets across diverse cultural and situational backgrounds. This includes the University of Chester's own placements in Creative Health community placements and outreach skills clinics within both health and social care. Presenting the results of a service evaluation, this presentation will showcase the views of everyone involved in the model including the practice area (Ethics #FRC0222-409). This demonstrates how students showcase their individual strengths whilst promoting an asset based and not illness/deficit focused approach, including communicating effectively with people across the lifespan. Across the UK, it is recognised that this model represents an innovative method of widening student experience, expanding placement circuits and supporting future workforce pipelines whilst being an effective outreach method for recruiting highly motivated academic health and social care staff, which grows a sustainable academic nursing workforce (BJN, 2022).

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Reading groups to develop critical reading skills
Dr Andrea Cockett, Kingston University

Promotional abstract: The ability of students to communicate their ideas is a fundamental element of success in higher education (Baker et al 2019). Students demonstrate this most often through written/text-based communication. Reading and writing are both integral to the development of this academic domain for students (West 2018), providing them with opportunities to develop and demonstrate their knowledge. This project used reading groups to support the development of students' academic literacy through a targeted intervention that scaffolds their learning in this domain with reading identified and supported as a primary skill. The aim of the reading groups was to:

- Develop students' critical reading capabilities.
- Expose students to academic writing.
- Develop students' oracy skills.

Summary: This presentation aims to explore the links between reading and writing and how students can be supported to develop critical reading skills through a targeted intervention. The ability of students to communicate their ideas is a fundamental element of success in higher education (Baker et al 2019) and students demonstrate this most often through written/text-based communication. Reading and writing are both integral to the development of this academic domain for students (West 2018) providing them with opportunities to develop and demonstrate their disciplinary knowledge. It also provides students with an understanding of how ideas and concepts are represented within their discipline so allowing them the opportunity to develop their own disciplinary identity (Nugent et al 2019). This is of importance to healthcare students who need to develop a professional identity during their course.

Supporting students to develop the necessary academic literacy within their discipline often focuses on the skill of writing and can sometimes take a reductionist approach with an emphasis placed on spelling, grammar, and punctuation rather than providing support for knowledge acquisition and creativity (Baker at al 2019). A shift in focus to support activities that forefront reading and writing as being interrelated and complementary skills can help students to develop both their academic literacy and their disciplinary identity (St Clair-Thompson et al 2018).

There is some evidence to suggest that academic literacy skill acquisition is more challenging for students from a 'non-traditional' background who have entered higher education through a widening participation route (Baker at al 2018, Cotton et al 2017). Targeted interventions that provide well defined activities for some student groups can be used successfully to support these students (Cotton et al 2017, Harackiewicz et al 2018). These challenges could contribute to an awarding gap for them. This project used reading groups to support the development of students' academic literacy through a targeted intervention that scaffolds their learning in this domain with reading identified and supported as a primary skill.

The aim of the reading groups is to:

- Develop students critical reading capabilities.
- Expose students to different forms of academic writing.
- Develop students' oracy skills.

Reading groups were implemented into two modules in year one of the pre-registration nursing courses at Kingston University. The groups were part of the seminar activity for the modules using reading materials that are linked to module content. The activities provided students with the opportunity to develop their critical reading skills in a small group facilitated environment.

The aim of the project evaluation was to:

- Explore the experiences of students of the reading group activities.
- Compare the experiences of the MSc and BSc students.
- Explore the experiences of the facilitators

Data were collected by:

- Survey to all students
- Focus group with staff facilitators

Results indicate that: Students indicated the groups enhanced their:

- Critical reading skills
- Ability to read scientific papers
- Academic writing
- Understanding of the type of literature needed to support their writing
- Teamwork

Students characterised the groups as:

- Enjoyable
- Interesting
- Interactive
- Engaging
- Supportive of peer learning

Staff facilitators identified that the groups:

- Required preparation
- Engagement from students
- Time
- Knowledge development themselves

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Reflective practice groups for early years Medical students: Supporting the beginning of professional identity formation
Dr Nicoletta Fossati, St George's, University of London

Promotional abstract: International scholarship in the medical professionalism field has repeatedly highlighted the importance of formal teaching and reflection opportunities in medical curricula to foster professional identity formation, resilience and compassion in future doctors. This session will address how reflective practice groups have been introduced as early as Year 1 with a new medical school curriculum; these groups have allowed students to reflect on their early clinical experiences and start their conscious journeys in their professional identity formation. These activities have low logistic and financial impact and can foster curriculum co-production with medical students.

Summary: Innovation background – General Medical Council (GMC) Outcomes for Graduates clearly points to professional values and behaviours as the first stepping stone in the formation of new doctors (GMC, 2018). A robust professional identity is crucial to healthcare professionals as they navigate work-related complexities, uncertainties and pressures (Cruess, Cruess and Steinert, 2019). It also helps them become more resilient and compassionate practitioners (Wald, 2015). Although rooted in medical school learning, in many instances professional identity formation is still left to the informal and hidden curriculum, rather than enshrined within the formal one, risking uncertain and even negative outcomes (Cruess, Cruess and Steinert, 2008).   International scholarship in the medical professionalism field has highlighted the importance of formal teaching and reflection opportunities on professional identity in medical curricula (Cruess, Cruess and Steinert, 2008; Monrouxe, Rees and Hu, 2011) to support students in their professional development journey. Based on this scholarship, with St George's new 2021-22 medical degree (MBBS) curriculum we have introduced formal reflective practice groups from Year 1. Each group comprises 20-25 students, tutored by clinicians with expertise in reflective practice facilitation. Reflective practice group meetings are based on early years clinical experience, with the emphasis on students sharing, and reflecting on, their feelings and experiences of being around patients. Crucially, these groups are also an early opportunity - and a safe space – for students to reflect on their budding professional identity and plan for the next steps. Key findings   We surveyed the first cohort who had gone through three reflective practice group meetings (one in Year 1, 2021-22, and two in Year 2, 2022-23). Reception was largely positive, with more than 2/3 of students deeming the groups helpful/very helpful/extremely helpful in their development as future doctors. We also set up a student advisory group to make recommendations on areas for improvement. Suggestions included interested student advisors to be identified as 'professionalism reps' for the cohort, to fine-tune ongoing work along with Faculty. The student advisory group also co-produced with Faculty a 'seven-secret recipe for inclusive teaching and learning', published in our Medical School's Inclusive Education blog. Learnings for conference delegates: Professional identity formation is an essential, but often involuntarily neglected aspect of healthcare education. Formal activities that explicitly address students' needs in this area may be included in the curriculum and continually co-produced with students, with low logistic and financial impact. Relevance to the healthcare sector. It is imperative that medical schools make the future workforce well-equipped for their career journeys. Ageing populations with increasing comorbidity burdens and high demands from public bodies and regulators pose an ongoing and increasing pressure on healthcare workers around the world; having and nurturing a healthy professional identity is essential to be able to withstand this pressure, maintaining confidence in one's agency for positive change. It is also at the root of resilience, helping

healthcare workers not lose motivation, nurture their professional identities and bounce back from the inevitable setbacks and issues of these rewarding, but demanding careers.

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Strand 2F: Pedagogical innovation

2Fi, 14:55 - 16:45, 5 December 2023
Closing the feedback loop: Building a culture of good feedback practice
Dr Marie McGee and Dr Stephanie Jong, University of East Anglia

Promotional abstract: This session will explore a research project on 'closing the feedback loop' to understand staff and student experiences of the processes and actions taken on how feedback is acted upon in a meaningful way. Resources and tools to support staff to provide a more engaged and systematic approach to addressing student feedback will be shared. The value of initiating projects that aim to facilitate how student voice is 'heard, listened to and acted upon' to enhance student learning and promote a sense of belonging will be highlighted. The next steps for the project will be identified in how data will be gathered to strengthen the approaches used to maximise student voice as a means for continuous improvement in higher education.

Summary: Closing the feedback loop is an essential process for university staff to inform students about the response to their feedback, and its importance cannot be overly emphasised (Watson, 2003). It plays a crucial part in demonstrating to students the value of student voice to transform their learning and teaching experiences through meaningful actions on areas that matter most to them (Young and Jerome,2020). However, there are gaps in how the feedback loop is closed, with many students unaware of the outcomes of their feedback or changes made that would immediately benefit them or future students (Tsirchart and Pratt-Adams, 2019).

Failure to respond to student feedback leads to student dissatisfaction and disengagement with the evaluation process and to a strong sense of distrust, feelings of disappointment and being undervalued (Hoel and Dahl 2019; Nair et al., 2010). Ultimately, this can create a climate of futility and declining response rates in feedback activities, which impedes any shared dialogue between staff and students (Shah et al. 2017). Treating students as equal partners in the evaluation of teaching and learning promotes an empowering approach in which students feel they can shape and influence their education (Walker and Logan, 2008). However, crucial to this process is positive staff engagement who take accountability for the feedback from students and implement changes that would lead to improvements in the learning experience.

Within the School of Health Sciences at the University of East Anglia, module and course evaluations give students with the opportunity to provide feedback. This requires proactive engagement with students and strategies to ensure their voices are heard and listened to. Closing the feedback loop is a top priority in the student experience strategy, to engage with students in a meaningful way and build a sense of community for both students and staff to enhance student voice and improve student experience. This context serves as the aim for the project.

The closing the feedback loop project included the provision of resources to support course directors and module organisers with to develop ways of closing the feedback loop to address student feedback. Delegates will be presented with strategies and templates used in the project to engage staff and students in meaningful interactions to gain student feedback to enable clear and structured pathways on how feedback is utilised and acted upon. We will discuss the process of developing a research project to evaluate implementation of the project, including one to one interviews with staff through and anonymous student surveys.

Too often seeking feedback has had limited impact as there is no explicit discussion on the actions taken to improve student teaching and learning experiences. Understanding the needs of students through close attention to student feedback validates student voice and proactively demonstrates to students their voice matters. Thus, initiatives to strengthen closing the feedback loop that foster meaningful engagement with students will demonstrate to them that they are seen as equal partners in learning and facilitates the needs of contemporary healthcare practitioners.

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Keywords: Feedback. Co-creating. Student voice. Sense of belonging.

Verbal feedback for assessment: An evaluation of a novel feedback communication strategy

Gillian Singleton and Dr Christine Furber, The University of Manchester

Promotional abstract: The aim of this project was to explore the use of verbal feedback to improve learner's engagement. Feedback is defined as a process through which learners make sense of information from and use it to enhance their work or learning strategies. Traditionally, feedback is presented in written format.

An innovative method of providing verbal feedback to 2 assessments was evaluated. Markers provided Quick Marks on the essay text and a 3-minute recording that summarised the overall attempt and provided feedforward for future assessments.   The evaluation results were mixed with some students preferring to hear feedback. Experienced markers preferred this method.

Summary: The aim of this project was to explore the use of verbal feedback to improve learner's engagement.

Feedback is defined as a process through which learners make sense of information from various sources and use it to enhance their work or learning strategies (Careless 2015). Providing students with feedback is an integral part of teaching and can have a powerful influence on student learning (Dowden et al 2013). There is a wide range of evidence from the NSS surveys (Killingback et al 2019) that suggests feedback is often rated lower than other aspects of teaching and learning.

Traditionally, feedback for summative essays is provided in a written format. Individual feedback is provided by in text comments and then an overall summary linking the grade to the rubric. Feedforward points help improvement on future work.

In 2022, we used audio feedback for assessments to 2 cohorts of student midwives (n=129). Both assessments were 1 500-word essays related to leadership at level 5 and a personal development plan at level 6. There were 4 lecturers on each marking team, 3 had no previous experience of verbal feedback. Three of the markers had previous experience marking this assignment. One of the lecturers was new to all marking.

Markers provided written in text feedback followed by a verbal report for the overall summary.

The audio feedback related to both positive and negative aspects of the essay, including content and academic writing style and three feedforward points for future submissions. The voice comment on Blackboard at the top of the feedback summary was used for the audio feedback (maximum of 3 minutes speech available). The markers used their voice tone and inflection to provide warmth and interest in all aspects of the essay. A template was used for consistency and words attributable to the marking criteria were used accordingly. Markers made a record of the time spent providing feedback for each student so that comparison could be made on efficiency of verbal feedback.

An anonymous evaluation using a survey questionnaire with Qualtrics was obtained from both cohorts. Nineteen responses were received. Four students were interviewed, 2 from each cohort, to elicit further information. Data from interviews were analysed thematically. Results.

Twelve students preferred receiving the verbal feedback stating it felt more personal and individualised. They found the recordings easier and quicker to listen to and they appreciated the personal approach. Some felt that written feedback often feels 'copied and pasted'.

The remaining 11 students preferred to receive written feedback. They preferred being able to read the feedforward comments than listening to a recording and taking notes. This was particularly important for those students who did not achieve a pass grade   Markers experiences differed. Experience of marking seemed to have an influence on this with the more experienced markers found it a quicker process. The less experienced markers found this method took longer.

Despite the low response, verbal feedback will be continued and evaluated to explore further. Processes for markers will be introduced to support new assessors.

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Keywords: Feedback. Assessment. Audio feedback. Verbal feedback.

"I reflect, therefore I am!" Exploring the use of an optional online reflective journal as a learning tool among postgraduate Healthcare students

Dr Hoda Wassif, University of Bedfordshire

Promotional abstract: The research investigates the utilization of an optional online reflective journal among postgraduate healthcare students. It delves into the potential of online reflective journals as transformative tools for personal development and learning, emphasizing the absence of any connection between participation in the journal and assessments, progress, or grades. The study examines students' perceptions regarding the use of the online journal, revealing that a majority of participants reported enhanced personal development and an increased sense of connectivity with their tutors.

Summary: Background: Reflection is widely used in all aspects of teaching and learning among healthcare practitioners and makes a fundamental part of all learning activities in healthcare. However, reflective tasks are often used for a clear purpose (e.g., completing e-portfolios) or dealing with incidences of near misses (e.g. dispensing errors in pharmacology, GPC, 2020). Although fundamental to professional development, linking reflection to other tasks can affects healthcare practitioners' abilities to fully utilize the benefit of reflection, turning them into 'reflective zombies' (De la Croix and Veen, 2018). This study explores the use of an optional online journal that Postgraduate (PG) healthcare students were encouraged to use as part of their own development and ongoing learning. The journal was introduced as part of PG courses at the University of Bedfordshire for those studying Medical or Dental Education courses. The reflective journal was only viewed by the student and their tutor, it was not marked, and it didn't have any implications on students' grades and/or progression in the course. However, students received formative feedback and comments from their tutors based on journal entries.

Aim: to explore how PG healthcare students perceive the use of online reflective journals as part of their study and personal development and to critically review the use of such journals as a learning tool among PG healthcare students.

Methods: Ethical approval was obtained from the University of Bedfordshire (IHREC974). Students were invited to complete an anonymous questionnaire about their perception of using the online journal and it also invited students to submit their email/student ID if they wished for extracts from their journals to be included in this study, where a separate consent form was sought. The questionnaire included a range of statements that varied between positive and negative connection about the use of the journal to encourage participants to consider their answers carefully and to avoid automatic responses. As part of the questionnaire, participants were also asked to select 5 out of 15 words or phrases that best described the online journal. The word/phrase pool included both positive and negative descriptions of the journal.

Results: A total of 45 students responded to the questionnaire, with 31 students studying Dental education and 14 studying medical education. Overall, students' comments were favourable toward the use of the reflective journal, with 62% of the word selection focused on the usefulness of the journal in keeping track of personal progress, and 57% reported that using the journal was a useful tool to connect with their tutor. Some participants reported feeling under pressure as the journal, although voluntary, presented extra work and an added task to complete.

Conclusion and key message: The use of an optional online journal can be a useful tool in building more engagement and connection between healthcare students and tutors. Students value the benefits of the reflective journal for themselves without it being used for tasks or assessments although indirect improvement of academic writing and higher engagement with learning can be a clear by-product of engaging with reflective journals.

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Scaffolding the learning journey
Dr Rachael Magwaza, University of Salford

Promotional abstract: The recent significant expansion in international postgraduate taught (PGT) recruitment brings with it many opportunities and challenges. Evidence from our PGT cohorts (>80% BAME students) highlights significant challenges for maintaining academic standards and good student experience. It has been observed that the students struggle with language, technology, confidence, and a sense of belonging. This perceived alienation adversely affects well-being, academic progress and eventually employability. Recently, scaffolding has received considerable attention as an effective instructional strategy. We, therefore, prepare our PGT students for assessment success by delivering mandatory modules designed to address the skills gaps. Finally, we discuss the impact of creation of a PGT society.

Summary: The recent significant expansion in international postgraduate taught (PGT) recruitment brings with it many opportunities and challenges. The needs of these cohorts are different to UK students, as are their eventual graduate destinations. Evidence from School of Science, Engineering and Environment PGT cohorts (>80% BAME students taught in large class sizes) highlight significant challenges for maintaining academic standards and good student experience due to large class size, poor engagement, and integration. It has been observed that the students struggle with language, technology, confidence, and sense of belonging. This perceived alienation adversely affects well-being, academic progress and eventually employability.

Recently, scaffolding has received a considerable attention as an effective instructional strategy. At the University of Salford, we prepare our PGT students for assessment success by delivering mandatory modules designed to address the skills gaps that were identified by the international students themselves. The first module, Postgraduate Scholarship Skills (PSS) is focussed on key level 7 skills.

Students must search and select publications in a topic of interest to them, they must find primary data (i.e., research articles and not review articles) and critically evaluate the research (something they are not used to doing), this is guided by a taught framework setting out how to approach this. The module focusses on writing in formal scientific terms to compare and review publications, as well as on informal science communication to a non-specialist audience, thus expanding their skill set as this is offered in parallel with tutor-led support for scientific writing feedback and support with plagiarism and referencing. Ultimately the students get to the required academic writing standard for UKHE in a supportive environment. Following PSS, the second mandatory module is Research Design and Delivery (RDD), here the focus is on laboratory experimentation, analysis of data, presentation, and design of follow-on experiments. The end goal of this module is to give our students confidence in laboratory and presentation skills following the same scaffolded structure. Ultimately these modules, alongside their subject specific provision, prepare them for the final independent master's dissertation assessed on the key skills obtained in PSS and RDD and with barriers for international students decreased.

The programmes we offer have been co-created with students and employers to develop a new generation of global practitioners in the fields of both environmental and biomedical science. We follow 'authentic assessment' principles to align assignments to real world experience. The changes we have made on the assessment has seen a drastic increase on the student engagement and performance. Finally, we discuss how creation of a PGT

society in SEE has enabled students to recognise and expand their personal, academic, and social capital.

Strand LT2: Lightning talks

LT2i, 14:55 - 16:45, 5 December 2023
Learning whist earning: An investigation into the barriers and enablers to part-time study for healthcare professionals

Dr Jodie Croxall, University of Wales Trinity St David and Dr Claire Morgan, Swansea University

Promotional abstract: Healthcare professionals experience several challenges when undertaking part-time study. In this session, delegates will gain an understanding of the challenges faced by this demographic wishing to undertake Higher Education learning. We offer recommendations for inclusive practice development for this ever-growing but neglected student population. In the context of growing concerns over the NHS workforce, upskilling through education and training is seen as a mechanism to boost morale, support career progression and aid retention. Consequently, our research holds the potential to inform the development of a more collaborative approach that is both responsive to NHS needs and supports effective student learning.

Summary: Healthcare professionals can experience several challenges when undertaking part-time, Higher Education study as mature students (Campion, Goldgar, Hopkin, Prows, and Dasgupta, 2019). The ever evolving and dynamic nature of the healthcare industry requires its workforce to keep abreast with advances in knowledge and practice. However, from our experiences of delivering programmes to healthcare professionals, there are a number of challenges when engaging in part-time education whilst working, yet there is a paucity of research devoted to this student population (Butcher, 2020).

Within this context, our aim is to investigate the barriers and enablers to part-time study for healthcare professionals. We adopted co-production approaches with existing students and alumni. An online survey consisting of open and closed questions was co-developed and distributed to healthcare professionals undertaking part-time study in Wales. Qualitative and quantitative analysis of survey responses was undertaken.

Our study highlighted perceived barriers to include; the absence of protected study leave, with only 34% of respondents benefitting from workload adjustments for study time. Free text comments indicated that respondents resented having to rely on annual leave to fill this void. Similarly, respondents also experienced resentment from colleagues due to their role being insufficiently backfilled. Access to university learning support resources outside of traditional office hours was also an issue and this was compounded by additional NHS IT restrictions. Encouragingly, our study also identified a number of enabling factors. Over 71% of respondents felt supported by their line manager/employer. Likewise, over 79% strongly agreed that they received sufficient support from lecturers and university staff. The ability to self-manage their learning via blended learning approaches was regarded favourably, with 74% of respondents reporting that academic work was manageable. Overall, our study emphasised that there is a disconnect between Higher Education Institutions and NHS education and training processes. There is a clear need for closer collaboration between the two sectors to ensure that healthcare professionals are a provided with sufficient learner support to enable them to succeed in their part-time educational programmes.

By attending our session, delegates will gain a better understanding of the challenges faced by healthcare professionals wishing to undertake part-time study. We offer recommendations for inclusive practice development for this ever-growing but neglected student population.   In the context of growing concerns over the NHS workforce, upskilling

through education and training is seen as a mechanism to boost morale, support career progression and aid retention (NHS, Wales, 2022; NHS England, 2022). Consequently, our research is timely and holds the potential to inform the development of a more collaborative approach that is both responsive to NHS needs and supports effective student learning.

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LT2ii, 14:55 - 16:45, 5 December 2023
Successful strategies to enhance belonging and engagement for 1st year MSc students undertaking a Doctoral Training Programme
Dr Claire Bastie and Dr Gurpreet Chouhan, University of Warwick

Promotional abstract: Belonging is a multi-faceted concept that can be described as a continuous process rather than an exclusive event. We explored 3 strategies implemented by course organisers of a 1+ 3 Doctoral Training Programme (DTP) to enhance belonging and engagement throughout the students' DTP journey, starting at the Masters level. Creating communities from the onset by inviting candidates to a student-led offer holder day; building on current communities via the introduction of discussion platform embedded in the curriculum; empowering engagement by integrating students within School wide committees have led to significant enhancement of students' sense of belonging and engagement.

Summary: Belonging is a multi-faceted concept that can be described as a continuous process rather than an exclusive event. Here we present the experiences of 1st year MSc students who are part of a 1+3 Doctoral Training Programme (DTP). We explore 3 strategies implemented by the programme director to enhance belonging and engagement throughout the students' DTP journey.

1. Creating communities from the onset – DTP candidates with a conditional offer are invited to meet with academics, staff and current students for a day at the school. Candidates are introduced to the research culture and the ethos of the programme through various student-led activities, i.e., campus tours, informal talks from current students, academics and staff, team building activities. More than three quarters of the students find this event helpful or very helpful to build relationships with current students and start feeling part of the wider DTP community.

2. Building on current communities – Regular breakfast clubs fully embedded in the programme and organised by the programme director, have been a fundamental introduction to this community. This has given students' and staff opportunities to candidly discuss the programme, commenting on positive elements but also identifying challenges/barriers students may have. This has allowed changes to be implemented in a timely fashion, thereby significantly enhancing student experience within the current academic year, but also generating a sense of making a positive impact for future cohorts.

3. Empowering engagement – a crucial aspect of the programme is to provide students with leadership and engagement opportunities (some being summative) via participation in formal School wide committees, engagement in DTP steering groups and exposing students to real-life situations (e.g., presenting and chairing at the DTP student conference), overall enhancing a sense of belonging at the programme but also at the Institution level.

Evaluations of these strategies has allowed us to empirically assess how effective these are in creating a sense of belonging within this cohort. Some examples include: 'The sense of community within the DTP is very strong, more so than … other institutions that I have seen. The collaboration encouraged within the MSc year helped form exceptionally close bonds.' Furthermore, another student said 'A lot of PhD students mention the issue of loneliness, but being part of a DTP, we don't feel that it definitely feels like you're part of a student community. It's great that the IBR team also get involved with events. We form a good team in the MSc year which sticks for the rest of the course.'. Feedback from the breakfast club includes, 'The breakfast clubs have been brilliant because we get to hear what's going on in student committees and the wider DTP' additionally another student mentioned 'Breakfast

club has been a great way to communicate our problems, most of which were fixed in 24 hours.'   Overall, there is a strong sense of belonging within this MSc community, from the onset and continues throughout their progression to postgraduate research studies. There is also a decreased sense of isolation and overall, more engagement with academic studies.

Preparing healthcare learners for end-of-life conversations and care: A staff-student co-design project

Anna Rees, Edwina Rushe, Ben Smith and Jameson Hogg, University of Liverpool

Promotional abstract: The physiology of dying is mostly absent from the healthcare curriculum within the UK. In 2022, the Lancet commission recommended that we all become more familiar with death, dying and grieving (Sallnow et al., 2022). This staff-student co-design project utilised action research methodology to design and evaluate a workshop aimed at educating learners about the basic physiology of dying and facilitating them to engage in conversations about death and dying. The workshop was designed with and delivered by pre-registration students, who themselves had experience in caring for people at the end of life.

Summary: The physiology of dying is mostly absent from the healthcare curriculum within the UK. In 2022, Brown, Scott and Ginesi presented a conference paper related to their investigation of how healthcare students are taught about the physiology of dying. They examined content from 150 physiology textbooks and 30 healthcare curricula, finding that the word "dying" was infrequently used. Their recommendations were that "healthcare students who are caring for patients would benefit from clear, calm and honest explanations of what is happening and what might be expected when death in imminent, with such explanations alleviating anxiety and distress". These recommendations are concordant with the Lancet Commission (2022) on the Value of Death, which recommends we all become more familiar with death, dying and grieving (Sallnow et al., 2022).

These recommendations are on a backdrop of evidence indicating that newly qualified healthcare practitioners do not feel prepared to provide care for someone who is dying (MacKay, 2020). However, despite the recommendations above, the physiotherapy and occupational therapy programmes (both BSc and MSc) at the University of Liverpool were found not to include teaching about what is happening and what might be expected when death in imminent. To address this gap within the curriculum, a small team of both academics and pre-registration healthcare students explored the problem. They utilised an action research methodology to explore the evidence base and current literature, and then develop and evaluate a workshop designed to educate learners on the basic physiology of dying and equip them to engage with people who are dying and their families.

This proposed session will outline both the staff-student co-design process and what was learnt from this. It will also present an example of how "conversations about death and dying" were introduced to pre-registration healthcare learners and how learner feedback was used to refine the content and delivery of this session.

Co-design of curricula is known to have benefits for both staff and students (Quaye, Harper and Pendakur, 2020), and as such is of value within healthcare education. Given the background to issues around death and dying outlined above, inclusion of this within the healthcare curricula is of great importance, both within the UK and internationally. This session aims to inspire delegates to include learners within their design of healthcare curricula and delivery of this, as well as provide ideas as to how the gap relating to learning about death and dying can be addressed.

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How can people be invited to speak about their lives in ways that make them stronger? Introducing the Tree of Life narrative tool

Heather Bullen, University of Liverpool, Sarah Shaw, Keele University and Edwina Rushe, University of Liverpool

Promotional abstract: Listening to narratives of others is an important aspect of understanding the subjective experience of the people we work with. In this session, participants will be introduced to the 'Tree of Life narrative tool. This strengths-based narrative tool uses the concept of the tree as a metaphor to tell stories about one's life. It creates a safe place for participants to share preferred and positive aspects of identity. Bringing the individual trees together into a 'Forest of Life' is a powerful element of this exercise that encourages discussions on resilience.

Summary: Our perception of the world is shaped by the stories we tell ourselves. Listening to narratives of others is an important aspect of understanding the subjective experience of the people we work with. As well as this, listening to our own self-narratives is an important aspect of self-awareness and our 'use of self' as therapists and health and social care professionals. In this session, participants will be introduced to the 'Tree of Life narrative tool. This methodology was co-developed by child psychologist Ncazelo Ncube and David Denborough (Dulwich Centre Foundation) as an approach to work with children affected by HIV/AIDS in Zimbabwe (Dulwich Centre n.d.). This strengths-based narrative tool uses the concept of the tree as a metaphor to tell stories about one's life. It creates a safe place for participants to share preferred and positive aspects of identity. Bringing the individual trees together into a 'Forest of Life' is a powerful element of this exercise that encourages discussions on resilience, belonging and group identity. The presenters have used the 'Tree of Life' as a tool to encourage critical self-reflection for students as part of preparation for clinical placement. In this session, participants will be introduced to this tool, which can be adapted to use in a wide range of practice settings. This exercise is now being used with children, young people, and adults in a wide range of countries across Africa, the UK and elsewhere.

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Keywords: Narrative tool. Reflective tool. Counselling. Creative expression.